NHS Fife Staff Governance Committee

Wed 12 January 2022, 10:00 - 11:00

via MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence - Andy Verrecchia

Ms S Braiden

10:01 - 10:02
1 min

2. Declaration of Members' Interests

Ms S Braiden

10:02 - 10:07
5 min

3. Minutes of Previous Meeting held on Thursday 28 October 2021

Enclosed *Ms S Braiden*

Item 03 Staff Governance Committee Minute 28.10.21 (Unconfirmed).pdf (11 pages)

10:07 - 10:12
5 min

4. Matters Arising / Action List

Enclosed *Ms S Braiden*

Item 04 Table of Actions From Meeting Held on 28.10.21.pdf (2 pages)

10:12 - 10:27
15 min

5. GOVERNANCE / ASSURANCE

5.1. General / Workforce Covid-19 / Omicron Update

Presentation *Carol Potter/Linda Douglas*

5.2. Whistleblowing – Quarter 2 Update

Enclosed *Sandra Raynor*

Item 5.2 Whistleblowing Quarter 2 Report - 12.01.22.pdf (4 pages)

10:27 - 10:42
15 min

6. STRATEGY / PLANNING

6.1. NHS Fife Population Health and Wellbeing Strategy Update

Enclosed *Margo Mcgurk*

Item 6.1 NHS Fife Population Health & Wellbeing Strategy Update 12.01.22.pdf (12 pages)

6.2. South East Payroll Services Consortium Update

Enclosed *Margo Mcgurk*

Item 6.2 South East Payroll Services Consortium Update 12.1.22.pdf (3 pages)
Item 6.2 South East Payroll Services Consortium Update Appendix 1 - 12.01.22.pdf (46 pages)

10:42 - 10:47
5 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed *Linda Douglas*

Item 7.1 IPQR Covering Paper.pdf (3 pages)
Item 7.1 IPQR Report.pdf (46 pages)

10:47 - 10:52
5 min

8. LINKED COMMITTEE MINUTES

8.1. Minutes of the Area Partnership Forum dated 17 November 2021 (unconfirmed)

Enclosed

Item 8.1 APF Minutes 17.11.21 (Unconfirmed).pdf (14 pages)

8.2. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 3 November 2021 (confirmed)

Enclosed

Item 8.2 H&SCP LPF Minute 3.11.21 (Confirmed).pdf (7 pages)

8.3. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 October 2021 (unconfirmed)

Enclosed

Item 8.3 ASD CD Local Partnership Forum Minute 28.10.21 (Unconfirmed).pdf (12 pages)

8.4. Minutes of the NHS Fife Strategic Workforce Planning Group held on 23 November 2021 (unconfirmed)

Enclosed

Item 8.4 Strategic Workforce Planning Group Minutes 23.11.21 (Unconfirmed).pdf (5 pages)

8.5. Minutes of the Health and Safety Sub-Group held on 10 December 2021 (unconfirmed)

Enclosed

Item 8.5 H&S Sub Committee Minutes 10.12.21 (unconfirmed).pdf (3 pages)

10:52 - 10:57
5 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

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

10:57 - 11:00
3 min

10. ANY OTHER BUSINESS

11:00 - 11:00
0 min

11. Date of Next Meeting: Thursday 3 March 2022 at 10.00am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 28 OCTOBER 2021 AT 10.00AM VIA MS TEAMS

Present:

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

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr C McKenna, Medical Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
N Connor, Director of Health & Social Care
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (Minutes)

The Chair welcomed everyone to the meeting, in particular Mansoor Mahmood, Non-Executive Board member, who was attending his first meeting of this Committee.

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

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

1. Apologies for Absence

Apologies were noted from 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 2 September 2021

The Whistleblowing Champion sought clarification in respect of Item 4.1 of the minute, which noted Whistleblowing training as being mandatory. The Head of Workforce Development & Engagement advised that whilst Whistleblowing training was not recognised as mandatory training within NHS Scotland, it had been included as such within NHS Fife core training, predominantly for coverage of new starts to NHS Fife. The Director of Workforce agreed that it would be helpful to capture in the minute that whilst Whistleblowing training was not mandatory, in light of the importance that the organisation places on it, this module is being provided within our core training package, to ensure that as many staff as reasonably possible undertake this training.

In addition, the Chair requested that the minute be updated to note that she had thanked staff. It was agreed that the minute would be amended accordingly and was otherwise **agreed** by the Committee.

Action: L Anderson

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List, noting the closed items and those covered in the agenda items for this meeting.

In terms of Item 1: Joint Remobilisation Plan (RMP3 / RMP4)

The Director of Finance & Strategy advised that the RMP4 submission had been considered at the last Board meeting. Any specific elements of the Scottish Government response that require Committee review and consideration would be provided at the January 2022 meeting. It was reiterated that RMP4 was a refresh of RMP3, and the majority of the actions contained within RMP4 would be reflected in papers presented to relevant Committees.

Action: Director of Finance & Strategy

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

5. GOVERNANCE / ASSURANCE

5.1 Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability

The Director of Workforce drew the Committee's attention to the Section 2.3 of the paper, specifically the proposed revised risk wording of the Workforce Sustainability element of NHS Fife's BAF and the ask of the Committee to consider and agree the revised wording of this risk. Additionally, Appendix 2 which detailed the revised BAF, including managerial actions and mitigations and the new Nursing & Midwifery workforce risk, Appendix 4, which had now been included in the BAF were highlighted. The Director of Workforce advised that a full review of workforce risks had been undertaken, and feedback was

being provided to risk owners for the respective services to update their risk registers through the Datix system.

The Chair queried whether this was a starting point as part of a larger overall BAF review process ongoing with EDG and whether there would be further revision to the Workforce Sustainability element of the BAF. The Director of Workforce responded that as well as the BAF by nature being a live and active document and therefore always under review there are particular actions being led by the Director of Finance & Strategy's Team and the Risk Management Team, to ensure the BAF is robust and considers the current challenging environment and the impact on the workforce.

A Committee Member, whilst confirming support for the revised BAF and the detail contained in regard to the actions, requested whether going forward the report could be structured in a more user-friendly way to illustrate updates, making it easier for members to understand and make comparisons. It was also requested that in future if appendices were included within the report, if updates could be marked or highlighted through tracked changes for ease of reference.

Action: Director of Workforce

In relation to the Nursing Workforce risk, which refers to critical Nursing & Midwifery shortfalls, the Co-Chair, Health & Social Care Partnership Local Partnership Forum sought clarity around what criteria determined decisions of operational criticality which in turn influenced the moving of staff from areas deemed to be less critical to more critical areas.

The Chief Executive, in acknowledging challenges associated with the current format of the BAF report, confirmed that the Director of Finance & Strategy would be bringing an update to the upcoming Board Development Session on 2 November 2021 on the review of the BAF, consideration of the Corporate Risk and Strategic Risk Registers and the feedback that had been offered would be taken into account, as part of the refreshed approach to the BAF. It was also clarified that NHS Fife provides a twice weekly operational update to Scottish Government on a RAG status basis.

In responding to the risk reported around Nursing & Midwifery shortfalls and the determination of criticality, the Director of Nursing acknowledged that this was challenging, as there was no formula that could be used to describe the levels of staffing, currently being reported as "red with a black circle". The word critical was used to highlight the current position of nurse staffing levels. Decisions to move staff are taken on a daily, shift by shift and hour by hour basis, through Hubs and Control Teams, to ensure areas are as safe as they possibly could be.

On the reported twice weekly Board RAG status, the Employee Director queried the criteria for amending the RAG status from "red with a black circle to black". The Chief Executive clarified that RAG status is discussed every week at the Executive Director's Gold Command meeting and whilst there is a degree of subjectivity to the status, it is reviewed and agreed as an Executive Team. A request has been made via Board Chief Executives to Scottish Government for

consistency of language and definition of a major and critical incident, or business continuity risk. A Code Black situation would be when all avenues of support such as volunteers, mutual aid and MACA (Military Aid to the Civil Authorities) have been exhausted. However, while we are continuing with our elective programme, a Black RAG status for workforce would not be declared.

A Committee Member commented that since the IPQR only includes a single indicator, whether performance data in relation to identified risks could be shared in future to offer broader context and confidence to the Committee from an operational perspective. The Director of Workforce acknowledged that whilst the IPQR looks at a single indicator, the Workforce Information Overview report offers additional context, providing a greater degree of evidence for the Committee to consider in totality and seek assurance from. Work on the IPQR is ongoing, to consider if there are other workforce measures which can be reported monthly, the challenge being to identify metrics which can be generated on a monthly basis from existing systems and which offer trend insights.

The Committee **discussed** and **agreed** the change in the risk associated with the Workforce elements of the Board Assurance Framework, specifically the:

- Revised wording of the BAF Risk on Workforce Sustainability
- Updated managerial actions and mitigations
- Archiving of the previous BAF content
- Linked Operational High-Risk updates
- New Linked Operational High-Risk ID 2214: Nursing and Midwifery Staffing Levels

5.1.1 Linked Operational Risks Update – Medical Workforce Pressures

The Director of Health & Social Care, in discussing the paper on the Community Hospital Medical workforce acknowledged the well documented UK wide workforce challenges and pressures, including the medical workforce. The report outlined the models of medical workforce in place within the respective community hospitals, with a mix of both Consultant and GP led services. Areas of consideration to support sustainability include recognising where there are locum costs and how resources through specialty, advanced practice and clinical fellows can be utilised. Future transformation work will consider bed-based modelling, Community Hospital redesign and considering the links to future workforce requirements. Current service pressures and how we support sustainability during Covid are impacting on the pace of progress in these areas of transformation.

The Medical Director advised that this is about transformation in the long term, with some of the more traditional models of care within community hospitals requiring to be rethought due to the challenges associated with recruiting stand-alone doctors, who are not part of a wider team. The long-term vision is that where clinical expertise is required for rehabilitation it should be used, however, to pursue a better pathway for the patient, where these exist. In the short term, every bed is required because of the current situation, and we need to ensure beds are safely staffed.

The Co-Chair, Health & Social Care Partnership Local Partnership Forum queried the stability of contractual arrangements in relation to hospital areas which are reliant on GP colleagues. The Medical Director, whilst describing the arrangements at the various community hospitals, responded that this is a more stable position at present, with a stable model of care.

The Chief Executive commented for clarification that while the paper was set out as being presented to the Committee for awareness and discussion, with the recommendation for noting, the Committee was being asked to take assurance from the update that was being provided.

The Committee **discussed**, **noted** and was **assured** by the paper regarding the risk relating to the current Community Hospitals' medical workforce and the actions that are underway to manage the risk that this presents.

5.2 HR Policies Monitoring Update

The Head of Workforce Resourcing & Relations provided an update on HR Policy development, both nationally and locally. The launch of Phase 1 of the first six 'Once for Scotland' Workforce Policies in March 2020 (Attendance, Bullying & Harassment, Capability, Conduct, Grievance and Workforce Investigation Process) has been completed and the Whistleblowing Standards were launched in April 2021. The next stage in this programme will focus on refreshing the remaining PIN policies within the Supporting the Work-Life Balance suite of policies. Due to current pressures, this work has been paused until April 2022. The HR Policy Group has continued to meet to update local HR policies and once approved, these are provided to the Area Partnership Forum (APF) for endorsing. It was agreed that this paper would also be shared with the HR Policy Group in future.

The Committee **noted** the work undertaken by the HR Policy Group in developing and maintaining HR policies that fall outwith the scope of the Once for Scotland Workforce Policies Programme.

5.3 Annual Internal Audit Report 2020/21

The Director of Finance & Strategy advised that this paper reflected an overall opinion of the governance arrangements during the last financial year. Section 3 was highlighted as being of particular relevance to the work of this Committee, describing how the Committee has delivered scrutiny on workforce sustainability issues. The Director of Workforce was credited for ensuring the content was reflective of the discussions which take place at this Committee. Section 2, which is a record of the progress against actions in terms of creating the right environment to support whistleblowing within the organisation, was also highlighted.

This is a positive report, which reflects progress made during the past year and whilst it was expected that the report would contain areas of challenge, the Committee should be pleased with the general content and specifics in relation to the work of this Committee, particularly during the current pandemic.

A Committee member agreed that this was an encouraging report, especially in light of the challenging circumstances. It offered assurance that we are moving in the right direction and that issues were being captured within relevant committee agendas for due consideration.

The Committee discussed the intent that each of the five Staff Governance strands was appropriately reflected at Committee meetings. The Co-Chair, Health & Social Care Partnership Local Partnership Forum made particular reference to the Health & Safety strand of the Staff Governance Standard and how this is considered by the Committee. The Director of Workforce offered assurance that where appropriate; the relevant Staff Governance strand is now being highlighted in the papers presented. At the September 2021 meeting, the Workforce Leadership Team provided a presentation on activity within the Board in relation to fulfilling the Staff Governance Standard. Due consideration is being afforded to this in the review of the annual workplan and agenda for forthcoming Committee meetings.

Action: Director of Workforce

The Director of Finance & Strategy commented that the Committee's discussion and reflection on the Audit Report and how it will inform the Workplan and future agendas, was encouraging.

The Committee took **assurance** from the Annual Internal Audit Report 2020/2021 and specifically **noted** the aspects pertinent to the remit of this Committee.

6. STRATEGY / PLANNING

6.1 Strategic Planning and Resource Allocation Process 2022/2023

The Director of Finance & Strategy requested the Committee note that this paper should be for assurance and not awareness and, advised that the Strategic Planning and Resource Allocation activity for 2022/2023 had commenced. Learning had been taken from last year's activity to enhance the process. Ensuring that there is more effective integration with the workforce strategy and planning activity is of particular relevance to this Committee. The Deputy Director of Workforce was thanked for his efforts in working with the Deputy Director of Finance and the Associate Director of Planning & Performance to improve the templates. A report on the first prioritisation exercise undertaken by the Executive Team would be provided to the Committee in January 2022.

Action: Director of Finance & Strategy

The Committee took **assurance** and **noted** the update to the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.2 Redesign of Urgent Care

The Medical Director expressed thanks to the team that had developed this paper whilst managing the daily challenges of running a busy service. This effort was in response to a Scottish Government Directive to Boards to create a Flow Navigation Hub that would link with NHS 24, allowing the public to access scheduled urgent care activity on a 24/7 basis. The initiative reflected collaborative working across Acute Services and Health and Social Care Partnership. A detailed explanation of the new governance structure in support of the redesign of urgent care was provided, comprising four workstreams – Specialist Care, Mental Health Pathways, Urgent Care Access and Urgent and Emergency Care – Footprint of VHK. Two further tiers to this structure include an Operational Oversight Group and the Integrated Unscheduled Care Programme Board. Changes to the GP Medical Admissions Pathway through integration with the Flow Navigation Hub were also explained in detail, along with recruitment activity in place to support effective working of the Hub.

The Chair commented that this was an excellent example of effective service redesign. Partnership involvement and collaborative working across teams through this initiative were commended by members. Pressures on the system caused by high service demands were acknowledged. The challenge of managing workforce capacity over the festive period was also discussed, noting that a further review of resilience planning arrangements would take place at the Executive Directors Group.

The Committee **noted** the contents of this paper and the work being undertaken in respect of the Redesign of Urgent Care within NHS Fife.

6.3 Workforce Implications of Memorandum of Understanding 2 (MOU2) Implementation

The Director of Health & Social Care presented a paper focussed on the workforce implications of MOU2, explaining the new GP contract aims to support the GP role as the expert Medical generalist. This requires an enhanced multi-disciplinary, multi-professional team built around GP practices, which is primarily reliant on the nursing workforce. In delivering MOU2, many workforce elements will be managed through the operational services of the Health Board. Workforce considerations in relation to vaccine transformation, community care and treatment services, multidisciplinary teams and pharmacotherapy were highlighted.

The risks and mitigating actions being taken including large scale recruitment of the nursing workforce and ongoing collaborative work with the Local Negotiating Committee (LNC) and General Medical Services (GMS) Implementation Group, with models of care being reviewed, were advised to the Committee.

The Chair adjourned the meeting at 11.35 am for a short comfort break.

The Director of Nursing reiterated the challenges around the required nursing workforce, advising of the plan being taken forward nationally to recruit a Band

4 support workforce. The demand for Nursing and AHP registrants is also being considered by NHS National Education for Scotland (NES) and the NHS Academy.

The Committee was offered assurance that the Medical Director, Director of Health & Social Care, Director of Nursing and Director of Pharmacy are working closely to deliver the requirements of MOU2, whilst acknowledging that this was a challenging initiative. In addition, the Head of Workforce Planning and Staff Wellbeing offered reassurance to the Committee that the workforce capacity narrative of the BAF had captured, amongst others, the workforce risks associated with the community care and treatment, vaccination and implementation aspects of the General Medical Services contract.

It was agreed that progress reports would be provided to alternate Committee meetings.

Action: Director of Health & Social Care

The Committee **discussed** and was **assured** by the contents of the Workforce Implications of MOU2 Implementation report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an update on the Integrated Performance & Quality Report (IPQR) confirming that absence issues have been well recognised in this Committee and across the Board, and that work continues in this area. Whilst absence levels fluctuate, actions are being taken to manage the challenging circumstances that lead to sickness absence, in particular long-term absence, which by its nature is more complicated.

The Director of Workforce whilst requesting feedback on what additional data the Committee would like to see in future reports, offered assurance that the content of the IPQR report was being reviewed, with a view to offering wider contextual information. The Committee discussed the merits of including supplementary quantitative and qualitative data in the IPQR, which would be reflective of the much broader Staff Governance agenda and which could be used to further inform decision-making.

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

7.2 NHS Fife Workforce Information Overview

The Deputy Director of Workforce provided an overview of the NHS Fife Workforce Information paper, advising that improvements on how information was extracted from reporting systems were ongoing.

The Committee acknowledged the report as being helpful and discussed how it could be further developed to include additional statistical information, as well as narrative / trends around the various data elements. It was agreed that this request would be considered, and feedback provided to the Committee.

The Head of Workforce Planning & Staff Wellbeing added that whilst the request for narrative and trend analysis for future reports would be considered, it would also be beneficial for the Committee to have an update on the recently formed Black, Asian, Minority, Ethnic (BAME) Staff Network. It was agreed that a report would be provided at the Committee meeting on 3 March 2022.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

8. ANNUAL REPORTS

8.1 Medical Appraisal & Revalidation Annual Report 2020/2021

The Medical Director, as NHS Fife's Responsible Officer, explained that he is the conduit between the General Medical Council (GMC), as the regulator and the Health Board for medical revalidation, which is the requirement for doctors to revalidate their licence to practice every five years. This includes undertaking an annual appraisal along with patient and colleague feedback, which forms the basis of a revalidation recommendation to the GMC. In spite of the pandemic challenges, when appraisal activity was paused, the report highlighted that a number of doctors successfully revalidated and appraisal activity has continued, with an increased focus on health and wellbeing. Doctors unable to undertake an appraisal were allowed an exemption. This has been a tough year for doctors and this activity has been maintained beyond what was expected, largely due to the efforts of the team that support this work.

A Committee Member enquired about progress on training of medics to conduct appraisals to replace appraisers who had retired and whether there was a timeline for completing outstanding appraisals. The Medical Director clarified that there is no backlog, as the instances where the Exemption Form was used meant that an appraisal was not yet due, however, the next appraisal will reflect performance over the previous two years. It was acknowledged that it was a challenge for Secondary Care doctors to undertake appraisal activity within their job plans and ways to promote this were being considered. Appraisal training, which was previously a two-day offsite training course, is now online, which will hopefully encourage greater participation.

The Employee Director queried why revalidation reporting was not done for other professional registrants. In response, the Director of Nursing advised that the Professional Assurance Framework monitors this for Nursing Midwifery and Allied Health Professionals (NMAHP) and an Annual Report is submitted to the Board. The Director of Workforce offered assurance that governing bodies stipulate arrangements which registrants must comply with, as part of their professional registration. In respect of non-registrants, reports on appraisal activity are provided via the Performance Development Planning & Review

process. In collaboration with the Director of Nursing, consideration would be given as to whether a report, representing revalidation in respect of the wider workforce could be provided to the Committee meeting on 3 March 2022.

Action: Director of Workforce & Director of Nursing

The Deputy Director of Workforce advised of the work ongoing at a national level to strengthen the connection between workforce systems and regulatory bodies, to secure more seamless revalidation reporting. It was suggested that this work is reflected while considering the information to be provided to the Committee.

The Committee **noted** the content of the Medical Appraisal & Revalidation Annual Report 2020/21 and was **assured** by the contents.

8.2 Volunteering Annual Report 2020/2021

The Director of Nursing praised the invaluable work, commitment, and dedication of the over 250 volunteers who offer much needed input to the service. The past 18 months have been particularly challenging as the organisation has sought to balance the benefits and risks around volunteering activity. Services and the Volunteer Management Team have worked hard to keep volunteers engaged and supported during the pandemic. Volunteering activity during this period included supporting adhoc projects, such as packing staff wellbeing bags and patient comfort bags. Shortly before the pandemic, our Volunteering Service became a registered provider for the Duke of Edinburgh Award Scheme, which will hopefully encourage more young people to participate. The activities of the 21 volunteers within the Community Listening Service were also highlighted. This Service has made over 2500 calls of around 45 minutes this year and has been nominated for the National Scottish Health Service People's Choice Awards at the November 2021 Award Ceremony.

A Committee Member, while commending the Community Listening Service, enquired whether the composition of volunteers was still primarily older people and women. The Director of Nursing responded that the Service still largely consisted of female volunteers, however, efforts are being made to try to alter this in future.

The Committee **endorsed** the Volunteering Annual report.

9. LINKED COMMITTEE MINUTES

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

9.1 Minutes of the Area Partnership Forum dated 22 September 2021 (unconfirmed)
9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 August 2021 (unconfirmed)
9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 19 August 2021 (unconfirmed)

9.4 Minutes of the NHS Fife Strategic Workforce Planning Group held on 24 August 2021 (unconfirmed)
9.5 Minutes of the Health and Safety Sub Group held on 14 September 2021 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

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

The Chair invited members to identify from this meeting issues, if any, to be highlighted to the Board meeting due to take place on Tuesday, 30 November 2021.

It was agreed to bring the ongoing challenges that staff are facing, which have been acknowledged by Committee members, as well as Executive Directors and Staff Side colleagues, to the Board's attention. Management and Staff Side continue to work together to find solutions, however, the situation is extremely challenging, with matters being escalated into national discussions and with Scottish Government colleagues.

11. ANY OTHER BUSINESS

There was no other business to discuss.

Date of Next Meeting: Wednesday 12 January 2022 at 10.00 am **via MS Teams**

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 28 October 2021

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	2 September 2021	**Joint Remobilisation Plan (RMP3 / RMP4)**	Director of Finance to provide an update on relevant elements of Scottish Government response to RMP4 submission.	**MMcG**	12 January 2022	RMP4 presented to NHS Fife Board (Private Session) on 28 September 2021. Feedback letter from John Burns, Chief Operating Officer, Health and Social Care NHS Scotland, received on 19 November 2021 confirming support for RMP4. NHS Fife Board formally noted the response and approved the Plan in the Public Session on 30 November 2021.	**Closed**
2.	28 October 2021	**Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability**	Director of Workforce to liaise with Risk Management Team regarding BAF report format.	**LD**	3 March 2022	Deferred to 3 March 2022 meeting in light of condensed agenda for 12 January 2022 meeting.	**In Progress**
3.	28 October 2021	**Annual Internal Audit Report 2020/2021**	Director of Workforce to review Annual SGC Workplan and forthcoming Committee Agendas to ensure Staff Governance strands are appropriately represented.	**LD**	3 March 2022	Deferred to 3 March 2022 meeting in light of condensed agenda for 12 January 2022 meeting.	**In Progress**
4.	28 October 2021	**Strategic Planning & Resource Allocation Process 2022/2023**	Director of Finance to provide an update on SPRA Prioritisation exercises	**MMcG**	3 March 2022	Deferred to 3 March 2022 meeting in light of condensed agenda for 12 January 2022 meeting.	**In Progress**
5.	28 October 2021	**Workforce Implications of Memorandum of Understanding 2 (MOU2)**	Director of Health & Social Care to provide an update on the Workforce Implications of Memorandum of Understanding 2 (MOU2) Implementation at alternate Committee	**NC**	3 March 2022	To be added to Agenda of 3 March 2022 meeting.	**In Progress**

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
		Implementation	meetings.				
6.	28 October 2021	**NHS Fife Workforce Information Overview**	Head of Workforce Planning & Staff Wellbeing to provide a report on the new Black, Asian, Minority Ethnic (BAME) Network.	**RW**	3 March 2022	To be added to Agenda of 3 March 2022 meeting.	**In Progress**
7.	28 October 2021	**Medical Appraisal & Revalidation Annual Report 2020/2021 – Report on wider NHS Fife Registered Workforce.**	Director of Workforce & Director of Nursing to consider whether a report, representing revalidation in respect of the wider workforce could be provided to the Committee meeting on 3 March 2022.	**LD / JO**	3 March 2022	To be added to Agenda of 3 March 2022 meeting.	**In Progress**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Wednesday 12 January 2022**
Title:	**Whistleblowing Data Quarter 2 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 a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

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 report is to provide Staff Governance Committee members with an update on whistleblowing concerns for the second quarter of reporting from 1 July 2021 to 30 September 2021, either reported in Datix within NHS Fife or from our Independent Contractors.

The sample report template would provide a statistical analysis of reported concerns, including closure information. The report will be further developed to include thematic analysis which will be based on actual activity.

2.3 Assessment

The second quarterly sample report on the Standards covers the reporting period 1 July to 30 September 2021. During this period, there were no whistleblowing complaints / claims reported within NHS Fife, nor from primary care providers and contracted services.

NHS Fife received two anonymous complaints during this period and whilst these do not meet the definition of the Whistleblowing Standards, we have approached the handling of these in line with best practice from the standards. We are also developing a Standard Operating Procedure for internal use between HR and Operational Management to demonstrate how anonymous cases are handled.

A customised sample report template has been set up to extract a data report on any concerns reported, attached at Appendix 1, and as referred to above remains under development.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The monitoring of whistleblowing complaints 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.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports 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 and the data for quarter 2 has been shared with Executive Directors Group and the Area Partnership Forum.

2.4 Recommendation

This paper is provided for **Assurance** and confirms:

- the customised sample report template which has been set up to be used for Quarterly reporting to extract a data report on any concerns reported; and
- the data for the second quarter post implementation, i.e., 1 July 2021 to 30 September 2021. A nil report.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Sample Statistical Analysis Template

Report Contact:

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

Appendix 1 – Sample Statistical Analysis Template

Second quarter reporting data 1
1 July 2021 to 30 September 2021
Nil return

Whistleblowing concerns closed at each stage	No	%
Total number of concerns closed		
The number of concerns closed at Stage One		
The number of Non-escalated concerns closed at Stage Two		
The number of concerns closed at Stage Two after escalation		

Average Times	No Days
The average time in working days to respond to concerns at Stage One	
The average time in working days to respond to concerns at Stage Two	
The average time in working days to respond to concerns after escalation	

Whistleblowing Concerns closed in full within the timescales	No	%
The number of concerns closed at Stage 1 within 5 working days as a % of number of concerns closed at Stage 1		
The number of concerns closed at Stage 2 within 20 working days as a % of number of concerns closed at Stage 2		
The number of escalated concerns closed within 20 working days as a % of total number of escalated concerns at Stage 2		

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Wednesday 12 January 2022**
Title:	**NHS Fife Population Health and Wellbeing Strategy**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Authors:	**Susan Fraser, Associate Director of Planning and Performance** **Kirsty MacGregor, Head of Communications**

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The NHS Fife Board approved the launch of the NHS Fife population and staff survey on 30 November 2021. This will gauge individuals' attitudes to health and wellbeing, with the results of the survey being used to inform NHS Fife's Population Health and Wellbeing Strategy due for publication in March 2022.

2.2 Background

The Covid-19 pandemic has brought the most significant health challenge in the history of the NHS and this provides a unique opportunity for NHS Fife and the communities we serve to reflect and to make change for the better.

NHS Fife's ambition is to provide excellence in the delivery of healthcare and health services in the right place at the right time, for those who need it. But we are also looking to stretch beyond the place of fixing people when they are ill, toward a vision where we are an active participant in supporting our communities to address poverty, inequalities, and harm, and to improve their physical and mental wellbeing

NHS Fife serves a population of more than 370,000 people and we want as many people as possible to be enabled to take part in this survey-based conversation to help us establish current thoughts and attitudes towards our own health and wellbeing, now and into the future.

The Population Health and Wellbeing Strategy will replace the extant Clinical Strategy 2016-2021 and will focus on the needs and requirements of the population of Fife in terms of their overall health and wellbeing as well as delivery of clinical services.

The Board Development Session on 2 November 2021 explored the need for the strategy to address and target preventative and early interventions in specific areas and communities. The Board also discussed the need for plans to be put in place to identify localities where specialist services could be targeted to improve health and wellbeing outcomes for these communities. The survey will give the opportunity to provide the voices from these communities that will help shape future provision of heath and wellbeing services in Fife.

2.3 Assessment

As we review and develop our plans for the future, it is important to us that we capture the thoughts, views, and attitudes of local people and our staff.

NHS Fife has launched this conversation with individuals, community groups, partners, and stakeholders across the Kingdom, to get their views on how we can support their future health and wellbeing, learning lessons from the pandemic and recognising that Covid-19 has impacted certain groups more severely than others. This conversation is about understanding current attitudes and behaviours towards health and wellbeing as opposed to formal engagement or consultation in relation to service delivery and redesign.

Given the current covid restrictions, we wanted to create an accessible and safe forum to capture feedback from all our communities, partners, and service users.

The confidential survey developed by The Progressive Partnership Agency is open to anyone aged 16 or over who currently lives in Fife and takes around 10 minutes to complete, with responses completely anonymised. In parallel, an NHS Fife staff version of the survey "Colleague Conversation Survey" will also open to capture the thoughts of NHS Fife's 8,500 staff. We are also exploring options to hear the voices of our younger people.

The qualitative and quantitative results of the survey will be independently verified and used to create a foundation to inform further targeted conversations and a participation programme. The programme will ensure equitable and representative views and opinions from across all demographic and socio-economic groups in Fife potentially including a dedicated strand to engage with young people aged 15 and below.

Early planning indicates a range of stakeholders and groups where more targeted conversations may be useful including but not exclusively:

- Participation & Engagement Directory
- Peoples' Panel
- Primary Care (GPs / Dentists / Pharmacies)
- Equalities & Human Rights Strategy Group
- Gypsy Travellers Steering Group
- Accessible Communication Group
- BSL Group
- Transgender Experience of Health Group
- Transgender Participation and Engagement
- Health Improvement Scotland - Community Engagement
- Disabled Persons Housing Association
- HSCP contact for Carers networks
- HSCP for Localities

A small group was constituted including the Vice-chair of NHS Fife, the Director of Nursing and the Director of Finance and Strategy to shape the questionnaire design. This group worked closely with the agency to ensure the questionnaire met the requirements of NHS Fife.

The ‘Community Conversation Survey’ launched online at 10am on Monday 6 December 2021 and will enable Fife residents to give us their feedback on local health services, both now and into the future. The online survey will be open for 14 days and will close at midnight Sunday 12 December 2021, with the deadline of returning paper copies extended to Wednesday 15 December 2021.

To support the conversation a dedicated web page went live on Wednesday 1 December 2021 – this includes a link to the online version of the survey as well as the option to download and print a copy. Paper copies or translated versions of the survey are also available by emailing or phoning NHS Fife Communications, with paper copies and replied paid envelopes available for the public to collect from our main hospital receptions, vaccination venues and public libraries.

The web page URL will be: **www.nhsfife.org/conversation**
With a social media hash tag **#communityconversation**

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Population Health and Wellbeing Strategy and the outcome from this community conversation will inform future quality and safety plans.

2.3.2 Workforce

Workforce is at the heart of the Population Health and Wellbeing Strategy and the outcome from this community and colleague conversation will inform future strategic workforce plans. This report meets the Involved in Decisions strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The Population Health and Wellbeing Strategy and the outcome from this community and colleague conversation will inform NHS Fife's future financial planning.

2.3.4 Risk Assessment/Management

The Population Health and Wellbeing Strategy will contain a robust risk assessment that will be monitored throughout the development and implementation of the Strategy.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment stage 1 has been completed and the EQIA stage 2 will be informed by the output from this community conversation.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

The approach adopted is not a formal engagement framework more of a conversation involving as many individuals as possible as a sounding board and to use local knowledge and experiences to help shape future engagement with service users, carers, community groups and individuals across Fife and working for NHS Fife.

To create awareness of the survey with our staff and external stakeholders a comprehensive communications plan has been developed to encourage participation.

2.3.8 Route to the Meeting

The NHS Fife Board approved the launch of the community and colleague conversation on 30 November 2021.

2.4 Recommendation

The Committee is asked to discuss:

- The results of the survey will be used to create a foundation to inform further targeted conversations and a participation programme. The Committee is asked to discuss the potential range of groups noted in the paper where those more targeted conversations would be useful.

- Specifically, the Committee may wish to discuss how we involve our younger citizens in this work given the age restriction on the survey.

3 List of appendices

The following appendices are included with this report:

- EQIA Stage 1 Report

Report Contact
Kirsty MacGregor
Head of Communications
Email: kirsty.macgregor@nhs.scot

Susan Fraser
Associate Director of Planning and Performance
Email: susan.fraser3@nhs.scot

Appendix 1

Equality Impact Assessment
Brief Impact Assessment
(Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA

Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title: Population, Health and Wellbeing Strategy (PHWS)

Question 1: Lead Assessor's contact details

Name	Margo McGurk	**Tel. No**	
Job Title:	Director of Finance and Strategy	**Ext:**	28139
Department	Finance	**Email**	margo.mcgurk@nhs.scot

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name : PH&WS Core Team	

Question 3: What is the scope for this EQIA? (Please x)

NHS	✓	**NHS Fife** **Acute**		**NHS Fife Corporate**	
HSCP		**Service specific**		**Discipline specific**	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.

Aim	To develop a Population Health and Wellbeing Strategy for NHS Fife to supersede the Clinical Strategy 2016-2021.
Purpose	To develop and deliver a person-centred health and care system that reduces health inequalities and improves health and wellbeing for all citizens across Fife

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - children and young people, adults, older age	The strategy will impact on the population of Fife with the expectations that the impact will be positive. Changes cannot be defined at this time. Appropriate Groups will be engaged with including older people's group and CYP groups
Disability - mental health, neurological, physical, deaf, hard of hearing	Through the engagement process, the strategy will consider the needs of those with disabilities. Groups to be engaged with will be identified through the public partner volunteer form. There should be a positive impact for those with mental health as this is one of the delivery areas.
Race - black and ethnic people including Gypsy Travellers, racism by cast	BAME communities will be engaged with for the new strategy as a result of disproportionate effects

	on health from COVID and poorer access to services for some groups
Sex - women and men	Men and women require specific services at times, this will be recognised in the strategy. Specific targeting of men's groups as they tend not to come forward to services as readily as women
Sexual Orientation - lesbian, gay, transgender or bisexual	An awareness of the needs of LGBT groups will be considered in the strategy and subsequent delivery of the actions. Groups will be engaged with.
Religion and Belief or Spiritual Care	Spiritual care improves health and wellbeing and as such will be explored as part of the design of the strategy.
Gender Reassignment – transitioning pre and post transition regardless of Gender Recognition Certificate	A consultation on GRA has concluded nationally with local services possibly being more responsible for local Transgender care, this must be explored in terms of what is required locally and therefore from the strategy. Staff require support at delivery stage to improve patient care and outcome.
Pregnancy and Maternity – including breastfeeding	Local groups will be engaged with. (As above)
Marriage and Civil Partnership	The strategy will not address this area but the strategy will be based on a equality of access regardless.

Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that supports your assessment can be inserted into the box below.

Please enter evidence/data links:

Scottish Government Protecting Scotland, Renewing Scotland

Scottish Government Remobilise, Recover, Redesign: The Framework for NHS Scotland

Independent Review of Adult Social Care in Scotland (Feeley Report)

Scotland Programme For Government

4 National Care Programmes

National health and wellbeing outcomes

2020 Vision Scotland

Equality Outcome plan 2021-2025

Public Health Scotland Priorities

NHS Fife COVID Remobilisation Plan 3 (and RMP4 due for submission by Sept 2021)
Fife Clinical Strategy 2016-2021
Fife Population Health Assessment 2021
IJB Strategic Plan
Plan4Fife
Learning from Canterbury – Opportunity from Adversity
Learning from Carnegie – Creating an Enabling State
Learning from HIS – Transforming Health and Wellbeing Outcomes

Question 7:

Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes		**No**	x

If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?
We will have a staged approach to the design and development of the strategy which includes:
Engaging patients and public via use of the participation and engagement networks
Engaging patients and public through the EQIA process at stage 2
Analysing patient feedback and learning from complaints and comments
Listening to the experiences of staff and volunteers who are keen observers of service delivery
Engaging patients and public through the participation and engagement networks on the draft strategy

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following: you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**

- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination Advance equality of opportunity Foster good relations	The PH&W strategy will ensure that we meet the needs of all the people who access our services. It will be created in partnership with staff and public. Their experiences and opinions will be listened to ensuring the strategy is representative of them. We will work to eliminate discrimination by identifying inequalities within service delivery and act to ensure we address these via the plan We will further equality by exploring data and health needs of certain populations in order to focus our plans on reducing inequality for the certain groups And we will foster good relations by working with our staff and public by including them in the design and delivery of the plans and further work across services involving staff and patients.

Question 9:

If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

- The Strategy will be available in a range of languages and it will be developed in conjunction with the Head of Person-Centred Care and the Equality and Human Rights
- Pride badges and pledge showing support of LGBT plus Community

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision

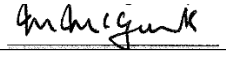
Option 1 No action Option 1: No major change (where no impact or potential for improvement is found, no action is required)
Option 2 Adjust Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
Option 3 Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
Option 4 Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) **All large scale developments, change, planning, policy, building, etc must have an EQIA**
The strategy will be a review of the existing strategy and the strategic direction for the next 5 years. Although there is no major change as a result of the strategy, there may be major change as a result of the implementation of the strategy.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	**Margo McGurk**
Email	Margo.mcgurk@nhs.scot
Telephone (ext)	**28139**
Signature	

Date	**30/7/21**

Return to Equality and Human Rights Lead Officer at

Fife.EqualityandHumanRights@nhs.scot

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Wednesday 12 January 2022**
Title:	**South East Payroll Services Consortium Decision**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Kevin Booth, Head of Financial Services**

1. Purpose

This is presented to Staff Governance Committee for:

- Approval of the refreshed Business Case Addendum and agreement to recommend for the Board approval.

This report relates to:

- Delivery against the national "Once for Scotland Policy"

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The South East Payroll Service Consortium Business Case has been developed in line with the "Once for Scotland" national policy. The development of the business case was paused in March 2020 in the context of the COVID-19 pandemic but has since recommenced. At a meeting of the regions Directors of Finance in January 2021 it was agreed that due to the elapsing of time, it would be beneficial to the Boards where governance committees have yet to approve and formally sign off the busines case, for the Programme Board to carry out a re-scoping plan to highlight the benefits and provide a refreshed assurance to the Directors of Finance and their Boards. A copy of the refreshed Business Case Addendum is now provided for assurance.

2.2 Background

There is a long history to this Business Case. In 2016 a Payroll Service Programme Board was established by the NHS Board Chief Executives which was tasked with exploring a regional consortia approach to develop a more sustainable and resilient payroll service.

The business case provides an analysis of payroll services in the South East (SE) and explains the range of issues affecting the service, the key issue being the sustainability of the service workforce.

2.3 Assessment

At the January 2021 meetings of both EDG, and the Staff Governance Committee, whilst both groups supported the resilience aspects of the business case, the Director of Finance proposed that contact should be made with National Services Scotland (NSS) to request that consideration be given to phasing the implementation of this change and also that NSS be asked to reconsider the rational and requirement to TUPE transfer staff involved.

In March 2021, NSS agreed (as did the other Boards in the proposed consortium) to accept the request to implement the change in a phased way. The first phase involves establishing the management arrangements required to support the change and the expectation is that recruitment will complete by early 2022. The second phase involved refreshing the business case for final approval which also should include reconsideration of the need to TUPE transfer the staff involved. The third phase, post final business case approval will see the full implementation of the service by December 2022.

On the 20th October 2021 the South East Regions Directors of Finance met with the programme Board and were presented with the refreshed Business Case Addendum report. The report concluded that the Business Case had not materially altered and if anything had strengthened following the challenges encountered during the Covid-19 pandemic. Options involving the non-TUPE of staff were explored but the conclusion was that none of these options were viable from a service management perspective. The Directors of Finance accepted the assurances and additional detail presented in the report and agreed with the Project Board that they were satisfied to recommend to their own Boards, to proceed with the shared service via a single supplier, multiple base model.

The Programme Board have revised the anticipated timeline on the assumption that the remaining Boards (NHS Fife and NHS Forth Valley) will obtain governance sign off by the end of March 2022. It would then be assumed that a 90-day consultation period would run from April 2022. The TUPE transfer of staff to NSS would then subsequently take place in July 2022, with a six-month service stabilisation exercise commencing from late July 2022. Service redesign and transformation implementation would not begin until 2023 at the earliest. NHS Forth Valley confirmed last week that the business case has now been approved at Board level.

2.3.1 Quality / Patient Care

Delivering a more resilient service over time will ensure staff continue to be paid correctly and timeously for the services they deliver.

2.3.2 Workforce

The full proposal represents a significant change to the current arrangements for staff where they will require to be TUPE transferred to NSS on approval of the full Business Case. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The new service delivery model can be fully funded from within the existing NHS Fife budget for payroll services. There are no significant financial efficiencies associated with delivering this change.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

2.3.5 Equality and Diversity, including health inequalities

A full integrated Impact assessment (IIA) was carried out and is located at section 9 of the Business Case.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife payroll staff are aware and have been actively engaged in the development of the proposed model and the business case. There have been several staff briefing and engagement sessions over the past 12-18 months.

As part of the Re-scoping plan a number of workshops will continue to be held to discuss and propose priority improvements to improve day-to-day working lives for the payroll staff and to provide assurances to staff of the benefits to them of the proposed Regional model.

2.3.8 Route to the Meeting

- Staff Governance, 1 of July 2021, as an updated paper.
- EDG, 8 of July 2021, as an updated paper.
- Board Meeting 29 September 2021, as an update paper
- EDG Meeting 4th November 2021, as an update paper
- Finance, Performance and Resources, 11 January 2022, as an update paper

2.4 Recommendation

Staff Governance Committee members are asked to **approve** the refreshed Business Case Addendum and **recommend** for the Board approval.

3. List of Appendices

- SEPC Business Case Addendum Report

Report Contact:

Kevin Booth
Head of Financial Services
Email: kevin.booth@nhs.scot

NHS National Services Scotland

South East Payroll Consortium

Business Case Addendum and Benefits Reassurance

Contents

Executive Summary

Due to the amount of change experienced by all areas of the Health Service in Scotland over the last eighteen months, there has in some cases been a desire to pause and reflect on major change programmes to ensure the paths on which they are set remain the correct ones.

For the South East Payroll Consortium (SEPC), the region's Directors of Finance (DoFs) requested additional reassurance that the preferred option of providing shared payroll services via a single supplier, multiple base model remains the correct approach (ref 1).

The scope of the work (ref 2) which the SEPC Programme Team planned to carry out with the goal of providing the necessary reassurance was based on the note from the initial meeting (ref 1) between the SEPC Programme Board Senior Responsible Owner (SRO), Craig Marriott, and the region's DoFs on the 21st of January 2021.

The plan and scope was approved the SEPC Programme Board on 6th May 2021 and shared with DoFs on 17th May 2021.

The outcomes of that work are summarised here. The following sections of the report provide the full rationale and clarification which directly address the areas of concern raised by at the DoFs meeting with the SEPC SRO on 21st January 2021.

Strategic Fit

The strategic fit of the preferred option from the business case has been reaffirmed by our Scottish Government sponsor. Richard McCallum, Director, Health Finance and Governance is expected to meet with the region's Directors of Finance in the weeks following completion of this report to provide additional reassurance that the South East Payroll Service is one of many services moving towards a national approach via regional working.

Alternatives to TUPE

The SEPC Board are confident that TUPE of staff to a single employer, with multiple bases remains the service model which maximises anticipated benefits as described in the original business case (ref 3).

A working group was established which consists Deputy or Associate Directors responsible for the Payroll service in their respective Boards, along with Partnership and HR specialist representation.

The group systematically re-appraised each of the non-TUPE options from the original business case, then analysed the movement of the scores of each short-listed option against the agreed benefits criteria to account for the impact of Covid-19.

The arguments *against* all other service model options are stronger than originally documented in the SE Payroll Service Business Case options appraisal.

The non-TUPE options and the partial TUPE options do not fit with strategic objectives and introduce complex, obstructive matrix management team structures. It is acknowledged that while some options may provide short-term relief for operational pressure, they do not address the risks to long term service sustainability.

In addition, the rationale for choosing the preferred option of a 'single employer, multiple base' have been strengthened.

A larger team with consistent – more digital - ways of working and clearer, unified strategic direction is better positioned to flex and support all territorial Boards.

Addressing Staff Concerns

The SEPC Board has committed to providing more clarity to Payroll team members on concerns they have raised, in particular around TUPE and protection.

To date, queries on all topics including those mentioned above have been answered, catalogued in a Frequently Asked Questions (FAQ) document and distributed to staff. This FAQ will be enhanced to emphasise points that:

a) the service stabilization period, following TUPE would last for a minimum of six months during which time staff will continue providing the service as they do just now to the same customer base
b) no member of staff will be on pay protection during this period. Only after this period and when the long term service model has been designed will the extent of pay protection become apparent, along with opportunities for career development expected to be available to staff

Workforce Profiling and Transaction Volume

As expected, an update of the Payroll team workforce figures in the region alongside a refresh of the transactional statistics shows that already stretched teams have been asked to process more payslips than ever before.

Whilst incomplete, there are enough data (from a combination of Board workforce projections and numbers of payslips processed) to present a more current picture than was given in the original business case.

The trend for decreasing head-count in Payroll teams in preceding years, which was noted in the original Business Case, has abated over the last eighteen months. Across the region payroll teams' WTE has increased by 11%. There are several vacancies in the teams which are proving difficult to recruit to.

At the same time, increased recruitment across Health Boards and new pay awards have meant further transactions on top of previous baseline measures.

These factors have contributed to rising rates of sickness absence and multiple instances of staff working more overtime, unpaid in some Payroll teams. The exact measures are not known because some team members are doing this extra work out of a sense of duty to and pride in the standard of service and it is not being recorded. Clearly, this extra work has implications for the accuracy of the service capacity as well as the wellbeing of individuals.

The impact of Covid-19 associated workload has exacerbated these issues and makes the case for change more urgent if service stability is to be maintained.

Benefits to Boards

The benefits to Boards and the benefits for payroll staff have all been rearticulated and updated (where appropriate) with more detail than was originally set out in the SE Payroll Services Business Case (ref 3).

There is a strong argument for increased service stability and resilience with a larger payroll team covering the whole of the SE region.

A larger team working more closely together offers greater cover for staff absence. In addition, a dedicated training and technical team for the region would allow remaining team members to focus efforts on core payroll activity.

The larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff, improving service stability.

The risk of localised recruitment problems is dissipated across the wider region because of the multiple bases available and also due to an element of off-site working likely to remain encouraged.

A Payroll Services Customer Board will more robustly and consistently hold the single supplier of payroll services to account by agreeing standards and levels of service.

NSS Finance has considerable experience providing financial services, including Payroll, to other Health Boards across Scotland.

Benefits to Staff

Likewise, we summarise how staff will benefit from having a larger, more responsive team, pooling resources from across the region.

There are increased development opportunities and a reduced number of single points of failure due to adopting a digital first approach to consolidated working processes. There would also be a region-wide dedicated training and technical team making for a leaner on-boarding process for new members of the payroll team with an emphasis on increasing capability from within.

As mentioned above, the “grow your own” approach to staff development mitigates existing difficulties in recruiting appropriately experienced payroll officers, which in turn eases pinch points where particular members of staff may be single points of failure.

Communication of benefits to staff

We have also created a comprehensive Communications and Engagement Strategy (ref 4) and corresponding Action Plan, already underway, to make improvements in how these benefits are communicated to Payroll staff.

This document then details how answers to payroll staff concerns have been communicated to date and how the SEPC Board will build on this engagement as part of the aforementioned Communications Action Plan.

Work done to date

Finally, the document lists what progress has been made to date in a phased approach moving towards regional working. The members of the SEPC Board feel that the benefits to date can be increased by further embracing the collaborative approach.

A key part of the proposed regional collaborative team is the creation of the new Head of Service role within NSS to lead all payroll staff across the region. A job description has been approved and once recruitment begins, representation from across the region will be sought for the interview panels.

All analysis was conducted and agreed in partnership.

Recommendations

It is hoped that these findings will provide the Directors of Finance with necessary reassurance to recommend the single supplier approach to their own Boards.

The SEPC Board recommends that Directors of Finance in the region agree to support the shared service model from a single supplier. The case for change has been made stronger due to the pressure of workload on Payroll teams with the resilience of the service being severely threatened recently as single points of failure are exposed.

The SEPC Programme Board also recommends Directors in NHS Forth Valley and NHS Fife ensure the proposal is ratified by their respective Finance & Audit and Staff Governance Committees as a matter of urgency.

Only then, can the SEPC Programme Board begin to plan for TUPE implementation followed by design of a future service model to ensure the long term efficiency and resilience of Payroll in the region.

Timeline

Payroll staff have faced years of uncertainty over their future, whilst being asked to do more than ever. As can be seen from the timeline below:

- Several years have passed since the formation of the regional Payroll consortia in Scotland
- NSS was announced as the preferred single supplier of payroll services for the region in January 2020, more than eighteen months ago
- The anticipated implementation of several new national systems is now on the horizon. eRostering roll-out is already underway.
- Preparation for and implementation of TUPE, including the consultation period for the associated organisational changes will take in the region of six months, currently forecast for the first half of 2022 at the earliest
- There would then follow a service stabilisation period of six months
- Service redesign and transformation would then take place, with implementation not beginning until 2023

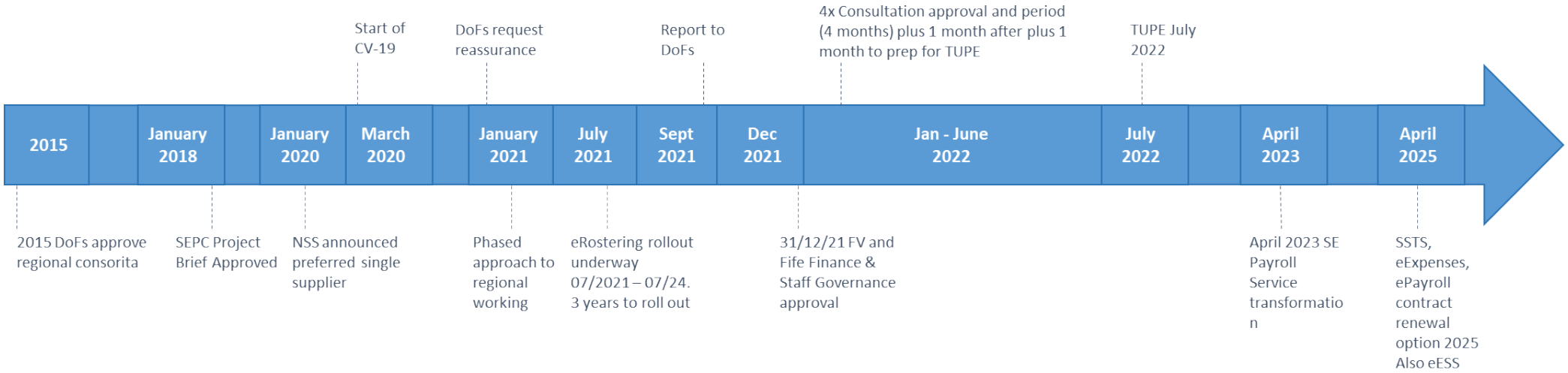


Figure 1: Timeline of lifetime of SE Payroll Consortium

Strategic Alignment

The service model is in line with national payroll strategic direction and Scottish Government agenda; and the service model will simplify governance and management arrangements.

NSS will fully engage with Scottish Government and National Payroll Programme Board objectives:

Scottish Government

NSS is uniquely placed to provide a national payroll service to NHSScotland, which supports the Health and Social Care Delivery Plan commitment to “provide efficient and consistent delivery of functions and prioritise those non-patient facing services which make sense to be delivered on a national basis.”

Richard McCallum, Director of Health Finance and Governance in Scottish Government, has also reaffirmed his support for the shared service approach via a single supplier for SE Payroll Services as this is the direction of travel in other service areas.

National Payroll Programme

As we implement the single employer arrangements for the South East, NSS will continue to support the National Payroll Programme Board on the delivery of the “Once for Scotland” payroll agenda.

By fully embracing regional collaboration when adopting the new national Payroll related systems, rather than working in territorial silos where effort will be duplicated, disruption can be minimised and opportunities to consolidate ways of working maximised.

In due course following the successful implementation of the single employer arrangements, NSS will explore opportunities to offer Payroll Services to other boards.

Payroll Staffing Levels

Analysis

Payroll staffing levels were analysed as part of the initial business case (ref 3, Table 1, p8). These figures have now been updated to include the position at 31st August 2021:

NHS Board	Head Count (December 2019)	WTE (December 2019)	Head Count (August 2021)	WTE (August 2021)	% Change
Fife	16	13.88	17	13.88*	0%
Forth Valley	13	11.65	14	13.25*	14%
Lothian	40	35.51	44*	37.71*	6%
NSS	10	10	14	14	40%
SAS	7	6.5	8	7.5	7%
Total	**86**	**77.51**	**97**	**86.34**	**11%**

**includes vacancies*

What the updated figures in the above table show are an actual increase in WTE in all Payroll teams except in Fife. However, three Boards reported current vacancies, some of which have been unfilled for long periods of time.

A request was submitted to Payroll managers for details of amount of overtime paid in the first six months of 2021, as this would provide a more nuanced picture of payroll service capacity.

No figures were returned at the time of writing. Based on anecdotal reports, there has been an increase in overtime worked by staff in some if not all Boards over this time.

In some cases, colleagues in Payroll teams have been working extra hours unpaid for an extended period of time without being recorded.

Summary

Based on the data returned along with verbal reports on succession plans and the recruitment and retention positions, the general trend across the region is towards a gradual reduction in payroll services capacity since the original business case was written.

This has resulted in an increase in pressure on staff members in teams, to the point where some colleagues felt the need to work extra hours unpaid – since the start of the pandemic - to maintain service standards.

Workforce Projections

Analysis

Workforce projections were analysed as part of the initial business case (ref 3, Table 2, p10). These figures have now been updated to include the position at 31st March 2021:

NHS Board	Board baseline 31 March 2019	31 March 2020 Projections	31 March 2021 position	Change	% Change
Fife	7,356.50	7,550	7,886	529.5	7.2
Forth Valley	5,382.3	5,554.2	5,726	343.7	6.4
HIS	408.6	416.5			
Lothian	20,664.0	20,847.8	23,093	2,429.0	11.8
NES	1,628.3	2,201.1			
NSS	3,238.2	3,438.4	3,097	-141.2	-4.4
PHS			1,043	1,043.0	100.0
SAS	4,672.0	4,759.4			
Total	**43,329.9**	**44,767.0**			

Summary

Conclusions can only be drawn based on updated data which has been returned. However, when considered alongside the more complete view given by the payslip numbers presented in the next section, we can say with a high degree of confidence that across the region there remains a pattern of increase in demand for payroll services associated with an increasing workforce.

Volume of Payslip Transactions

Analysis

The following table updates the figures shown in Table 23 of the Business Case (ref 3, p34) based on data received.

The impact of the Lead Employer model for junior doctors must also be considered (ref 3, p9, section 2.3).

NHS Board	Weekly	Monthly	Weekly (July 2021)	Monthly (July 2021)	Change Weekly	Change Monthly
Fife	3210	8862	4539	9549	1329	687
Forth Valley	4226	6915	4416	7168	190	253
Lothian	12292	25503	15,447	27,516	3155	2013
NSS	30	3666	725	3653	695	-13
NES	0	4836	0	5690	0	854
HIS	0	501	0	550	0	49
SAS	0	5236	0	7000	0	1764
PHS			0	1200	0	1200
Total	**19758**	**55519**	**25127**	**62326**	**5369**	**6807**

Summary

While limited conclusions can only be drawn based on the latest data which has been returned, it is known that the volume of payslips processed has either increased or remained steady at each Board across the region. Increases are predominantly due to the need for Covid-19 related services.

It follows that the reasons behind selecting the preferred option in the original business case based on Payroll service demand remain valid and have overall become more pressing, especially when considered alongside the general trend of a decrease in payroll service capacity.

Analysis of non-TUPE Options

Business Case Long List Options (p13, Section 3.4)

The DoFs made a specific request to explore whether a shared services model could be progressed without the need to TUPE staff. Non TUPE options were considered as part of the initial SE Payroll Consortium Business Case. The following is from the **SEPC Business Case, Appendix D - South East Payroll Services – Initial Long List of Options (ref 3)**:

From this Initial Long List, for the purposes of the exercise of exploring non TUPE options, we can immediately remove all other options which *do* involve TUPE:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
1	Status Quo		
2	Status Quo & Opportunistic Collaboration		
3	Status Quo & Formal Resource Allocation		
4	Outsourced Payroll Services		
5	Extended Role Service (Human Resources)		
6a	Hub & Spoke Model (Single Employer)	N	Involves TUPE
6b	Hub & Spoke Model (Multiple Employers)		
7a	Single Consortium Service (Single Employer & teams split by payroll services function and all located in one base)	N	Involves TUPE

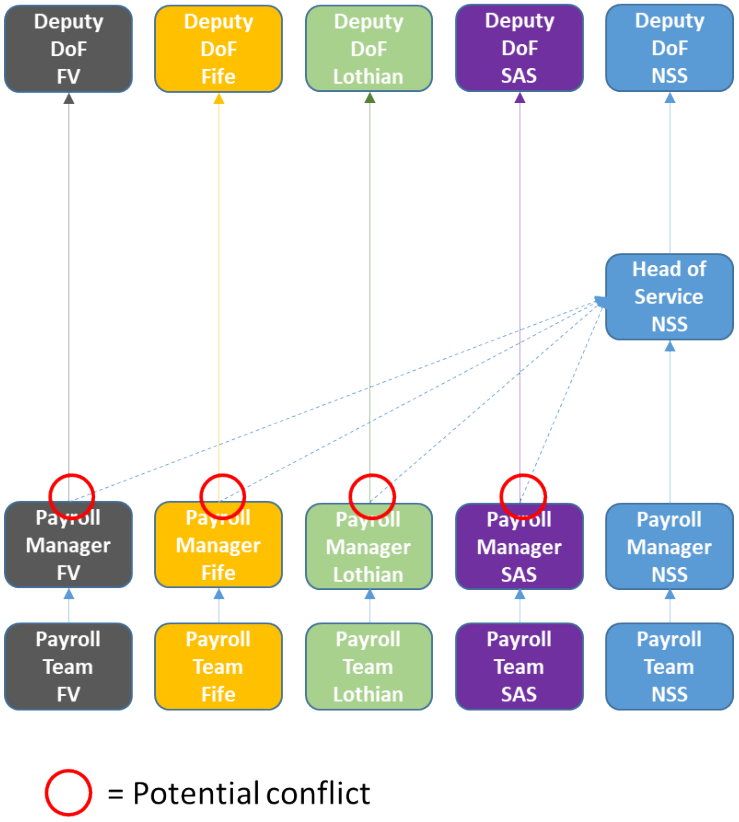
Option	Name	Viable (V)/ Non-viable (N)	Rationale
7b	Single Consortium Service (Single Employer & teams split by function and located in multiple bases)	N	Involves TUPE
8a	Single Consortium Service (Single Employer & teams split by Board and all located in one base)	N	Involves TUPE
8b	Single Consortium Service (Single Employer & teams split by Board and located in multiple bases)	N	Involves TUPE
9a	Single Management Structure Only with Consortium Wide specialist function teams in one base (multiple employers)		
9b	Single Management Structure Only & Consortium Wide specialist function teams in multiple bases (multiple employers)		
10a	Single Management Structure Only & teams split by Board and located in one base (multiple employers)		
10b	Single Management Structure Only & teams split by Board and located in multiple bases (multiple employers)		

Further analysis of the remaining options was undertaken to consider whether the viability has changed as a result of the Covid-19 pandemic:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
1	Status Quo	N	Does not address either the risks around immediate operational pressure or long term service sustainability. There are significant dis-benefits to things remaining as they are just now: • predicted natural workforce shrinkage over the next five years • increased workload • increasing levels of stress/sickness absence in Payroll teams • unpredictability of peaks in workload is not in line with national payroll services strategic direction
2	Status Quo & Opportunistic Collaboration	N	Does not build towards a cohesive service. May provide reactive short-term relief for operational pressure **but does not address the risks to long term service sustainability.** Is not in line with national payroll services strategic direction. Risk of continual change of team which staff are working for would lead to a rise in uncertainty for staff.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
3	Status Quo & Formal Resource Allocation	N	Does not build towards a cohesive service. May provide more formal short-term relief for operational **pressure but does not address the risks to long term service sustainability.** Does not provide stability for staff. Is not in line with national payroll services strategic direction. Risk of continual change of team which staff are working for would lead to a rise in uncertainty for staff.
4	Outsourced Payroll Services	N	Is not in line with national payroll services strategic direction. Does not fit with Scottish Government workforce commitments. Would not be supported by Trade Unions, staff or local organisations.
5	Extended Role Service (Human Resources)	N	Lack of capacity to include wider HR transactions e.g. recruitment contracts. Does not address either the risks around immediate operational pressure or long term service sustainability.
6b	Hub & Spoke Model	N	The complexity of TUPE of only parts of the Payroll departments would make this option not viable.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
	• Single Employer Management Structure • Additional payroll 'support' services staff e.g. helpdesk, training/ development, systems, service improvement & project, flexible resource (i.e. partial TUPE of Payroll Teams) Existing Board level teams to be the 'spokes'		Team management in this scenario would also be so complex as to make this option not workable. These are the reasons why this option was discounted originally and why it must still be.
9a	• Single Employer Management Structure • Consortium Wide specialist function teams (with multiple employers) • Board level teams leading on a function area on behalf of the consortium as a 'Centre for Excellence' Located in one base	N	Single base not an option because NSS were previously identified as the only board who had capacity to host all teams. This is now not viable for two reasons a) staff reluctant to change base and b) due to Covid-19 related property reviews capacity of bases will continue to decrease.
9b	• Single Employer Management Structure • Consortium Wide specialist function teams (with multiple employers) • Board level teams leading on a function area on behalf of the consortium as a 'Centre for Excellence' Multiple bases	N	We assume Payroll team managers remain with their teams in their current Health Boards and the "single management structure" is led by the new NSS Head of Service working with Payroll team managers (still employed in current Health Boards) on a collaborative basis:

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			 Figure 2: Potential Conflict in Single Employment Management Structure

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			• Those benefits which would be experienced from consistent ways of working (as articulated in the subsequent Benefits section of report) would be greatly reduced because they would be limited by an obstructive matrix management set-up rather than strong governance and clarity of a coherent single team: ○ The authority of the new NSS Head of Service would be undermined by sitting in a different line management structures from: a) the Payroll teams themselves and b) senior leadership in each territorial board ○ The Payroll managers cannot implement Collaborative Leadership Team decisions if their own Board's Associate Director disagrees and gives instruction to the contrary Advice was sought from HR colleagues and there are not anticipated to be any increase in problems experienced for staff in territorial boards having a management team in another Board. There would potentially need to be a (long term) continuation and/or expansion of the situation whereby individual Payroll Managers have contracts of

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			employment with more than one Health Board. To date, under this arrangement there have been limited opportunities for the payroll teams to move towards working in consistent ways, where appropriate.
10a	• Single Employer Management Structure • Teams split by Board (multiple employers) Located in one base	N	Non-viable as a single base option. See 9a for similar rationale.
10b	• Single Employer Management Structure Only • Teams split by Board (multiple employers remain) Multiple bases	N	This is similar to the first phase of increased regional working with the Collaborative Leadership Team. This is good in the short term because it encourages small, step changes away from the status quo allowing relationships and trust to build. In the longer term however, the same issues with a cross-Board matrix management approach (see 9b rationale, above) will stifle further change and innovation. Previous attempts to work in consistent ways between NSS and SAS were not successful for these reasons.
1	Status Quo	N	Does not address either the risks around immediate operational pressure or long term service sustainability.

Option	Name	Viable (V)/ Non-viable (N)	Rationale
			There are significant dis-benefits to things remaining as they are just now: • predicted natural workforce shrinkage over the next five years • increased workload • increasing levels of stress/sickness absence in Payroll teams • unpredictability of peaks in workload is not in line with national payroll services strategic direction

Outcome of analysis of long-list options

The SE Payroll Consortium (SEPC) Board suggests that **none of the non-shortlisted options** have changed from being non-viable to viable as a result of the impact of Covid-19. The analysis was conducted by the Business Case Addendum and Benefits (BCAB) sub-group of the SEPC Programme. (Ref DoF-C-013[1]).

Analysis of Business Case Short–list Options

Scoring against Benefits Criteria (ref 3: p15, Section 3.9)

The BCAB sub-group analysed the original scoring of the shortlisted options (ref 3: p14, Table 7) for a service model against the benefits criteria (ref 3: p12, section 3.2; p48, Appendix E) to determine if and how the original scoring has this changed due to the impact of the Covid-19 pandemic:

- **Option 1:** Status Quo (Current Service)
- **Option 2:** Single Employer, Single Base
- **Option 3:** Single Employer, Multiple Base
- **Option 4:** Multiple Employer, Single Base
- **Option 5:** Multiple Employer, Multiple Base

The scores below are those from the original business case. Red indicates the lowest scoring option for each criterion. Green indicates the highest.

Given the changes in the payroll landscape which have occurred since the start of the Covid-19 pandemic, the arrows indicate whether the SEPC Board believes that the scores have now increased, decreased or remain the same:

Benefit Criteria	Option 1	Option 2	Option 3	Option 4	Option 5
Sustainability	19 →	59 ↓	93 ↑	38 ↓	47 ↑
Staff Focus	40 ↓	49 →	89 ↑	40 ↓	49 ↓
Service Quality	59 ↓	76 →	84 ↑	53 →	60 →
Efficiency & Productivity	40 ↓	82 ↓	86 →	58 ↓	52 →
Customer Focus	71 →	65 ↑	90 ↑	51 →	70 ↑
Strategic Fit	3 ↓	88 ↑	86 ↑	40 ↓	31 ↓
Technology & Innovation	35 →	72 ↑	72 ↑	53 →	43 →

- **Sustainability**
  - Would expect multiple base options to score higher due to Covid-19 risk being bigger for single base options due to an increased likelihood and

[1] Cross reference showing how each concern raised by DoFs (ref 1) is traced to specific actions in the work plan (ref 2) and outputs from that work

impact of an outbreak causing sickness absence, even in blended working scenario (i.e. teams working in the office and from home).

- Also NSS strategy in the Future Ready programme is likely to not involve a return to office full time, as evidenced by a recent NSS staff survey.
- NSS is undertaking an estates rationalisation programme. There is a long-term objective to reduce the organisation's estate footprint. Single base options are less viable because NSS were the only organisation who could have hosted a single Payroll team base and this will now not be possible.
- When considering the age profile of the workforce, the sustainability score does not change with any option. Difficulties in recruiting have not changed due to Covid-19.
  Note: the proposed structure as shown in the day 1 service model (ref 3: p26, Figure 3) would make it easier to recruit at junior roles and share experienced workforce across the region to mitigate recruitment issues.

- **Staff focus**
  - Due to more unpredictable changes in transaction numbers and workload since the start of the Covid-19 pandemic, the status quo (Option 1) and multiple employer options (Options 4 & 5) cannot reduce the risk to staff and their workload when compared with the ability of a large single team to balance resource across the region.
  - Anticipated logistical challenges of multiple bases for Option 3 (Single employer, multiple base) will reduce as the response to the Covid-19 pandemic has accelerated the adoption of remote working. The likelihood of a return to full time office based working for entire teams is small. Option 3 scores higher for staff focus as a result.
- **Service Quality:**
  - Due to the increased operational pressures still being experienced across the region, the Status Quo option would result in reduced service quality eventually as staff absence and recruitment issues continue to affect capacity.
  - Those options which would result in a single regional payroll team would be more likely to retain a higher service quality as they would inherently have greater resilience.
- **Efficiency and Productivity:**
  - The level of efficiency gains from an entire team being based in the same building (Option 2, Option 4) relative to being split across multiple bases (Options 1, 3 & 5) is decreased now the workforce is present in work premises less.
  - Increased demand on Payroll Services has prevented efficiency and productivity changes for the status quo model (Option 1).
- **Customer Focus:**
  - Since the beginning of the Covid-19 pandemic, all Payroll teams have had to adapt to engaging with customers in different ways; All teams making changes to the same engagement methods would result in increased

benefits for the single supplier options and therefore higher scoring on this benefit criterion.
    - As per workshops, rebuilding customer relationships is easier if it is being done once by one team with a consistent approach.
    - Any impact of anticipated logistical challenges for multiple base approaches decreases with increased prevalence of remote working across the region.
- **Strategic Fit:** More corporate services will have to work in this way going forward due to Covid-19. E.g. east region procurement and recruitment services. In addition, the overall strategic direction for National Payroll services has not changed.
- **Technology and Innovation:** Now scores higher for Option 2 (single employer, single base) & 3 (single employer, multiple base) as within NSS there is a greater commitment to invest for support services. Staff have shown they can adapt to new technologies due to Covid-19 therefore combined with a single employer it would be easier to innovate.

Outcome of analysis of short-listed options

The SE Payroll Consortium (SEPC) Board recommends that **Option 3: Single Employer, Multiple Base** remains the preferred option as a result of the impact of Covid-19. The analysis was conducted by the Business Case Addendum and Benefits (BCAB) sub-group of the SEPC Programme and agreed on 2nd August 2021. (DoF-C-013).

Reason Status Quo is not Sustainable

It is apparent that Payroll service sustainability is threatened by the current staffing model. Localised variance in processes and siloed, unconnected (or limited connections between) teams have not fully embraced the opportunity to provide regionalised backing in a pro-active fully collaborative manner. Yet at crisis points teams reach out to their peers in the region for support in “fire-fighting” mode.

Recent retirals, difficulty in recruiting in some regions and increased sickness absence have resulted in less availability to develop shared leadership and co-operation via the forum (i.e. the Collaborative Leadership Team) established as part of the phased approach requested by the DoFs.

Significant coaching and change management support provided by Organisational Development teams for Payroll Teams and their managers is recommended, regardless of the future direction of the shared service.

Benefits to Member Boards

With reference to the benefits of the proposal to transform to a Payroll Shared Services model in the SE region, the following key concerns were raised by the region’s Directors of Finance (ref 1, DoF-C-003):

"The benefits of the BC to all Boards in terms of resilience, succession planning, technology and service improvements required to be further evidenced. This was causing some non-execs to push back on the Shared Services proposal."

This section of the document aims to address each of these categories of concerns by providing more detail on the benefits which will be realised.

Resilience

Day 1 Service Stabilisation

- The customer Boards will not notice any difference between the payroll service provided on Day 1 compared to the service provided on the day prior to that
- It is expected that the payroll teams will remain in their current structure during the stabilisation period after Day 1
- The stabilisation period is expected to last for at least six months
- As agreed by the SEPC Board and as will be stated in the SLA, changes will gradually be implemented through organisational change after that date
- NSS have a good track record on TUPE and the infrastructure and expertise to support a stable service during implementation of the organisational change
- NSS successfully began delivering payroll services to PHS at a time when the pandemic was at its peak; this is evidence that the service will not fall over after TUPE

Recruitment

- NSS and the SEPC Board both remain committed to the multiple base aspect of the Business Case and to recruitment from across the whole of Scotland
- There is a likelihood that, where possible and accommodating business and personal needs, a blended approach to working (at home vs in the office) will be in place within NSS. This is in line with the anticipated approach in other NHSS Boards. It is therefore expected that candidates for advertised roles will be from a wider geographical catchment area
- A larger, more responsive team leveraging region-wide experience means a lower level of risk to service sustainability associated with vacancies than with the

status quo service model (as well as the other alternative service model options); See previous section on analysis of service model options

- The proposed service model (ref 3: Section 7.2, p26) highlights the opportunity to recruit less experienced payroll staff and grow the capability from within while providing wider options for career progression
- This would be enabled by a dedicated, region-wide training team which would release other Payroll staff from the significant workload associated with on-boarding new starts.

Succession Planning

- NHS Lothian and NSS have successful training models upon which the region can expand into the new SE-wide training team as defined in the proposed day 1 model (ref 3: Section 7.2, p26)
- NSS Finance would expand upon the existing modern apprenticeship model to increase opportunities for longer term succession planning within Payroll
- A new larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff.

Technology

Helpdesk

- There will be a consistent approach to helpdesk management across the region by consolidating all query handling into one portal
- An accompanying “once for SE region” knowledge base would also prevent duplication of effort for supporting documentation, training material etc. whilst offering a more visible and significant presence to reduce self-solvable queries from customers

National Systems

- Where appropriate, NSS pursue a digital first approach by default in all service transformation by harnessing the NHSS standard tools i.e. M365, MS Teams
- A single, region-wide payroll team will be better positioned to implement the forecast new national SSTS, eRostering and ePayroll systems (see timeline in previous section). Adopting these systems once at a regional level in a

streamlined way rather than duplicating in each Board will be a more efficient, time-releasing approach

- At the regional level, a centralised, dedicated Technology and Training team will take the lead in the adoption of new national payroll systems. This means enhanced business continuity as other Payroll staff would not have their capacity reduced during this phase.

Service Improvements and Quality

Accountability and Governance

- A single supplier of payroll services will be more consistently and robustly accountable across the region than the status quo
- This will be enabled by establishing a Payroll Services Customer Board (i.e. a Quality Board), on which HR Directors and Directors of Finance will be invited to sit to ensure the voice of the customer is heard and acted upon
- This forum will be used to agree standards and levels of service
-

Customer Service

- NSS will provide the management team with dedicated expert advice and support in developing and maintaining relationships with our customers, through our customer engagement team
- We will also provide all payroll staff with customer services training and development to ensure we build and maintain good working relationships
- NSS are developing a Shared Services Partnership Charter (previously Customer Charter) which sets out how the organisation promises to interact with its customers

Service Quality

- Agile approach; NSS has in-house capability and a track record of delivering in an iterative, incremental way which is responsive to customer feedback
- NSS Finance have in post a dedicated Service Improvement Manager which oversees improvements across all functions, including the payroll service

- Quality will be measured via. Key Performance Indicators (KPIs), which relate specifically to Payroll, on a quarterly basis
- KPIs will be agreed in partnership with customer boards and customers will have the opportunity to feed back at a minimum on a quarterly basis

Long-term Service Transformation

- NSS have a well-established in-house service design capability putting the customer at the heart of change by aligning to the Scottish Approach to Service Design (SAtSD)[2]
- This is consistent with Scottish Government “Once for Scotland” strategic direction
- Follow Once for Scotland policies national policies and guidance for organisational change to assure staff they will be treated fairly and consistently

Financial Benefits

- The original SE Payroll Services Business Case was built around non-financial benefits
- It is expected that NSS will build cash releasing efficiency savings (CRES) into the SLAs
- These will be met via natural attrition balanced with up-skilling less experienced staff and new starts.

[2] https://www.gov.scot/publications/the-scottish-approach-to-service-design/

Benefits to Staff

Note: Specific concerns relating to TUPE which have already been raised by staff will be addressed in a subsequent section of the report to DoFs. This section aims to focus on emphasising the benefits of the preferred service delivery option.

The original Business Case contained references to benefits criteria (ref 3: p46, Appendix C) which were scored at workshops attended by representatives of all stakeholder groups to decide on the preferred option for a future service model. However, from the SE Payroll Programme Scoping Definition (ref 2) in response to concerns raised by DoFs (ref 1):

- **Concern (DoF-C-001, DoF-C-002):** Sufficient assurance of the benefits has not been provided to Payroll staff in the original Business Case (ref 3: p46, Appendix C).
- **Action:** Clarification, measurement and communication of benefits as above

The following sections take the description of the benefits criteria from the original business case which are most relevant to staff and expands upon these to illustrate how the SEPC Programme will clarify, measure and communicate these benefits.

Selected subset of benefits criteria most relevant to staff:

Key:

- Grey shaded boxes indicate verbatim content from the agreed SE Payroll consortium business case
- Green text represents further detail provided from the final NSS Bid for single supplier

Benefit Criteria	Description	Rationale for preferred model (single employer, multiple base)	Assessment from NSS Bid
Sustainability	• Manages service demand and capacity	• Delivers descriptors: demand and capacity management,	Day-to-day working pressure on payroll team members will be reduced because:

		flexibility, business continuity, resilience • Likely to retain all or most experienced staff due to Multiple Base aspect of model	• NSS is fully committed to implementing the agreed structure and amending working practices, if necessary, to deliver a payroll service that meets the long term sustainability requirements but also fully addresses the short term challenges that payroll teams experience • The change in working practices within the new structure are the key to providing a service model that is flexible and can be easily adapted to meet changes in demand (e.g. Junior Doctor rotations) or to cover for short or long term absence within the team • Part of the commitment to the new model is the Multiple Base aspect, addressing concerns of staff who feared having to change from their current base • The SE Payroll Programme team are already working with staff to free up capacity by reducing unnecessary queries and improving data quality in systems linked to Payroll (i.e. SSTS, eESS) via training and awareness campaigns. This will increase service sustainability.
Staff focus and experience *The importance of valuing and recognising staff (and the vital role of payroll*	• Supports staff training and development • Enables career progression (for staff who would like to progress) • Supports succession planning • Positive impact on staff wellbeing	• Delivers descriptors – training and development, career progression, succession planning • Single Employer aspect supports this benefit criteria • Multiple Base aspect introduces an element of logistical challenge	• NSS has significant experience in large scale organisational change, and has highly experienced teams in Programme Management and HR to support this • These teams are fully aware of the legislative, policy and support requirements associated with a large scale change programme, including TUPE transfer, organisational development and learning and development support and Occupational Health advice and support

services in the NHS) has emerged as a theme during workshop discussions whatever service model option is agreed		• Positive impact on staff wellbeing due to Multiple Base aspect of model	• NSS will develop a communications and engagement plan in partnership to ensure staff are fully briefed and supported throughout the transition (see next section for further detail) • A new larger, region-wide team structure would offer multiple career pathway options to encourage retention of valuable, highly skilled staff • This new structure will also free up time for staff development • NSS has placed significant focus on making our organisation a great place to work and are in the upper quartile of NHSScotland performance[3] • NSS is fully committed to working with the Partnership Forum for SE Payroll services • NSS considers itself an exemplar organisation for working inclusively with colleagues on staff governance matters • NSS Finance have introduced a system where each payroll team member has 2 hours per month of allocated time to focus on development activities which is undertaken away from their desk to ensure that the time is protected • As part of our commitment to staff development we hold regular finance “away days” which gives staff the opportunity to discuss a variety of relevant topics away from the pressures of day to day activity • NSS has resources in place to provide OD support for new managers and leaders (e.g. an Essential Line Management

[3] https://www.nss.nhs.scot/media/1516/nhs_nss_strategy2019to2024.pdf

			framework) to allow them to grow into the role receiving guidance from more experienced colleagues • Initial hybrid model of payroll transaction processing to balance staff experience and customer needs • The new model will have a dedicated helpdesk service to provide more uninterrupted time for processing activity.
Service Quality	• Reduces the likelihood of rework • Promotes best practice, standardisation and consistency	• Promotes best practice, standardisation and consistency • Staff wellbeing more likely to lead to engaged staff wanting to 'get it right'	• Will build on the existing expertise which staff currently have – opening up opportunities to increase collaboration, learn from each other and spread best practice • NSS will commit fully to the process of standardisation of operating practices across the team and, by doing so, will strive to maintain the highest possible service standards • NSS Finance has a dedicated Service Improvement Manager who will work with the Payroll team • NSS has in-house capability in the disciplines of Business Analysis, Lean and Agile approaches to Service Transformation • The SEPC Programme team have already been working directly with SE Payroll teams to make changes to ways of working which will reduce unnecessary time spent on customer queries. The team is also looking to improve the quality of data input at source therefore reducing rework
Efficiency and Productivity	• Supports smarter/ better ways of working e.g. reduce manual intervention	• Delivers descriptors	• The SEPC Programme team are already working with Payroll teams to look at changes to ways of working they see as a priority for Payroll teams and customer health boards to work smarter and

			build on what changes have worked since the start of the pandemi (e.g. reduce manual intervention) • NSS will work with staff to review all payroll processes as part of the long term organisational change. A standard, consistent payroll process will be a key to providing an efficient productive service • NSS will utilise all available management information, such as productivity data provided by Atos, to ensure that we monitor the impact of introducing new working practices as well as any other changes.
Customer focus and experience	• Payroll services staff have the knowledge to address (or know who to signpost to) customer enquiries or issues	• Delivers descriptors • Potential to have dedicated 'customer helpdesk' service • More consistent approach for all customers • Multiple Base aspect supports more local accessibility	• NSS has operated a helpdesk model within Payroll Services for more than 10 years and would commit to extending and improving this in line with the vision for South East Payroll Services that has been agreed • Potential helpdesk collaborations with other SE Payroll teams are already being explored • With the aim of freeing up time for Payroll staff by reducing the number of queries they receive, NSS will provide education and support to our customers through a variety of methods, including online training, roadshows and workshops. • NSS adopts a multi-level approach to managing customer relationships and this would be applied to South East Payroll Services.
Strategic Fit	• Simplification of governances and management arrangements	• Single Employer aspect could support improvements and sharing of solutions	• As requested by the SE region DoFs, a phased approach to increased collaboration across the region is underway

			• A Collaborative Leadership Team forum has been established providing payroll managers across the region the opportunity to focus on regional approaches to easing operational pressures • The CLT was also established to encourage innovative changes to ways of working with the support of the SEPC Programme Team.
Technology and Innovation	• Delivers due to role of dedicated technical support function; helpdesk technology; training function supporting staff and customers to maximise technology. N.B. This benefit will also be delivered through service improvement activity that is not service model dependent.	•	• The proposed service model includes a dedicated technical support and training function • These clearly defined roles will allow the rest of the Payroll teams to focus on core transactional activity.

Communications and Engagement Strategy and Plan

In order to address the concern that "Sufficient assurance of the benefits has not been provided to Payroll staff in the original Business Case" (ref 1), the SEPC Programme Team have taken the following action:

Communication and Engagement Strategy

- A full Stakeholder Engagement and Communication Strategy has been developed, including but not limited to, how to engage with Payroll teams and improve understanding of the benefits of the chose approach
- A dedicated Communications Officer resource with extensive experience in organisation change programmes which bring together staff from multiple health boards (i.e. formation of PHS in April 2020) has joined the programme team
- The strategy is now baselined having been formally signed-off at the SEPC Programme Board on 23rd July 2021
- The launch of an on-line Communications Hub to provide a single source of truth and increase overall transparency and visibility including of benefits to staff is a core component of the strategy
- NSS will continue to maintain the existing FAQ of all queries from payroll teams relating to TUPE and the new service model and ensure multiple opportunities are presented for two-way engagement with the SEPC Board on related matters
- The transformation programme will follow the approach as set out in the Scottish Approach to Service Design (SAtSD)[4]. This is how the Scottish Government wants us to ensure we design the right thing, before designing the thing right.
- Payroll staff will be a key cohort during the user research activity and we will need their input when co-designing the new service with them.

Communication Plan

- The draft Communications plan is expected to be signed off and baselined at the SE Payroll Board on 24th August 2021
- This plan details how and when the programme team will implement the aforementioned strategy

[4] https://www.gov.scot/publications/the-scottish-approach-to-service-design/

- The communications plan also encompasses an awareness campaign, jointly created with eESS colleagues, aimed at all staff in Boards on the importance of accurate and timely data entry into source systems such as eESS and SSTS. This will reduce the volume of queries payroll staff have to handle.

Key Messages

- One of our key messages to staff is to emphasise that the proposed change will be positive in future when considered alongside the status quo alternative “path” in five years’ time due to continuing difficulties in recruitment, expected retirals and succession planning
- Relative to other models considered in the initial workshops, e.g. the shared management team only options, the single employer option offers staff more confidence in the process because NHS Scotland Boards adhere to legislation which applies to organisational change and TUPE
- Further key messages regarding specific concerns around topics raised previously such as TUPE, where individuals will fit into the day 1 structure etc will be detailed in the subsequent section of this document and as per phase 2 of the Communications and Engagement Strategy (ref4)

Benefits Realisation and Measurement

Service Level Agreement KPIs

- In response to KPI measures which are established in partnership during Service Level Agreement development, a continuous improvement approach taking on board feedback from staff will be put in place and used where appropriate

Benefits already being realised

- The first phase of collaborative working is already underway. This has started the process of realising benefits, the recipients of which include staff in the payroll teams.
- This is illustrated by the creation of a platform for Payroll Managers to find region-wider solutions to operational issues and prioritise change initiatives

- The SE Payroll Programme team have already used these techniques to identify what has worked well for payroll staff and what hasn't worked so well since the Covid-19 pandemic disrupted "normal" ways of working.
- We are also helping them implement the changes which they told us will release valuable capacity in their day-to-day work tasks
- It is hoped that the teams will see a measurable reduction in unnecessary queries and increase in data quality as a result of these actions. The SEPC Programme team will endeavour to communicate these improvements to the payroll staff

Lessons learned from NSS Finance Transformation

The NSS Finance department and the SEPC Programme Team previously worked together during NSS' Finance Transformation programme.

A number of lessons learned can be carried forward and applied to the SEPC service redesign.

NSS extended its customer base and services at same time as undergoing a service redesign.

An agile, co-design approach ensured staff input was given priority consideration when designing services such as digital end-to-end procurement requests, budget holder engagements and on-line invoice requesting.

We propose a similar iterative, incremental approach for Payroll services transformation.

Staff engagement / Positive experience of partnership working

- The successful organisation change experience was conducted in line with the aforementioned regulatory requirements and at all times with full partnership working at its heart
- A focused People project team with dedicated project management support and partnership, HR, management and communications representation ensured optimal engagement with staff at all times throughout the organisational change process

Embracing new digital solutions

- Out with the national payroll systems, tools such as MS Teams, M365 and ServiceNow offer more options than ever before to improve how payroll teams can engage with customers

- Dedicated customer channels, drop-in clinics, virtual show-and-tell sessions, videos recorded and distributed on Stream are just some of the options available to enhance customer relationships
- Experience has shown that because of the disruptive changes enforced by the Covid-19 pandemic to ways of working, customers are more receptive than ever to these new digital options

Refinements to Day One Service Model

Appropriate refinements to the Day One Service model in relation to the Technical & Training team and Helpdesk team requirements will be looked at again as issues and pressures relating to these teams in particular are now more acute since Covid-19 (DoF-C-001).

Should the SE region DoFs agree to proceed with staff TUPE to NSS, the SEPC Programme Board will investigate in more detail how the structure and outline job roles for these teams in particular can operate effectively as region-wide teams.

This will be a key part of the preparation and implementation workstreams for TUPE as part of the on-going programme and an appropriately detailed plan will be developed.

Addressing Specific Staff Concerns

The DoFs had noted (ref 1):

"…the proposed restructuring and TUPE approach had raised several legitimate concerns from staff. There is also a more specific concern about staff moving onto protection in some areas."

This section will outline how staff concerns in general, and those explicitly mentioned above in particular, have been addressed to date and how they will be going forward.

How has this been done to date?

A record of all specific queries raised by staff throughout the lifetime of the programme had been kept updated with agreed responses by the SEPC Working Group and distributed to staff in payroll teams periodically in the form of a comprehensive Frequently Asked Questions (FAQ) document.

Queries were raised via Payroll Managers or at staff engagement sessions with members of the SEPC Board.

The last updated FAQ was sent to staff in November 2020.

What will be done differently going forward?

The SEPC Programme team have been tasked with separating out core FAQs into a more succinct version whilst keeping a full archive of all questions asked.

The SEPC Programme Communications and Engagement plan has identified the need to increase two-way communication with payroll teams.

A means to raise further queries will be made available as part of the proposed Communications Hub, which is a work in progress at the time of writing.

There will be an anonymous channel as well as a way for a staff member to leave contact details.

Where is my place in day 1 structure?

Concerns specifically about protection have been linked to uncertainty around staff members' place in the Day 1 structure as outlined in the Business Case (ref 3).

Upon reflection, members of the SE Payroll Consortium Board agreed this structure could be communicated more clearly.

To reassure staff that following TUPE, and for a minimum service stabilisation period of six months, their current roles will not change, the following organisation chart will be included in the business case addendum:

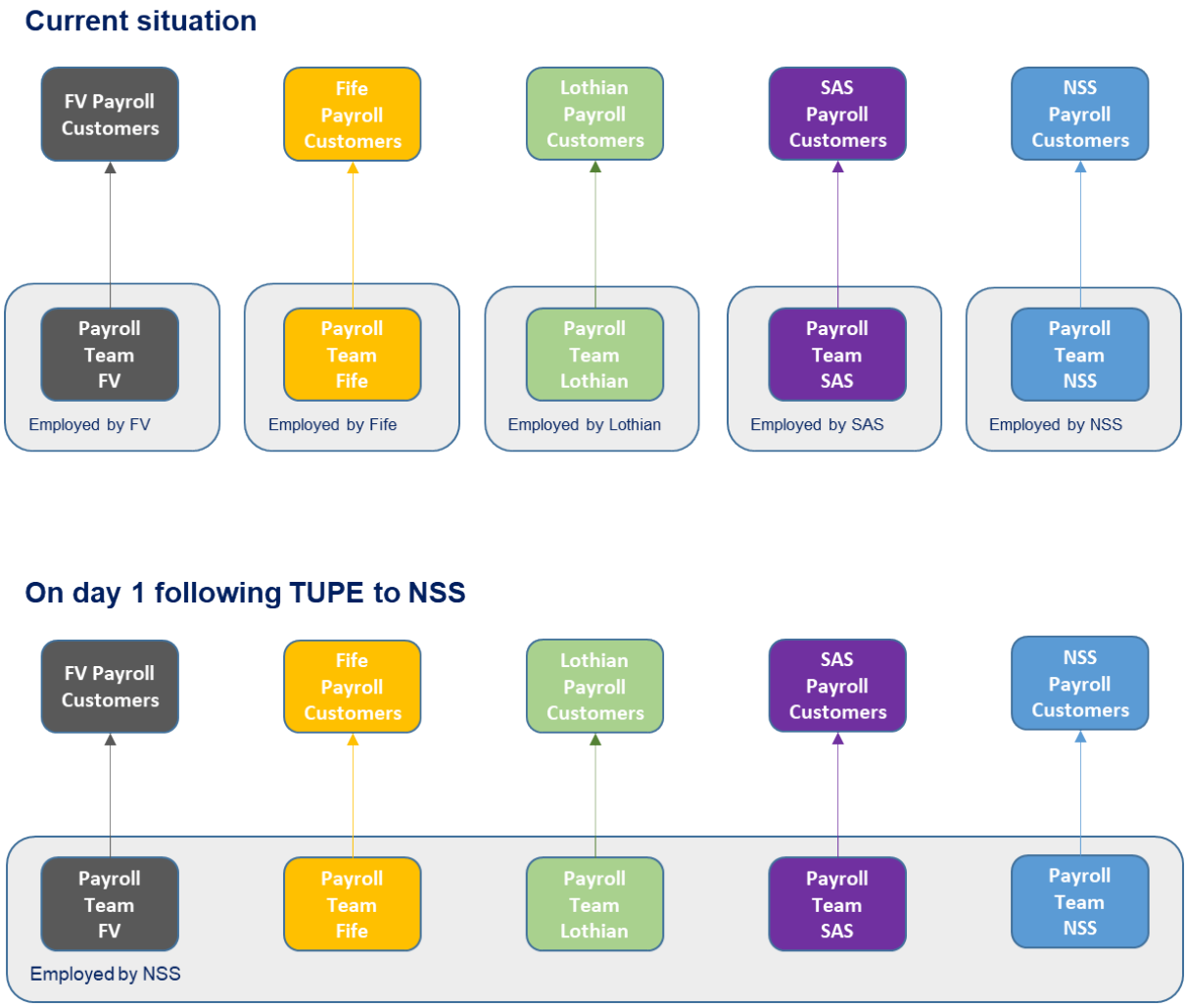


Figure 3: Customer base per team before and after TUPE

It will also be used in further communications to staff from the SEPC Board.

Concerns about Protection

Staff have raised concerns regarding the possible impact of pay protection on them (DoF-C-002).

The archive of frequently asked questions which has been maintained and distributed over the lifetime of the programme contains responses to all protection related queries raised to date.

The SEPC Board will also reinforce the following messages:

- On Day 1, and for the duration of the service stabilisation period, payroll staff retain their current job descriptions and continue to do the same job for the same customers as now (see *Figure 3*)

- This means that no staff member will be on pay protection during this period, expected to last a minimum of six months from Day 1 following TUPE
- During the stabilisation period, the long term service model and accompanying team structure will be designed in full detail. The full job descriptions and associated bandings will be agreed in partnership and following organisation change processes at this stage
- Only then will the likelihood and extent of pay protection become apparent, along with opportunities for career development expected to be available to staff

Regional Work Done to Date

As part of the requested phased approach to collaborative working in payroll services in the SE region, several work streams have been established since the start of 2021 (DoF-C-006). The South East Payroll Consortium Programme Team are responsible for establishing and facilitating these work streams.

The effectiveness of these initiatives is improving with each iteration. It is expected that greater economies of scale will be experienced following TUPE and full Payroll team integration in a region-wide service model.

Collaborative Leadership Team

A regional leadership forum has been established and has been running for a number of months (DoF-C-005).

The CLT meets fortnightly and provides payroll managers with the opportunity to reach out to colleagues for support with operational issues with a secondary focus on change activity, quick wins and improvements to ways of working.

Organisational Development ideas are also identified and taken forward where appropriate.

Payroll staff engagement workshops

The SEPC Board are keen to take on board staff suggestions on improvements which can be made to ways of working and customer engagement. It is important to work with staff to make changes which will relieve some of the operational pressure on their day-to-day working lives.

To this end, the Programme team facilitates monthly staff engagement workshops focusing on the areas which are important to the teams.

Achievements to date include:

- Identifying local training material (SSTS “how to” videos and 1-page quick guides) which can be shared regionally with all line managers to reduce unnecessary queries and data input errors which result in incorrect pay
- Working with national eESS team and local eESS administrators to highlight importance of accurate data entry to line managers and admin teams across Boards
- Establishing contacts with Communications teams in all health boards to ensure messages reach the intended audience
- Utilising MS Teams and other technologies to make it easier for payroll teams to work together and get to know their peers better

The outcomes of these sessions are fed back to the CLT and SEPC Board.

Sessions are in the diary each month until the end of financial year 2021/22.

Levels of engagement and enthusiasm from those who attend is encouraging. Staff side representatives have also provided positive feedback and recommend payroll managers encourage wider participation among their teams.

Efforts continue to make contributing as inclusive as possible.

Conclusion & Recommendations

The South East region’s Directors of Finance (DoFs) requested further reassurance be provided that a single employer, multiple base shared service approach to Payroll services remains the correct way forward in light of the unique challenges presented to the Health Service in Scotland as a result of the impact of the Covid-19 pandemic since early 2020.

The preceding sections of this document have addressed each of the points raised by DoFs in the original note (ref 1). This has been accomplished by following the work plan as detailed in the Scoping document (ref 2) which was agreed by the SE Payroll Consortium Board on 6th May 2021 and sent to DoFs on 17th May 2021.

In conclusion, the SEPC Programme Board recommends that the SE region DoFs agree to continue with the single employer, multiple base approach for SE payroll services.

In addition the SEPC Programme Board requests that the Directors from NHS Forth Valley and NHS Fife take the business case through their respective governance channels for sign off required for TUPE of payroll staff to NSS.

References

No.	Title	Document Name
1.	Note from DoFs Request for SE Payroll Reassurance	2021 Note of SE Consortium Payroll DoF.docx
2.	SE Payroll Programme Scoping Definition (cross-reference to ref 1 to show coverage)	SE Payroll Programme Scoping Definition.docx (SE Payroll Coverage of DoFs Concerns v1 0.xlsx)
3.	South East Payroll Services Consortium Business Case	South East Payroll Services Consortium Business Case v1.0.pdf
4.	SEPC Communications and Engagement Strategy	South East Payroll - comms strategy v1.0.pptx

Document Control Sheet

Key Information

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This document requires the following signed approvals:

Version	Date	Name	Role	Signature
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Version	Date of Issue	Name	Role / Area

v1.0	18/10/2021	Andrew Bone Julie Carter Susan Goldsmith Carolyn Low Margo McGurk Angela Moodie Janice Sinclair Scott Urquhart	SEPC Directors of Finance

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Wednesday 12 January 2022**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This is presented to the Staff Governance Committee for:

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

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

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

2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

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

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	3.89% for 2021/22 (4.00% is the LDP Standard)	6.34% in October 2021, above planned position at this stage (4.11%) Excludes COVID-19-related absence

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

The content of the Integrated Performance & Quality report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

The December IPQR will be available for discussion at the round of January 2022 Standing Committee meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The Staff Governance Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the level of Sickness Absence and the caveats around this

3 List of Appendices

None

Report Contact

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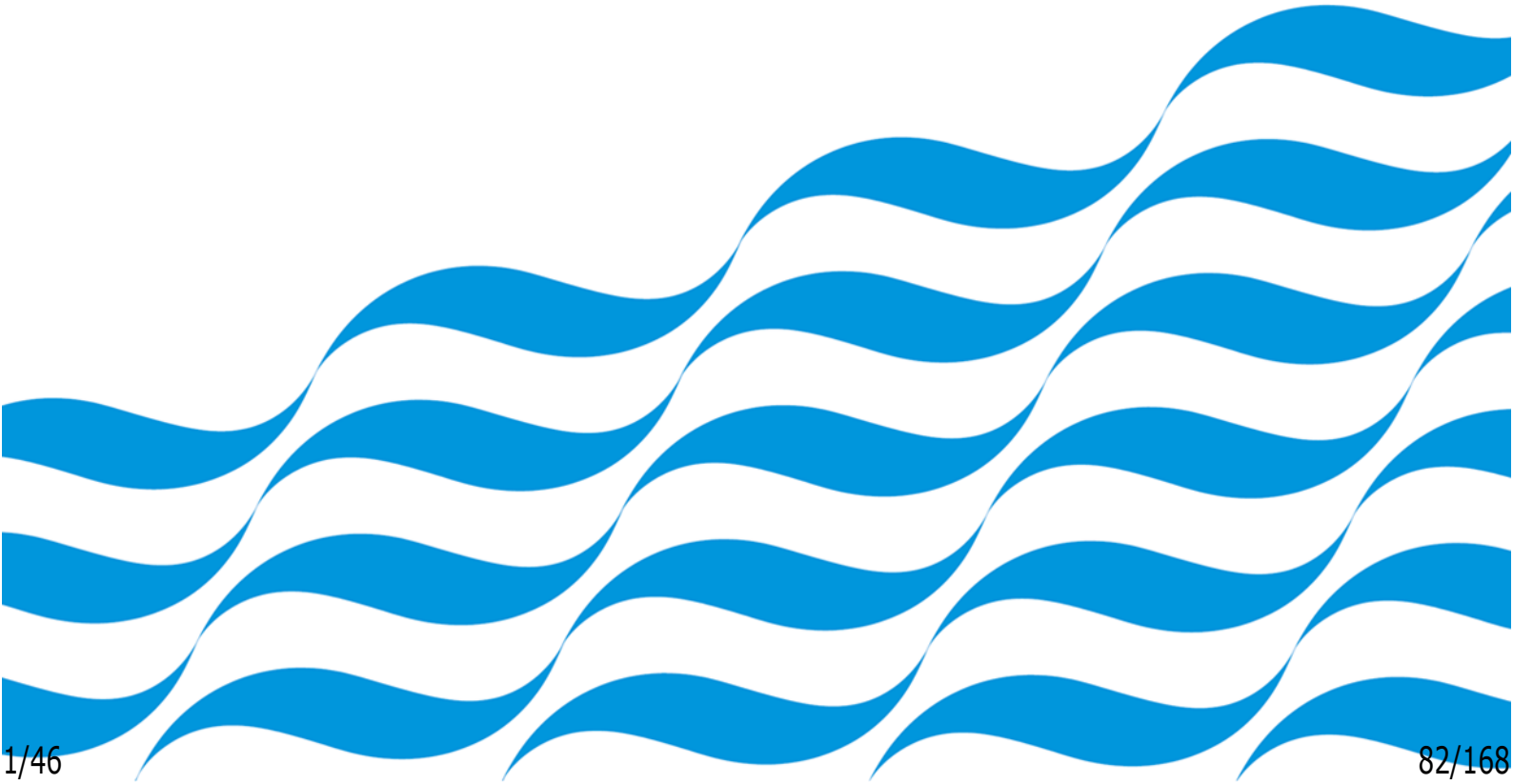
Fife Integrated Performance & Quality Report

Produced in December 2021



Introduction

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

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

The IPQR comprises of the following sections:

I. Executive Summary

a. LDP Standards & Local Key Performance Indicators (KPI)

b. National Benchmarking

c. Indicatory Summary

d. Remobilisation Summary

e. Assessment

II. Performance Assessment Reports

a. Clinical Governance

b. Finance, Performance & Resources
   - Operational Performance
   - Finance

c. Staff Governance

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

I. Executive Summary

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

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

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

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 6 (21%) classified as **GREEN**, 4 (13%) **AMBER** and 19 (66%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in October:

- Falls Rate at lowest level since June
- C Diff HAI/HCAI quarterly rate at lowest level since February
- Stage 1 Complaints quarterly rate at highest level since April

Additionally, it has now been 18 months since the Cancer-31 DTT performance fell below the 95% Standard.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 10 (34%) within upper quartile, 14 (49%) in mid-range and 5 (17%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Oct-20	17	Sep-21	26	Oct-21	29	↓		N/A			
	HSMR	N/A	Year Ending	Jun-20	1.00	Mar-21	1.01	Jun-21	1.03	↓		YE Jun-21	1.03	●	1.00
	Inpatient Falls	7.68	Month	Oct-20	7.94	Sep-21	7.93	Oct-21	7.12	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Oct-20	1.68	Sep-21	1.50	Oct-21	1.80	↓		N/A			
	Pressure Ulcers	0.42	Month	Oct-20	1.00	Sep-21	1.28	Oct-21	0.99	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-20	2.2%	Mar-21	2.7%	Jun-21	3.6%	↓		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Oct-20	15.7	Sep-21	16.6	Oct-21	16.2	↑		QE Jun-21	6.3	●	18.7
	SAB - Community	N/A	Quarter Ending	Oct-20	10.6	Sep-21	9.6	Oct-21	11.7	↓		QE Jun-21	8.6	●	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Oct-20	9.2	Sep-21	9.5	Oct-21	7.0	↑		QE Jun-21	10.0	●	14.6
	C Diff - Community	N/A	Quarter Ending	Oct-20	3.2	Sep-21	4.2	Oct-21	2.1	↑		QE Jun-21	4.3	●	5.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Oct-20	39.3	Sep-21	55.6	Oct-21	51.1	↑		QE Jun-21	37.6	●	38.2
	ECB - Community	N/A	Quarter Ending	Oct-20	33.9	Sep-21	40.5	Oct-21	39.5	↑		QE Jun-21	32.2	●	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Oct-20	80.5%	Sep-21	72.0%	Oct-21	78.4%	↑		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Oct-20	37.3%	Sep-21	27.0%	Oct-21	18.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-20	100.0%	Sep-21	100.0%	Oct-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Oct-20	94.1%	Sep-21	80.1%	Oct-21	76.3%	↓		Oct-21	76.3%	●	73.5%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Oct-20	54.9%	Sep-21	68.2%	Oct-21	64.9%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Oct-20	59.3%	Sep-21	58.3%	Oct-21	56.5%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Oct-20	94.3%	Sep-21	75.7%	Oct-21	78.7%	↑		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Oct-20	65.1%	Sep-21	69.7%	Oct-21	71.1%	↑		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Oct-20	100.0%	Sep-21	98.3%	Oct-21	100.0%	↑		QE Jun-21	99.0%	●	98.1%
	Cancer 62-Day RTT	95%	Month	Oct-20	85.0%	Sep-21	82.9%	Oct-21	83.3%	↑		QE Jun-21	80.3%	●	84.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Oct-20	85.7%	Sep-21	71.8%	Oct-21	77.8%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Oct-20	5.2%	Sep-21	10.9%	Oct-21	10.4%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Oct-20	35	Sep-21	83	Oct-21	93	↓		Oct-21	30.78	●	26.92
	Antenatal Access	80%	Month	Aug-20	83.3%	Jul-21	87.2%	Aug-21	89.6%	↑		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Aug-20	45.7%	Jul-21	59.5%	Aug-21	52.8%	↓		FY 2020/21	53.3%	●	84.9%
	CAMHS Waiting Times	90%	Month	Oct-20	76.5%	Sep-21	82.1%	Oct-21	76.0%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Oct-20	64.7%	Sep-21	84.5%	Oct-21	82.3%	↓		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Oct-20	N/A	Sep-21	(£8.958m)	Oct-21	(£10.228m)	↓		N/A			
	Capital Expenditure	£32.082m	Month	Oct-20	N/A	Sep-21	£6.812m	Oct-21	£7.821m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Oct-20	4.93%	Sep-21	6.42%	Oct-21	6.34%	↑		YE Mar-21	4.77%	●	4.67%

d. NHS Fife Remobilisation Summary – Position at end of November 2021

Better than Projected | Worse than Projected | No Assessment
(NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Month End			Quarter End	Quarter End
		Jun-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	1,062	1,264	1,074	3,400	3,740
	Actual	3,260	2,953	841	1,124			
	Variance	279	-167	-221	-140			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	6,645	7,167	7,093	20,905	21,861
	Actual	19,488	20,161	5,976	7,596			
	Variance	2,388	1,036	-669	429			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	613	613	614	1,840	1,840
	Actual	1,406	1,509	441	578			
	Variance	-395	-324	-172	-35			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	4,655	4,556	4,431	13,642	13,692
	Actual	12,971	12,629	3,973	4,046			
	Variance	2,121	1,379	-682	-510			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	7,030	6,700	6,890	20,620	20,340
	Actual	20,728	21,110	6,431	6,403			
	Variance	3,618	2,000	-599	-297			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			82.5%	84.0%	84.5%	80.0%	83.0%
	Actual			76.4%	79.7%			
	Variance			-6.1%	-4.3%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	3,650	3,540	3,490	10,680	10,120
	Actual	10,085	10,042	3,328	3,359			
	Variance	2,045	1,722	-322	-181			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85				5.63	5.73
	Actual	5.54	6.16					
	Variance	-0.28	-0.28					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	870	870	870	2,610	2,610
	Actual	2,885	3,047	899	1004			
	Variance	**435**	**437**	**29**	**134**			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	128	128	128	384	384
	Actual	305	337	109				
	Variance	-110	-98	-19				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			65	70	65	200	210
	Actual			78				
	Variance			13				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			146	140	119	405	393
	Actual			118	127			
	Variance			-28	-13			
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			8	40	20	68	30
	Actual			3	5			
	Variance			-5	-35			
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			75.0%	65.0%	68.0%	69.3%	75.0%
	Actual			76.0%	71.2%			
	Variance			1.0%	6.2%			
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			683	698	560	1,941	2,197
	Actual			525				
	Variance			-158				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			69	95	70	234	210
	Actual			38				
	Variance			-31				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.4%	69.6%	77.4%	73.2%	67.9%
	Actual			82.3%				
	Variance			8.9%				

		Month End	Month End	Month End			Month End	Month End
		Jun-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-21	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	65	63	96	91	84	84	66
	Actual	128	112	121	107			
	Variance	63	49	25	16			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	28	27	28	25	23	23	20
	Actual	47	29	28	31			
	Variance	19	2	0	6			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	68	66	61	61	46
	Actual	81	83	93	76			
	Variance	44	47	25	10			

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

e. Assessment – Clinical Governance

		Target	Current
HSMR		**1.00**	**1.03**

The HSMR for NHS Fife for the year ending June rose by 0.2 in comparison to the rate for the year ending March, and remained above the Scotland average and in the worst-performing Mainland Health Board quartile. The rate for VHK alone was also 1.03.

Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**1.80**

We continue to maintain a focus on falls prevention work despite workforce and environmental challenges. Changes in ward configurations and patient pathways remain dynamic with supplementary staff supporting care delivery. Support continues to focus on areas where falls with harm have increased noting a slight increase in some areas. The workplan has been reviewed to support a delay in some of the actions, with progress continuing albeit at a slower timescale.

Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**0.99**

Acute: In October, Hospital Acquired Pressure Ulcers (HAPU) remained above the median with no special cause flags. There was a slight reduction in grade 2, grade 3 and suspected deep tissue injury and no incidence of multiple. There have been no grade 4 reported since November 2018.

HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly using a patient safety dashboard, reporting on all inpatient wards within the partnership. The dashboard enables timely action, highlighting areas for further improvement activity. In addition, all HAPU graded major or extreme undergo robust review with key learning to inform improvement activity.

Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**3.6%**

Mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**16.2**

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

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**7.0**

At the end of October, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in October. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**51.1**

The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of October, NHS Fife was above the trajectory to achieve this target. There were 24 ECBs in total for October with 3 of these due to a CAUTI and 1 CAUTI was associated with trauma. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.

Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**18.0%**

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments as the programme team has started delivering third vaccines.

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**76.3%**

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

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**64.9%**

Performance in October deteriorated with 64.9% waiting less than 12 weeks compared to stable performance of 68% since June 2021. This was as a result of a reduction in activity in October which was less than projected and less than previous months partly due to elective surgery being restricted to urgent patients only in response to significant pressures in unscheduled care. The waiting list continues to rise with 3,691 patients on list in October, 12% greater than in October 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. NHS Fife remains one of the best performing Board in Scotland for TTG. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan, however, this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**56.5%**

		Target	Current

Performance in October continues to deteriorate with 56.5% waiting less than 12 weeks. Referrals to outpatients and the waiting list remains high and with 21,721 on the outpatient waiting list is 44% higher than in October 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks, with the number waiting over 52 weeks in October reduced by a quarter since March. We had anticipated that the need for social distancing and enhanced infection control procedures would be reduced by October and this was reflected in the projected activity levels. Due to the ongoing need for these measures to be in place, our outpatient capacity and therefore activity continues to be restricted. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery will be slower than anticipated due to the continued capacity restrictions.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**78.7%**

Performance continues to be under significant pressure, decreasing to 78.7 % of patients in October waiting less than 6 weeks. There were 52.7 % of patients waiting less than 6 weeks for endoscopy and 82.3% for radiology waiting less than 6 weeks. The waiting list for diagnostics has increased to 5741 in October after a period of being stable at around 4800 and this increase is mainly within radiology where the demand for urgent and inpatient test in particular for CT and Ultrasound remains high. There continues to be significant pressures from unscheduled care activity resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**83.3%**

October continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, while Oncology capacity remains an issue. The majority of breaches continue to be seen in prostate due to the challenging, lengthy pathway. The range of breaches were 1 to 59 days (average 22 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**77.8%**

There were 48 FOI requests closed in October, 9 of which were late, a monthly closure performance of 81.3%. The performance figure above reflects the performance for the 3-month period ending October, and is the highest since June. Provisional figures for November show a continuing improvement towards the target.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**10.4%**

The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, but this has resulted in the increase in the % of bed days lost. H&SC continue to recruit for care at home and are commissioning additional interim beds. As of the 1st December 41% of the official delays are code 100 and code 51X.

Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**104**

Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. New staff are going through a competency framework for quality assurance purposes with the aim of having a competent, confident workforce. This has taken an extended period of time due to the pandemic and remote working restrictions. Main service access is self-referral by phone. We are accepting all referrals due to the pandemic conditions, acknowledging that not all clients contribute to

		Target	Current
	the SIMD target, and are therefore currently unable to assess SIMD status. There is a current downturn in clients numbers.		
CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**76.0%**
	Referral to Treatment (RTT) performance has dropped to 76% which reflects an increased activity against the longest waits due to new recruitment and psychology staff working from the back of the waiting list. As work on the longest waits progresses, RTT% will show a continuing drop until longest waits are reduced to 18 weeks. This is projected to be achieved by Dec 2022. Demand remains high for priority and urgent appointments with the majority of the CAMHS workforce addressing this need. 7 of the 8 new posts to address the demand have been recruited with 6 of these now in situ. Recruitment process is ongoing to address the Phase 1 funding from the Scottish Government Recovery & Renewal fund and a proposal for Phase 2 spend has been submitted to HSCP SLT for approval. The Recovery & Renewal funds will address national priorities such as achieving the CAMHS National service specification, Urgent Response, Intensive Home treatment as well as building internal capacity to provide specialist, evidence-based interventions.		
Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**82.3%**
	The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks. The overall trend in referrals remains upward. The reduction in the RTT target % can be attributed to a larger number of the longest waiting patients starting therapy in September and October compared to the previous two months. This is an anticipated consequence of services addressing the waiting list backlog.		

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£13.822m)**	**(£10.228m)**

At the end of October the board's reported financial position is an overspend against budget of £13.232m comprising of an adverse variance for Acute Services Division of £13.557m and £3.049m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.0m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.007m for the 7 months to October.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£32.082m**	**£7.821**

The overall anticipated capital budget for 2021/22 is £32.082m. The capital position for the period to October records spend of £7.821m. Therefore, 24.38% of the anticipated total capital allocation has been spent to month 7.

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**6.34%**

The sickness absence rate in October was 6.34%, a decrease of 0.08% from the rate in September. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.28%.

II. Performance Exception Reports

Clinical Governance

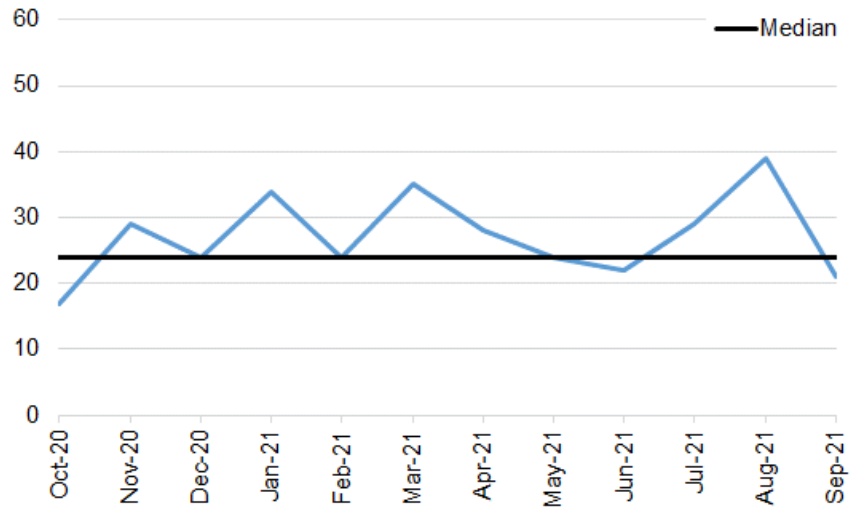
Finance, Performance & Resources: Operational Performance

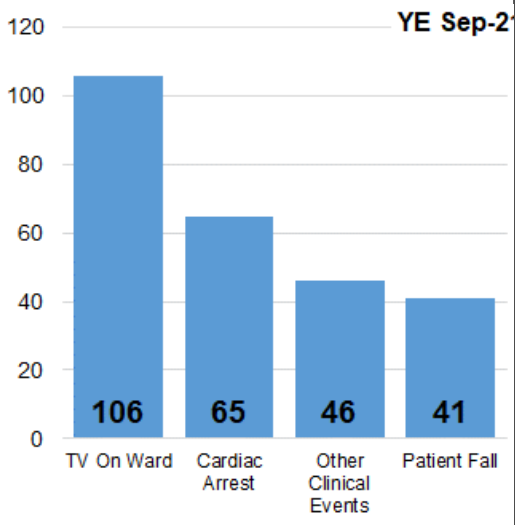
Finance, Performance & Resources: Finance

Staff Governance

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2020/21							2021/22				
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
ALL	NHS Fife	1340	1307	1251	1288	1210	1365	1358	1371	1348	1417	1447	1367
	Acute Services	558	640	603	573	531	630	594	647	605	626	615	592
	HSCP	748	635	621	694	653	708	725	682	694	741	795	735
	Corporate	34	32	27	21	26	27	39	42	49	50	37	40
CLINICAL	NHS Fife	903	955	930	904	855	954	937	1010	934	1007	951	943
	Acute Services	509	596	560	534	495	588	547	598	547	566	548	523
	HSCP	378	341	360	359	346	353	372	388	365	412	383	394
	Corporate	16	18	10	11	14	13	18	24	22	29	20	26

Commentary

There has been a marginal reduction in the overall number of incidents reported in September and October. There was an increase in reporting in the following categories:

- Infrastructure (Accommodation / Availability / Staffing)
- Specimen Management
- Healthcare Associated Infection

There has been a slight reduction in the number of falls in September and October, with October seeing 208 falls reported, this being the lowest number reported in 4 months.

Cardiac arrests in October have increased to 7 Incidents in comparison to 4 in each of the previous 2 months. Collaborative work with the Scottish Patient Safety Programme on 3 Acute Adult work streams is underway in relation to the deteriorating patient.

A new lead for Adverse Events is now in post and is providing dedicated leadership in the drive forward of the review of adverse events policy and process.

The following 3 key short term goals have been identified for completion by the end of January:

1. Communication and engagement of staff, with particular focus on the SAER process
2. Improvements to patient involvement
3. Review of the mapping of the current Adverse Events process to identify and action improvements required within the Adverse Events Team

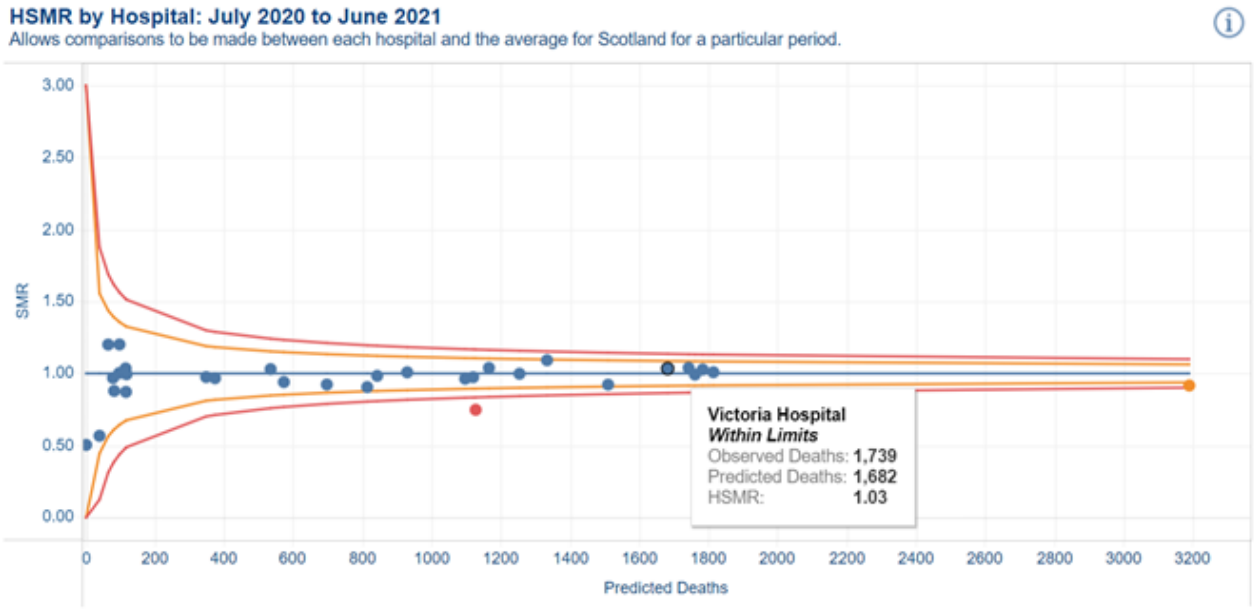
HSMR

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

Reporting Period; July 2020 to June 2021[p]

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

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



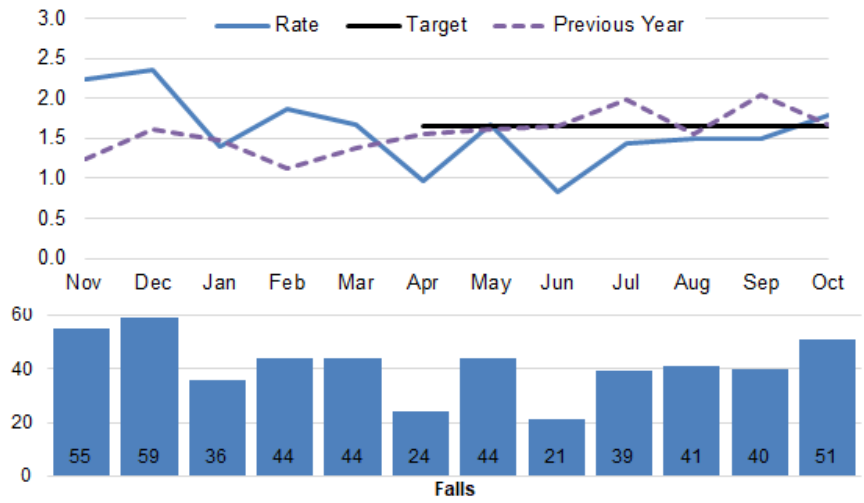
Commentary

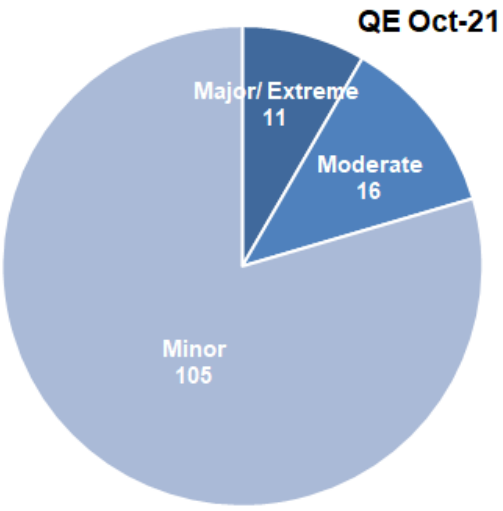
The HSMR for NHS Fife has remained above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending June produced a ratio of 1.03, with VHK itself also being 1.03.

Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance





Performance by Service Area

	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.80
Acute Services	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.67
HSCP	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.91
Target						1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

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

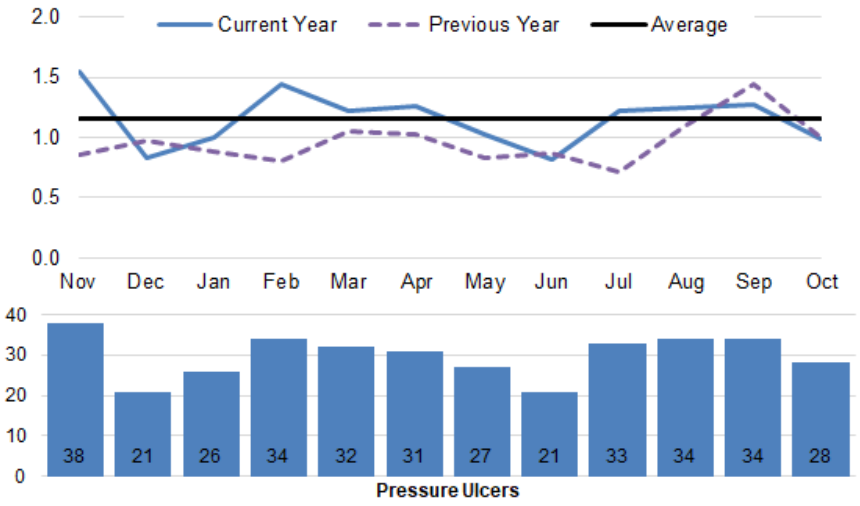
IMPROVEMENT ACTIONS

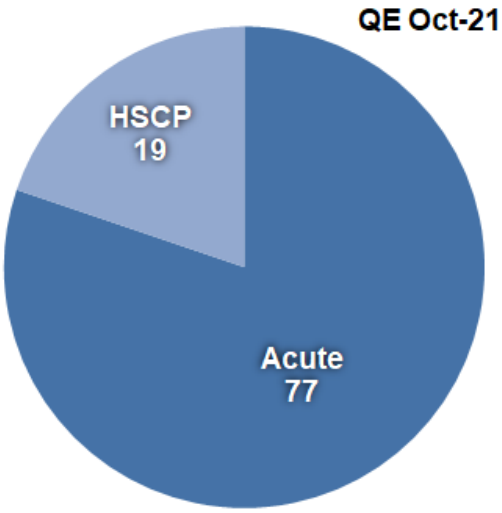
20.3 Falls Audit	***By Feb-22***
A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. As previously noted, due to current challenges NHS Fife documentation will be reviewed early in 2022, with an audit then to follow.	
20.5 Improve effectiveness of Falls Champion Network	***By Jan-22***
This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group and meetings with local Heads of Nursing are planned in order to support progress.	
21.2 Falls Reduction Initiative	***Complete Nov-21***
The falls reduction initiative over a 6-month period demonstrated positive improvements and sustained reduction in falls within the 3 Mental Health wards that took part. However due to workforce pressures and Covid 19, there has been a reduction in the Quality Improvement initiatives being tried and tested. This project is now complete, however quality data continues to be collated and this will continue to be monitored.	
21.3 Integrated Improvement Collaborative	***By Jan-22***
The Community Hospital collaborative has been slowed due to workforce pressures and Covid 19. However, process measures and data continue to be collected and a number of small tests of change have been tried out within the wards. Data is collated and available weekly, shared with the Nursing Directorate and Heads of Service by the Clinical Governance Team. This data also presents as triangulated data including falls, tissue viability, and medication errors to inform decisions and strategy.	

Pressure Ulcers

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

Local Performance





Performance by Service Area

		2020/21					2021/22						
		Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Grade 2 to 4	NHS Fife	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.22	1.25	1.28	0.99
	Acute Services	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	2.05	2.36	2.27	1.44
	HSCP	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.42	0.59

KEY CHALLENGE(S) IN 2021/22

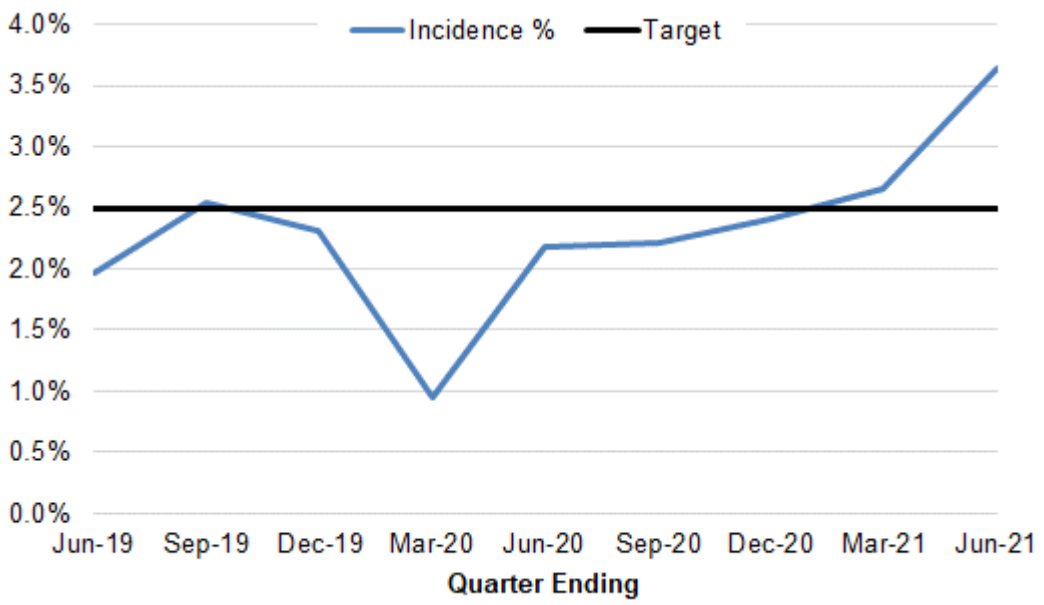
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	**Complete Jun-21**
21.3 Implementation of robust audit programme for audit of documentation	**Complete Jun-21**
22.1 Improvement Collaboratives - HSCP	**By Jan-22**
Community inpatients wards are undertaking self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met. Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement.	
22.2 Community Nursing QI Work	**By Mar-22**
One of the community nursing teams has implemented a focused piece of improvement work, complemented by adopting a "back to basics" approach, to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. We are investigating expanding the speciality list within Datix to allow for more robust data analysis, enabling targeted support, education and improvement opportunities. However, teams have been required to support the delivery of COVID and Flu vaccines in the community, and the target completion date has slipped accordingly. Adverse event reviews are increasing providing wider learning for other services such, and including care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	**By Mar-22**
The commencement of third cohort of the Pressure Ulcer Improvement Programme (PUIP) has been paused due to the current staffing pressures. However QI support has been offered to individual areas on a bespoke basis. Teams involved in cohort 1 and 2 continue to collect process measures data and are encouraged to continue to identify and test change ideas until sustained improvement is achieved.	
22.4 Implementation of Focused Improvement Activities	**By Mar-22**
There are a number of focused improvement activities taking place in a variety of settings. ICU have two projects underway, one aiming to improve the management of moisture related skin damage and a second aiming to improve pressure area care for patients nursed prone. Ward 31 and ED are also carrying out improvement projects.	

Caesarean Section SSI

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

Local Performance



National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	**By Mar-22**

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

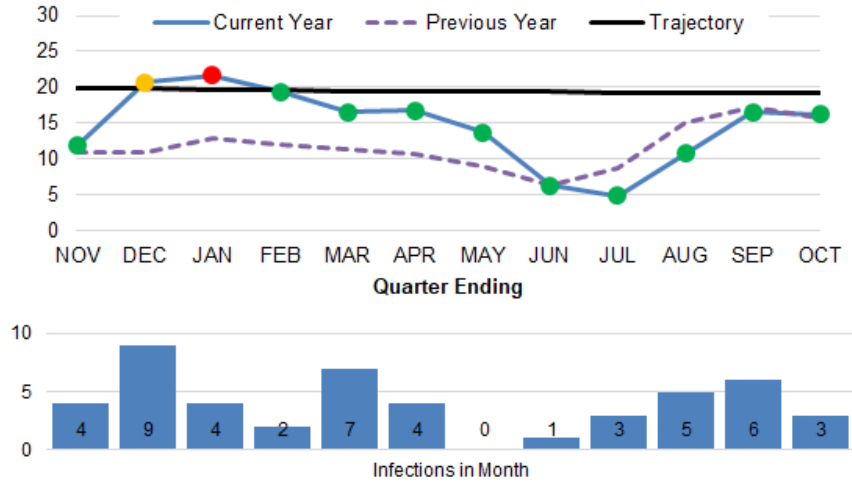
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

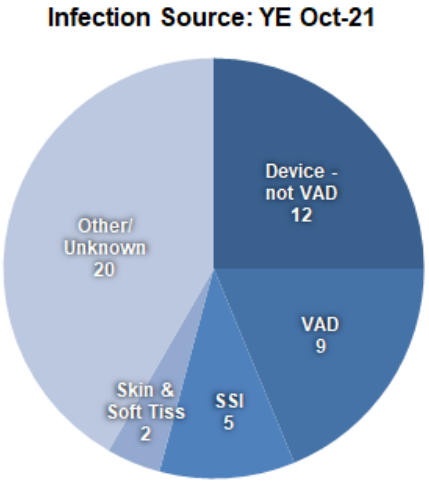
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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

SAB (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	10.9	12.5	6.3	18.7	20.6	17.8	6.3
Scotland	15.2	16.3	20.3	17.3	18.9	18.4	18.7

KEY CHALLENGE(S) IN 2021/22

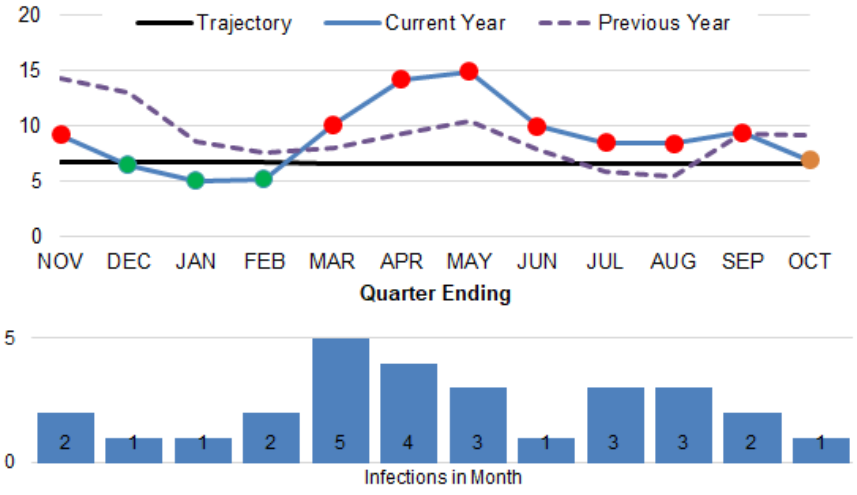
Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

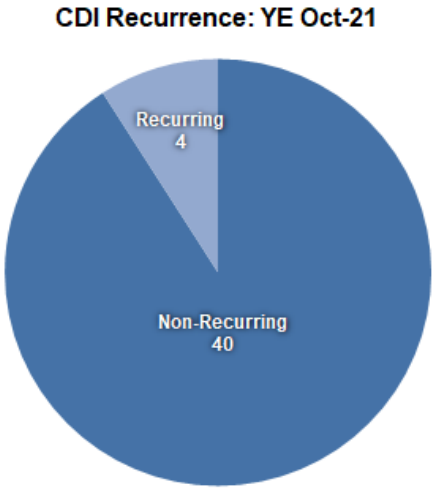
IMPROVEMENT ACTIONS	
20.1 Reduce the number of SAB in PWIDs	***By Mar-22***
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continue to support AS with SAB improvements, albeit a planned November meeting had to be cancelled. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
20.2 Ongoing surveillance of all VAD-related infections	***By Mar-22***
Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern	
20.3 Ongoing surveillance of all CAUTI	***By Mar-22***
Bi-monthly meetings (last one in November) of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The Driver Diagram for the UCIG is currently being reviewed and updated.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	***By Mar-22***
Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. The Ward Dashboard utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	***By Mar-22***
Electronic insertion and maintenance bundles for PVCs are completed on Patientrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

C Diff (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	13.1	8.0	7.9	9.3	7.7	14.0	10.0
Scotland	15.1	13.6	15.4	17.4	16.4	15.8	14.6

KEY CHALLENGE(S) IN 2021/22

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

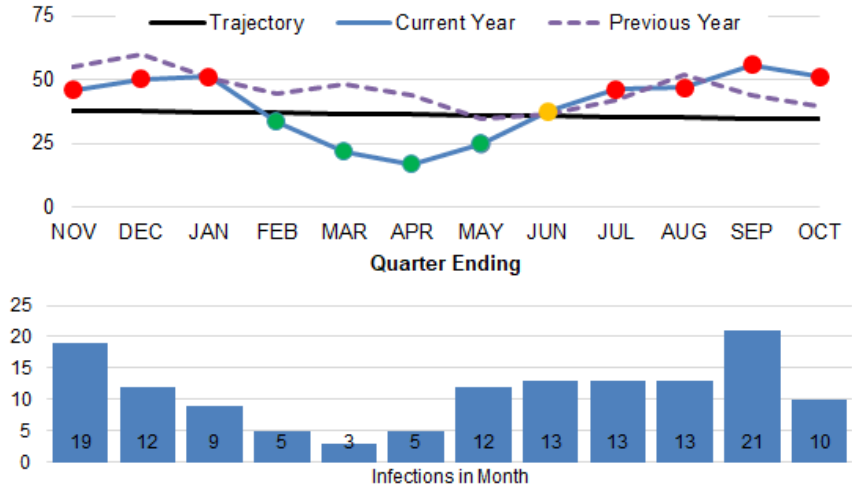
IMPROVEMENT ACTIONS

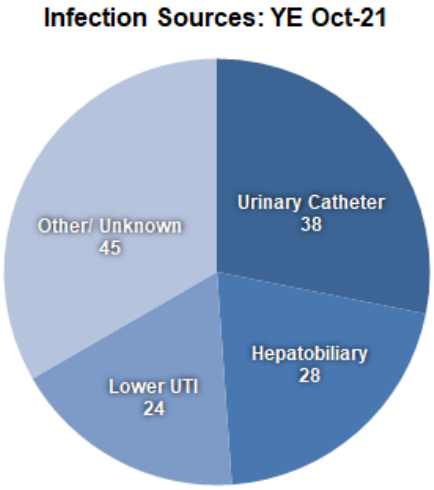
20.1 Reducing recurrence of CDI	***By Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients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

ECB (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	60.0	47.9	36.4	45.3	50.3	21.6	37.6
Scotland	40.8	36.4	39.7	42.0	40.9	34.7	38.2

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

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

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma) to result in a LAERs by the patients clinical team. NHS Fife are collaborating with NHS Shetland & Grampian to pioneer an enhanced ECB CAUTI surveillance tool, and next meet in December.

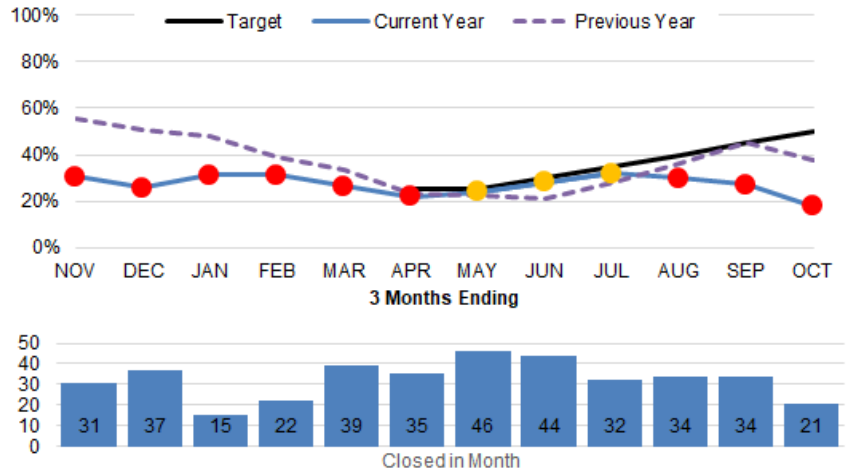
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	***By Mar-22***

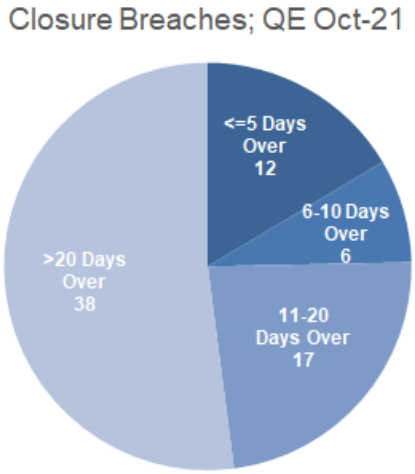
The UCIG meeting last met in November. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing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

Complaints | Stage 2

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

Local Performance





Performance by Service Area

3-Month Ending	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	30.5%	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%
Ack <= 3 Days (Monthly)	100.0%	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%
ASD	34.0%	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%
HSCP	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	**By Mar-22**

Patient Relations are completing in-house QA checks on draft final responses, impacted due to current pressures within the department.
A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but is on hold due to the ongoing response to COVID-19 and current capacity issues.

22.2 Improve education of complaint handling	**By Mar-22**

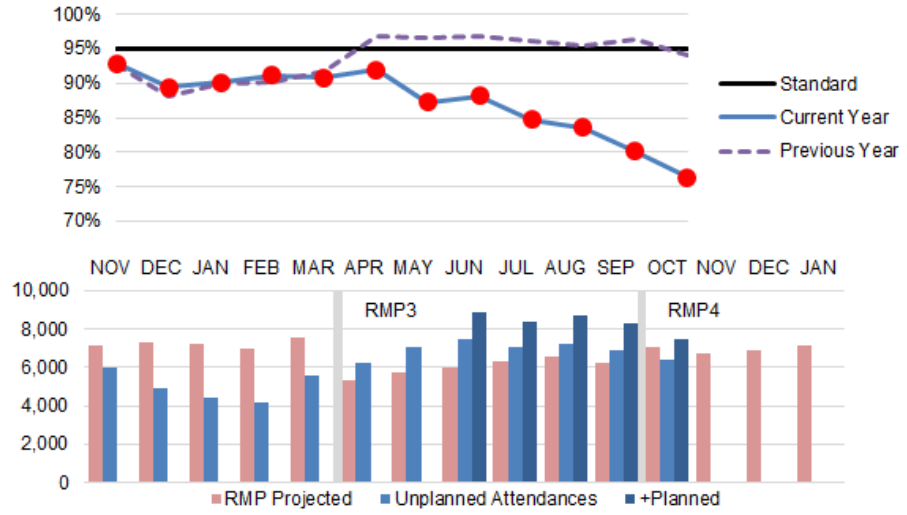
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues.

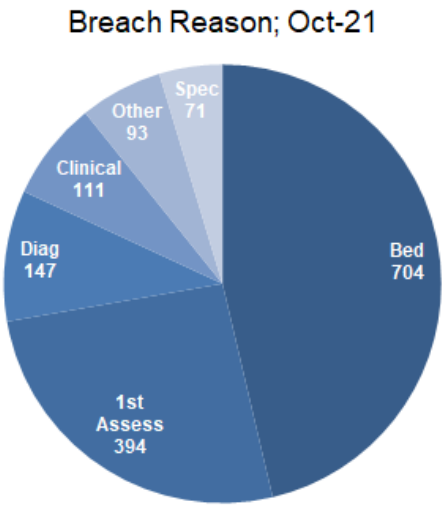
Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim was that these would restart during the remainder of 2021, however, there has not been the capacity to do so.

4-Hour Emergency Access

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

Local Performance





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%
Scotland	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%

KEY CHALLENGE(S) IN 2021/22

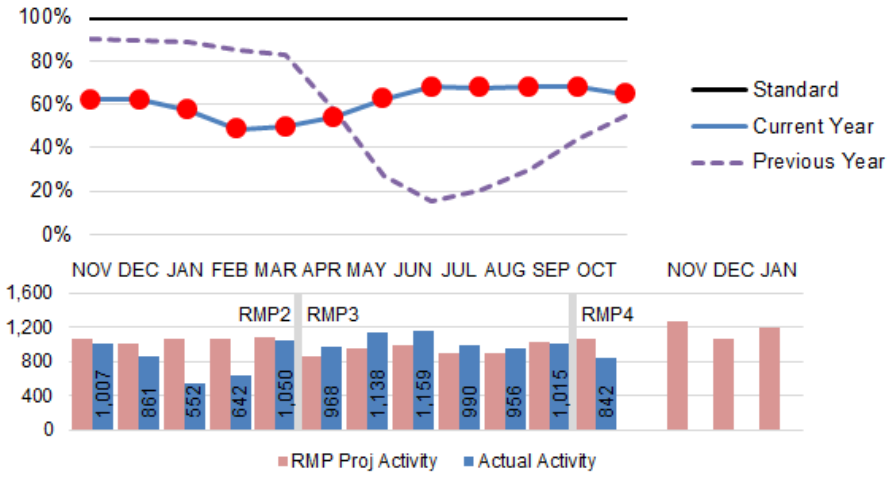
- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

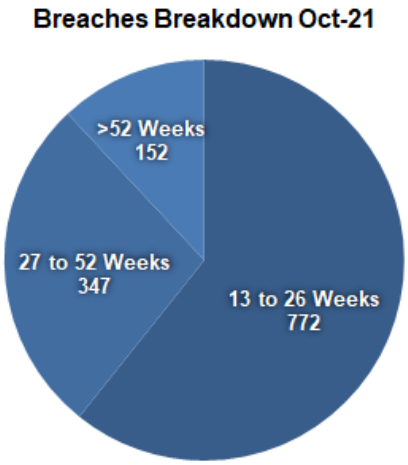
IMPROVEMENT ACTIONS	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	**By Mar-22**
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	**Complete Nov-21**
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	**By Dec-21**
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focussed on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focussed on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s)communication.	
22.3 Develop re-direction policy for ED	**By Dec-21**
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care	

Patient TTG

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

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9
Scotland	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	

KEY CHALLENGE(S) IN 2021/22

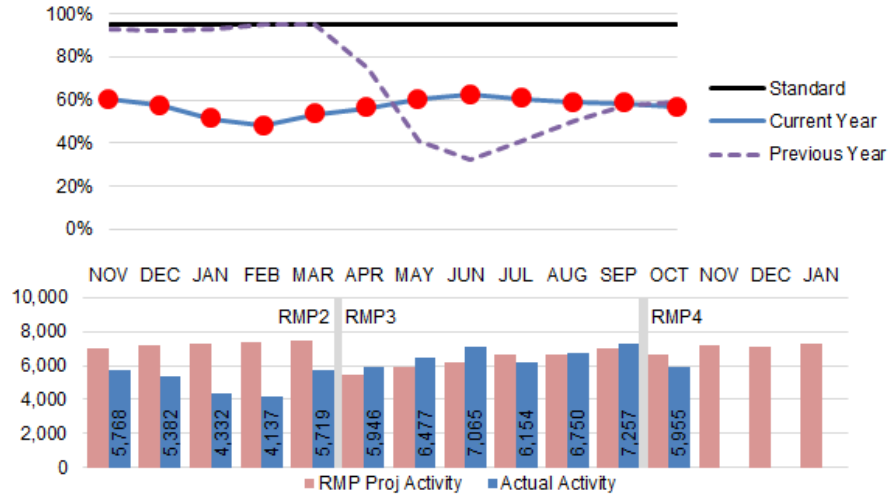
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence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

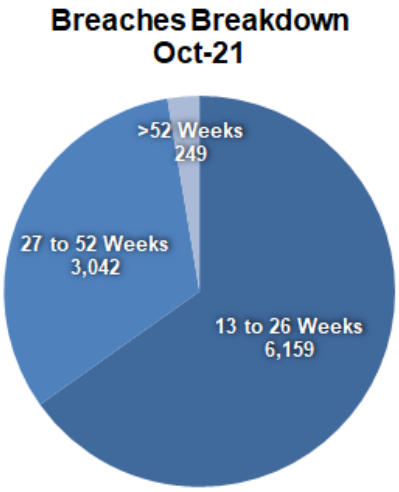
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Mar-22**
Business case near completion for submission mid December	
22.3 Undertake waiting list validation against agreed criteria	**By Mar-22**
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	**By Mar-22**
First meeting of Integrated Planned Care Programme Board planned for 8th December	

New Outpatients

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

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%
Scotland		47.8%	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	

KEY CHALLENGE(S) IN 2021/22

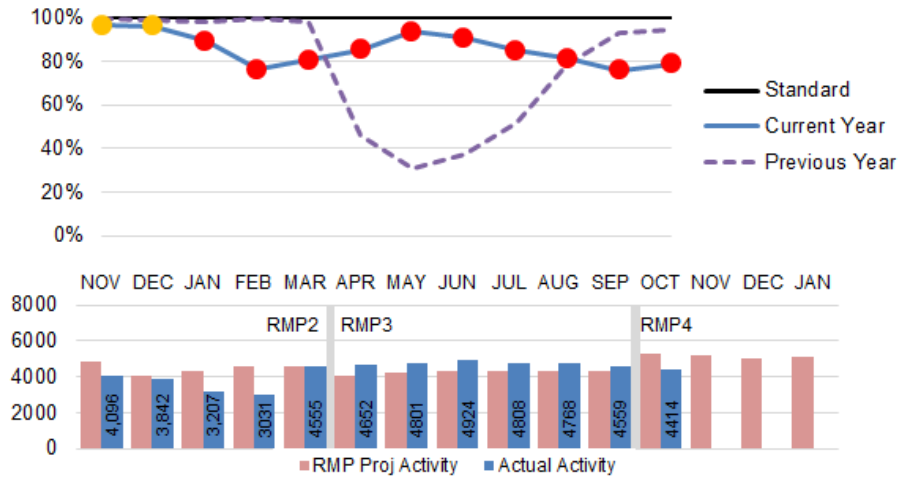
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence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

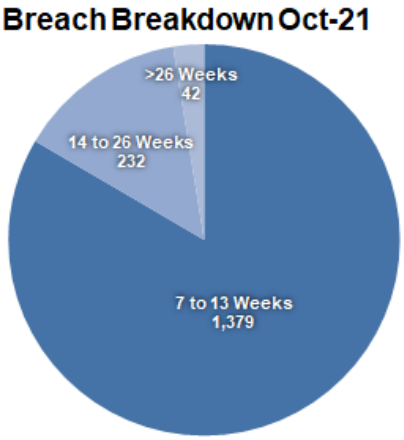
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	**By Mar-22**
First meeting of Integrated Planned Care Programme Board planned for 8th December	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By Mar-22**
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	**By Dec-21**
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH apart from Paediatrics at VHK. Further information on risk assessment from neighbouring board sought.	

Diagnostics Waiting Times

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

Local Performance





National Benchmarking

	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%
Scotland	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	

KEY CHALLENGE(S) IN 2021/22

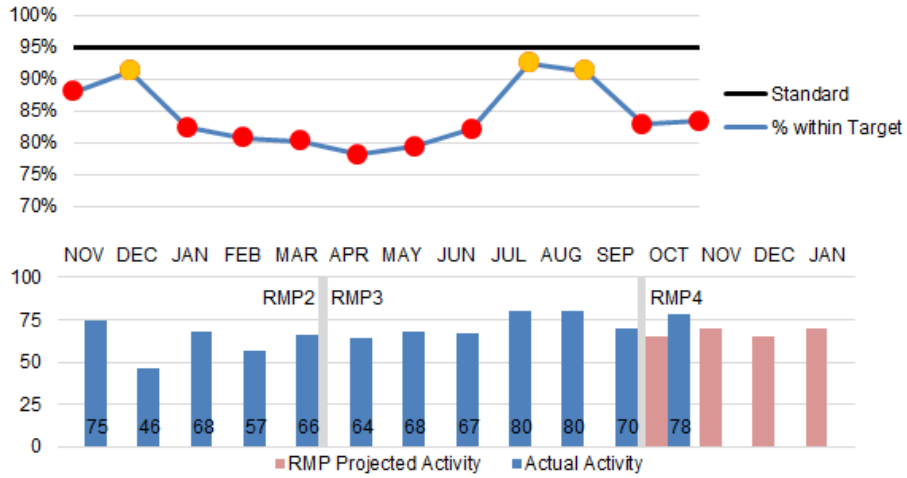
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence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

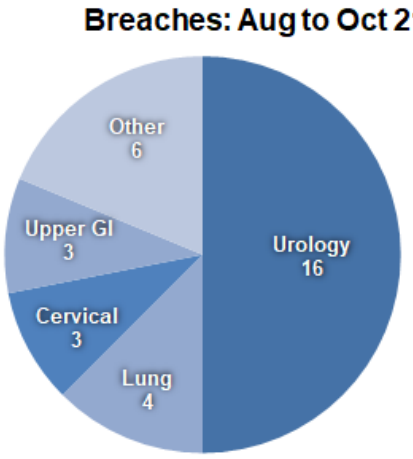
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Explore implementation of point of care testing in endoscopy	**By Mar-22**
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By Mar-22**
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	**By Mar-22**
Alternative sources being explored, along with engagement with National Radiology Access Team for additional funding	

Cancer 62-Day Referral to Treatment

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

Local Performance





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%
Scotland	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%

KEY CHALLENGE(S) IN 2021/22

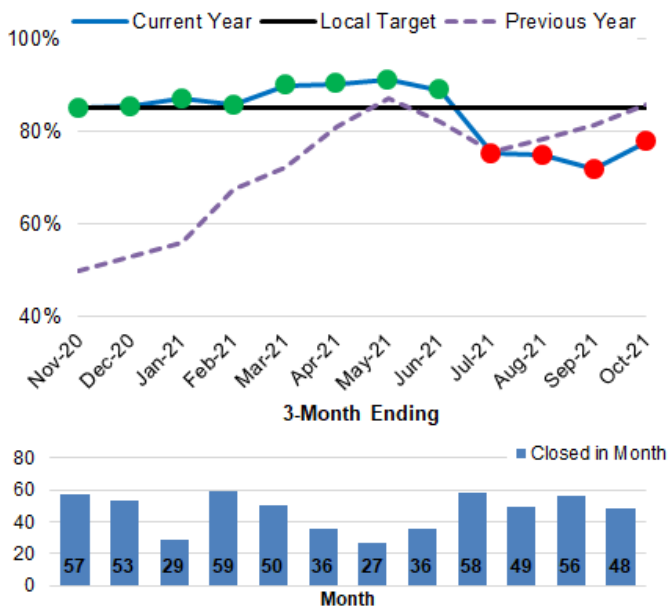
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact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

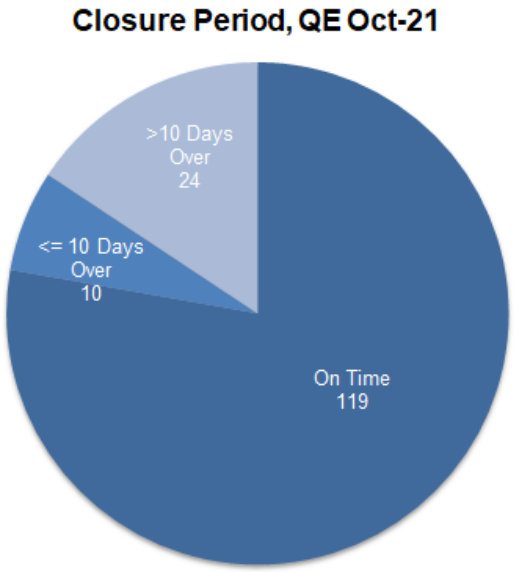
IMPROVEMENT ACTIONS	
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-22**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be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

Freedom of Information Requests

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

Local Performance





Performance by Service Area

Monthly	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Health Board	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%
IJB	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%

KEY CHALLENGE(S) IN 2021/22

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

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

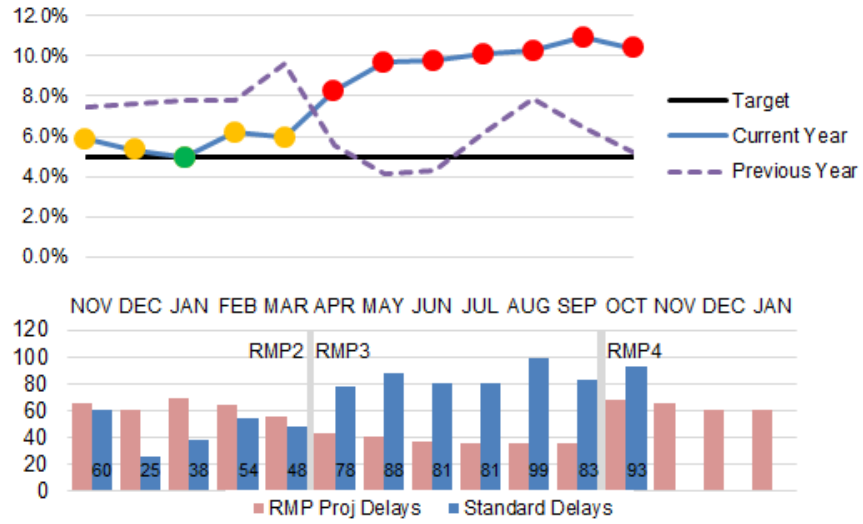
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

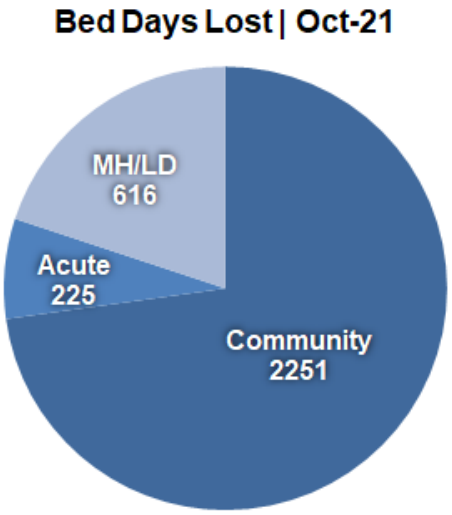
This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.

Delayed Discharges (Bed Days Lost)

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

Local Performance





National Benchmarking

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

KEY CHALLENGE(S) IN 2021/22

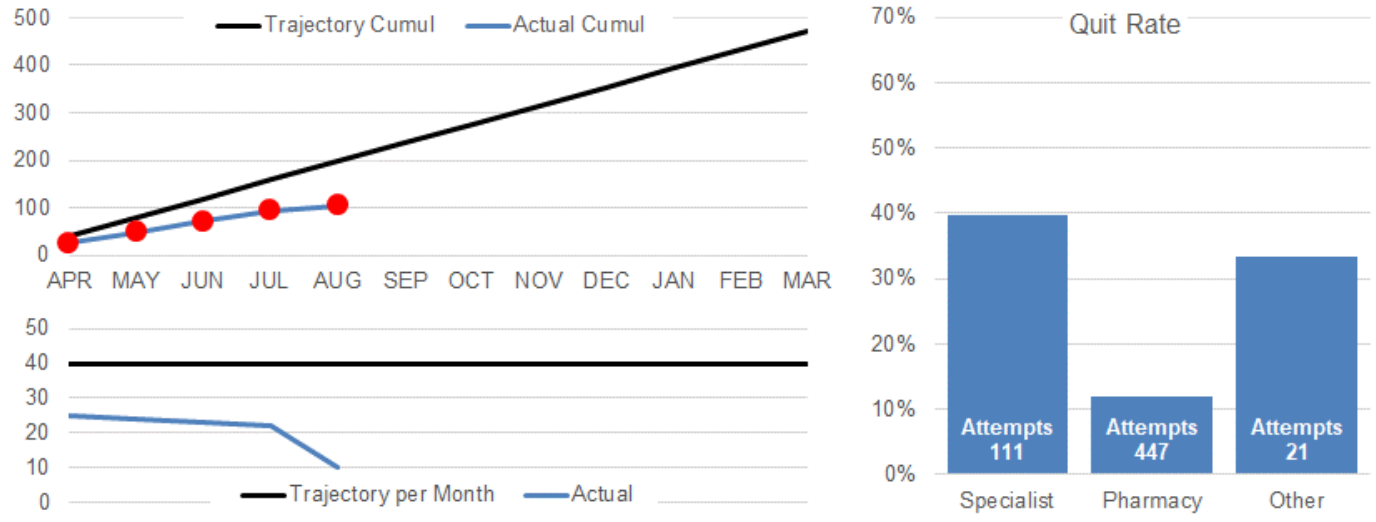
- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

IMPROVEMENT ACTIONS	
21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	**By Mar-22**
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	**Complete Jul-21**
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**By Mar-22**
An SBAR was submitted to the Senior leadership Team and the test of change started on 4th October, running for 6 months	

Smoking Cessation

In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	22	10							
	Actual Cumul	25	49	72	94	104							
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	62.5%	62.0%	61.0%	59.5%	52.8%							
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

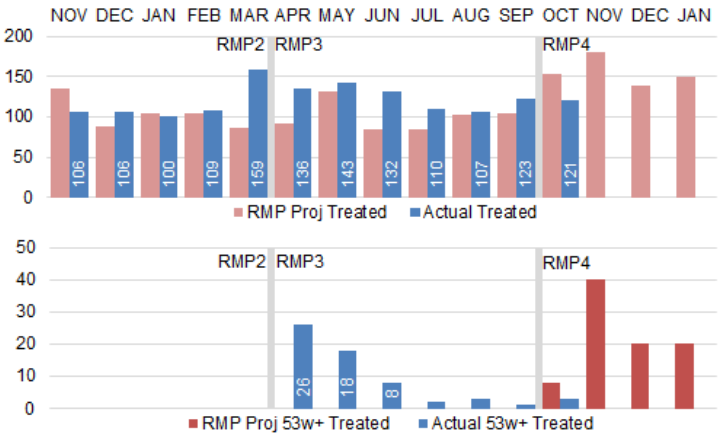
- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

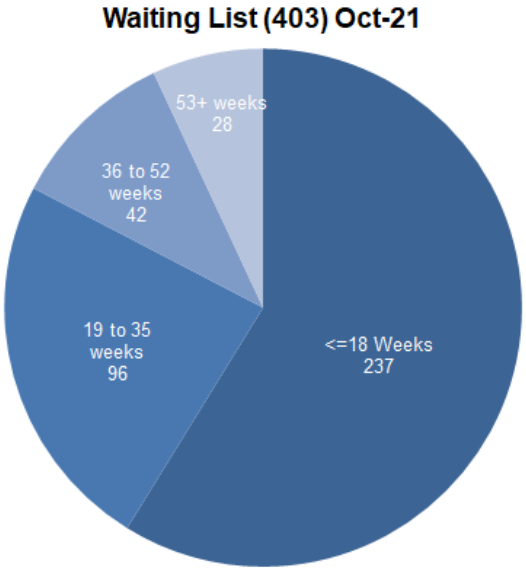
IMPROVEMENT ACTIONS	
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	**Complete Oct-21**
20.3 'Better Beginnings' class for pregnant women	**Complete Oct-21**
20.4 Enable staff access to medication whilst at work	**By TBD**
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	**Complete Jul-21**
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	**Complete Sep-21**
22.1 Test face to face provision in two GP practices and one community venue	**By Mar-22**
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices to restart in second week of January; remobilisation plan to go to remobilisation committee on 9th December.	

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21					2020/21						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%
Scotland	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%	

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

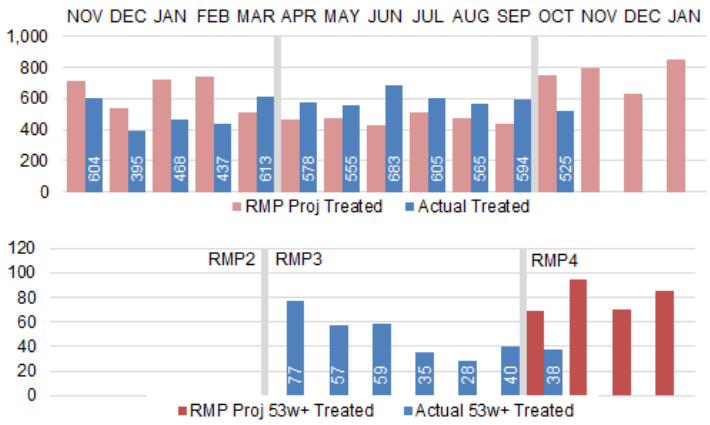
IMPROVEMENT ACTIONS

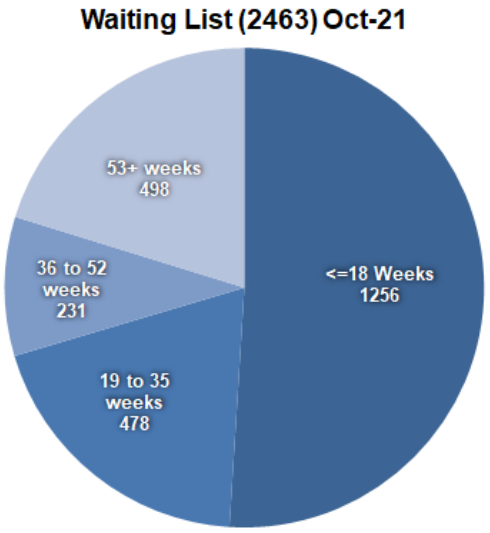
21.1 Re-design of Group Therapy Programme	**Complete Jul-21**
21.3 Build CAMHS Urgent Response Team (CURT)	**By Mar-22**
The CURT model is in place - full implementation will be delivered on the successful recruitment of an additional Senior Nurse and support worker. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Activity has been significantly higher than anticipated with 60% increase in presentations to Emergency department due to self harm/suicidal ideation. This has resulted in all of the available capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Review of activity and effectiveness of the model is ongoing with a full review of the original proposed model once staffing is at optimum level.	
22.1 Recruitment of Additional Workforce	**By Mar-22**
Recruitment is ongoing. To address immediate capacity issues, 7 of the 8 allocated posts have been appointed with 6 of these staff now in position and 2 temporary staff due to take up post in February to work on longest waits. Vacant posts continue to be advertised and review of banding is underway. All staff recruited have no CAMHS experience therefore induction/training period will be extended before active clinical caseloads can be allocated. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment is with HSCP SLT for approval. Additional workspace and re-design of East and West CAMHS geographical boundaries has started.	
22.2 Workforce Development	**By Mar-22**
A revised development and training programme will start in. Three Programmes have been developed, to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

Psychological Therapies 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21					2021/22						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%
Scotland	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%	

KEY CHALLENGE(S) IN 2021/22

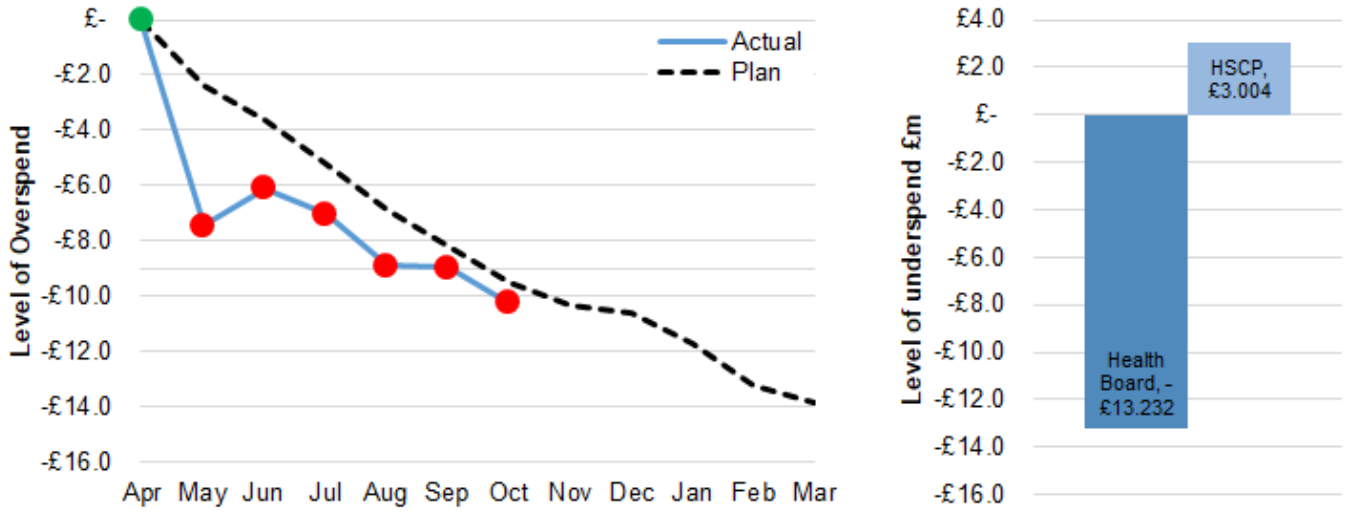
- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

IMPROVEMENT ACTIONS	
20.5 Trial of new group-based PT options	**Complete Sep-21**
22.1 Increase access via Guided self-help service	**Complete Sep-21**
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	**By Mar-22**
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. It has not yet been possible however, to evaluate the impact on waiting times within the general medical service due to staff changes and vacancy. This will be completed into next year.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Mar-22**
Recruitment is on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



1. Executive Summary

At the end of October the board's reported financial position is an overspend against budget of £13.232m comprising of an adverse variance for Acute Services Division of £13.557m and £3.049m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.0m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.007m for the 7 months to October.

Revenue Financial Position as at 31st October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	226,797	135,383	148,940	-13,557
IJB Non-Delegated	9,360	5,449	5,307	141
Non-Fife & Other Healthcare Providers	90,611	52,884	55,933	-3,049
Non Clinical Services				
Estates & Facilities	77,236	44,585	43,913	672
Board Admin & Other Services	88,775	55,961	54,846	1,115
Other				
Financial Flexibility & Allocations	24,649	1,409	0	1,409
HB retained offsets	60			0
Income	-38,228	-25,330	-25,367	37
SUB TOTAL	**479,260**	**270,341**	**283,572**	**-13,232**
Health & Social Care Partnership				
Fife H & SCP	378,083	216,656	213,652	3,004
SUB TOTAL	**378,083**	**216,656**	**213,652**	**3,004**
TOTAL	**857,343**	**486,997**	**497,224**	**-10,228**

1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £7.966m (annual £13.656m).

1.3 The Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year and have identified a number of actions they require the board to undertake to minimise the level of funding support required.. These actions include the board conducting a robust review of savings plans and develop savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. It is likely plans of approximately £10m will required to be identified. In light of the financial support to be provided, the Scottish Government have plans to monitor NHS Fife going forward on a monthly basis to review the development of savings plans and delivery with the first monthly additional reporting requirement commencing in November. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include commencement of the 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.

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

1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.

1.6 Funding allocations confirmed in month included our second tranche of Covid funding of £13.838m; and New Medicine Funding of £3.341m. Anticipated allocations total £4.485m. Allocation details are contained within Appendix 2.

1.7 Savings plans to the end of October identify £6.042m has been delivered with a balance of £2.139m remaining of the in-year commitment of £8.1m to be delivered by March 2022. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources.

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

1.9 The overall anticipated capital budget for 2021/22 is £32.082m. The capital position for the period to October records spend of £7.821m. Therefore, 24.38% of the anticipated total capital allocation has been spent to month 7.

2. Health Board Retained Services

Clinical Services financial performance at October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	226,797	135,383	148,940	-13,557
IJB Non-Delegated	9,360	5,449	5,307	141
Non-Fife & Other Healthcare Providers	90,611	52,884	55,933	-3,049
Income	-38,228	-25,330	-25,367	37
SUB TOTAL	**288,540**	**168,386**	**184,813**	**-16,428**

2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year.

2.2 The Acute Services Division reports an **overspend of £13.557m.** Acute Services are experiencing particularly challenging capacity pressures and a number of measures are underway to ease the pressure which may require an increase in temporary staffing levels, including over recruitment to unregistered nursing posts. However, included in the financial position to October are unachieved legacy savings targets that account for £7.443m of the reported overspend. The remainder of the reported overspend is largely due to overspends across Nursing, Senior and Junior Medical Pay budgets and significant non-pay pressures within Haematology/Oncology medicines budgets.

Nursing overspend continues to be prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression, and safer staffing requirements. Junior medical and dental staff continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Junior medical and dental staff in WCCS will also require banding supplements dating back to February 2021, with the value yet to be confirmed. Elderly medicine, Acute and A&E consultant overspends are partially offset by GI and Neurology vacancies in Emergency Care, and WCCS have cost pressures against both Obstetrics & Gynaecology, and Paediatric consultants. Recruitment is in progress to recruit to some consultant posts currently being covered by locums, with some not expected to be in post before March 2022.

Non pay cost pressures total £2.594m, with Acute medicines overspend of £2.506m. The expenditure on drugs in 2021/22 has increased by 17% compared to the same period last year. Haematology / oncology drugs make up a significant proportion of this increase, with SMC approvals for further indications having an impact. As a continuation from 20/21: Dermatology; GI; Neurology; and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via the homecare service.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.141m.** This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

2.4 The budget for healthcare services provided out with NHS Fife is **overspent by £3.049m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Savings yet to be delivered in this area amount to £0.875m and discussions continue with NHS Tayside.

Corporate Functions and Other Financial performance at October 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	77,236	44,585	43,913	672
Board Admin & Other Services	88,775	55,961	54,846	1,115
Other				
Financial Flexibility & Allocations	24,649	1,409	0	1,409
HB retained offsets	60			0
SUB TOTAL	**190,720**	**101,955**	**98,759**	**3,196**

2.5 The Estates and Facilities budgets report an **underspend of £0.672m.** This comprises an underspend in pay of £0.375m across several departments including estates services, catering and laundry; and non pay underspend of £0.527m on PPP and £0.460m on rates due to receipt of disabled rate relief for Lynebank. This benefit is partially offset by overspends on property maintenance £0.265m and equipment £0.157m.

2.6 Within the Board's corporate services there is **an underspend of £1.115m**. The main driver for this underspend is the level of vacancies across Finance (£0.199m) and Nursing (£0.252m) directorates. An underspend within Digital and Information's budgets is largely attributable to a VAT rebate of £0.228m in July offset against various overspends.

2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £1.409m** has been released at month 7, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £3.004m.**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	378,083	216,656	213,652	3,004
SUB TOTAL	**378,083**	**216,656**	**213,652**	**3,004**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £4.0m overspend to month 7 per 1.1 above).

3.2 The underspend at October is consistent with the position reported in previous months and is a result of numerous vacancies across a number of teams due to significant challenges in availability of staffing.

3.3 Following the IJB financial planning process, the IJB CFO has indicated the underspend may be used to inform a non-recurring budget realignment this financial year. This proposal is being further analysed and validated prior to any realignment process taking place this year.

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

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

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

4. Forecast

4.1 Our assessment (at month 7) of our forecast outturn to the year end has been updated to reflect a potential overspend of £16.448m for Health Board retained services. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £2.792m. This is an improvement of circa £0.4m on the previous forecast outturn overspend of £16.868m. The main pressures contributing to the £3m overspend are, cost pressure in respect of our Service Level Agreement with NHS Lothian; and Acute drugs cost pressures. Work is underway to identify every opportunity to reduce the level of support required from Scottish Government.

4.2 In addition, whilst some progress is being made, in that limited funding has been received, we remain c£5m-£8m away from NRAC funding parity across Scotland. This has a significant bearing on our financial planning arrangements and our qualitative and quantitative performance.

4.3 Whilst the Health delegated underspend position is forecast at £5.112m, the most recent H & SCP finance report identifies a **projected year end overspend position of £4.179m** (Source: November 2021 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. At the same Committee a recovery plan was tabled for consideration, with plans to be actioned which aim to reduce the projected overspend by £1.4m by the end of the financial year. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will be taken forward with the Chief Finance Officer for the H&SCP.

4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. However, similar to last year, it is likely that a cash transfer will be required from Health to Council to allow both organisations to report a balanced position; and work continues to quantify the value.

5. Recommendation

5.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

- **Note** the reported core overspend of £13.232m for the 7 months to date;
- **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
- **Note** the potential total overspend outturn position of £16.656m, with work continuing to reduce this position
- **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
Additional allocation	6,815	7,023		13,838	
H SCP ear marked reserve		2,639		2,639	
Anticipated allocation				0	
Total funding	**15,517**	**12,540**	**0**	**28,057**	**0**
Allocations made for April to October					
Planned Care & Surgery	563			563	
Emergency Care & Medicine	3,562			3,562	
Women, Children & Clinical Services	1,288			1,288	
Acute Nursing	0			0	
Estates & Facilities	593			593	
Board Admin & Other Services	1,139			1,139	
Public Health Scale Up	633			633	
Test and Protect	2,597			2,597	
Primary Care & Prevention Serv		525		525	
Community Care Services		876		876	
Complex & Critical Care Serv		177		177	
Professional/Business Enabling		116		116	
Covid Vaccine/Flu		7,334		7,334	
Social Care					
Total allocations made to M7	**10,375**	**9,028**	**0**	**19,403**	**0**
Balance In Reserves	**5,142**	**3,512**	**0**	**8,654**	**0**

Appendix 2: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
2-November 2021	Covid 19 PPE			258	258	Part of Covid Allocation based on Q1review
	Contribution to Pharmacy Global Sum			-340	-340	Annual Reduction
	Drug Tariff Reduction			-4,245	-4,245	Annual Reduction
	Child Healthy Weight			23	23	Specific Project
	Pregnancy Anaemia Management			28	28	Specific Project
	New Medicine Fund		3,344		3,344	Annual Allocation
	Pre-Operative Anaemia Project			46	46	Specific Project
	Long Acting Buprenorphine			273	273	As per funding letter
	Sexual Assault Referral Centres			3	3	Specific Project
	Workforce Wellbeing Primary Care & Social Care			136	136	Specific Allocation
	Workforce Wellbeing			129	129	Specific Allocation
	School Nurse Commitment Tranche 2		46		46	As per funding letter
	GDS Public Dental Service			2,090	2,090	Annual Allocation
	Winter Planning Funding			661	661	As per funding letter
	Discharge without delay pathfinder sites			340	340	As per SG announcement
	Remobilisation of NHS Dental Services			320	320	Specific Allocation
	Primary Medical Services - Telephony			37	37	Specific Allocation
	Urgent & Unscheduled Care Interface Care Programme			480	480	As per funding letter
	HNC Students			36	36	Backfill for student cohort
	Further General Covid Funding			2,434	2,434	Part of Covid Allocation based on Q1review
	Nurse Director Support for Care Homes			1,053	1,053	As per funding letter
	Test & protect			4,315	4,315	Part of Covid Allocation based on Q1review
	Covid & Extended Flu Vaccination			6,831	6,831	Part of Covid Allocation based on Q1review
					0	
					0	
					0	
					0	
	Total Core RRL Allocations	**721,804**	**75,858**	**43,465**	**841,127**	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & development		822		822	
Anticipated	Community Pharmacy Champions		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159	
Anticipated	PNP		120		120	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PQIF		682		682	
Anticipated	ADP: seek & treat		1,159		1,159	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Emergency Cancer Diagnostic Centre			291	291	
	Medical & Dental /AfC pay award	2,032			2,032	
Anticipated	NSD Adjustments		-2,130		-2,130	
		2,032	**2,532**	**291**	**4,855**	
Anticipated	IFRS			9,352	**9,352**	
Anticipated	Donated Asset Depreciation			174	**174**	
Anticipated	Impairment			1,333	**1,333**	
Anticipated	AME Provisions			500	**500**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**11,359**	**11,359**	
	Grand Total	**723,836**	**78,390**	**55,115**	**857,341**	

Appendix 3: Savings Position at October 2021

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to October £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	4,247	1,795	6,042	2,139
					0		0
Total Savings	21,837	8,181	13,656	4,247	1,795	6,042	2,139

NHS Fife Potential Savings Summary	£000's	Risk level		Identified CY	Outstanding Balance		Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High		-407	593		-41	959
Pay Vacancy Factor (1%)	3,015	Medium		-3,015	0		-3,015	0
Repatriation of Services	500	Low		0	500		0	500
External Commissioning Cost Review	1,000	Medium		0	1,000		0	1,000
Medicine Utilisation	500	Medium		-640	-140		-709	-209
Contracts	1,500	Low		-129	1,371		0	1,500
Procurement - Non pay	500	Medium		0	500		0	500
Other	166	Low		-1,851	-1,685		-482	-316
	8,181			**-6,042**	**2,139**		**-4,247**	**3,934**

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	58	57	1
Borders	45	27	33	-6
Dumfries & Galloway	25	15	33	-18
Forth Valley	3,227	1,883	2,237	-354
Grampian	365	212	165	47
Greater Glasgow & Clyde	1,680	980	977	3
Highland	137	80	119	-39
Lanarkshire	117	68	149	-81
Lothian	31,991	18,661	19,741	-1,080
Scottish Ambulance Service	103	60	59	1
Tayside	41,584	24,257	24,834	-577
Savings	-1,500	-875		-875
	77,873	**45,426**	**48,404**	**-2,978**
UNPACS				
Health Boards	10,801	6,301	6,445	-144
Private Sector	1,151	671	844	-173
	11,952	**6,972**	**7,289**	**-317**
OATS	721	421	175	246
Grants	65	65	65	0
Total	**90,611**	**52,884**	**55,933**	**-3,049**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Oct-21 £'000
Financial Plan		
Drugs	2,093	0
CHAS	408	0
Junior Doctor Travel	32	9
Discretionary Points	209	0
Consultant Increments	245	102
Cost Pressures	3,541	1,124
Developments	1,960	174
Sub Total Financial Plan	**8,488**	**1,409**
Allocations		
Waiting List	3,549	0
AME: Impairment		0
AME: Provisions	923	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,706	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	4,378	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	531	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	55	0
Best Start	101	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Preoperative Anaemia	46	0
Workforce Wellbeing	129	0
HNC CAP	36	0
Discharge Without Delay Pathfinders	340	0
Interface Carev Programme	480	0
Nurse Director Support	883	0
Covid General	761	0
Sub Total Allocations	**16,161**	**0**
Total	**24,649**	**1,409**

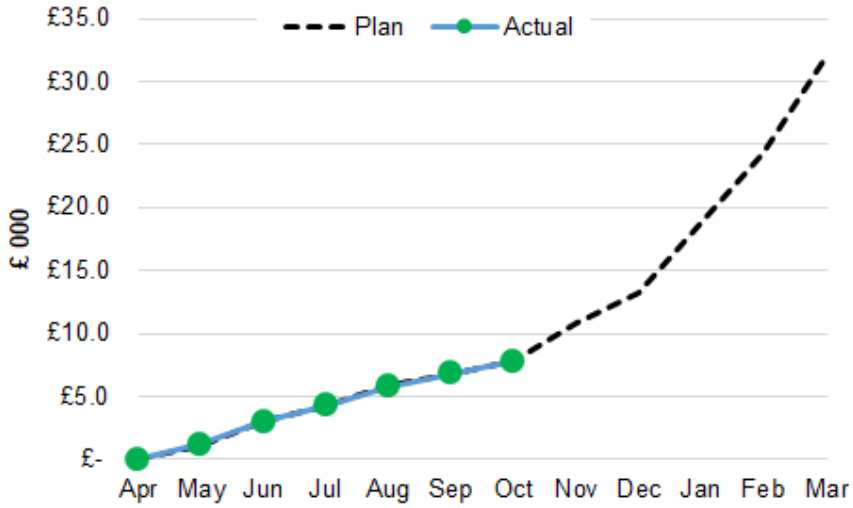
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

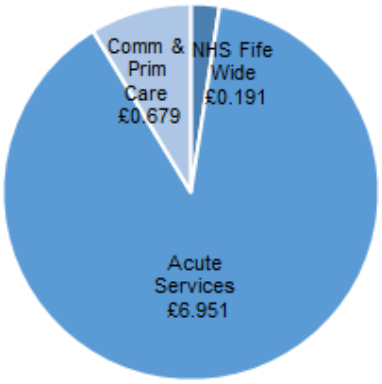
Health Delegated Earmarked Reserve		Included within Health		
	Total	To M7	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	73	373	1,321
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**4,267**	**373**	**6,668**

Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance





1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £32.082m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEMPA	1,100
Mental Health Review	76
Lochgelly Health Centre	517
Kincardine Health Centre	323
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY overallocation	-200
Total	32,082

Due to the current climate there are significant potential risks associated with the capital programme this year and it is prudent to highlight them at this time. Nationally and locally there are critical risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is working to mitigate these risks wherever possible.

Capital Receipts

1.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £7.821m, this equates to 24.38% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£1.889m
Equipment	£0.752m
Digital	£0.179m
Elective Orthopaedic Centre	£4.597m
Health Centres	£0.262m

3. Recommendation

3.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 October 2021 of £7.821m and the year-end spend of the total anticipated capital resource allocation of £32.082m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	225	119	225
Statutory Compliance	350	210	350
Capital Equipment	150	65	150
Condemned Equipment	24	22	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	8	0	8
Total Community & Primary Care	757	416	757
ACUTE SERVICES DIVISION			
Statutory Compliance	2,942	1,670	2,942
Capital Equipment	1,861	609	1,861
Clinical Prioritisation	181	19	181
Condemned Equipment	63	56	63
National Infrastructure Equipment Funding	1,529	0	1,529
Total Acute Services Division	6,576	2,354	6,576
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	92	0	92
Information Technology	1,000	179	1,000
Clinical Prioritisation	94	0	94
Statutory Compliance	77	0	77
Condemned Equipment	3	0	3
Fire Safety	60	10	60
Vehicles	72	0	72
Total NHS Fife Wide Schemes	1,598	189	1,598
TOTAL CAPITAL ALLOCATION FOR 2021/22	**8,931**	**2,959**	**8,931**

ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	15,907	4,597	15,907
HEPMA	1,100	3	1,100
Kincardine Health Centre	323	105	323
Lochgelly Health Centre	517	157	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
Covid Capital	1,878	0	1,878
QMH Theatre	1,000	0	1,000
CT Scanner	700	0	700
Anticipated Allocations for 2021/22	**23,151**	**4,863**	**23,151**

Total Anticipated Allocation for 2021/22	**32,082**	**7,821**	**32,082**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to September £'000	October Adjustment £'000	Total October £'000
Community & Primary Care				
Capital Equipment	0	135	15	150
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	171	54	225
Covid Equipment	0	0	0	0
Statutory Compliance	0	349	0	349
National Infrastructure Equipment Funding	0	0	8	8
Total Community & Primary Care	**0**	**679**	**77**	**756**
Acute Services Division				
Capital Equipment	0	1,816	45	1,861
Condemned Equipment	0	63	0	63
Clinical Prioritisation	0	165	16	181
Statutory Compliance	0	2,942	0	2,942
National Infrastructure Equipment Funding	0	0	1,529	1,529
	0	**4,986**	**1,590**	**6,576**
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,411	-12	77
Fife Wide Equipment	1,805	-1,652	-60	93
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-336	-70	94
Condemned Equipment	90	-87	0	3
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	60	12	72
Total Fife Wide	**7,394**	**-5,665**	**-130**	**1,599**
Total Capital Resource 2021/22	**7,394**	**0**	**1,537**	**8,931**

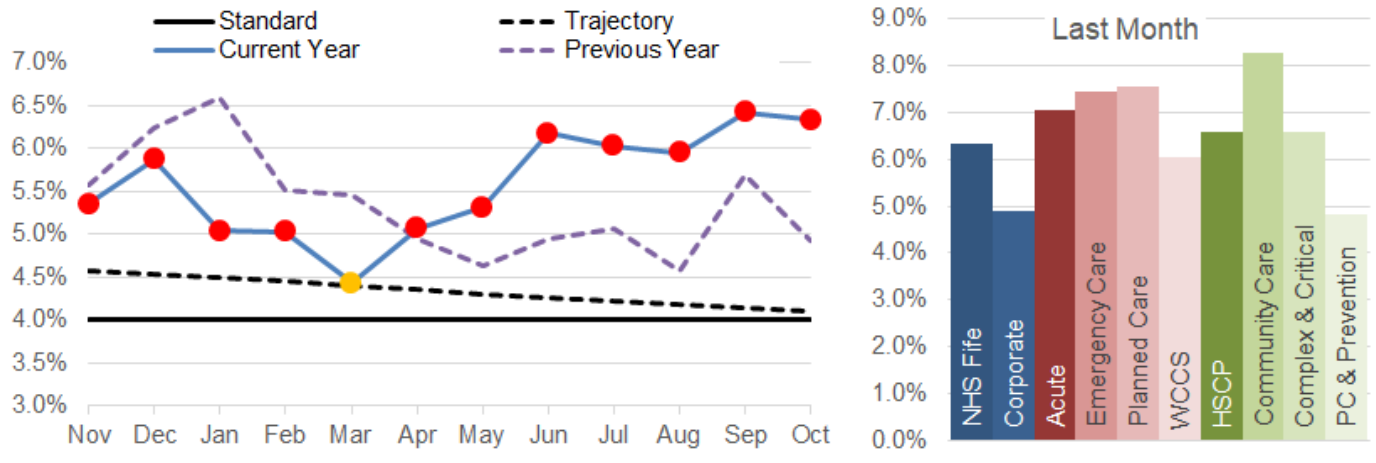
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	15,907	0	0	15,907
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
QMH Theatre	1,000	0	0	1,000
CT Scanner	700	0	0	700
Covid Capital	1,878	0	0	1,878
Anticipated Allocations for 2021/22	**23,151**	**0**	**0**	**23,151**

Total Planned Expenditure for 2021/22	**30,545**	**0**	**1,537**	**32,082**

Sickness Absence

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

Local Performance



National Benchmarking

Month	2020/21					2021/22						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%
Scotland	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	**By Mar-22**
The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. Additional staff support is being provided on a requested and targeted basis via the Staff Listening Service, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules and access to the National PROMiS resources.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	**By Mar-22**
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and the use of Tableau to identify and analyse “hot spots”/priority areas and trajectory setting/reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July will be discussed in partnership at the Attendance Management Workforce Review Group scheduled for December, with a series of actions being taken forward with key stakeholders thereafter.	
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting	**Complete Nov-21**
Work has been undertaken with Digital & Information colleagues to provide initial COVID-19 specific absence reports and this will be refined to take account of systems developments. Weekly reports are being provided to EDG Gold.	

MARGO MCGURK
Director of Finance and Strategy
14th December 2021

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 17TH NOVEMBER 2021 AT 13:30 HRS VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Sharon Adamson, Royal College of Nursing
Vicki Bennett, British Dietetic Association
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Kevin Egan, UNITE
Simon Fevre, British Dietetic Association
Scott Garden, Director of Pharmacy & Medicines
Maryann Gillan, Royal College of Midwives
Joy Johnstone, Federation of Clinical Scientists
Angela Kopyto, British Dental Association
Chu Chin Lim, British Medical Association
Kirsty MacGregor, Head of Communications
Andrew Mackay, Deputy Chief Operating Officer (for Claire Dobson)
Wendy McConville, UNISON
Neil McCormick, Director of Property & Asset Management
Margo McGurk, Director of Finance & Strategy
Alison Nicoll, Royal College of Nursing
Louise Noble, UNISON
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Caroline Somerville, UNISON
Joy Tomlinson, Director of Public Health
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Mary Whyte, Royal College of Nursing

In Attendance:

Kevin Booth, Head of Financial Services (Item 08)
Janet Melville, Personal Assistant (Minutes)

Actions

WELCOME AND APOLOGIES

W Brown welcomed everyone to the meeting and apologies were noted from V Davis, C Dobson (A Mackay attending), C McKenna and L Parsons.

83/21 MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 22nd September 2021 were accepted as a true and accurate record.

In terms of the Action List:

Workshop to develop the Remobilisation Plan (RMP) / Strategic Planning & Resource Allocation (SPRA) documentation

M McGurk advised that RMP4 had been submitted to the Scottish Government (SG) in September 2021. It was agreed to have an update on the SPRA at the next Area Partnership Forum (APF). **M McG**

Addressing Workforce Challenges in Partnership

L Douglas confirmed that this work is 'in progress'. W Brown indicated that despite the fulsome discussion at the last APF and subsequent actions undertaken, it was noted at this morning's APF Staff Side meeting that there continue to be challenges in ensuring adequate staffing levels; that staff get

their rest days; and breaks and adequate refreshments during their shift. L Douglas clarified that the action is for all members of APF to suggest ideas and initiatives for improvement. L Douglas suggested that the updates given for Acute Services, Health & Social Care Partnership and Nursing, Midwifery and Allied Health Professionals will depict activity already in place or in progress. W Brown and Staff Side colleagues were unsure if this would capture issues and concerns; otherwise it would be preferred if 'Addressing Workforce Challenges in Partnership' is a substantive item on the next APF agenda. W Brown suggested an action plan or list be prepared detailing who is to do what by when. C Potter suggested this could be discussed further out with the meeting and a list produced. W Brown acknowledged that comms on 'rehydration' was issued but we haven't facilitated staff to get a break. **KR**

Facilities at Cameron Hospital

The plans are 'in progress' with N McCormick advising there is no firm start date for the works.

Attendance Management 'Taskforce'

W Brown advised that an initial meeting with Workforce Directorate colleagues and Staff Side representatives, was held in September 2021; however there has been no further update. K Reith indicated that R Waugh is identifying absence 'hotspot(s)' and test work is envisaged. W Brown requested an update of progress if a meeting is not imminent; K Reith confirmed that a further meeting will be held prior to Christmas 2021. S Raynor explained that the purpose/ remit/ scope of the group is being developed.

84/21 MATTERS ARISING

Annual Review

W Brown queried why, and was extremely disappointed that, Partnership had not been involved in the Annual Review discussion. Having only had a chance to input to the APF report, W Brown indicated she would have incorporated more concerns and issues had she known she would not be attending the review meeting. C Potter reported that it had been a constructive meeting, with positive feedback on the actions NHS Fife had taken during the pandemic, including staff wellbeing initiatives and the staff hubs. C Potter noted that Staff Side colleagues had not had the opportunity to contribute on the day, and that a letter had been shared, with the timetable in relation to the Annual Review. W Brown advised she had written to Caroline Lamb, Chief Executive NHSScotland and Director General Health & Social Care in her capacity as Employee Director (ED) with her own thoughts; given the pressures staff are under and the importance of staff engagement, it seemed unusual not to have EDs there. S Fevre agreed and whilst recognising that everyone is extremely busy, is sure that EDs, if invited to participate, would have made every effort to attend their respective Annual Review. C Potter assured APF members that the Annual Reviews are organised by the Scottish Government (SG) and arrangements in Fife were consistent with other Boards. Once the Annual Review letter is received from SG it will go into the public domain through the Board.

Band 2/3/4 work

W Brown requested an update on the progress of this work locally within NHS Fife: how many staff are requesting rebanding from Band 2 to 3; have been successful; are outstanding. W Brown also the referred to

pending guidance and noting the effective date of implementation agreed by STAC (Scottish Terms and Conditions Committee) is 1 October 2021, it is important this is national exercise be concluded sooner rather than later. J Owens indicated that interviewing for 68 posts this week, part of the NRAC share (NHS Scotland Resource Allocation Committee); with a further 93 applicants in the coming weeks. Amanda Wong, Associate Director of Allied Health Professionals (AHPs) and Nicola Robertson, Associate Director of Nursing, Corporate are representing Fife on the national group, and with NES colleagues are looking at the development of Band 4 and also Band 2 to 4 work; these members of staff will support registrants going forward.

L Douglas confirmed the intention to bring an SBAR to the January 2022 APF with the totality of the local band 2 to band 3 process currently nearing completion; the formal STAC notification and guidance is awaited for the further work in this regard. S Raynor advised a further meeting of the Short Life Working Group (SLWG) is taking place in December 2021 after which a paper will be prepared for APF in January 2022 W Brown queried the figures contained in a national paper; S Raynor advised they indicate the number of Band 2, 3 and 4 at a point in time rather than the number of grievances raised. A Verrecchia advised that the successful/ unsuccessful rebanding applications are about 50:50. W Brown hoped there would be no delay in this important piece of work and urged the process to continue and not wait for the SBAR. S Raynor assured APF that the SLWG is maintaining momentum.

Recognition of Service at Retirement

W Brown requested an update: S Fevre advised that the letter to be issued to staff members on their retirement has been incorporated into the revised NHS Fife Retirement Policy and can be personalised by individual managers prior to being signed by C Potter. This policy is on APF agenda today for consideration. L Noble drew attention to a section on StaffLink where retirements are noted; K MacGregor confirmed a 'Staff Room' section for social interaction has been created, and together with a user guide will be promoted in due course.

Employee Relations Report

W Brown indicated that it was discussed at the APF Staff Side meeting this morning that it is taking a long time for cases to be resolved and queried why there was no update report at APF. L Douglas advised that the reporting had been a temporary arrangement during the initial part of the pandemic when employee relations casework was paused, with the pause now lifted the reporting had ended; and offered to discuss further with W Brown out with the APF meeting.

85/21 ACUTE SERVICES UPDATE

A Mackay reported that pressures remain extremely high across the whole system. Acute emergency admissions continue to be between 5-10% above the seasonal average, a trend seen for some months, across all pathways, including Medical, Surgical and Paediatric specialties. Emergency Department demand is substantially up on last year and pre-COVID-19 levels (28% and 3% respectively), with the additional red and amber pathways and COVID-19 impact, pressures are significant. As much elective activity as possible continues having been stood down earlier in the pandemic: key to this is maximising the use of Queen Margaret Hospital facilities, specialties and determining what can be done as day case

procedures. Presently achieving 90% of pre-COVID outpatient activity (compared to 79% nationally) and 89% inpatient and day care activity (56% nationally). However, challenges remain and demand sometimes forces on-the-day cancellations. The number of COVID-19 cases is fluctuating but currently on the rise, requiring the need to be flexible. Physical space within the Emergency Department has been reconfigured to accommodate the huge change in demand. Whole system escalation processes are being reviewed and refreshed taking learning from others e.g. an escalation model used by Royal Cornwall Hospitals. Challenges continue: staff have been incredibly resilient, despite continued pressures. Although on occasions patient expectations haven't been met as we would intend, we continue to balance risk.

W Brown queried what difference it will make having clear escalation plans as it won't result in additional staff? W Brown hadn't been aware of the newly established Escalation Group, although she has now been invited to attend. A Mackay explained that clear communication and mutual understanding is key - some areas are more pressured and challenging than others - to pulling together and reducing resistance in staff having to 'help out in other areas'.

L Noble noted that Fife is delivering more activity than the national average – couldn't this be lessened to allow staff some relief? A Mackay pointed out that all the work still has to happen whether now or deferred to later – if surgeries continue now, it usually means a better outcome and/ or a shorter stay in hospital than if treatment is postponed. QMH being a separate facility has enabled continuation of key activities, maximising what NHS Fife does as day-case procedures. COVID-19 has forced us to work *differently* and *innovatively* rather than *harder*. J Owens agreed that delaying diagnosis and treatment can have devasting consequences for patients. C Potter indicated that 25,000 individuals are awaiting an appointment with NHS Fife. Boards who have paused or cancelled their elective programme for a long time are now facing greater challenges. It is important to balance risk with maintaining the elective work, while dealing with pressures in unscheduled care. W Brown noted the importance of capacity and flow through the hospital.

W Brown raised concerns from Theatre staff on staffing levels, in particular, ODPs (Operating Department Practitioners). In addition, is the balance of surgery correct e.g. cancer surgery being cancelled while elective gall bladder surgery goes ahead.

A Verrecchia highlighted the issue of the additional payment for ODPs and when it would be paid. It was clarified that A Verrecchia was referring to recent discussions regarding a Variation Order. Following a brief discussion K Reith agreed to discuss this further with A Verrecchia out with the meeting.

A Verrecchia also requested further information on the potential for investment in the theatres at QMH. A Mackay explained that a proposal is being prepared to refurbish some of the clinical space at QMH to benefit from capital monies available. M McGurk advised that the main driver was not the availability of capital but a proposal from QMH staff to make efficiencies and expand capacity by more effective utilisation of theatres.

A Nicoll queried how the connection with Cornwall had been made. C Potter advised it had been through C McKenna and Medical Directors. NHS England have a very structured and systematic approach to escalation within the Emergency Department, leading to clear decision making, empowerment, consistent language. C Potter had tasked C Dobson, C

McKenna and J Owens with adapting and implementing the approach for Fife, giving a more proactive and structured procedure to dealing with current pressures. W Brown highlighted that NHS England don't have an equivalent to NHS Scotland's Patient Safety Programme (PSP) in place and sought reassurance that these processes would still be in place. C Potter confirmed that the PSP and other best practices would still apply; this is an operational process to support clinical teams and management teams. J Owens added that it would provide clear guidance and aid decision making.

W McConville asked what is being done to ensure staff have a safe working environment; that staffing levels are the best they can be; that staff feel safe. Staff are resilient but for how much longer before they break. A Mackay advised staff are supported at all times, are encouraged to raise concerns through Datix and these 'incidents' are monitored and acted upon, nursing staffing levels are reviewed throughout the day and shortfalls mitigated as much as possible, including of registrants. Staff shortfalls are being addressed by work on Band 2/3, review of skill mix, recruitment of Admin support for Senior Charge Nurses, international recruitment.

W McConville enquired whether staff can take breaks; A Mackay advised that clinical coordinators are supporting areas as much as possible in order that staff can take breaks. W Brown recognised this is a common theme; there is often too few staff to cover each other to take a break. R Waugh highlighted that at the last Staff Health & Wellbeing Group meeting, a short list of areas without refreshment provision had been identified and Yvonne Batehup, Catering Lead/ Support Service Manager is working to ensure this is rectified.

A Verrecchia raised his concerns regarding the retention of staff within NHS Fife and H&SCP in order to treat the population of Fife timeously but acknowledged the difficulties to be considered and complex decisions to be made.

APF **noted** the update.

86/21 HEALTH & SOCIAL CARE PARTNERSHIP (H&SCP) UPDATE

N Connor reassured APF that the top priority is addressing the challenges experienced around delay and the impact this has on patient care, the whole system and the workforce. Additional resources, particularly in social care, are being aimed at four key principles: to maximise capacity, focus on staff support and wellbeing, supporting flow, and improving outcomes. Investment is being targeted at: increasing interim care bed arrangements to assist individuals out of hospital; enabling the increase of Care at Home capacity; working with internal and external providers to support timely discharge. An additional 40 Carers have recently been recruited.

N Connor advised that a range of issues had been discussed at the H&SCP Local Partnership Forum meeting on 3 November 2021, including the National Care Service Consultation; Home First Strategy - prevention of admission as well as discharge from hospital; iMatter Survey – what's important and areas to focus on: the top two were Senior Leaders visibility - weekly/ fortnightly sessions to listen and engage, and to involve staff in decision making at all levels – further discussion will be held at the December LPF; also covered was Health & Safety, the Finance Position and Workforce – a refresh of the Workforce Strategy and Plan must be completed by 31 March 2022; also updates from each service area on

workforce pressures, agile flexible working and challenges faced. An update on the current COVID position, acknowledged the successful vaccination programme; and the additional work to support HCSW to access vaccinations, including supplementary 'drop in' sessions. 'Attendance' was discussed, recognising absence rates have increased, impacting on staff health and wellbeing. S Fevre gave an update on the work around the Staff Community Health & Wellbeing Hubs – work is progressing. The Stress Toolkit was focussed upon as part of our commitment to staff health and wellbeing.

N Connor informed APF that she and C Dobson are participating in the national Discharge without Delay work enabling a whole system focus. N Connor acknowledged the continued pressures across all areas and extended her thanks to the ongoing commitment from staff.

W McConville queried what is being done to support a safe working environment, including safe staffing levels. N Connor advised there are daily huddles and engagement with Service Managers and Heads of Nursing to address challenges and concerns on a multi-professional basis. There are staff engagement sessions held to hear from staff directly and to understand what is going on in their area, to identify support and solutions.

S Fevre recognised the continued challenges and hoped that resources would enable increased pay and that the newly recruited staff are additional, not replacing others. S Fevre highlighted the danger of 'normalising' the current situation e.g. the description of 'critical' but 'safe to start' staffing level is concerning. It is important to keep the momentum going, especially with the staff health & wellbeing hubs and other positive changes. The rise in absence rates due to the pressures being put on staff with the vaccination and other programmes of work, is also of concern.

APF **noted** the update.

87/21 NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (NMAHP) UPDATE

J Owens reflected that COVID-19 has been the number one risk across the UK, has impacted hugely on society and a fragile NHS resulting in key workforce challenges. J Owens updated on the ongoing work: recruitment of Admin support for Senior Charge Nurses has been positively received. Band 2/3/4 workforce – continuing to recruit and develop the career pathway, to support the shortage of registrants in the next 2 or 3 years. International recruitment – NHS Fife and NHS Dumfries & Galloway are the first Boards in Scotland to move forward with this initiative; thank you to N McCormick/ his team for arranging accommodation at Fife Campus. 40 nurses and 3 radiographers will start from next year in a rolling programme of recruitment; the experience of Yeovil Health Trust indicates a high calibre of staff.

The Social Media campaign resulted in the recruitment of five Band 5 registrants. A national recruitment campaign will also be run using a similar format to NHS Fife; N Robertson and J Owens will be representing Fife. Looking to expedite students to the Bank (currently 195 nursing and 100 medical students being interviewed), with students preferring a bank contract to a fixed term option. The Vaccination Programme has been accelerated with Fife being in a more fortunate position than some Boards, due to having Band 3 vaccinators in place. AHPs, including Physiotherapy and Occupational Therapy (OT) students have been supporting staff on the wards to share and to gain knowledge. However, there are staff shortages in

AHP professions, in particular Physiotherapy, Podiatry and OT; the national AHP Directors Group has highlighted this to Scottish Government and hope the AHP review will help to address these issues. J Owens highlighted some good news: the Dietetic Team won a BDA award for social media activity; the Podiatry Team has been praised by Alzheimer's Scotland for their work around Talking Mats Footcare work, as has the OT Journey through Dementia; and the AHP Enquiry Line for Children and Young People Services has been shortlisted for an award.

J Owens acknowledged the concerns around staff registration – the Chief Nurses of the four nations and the regulatory bodies recognise we are working in unprecedented circumstances and this will be taken into consideration. Locally, the nurses have full backing from NHS Fife.

In relation to Workforce Tools – have been recently run, presently collating data to glean information on skill mix and numbers. Escalation Plan – working to ensure it is clear, so staff know when to escalate issues. eRostering – project is rolling out and when implemented has a 'safe staffing' module included in the functionality. In the meantime, Acute Services Division use a daily spreadsheet, balancing staff across areas; and J Owen is liaising with Lynn Barker, Associate Director of Nursing, H&SCP to address H&SCP staffing levels.

W Brown requested that a regular update on the number of vacancies within Nursing, Midwifery and AHPs professions be brought to APF. J Owens assured colleagues that N Robertson is working hard to address the staffing shortfall within NHS Fife. **JO/KR**

This led to a discussion during which the following issues were raised:

A Nicoll highlighted that given the current pressurised working environment, it is increasingly challenging for staff and more so for part time staff to undertake even mandatory training J Owens advised this is being looked at by senior colleagues; that Practice & Professional Development have adapted most of their training programme to online learning; practitioners are working with Newly Qualified Practitioners and staff on the wards to ensure they have the necessary competences, to relieve pressures on core staff; reducing the time taken for vaccination and other training sessions is also under consideration; cascading training is also an option. J Owens welcomed additional suggestions. **APF members**

W McConville acknowledged the Band 2/3/4 career pathway development and support for registered staff. However, she queried how the 'Guiding Principles' are shared with staff, what they mean for staff and how will they be taken forward in the workplace. J Owens advised that it is cascaded through Associates and Heads of Nursing and is being promoted nationally.

W McConville asked, in relation to the high level of absence, if all is being done that can be to assist members of staff who aren't able to come into the workplace but could work from home. J Owens advised that some staff have been deployed to assist with the vaccination programme e.g. rostering of clinics. Referring to the Flexible Work Location policy L Douglas indicated that a lot of work is going on across the organisation and the national policy has been 'soft launched'. Locally, there is a range of advice, OH support, guidance and risk assessments; all the tools available are being used; directives are acted on and applied. K Reith confirmed staff are encouraged to work flexibly, including appropriate deployment; nationally considering what can be done differently/ creatively/ innovatively, and locally looking at

agile working in the longer term.

W McConville raised a concern that it is felt that managers are not using a consistent approach to supporting staff to work at home / get back into the workplace rather than wait for HR or OH input. After the comments about staff being ready to return to work and managers not arranging these quickly, R Waugh offered to send round the current Return-to-Work guidance to the group and encouraged managers to speak to their HR Officer to highlight employees who could return to working. This is also discussed at Promoting Attendance Panels and appropriate information is provided to help people back to work. It was agreed to discuss this further out with the meeting.

APF **noted** the update.

88/21 EAST REGION RECRUITMENT SERVICE UPDATE

S Raynor reported on progress of the East Region Recruitment Service model which is a national initiative but delivered regionally. The original implementation plan consisted of a soft launch in October 2021 with NHS Fife staff due to transfer during Phase 2, November 2021. However, concerns were raised in relation to the capacity of the local recruitment teams and service users across the Boards to support and implement the East Region Recruitment Service within the programme timelines, due to demand and pressures on the system. Work on implementation has therefore been paused until Spring 2022. However, to mitigate the risk of destabilising current service delivery of the core function at the substantive band 3 / band 4 level and to maintain the staff experience, all Boards within the consortium have agreed to apply the new bandings from 1 November 2021 supported by a structured training plan to address the identified knowledge, skills & experience gap. Boards are committed to delivering the regional recruitment service; it is a matter of 'when' rather than 'if' it is done. S Raynor confirmed that NHS Fife recruitment staff have transferred to NHS Lothian, the Employer Board.

APF **noted** the update.

89/21 SOUTH EAST PAYROLL SERVICES CONSORTIUM DECISION

M McGurk introduced the item by setting the context: payroll job roles are extremely specialised and despite sterling efforts, NHS Fife has been unsuccessful in recruiting additional staff; the Payroll Department is working at critically low levels. The purpose today is to bring APF up-to-speed with the proposal. The key concerns raised at the National Programme Board were the proposed restructuring and TUPE transfer; resilience, succession planning, technology and service improvements; and developing a more phased approach. Appendix 1 details the status report, including Director of Finance's concerns.

K Booth confirmed that the Business Case had been revised in March 2021; it has been an extremely thorough process, evaluating all potential options. Partner Boards are experiencing similar staffing issues to NHS Fife: including resilience and recruitment – the particular challenge to payroll is recruiting candidates of a suitable calibre with a relevant, unique skill set; it takes many years of training to reach the required standard. It has been acknowledged that the material change has to be the way forward.

This led to a discussion during which it was queried whether more in-house training could have been/ could be offered to upskill individuals; and that

retention of staff was also an issue as the private sector has higher pay rates. It was recognised that interim support from other Boards has not been forthcoming, and it was noted that NHS Boards with cities, especially in the central belt, maintain staffing levels more easily; regionalising the payroll service would ensure succession planning. In the meantime, a re-evaluation of NHS Fife job roles is being undertaken. In response to A Verrecchia's concern that the banding review would not be completed in time for the transfer, M McGurk confirmed that every effort will be made to ensure this is done. M McGurk outlined the timeline: TUPE transfer would take place in July 2022 with 6 months service stabilisation enabling staff to settle in and the new management structure to engage with teams. It has been guaranteed that current NHS Fife payroll staff would not be required to relocate (they can continue to work from home), although the 13 jobs in Fife cannot be protected. M McGurk advised that with 6 of the 13 wte posts filled the NHS Fife Payroll team are working with continued overtime, and stressed this is not sustainable. K Egan highlighted that many of NHS Fife's Payroll team are nearing retirement age and raised a concern about the current team, skill mix etc. M McGurk hoped their experience would bode well when they join the consortium.

M McGurk confirmed that the regional consortium is deemed the best solution and asked APF members to support this decision. W Brown, on behalf of staff side, agreed in principle; and asked K Egan and A Verrecchia to liaise with payroll staff and feedback any issues to M McGurk and/ or K Booth.

In answer to W Brown's query, M McGurk confirmed that 'Paid as if at Work' arrears is ongoing.

M McGurk indicated that Maternity Pay Calculations have been suspended as they are extremely time consuming, noting this was work not undertaken in other Boards and could be construed as 'financial advice' which NHS Fife is not allowed to provide. It was agreed to discuss further queries out with the meeting.

M McGurk drew attention to the fact that preparing paper payslips takes at least one day per week as <40% of NHS Fife staff have elected to receive an electronic payslip. M McGurk urged colleagues to encourage others who can access electronic devices, to move to an e-payslip and welcomed feedback for discussion at a future APF.

APF **noted** the decision.

90/21 FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT (IPQR)

M McGurk indicated that the paper details the August 2021 financial position: an overspend of £8.9m. Bringing the Forum up-to-date, M McGurk advised that the forecast year-end financial position is £19.7m overspent which includes unachieved legacy savings of £13.7m. NHS Fife has requested support from the Scottish Government (SG) but no funding is being allocated to fund the underachievement of savings. However, SG will provide resources on a non-repayable basis which, it is anticipated, will enable NHS Fife to achieve a breakeven year-end position as at 31 March 2022. Work has been ongoing with the SPRA, detailing recovery over the next 3-year period, part of this is pushing for parity with our NRAC share. SG has requested, by the end of December 2021 (Q3), detailed plans of how Boards

will achieve 50% of what they need to breakeven by 2022/23. M McGurk brought to APF members attention that at least a £10m additional cash savings target has been set for NHS Fife to achieve next financial year. S Fevre raised his frustration regarding the lack of NRAC fund share over many years; and that the funding received for the COVID-19 vaccination programme doesn't cover actual costs involved.

APF **noted** the update.

91/21 SPPA PENSION CHANGES

L Douglas emphasised that the paper is 'for information', as NHS Fife does not give financial advice or comment on individual financial circumstances. L Douglas explained that the UK Government held a consultation on proposals to address the age discrimination in scheme reforms in 2015. The consultation response that was published in February 2021 is now being made into law and the Bill is due to come into force on 1 April 2022. From 1 April 2022, the final salary pension schemes will be closed to all members and everyone regardless of age will become members of the 2015 CARE scheme. This means that when eligible members claim their pension on retirement after 1 April 2022, it will contain both final salary and CARE scheme benefits. Assisting members who need to make a choice of pension scheme benefits is the Scottish Public Pension Agency's (SPPA) top priority. L Douglas acknowledged that the ability to access advice, information or calculations from SPPA is particularly curtailed at the moment – a difficult position for all - not helped by the fact people believe that there is a potential disadvantage to remain at work beyond the end of the financial year. L Douglas recognised this is a live challenge and that representation has been made repeatedly, including by HRDs, both to SPPA and SG to address this matter at the highest level.

Willie Duffy, as a member of the Pensions Advisory Group is being asked to deliver a session(s) as soon as possible to address the concerns that staff approaching retirement have and to clarify any rumours circulating that remaining at work post 1 April 2022 may impact them disproportionately. A Verrecchia welcomed this suggestion but wondered if Boards or SPPA are being proactive enough to ensure staff have clear information on which to base their decision in relation to retirement. L Douglas reiterated that NHS Fife cannot give financial advice but will continue to raise and address the issues through the appropriate channels. S Fevre queried why SPPA cannot give the same level of service now as pre-COVID-19, whether their staff are working at home or in the office. A Nicoll advised she had heard SPPA has a 7-month backlog, not helping with rumour mongering, and is a real threat to the workforce. K Reith confirmed continued communications would be issued.

APF **noted** the changes.

92/21 NHS FIFE POPULATION HEALTH AND WELLBEING STRATEGY

This item was deferred to a future meeting.

APF **noted** the report.

93/21 NHS FIFE WORKFORCE INFORMATION OVERVIEW

K Reith reported that we continue to update and refresh the information

provided, taking into account suggestions and the constraints of available workforce reporting tools. W Brown suggested including data on vacancies (establishment gap information) and retaining staff (e.g. analysis of exit interviews). S Fevre agreed and suggested creating a narrative and looking at trends would be helpful. J Owens indicated that the Turas Data Intelligence Group is reviewing how data is formatted and improving the reporting/ presentation of workforce data. R Waugh advised that there is the facility for exit interview information to be captured on eESS and suggested she feedback on this at the next APF. A Nicoll drew attention to the fact that although a lot of information is being gathered, there is still a crisis in relation to staffing levels in many areas. L Douglas advised that we currently look at historical data from the past 12 months, there is not the capacity within NHS Fife to undertake predictive analytics and workforce modelling but work is ongoing nationally and there are local aspirations to provide this information. **RW**

APF **noted** the update.

94/21 STAFF EXPERIENCE (iMATTER)

K Berchtenbreiter reported that for the first time, there are two Action Plan deadline dates this year: one for electronic responses (16 November 2021) and one for mixed (electronic and paper) response directorate returns (29 November 2021), the latter category relating to Property and Asset Management, Acute Services and the Health & Social Care Partnership teams. To support managers with the action planning stage guidance has been prepared and emailed to managers yet to undertake the action planning process with their team, this has also published on the Workforce Directorate Hub section of StaffLink.

The other new functionality highlighted earlier this year was the building of hierarchies for sub-reporting, giving improved aggregated reports. Fife was one of the few Boards who had completed this piece of intensive work. The previous Team or Directorate level reporting could lead to multiple teams being combined and result in blurred reporting.

K Berchtenbreiter advised that, posted on StaffLink are some examples of team stories and asking for teams to share iMatter journeys they are proud of to be published in the National report. **All**

APF **noted** the update.

95/21 STAFF HEALTH & WELLBEING (INCLUDING PROMOTING ATTENDANCE)

Staff Health and Wellbeing Update

R Waugh noted that the paper provides a comprehensive overview of health and wellbeing activities both locally and nationally. R Waugh highlighted the Outdoor Sessions held at Stratheden Hospital; the online Stress Management courses; and support from the Psychology Service with the Compassionate Connected & Effective Teams courses as well as the managerial support info sessions, given the discussion.

Other aspects covered were encouraging suggestions on spending the Winter Pressures Staff Wellbeing and Support monies: the vending suite provision at Victoria Hospital being one and ensuring the ongoing supply of refreshments and snacks.

Sickness Absence

R Waugh indicated that the absence rates (higher in Acute and H&SCP) have already been covered but to advise that where we are aware of absence issues in relation to promoting attendance, issues identified at Promoting Attendance and/ or Review & Improvements Panels are being addressed by offering promoting attendance support, Occupational Health support and/or Health & Wellbeing support initiatives. In addition, the Health & Wellbeing Strategy and the Live Positive Toolkit are currently being reviewed and revised.

W Brown raised her concern regarding the continuing trend around the high level of absences attributable to anxiety, stress and depression and other psychiatric problems. In answer to W Brown's query, N McCormick advised that mental health issues are not RIDDOR reportable: the Health & Safety Executive (HSE) advises *"For the purposes of RIDDOR reporting, an accident is considered to be something which causes physical injury. This is because stress-related conditions usually result from a prolonged period of pressure, often from many factors, rather than just one distinct event."* HSE are, however, still interested in the mental health welfare of employees. S Fevre highlighted that it is important to ensure there is sufficient work ongoing in NHS Fife to support staff with their mental health. S Fevre reported that at the recent NHS Fife Staff Health & Wellbeing Group meeting, Wendy Simpson, Health Psychologist advised she had undertaken face-to-face, albeit socially distanced, work with staff from Letham Ward, Cameron Hospital, which had been positively received and was a welcome change to online resources. R Waugh noted face-to-face initiatives were on the menu of options, whilst remaining COVID-19 aware.

M White voiced her unease regarding the comms on StaffLink in relation to whether staff with non-COVID-19 upper respiratory tract symptoms should attend work. Staff with such symptoms are asked to discuss their personal situation with their manager, who has the responsibility to carefully balance these opposing risks. M White queried why should staff be penalised if they want to work, wearing a fluid-resistant face mask, and the impact it has on the department if they are required to be on sick leave. R Waugh confirmed OH advice is awaited prior to the guidance being prepared. It was agreed to take this forward out with the meeting.

APF **noted** the updates.

96/21 WHISTLEBLOWING QUARTER TWO 2021/22 REPORT

S Raynor talked to the report which indicated that in the period 1 July – 30 September 2021 there had been no whistleblowing cases recorded in the Board, with Primary Care providers or Contract Services. Work is ongoing to develop the content and presentation of the report. Under review is the investigatory process following comments from Staff Governance Committee and Area Partnership Forum members in relation to anonymous complaints not meeting the whistleblowing criteria.

W Brown indicated that at the Staff Side APF this morning it had been acknowledged that the whistleblowing process is somewhat confusing/ not understood. W Brown queried whether there is a specific process for reporting of anonymous letters? S Raynor explained that only whistleblowing complaints are recorded on Datix if they meet the criteria for the standards; however, consideration is being given on how best to manage trends, themes and hotspots from anonymous complaints we may receive as these

are also recorded but not reported on in the same way as a whistleblowing concern. W Brown noted that raising a whistleblowing concern is a *process* rather than a matter to escalate, and as it takes some time to go through, it appears to the individual that no one is listening to them. C Somerville acknowledged that although there is mandatory whistleblowing elearning it can be quickly forgotten and when the need arises, individuals are unsure of what to do. S Raynor advised there was an FAQs for reference and comms continue on whistleblowing to help embed the Standards.

APF **noted** the report.

97/21 HR POLICIES

S Raynor explained that the local HR Policy Group had reviewed four policies and were presented to APF (with tracked changes to reflect the amendments made) for approval: HR18 – NHS Fife Disruption to Staff Travel Arrangements Policy, which has been updated with the inclusion of home working as we move to a more agile workforce; HR29 – NHS Fife Reserve Forces Training and Mobilisation Policy was given a more general update incorporating new regulations; HR40 – NHS Fife Flexible Working Policy – incorporates the entitlement change to your right to request flexible working from your first day of employment; HR48 – NHS Fife Retirement Policy which has combined the Phased Retiral and Retiring and Returning to Work policies and includes the CEO letter to go to retirees. The addendum - around an interim flexibility due to the suspension to the SPPA rule – is anticipated to be a temporary measure and can be updated without having to review the whole policy.

APF **approved** the amendments to the policies.

98/21 COMMUNICATIONS UPDATE

K MacGregor reported that the first meeting of the StaffLink User Group had been held on 3 November 2021, with good representation from clinical and non-clinical staff and staff side colleagues. The remit and scope had been agreed and the Group pinpointed a number of areas for further development. In addition, team training and admin rights will be undertaken.

APF **noted** the update**.**

99/21 ITEMS FOR NOTING/ INFORMATION/ AWARENESS

The following items were **noted** for information by APF:

a. H&SCP LPF – Confirmed Minutes of 11th August 2021
b. ASD&CS LPF – Unconfirmed Minutes of 28th October 2021
c. NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 17th August 2021
d. Staff Governance Annual Monitoring Return
e. Scottish Government Letter: Once for Scotland Flexible Work Location Policy V0.1

   W Brown advised that STAC is continuing the work on Flexible Work Location.
f. Scottish Government Letter: NHS Scotland 'Once for Scotland' Workforce Policies Programme – Paused Until April 2022

W Brown also advised that STAC is continuing to work on Working from Home.

g. Circular: PCS(AFC)2021/4 - Christmas and New Year at Weekend – 2021-22

h. DL(2021)35 – Annual Leave Buyback and Carry Over 2021-22

W Brown indicated that Staff Side consider this should not be a policy and had heard managers are not keen on it either. There doesn't appear to be any guidance yet to explain the process. It was noted the local protocol is being prepared with an emphasis on staff taking their leave to rest and recuperate wherever possible.

i. DL(2021)36 - Quarantine (Self-Isolation) for Staff Returning to the UK

W Brown explained that the DL states that if you go on holiday and the situation changes, on your return you will have to self-isolate, you won't be paid, special leave will not apply as it did previously. W Brown stressed the need for a consistent approach whether for a frontline member of staff or for those who can work from home.

100/21 AOB

There was no other business to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 19th January 2022 at 13:30 hrs via MS Teams.

Fife Health & Social Care Partnership
Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 3 NOVEMBER 2021 AT 9.00 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
Audrey Valente, Chief Finance Officer, H&SC
Bryan Davies, Head of Primary & Preventative Care Services
Elaine Jordan, HR Business Partner, Fife Council
Elaine Law, Service Manager (for Rona Laskowski)
Elizabeth Crighton, HR Lead Officer, Fife Council
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer
Kenny McCallum, UNISON
Kirsty.Berchtenbreiter, NHS Fife Human Resources
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Susan Robertson, UNITE
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

APOLOGIES: Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Fife Council Health & Safety Lead Officer
Rona Laskowski, Head of Complex & Critical Care Services
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1 APOLOGIES

As above.

2 PREVIOUS MINUTES

2.1 Minute from 22 September 2021

Susan Young asked for a small amendment to Item 4 – Whistleblowing. Once this has been done the Minute from the meeting held on 22 September 2021 is approved.

NO	HEADING	ACTION

2.2 Action Log from 22 September 2021

The Action Log from the meeting held 22 September 2021 was approved.

3 JOINT CHAIRS UPDATE

Neither Simon Fevre nor Eleanor Haggett had items to raise which were not already on today's agenda.

Debbie Thompson thanked Lynne Garvey for the series of weekly bite size meetings which had been held with Home Care staff and were well received. Between 15 and 60 staff attended each session and appreciated the chance to discuss issues and solutions with senior management. These meetings have been held via teams and will continue. Other methods of engaging with staff will be looked at to ensure as many employees as possible can be reached.

Nicky Connor advised that letters are being received from Scottish Government around the ask of partnerships and investment in whole system planning for winter. Work is ongoing and the LPF will be updated going forward.

4 NATIONAL CARE SERVICE CONSULTATION

The report from the LPF Consultation Workshop on Thursday 14 October 2021 had been circulated. Discussion took place around the questions within the consultation and the lack of detail contained within it. It was agreed that the report was an accurate reflection of the discussions which took place and it should now be submitted on behalf of the LPF. Eleanor Haggett asked that an addendum be added to reflect some of the LPF concerns around the consultation and she agreed to contact Tracy Harley to address this. **EH**

5 HOME FIRST STRATEGY UPDATE

Lynne Garvey gave a presentation on the Home First Strategy which is being created by the Home First Strategic Oversight Group, in conjunction with the sub-groups which have been established. These sub-groups are:-

- Information Data
- Anticipatory Care
- Screen and Assess for Frailty
- Integrated Discharge Planning
- Commissioning and Resourcing
- Intermediate Care
- Housing and Social Determinants
- Participation and Engagement

NO	HEADING	ACTION

5 HOME FIRST STRATEGY UPDATE (Care)

A reporting format has been drafted and this will be used to bring regular updates to every other meeting of the LPF. **LG**

The Strategy document is updated at every meeting of the Oversight Group and will be shared with the LPF when it is appropriate to do so.

Discussion took place around how to grow our workforce to deal with the ageing demographic in both the population and employees. Modelling will be a key part of this and Roy Lawrence, who joins the partnership later in November as Principal Lead - Organisation Development and Culture, will be key to working together with colleagues regarding this. Comms will be required to support good workforce engagement.

It was agreed to have the Leads from the sub-groups attend a future LPF meetings to update from their perspective. Timescale to be advised by Lynne Garvey.

6 iMATTER – SURVEY HSCP REPORT

Nicky Connor advised that the report was for the whole partnership and the LPF were being asked to look at the key issues arising from the report.

Kirsty Berchtenbreiter advised that, as the partnership had received responses in various formats, the deadline for submission of Action Plans was 29 November 2021. Guidance on Action Plans is available from Kirsty and a dedicated e-mail is available fife.imatter@nhs.scot.

The National Report from the iMatter survey is still in draft and the final version will be issued in December 2021. The national response rate was 55% and both NHS Fife and the partnership have exceeded this.

When pulling together their Action Plan teams are encouraged to look at the 2019 report and compare responses to this years. Action Plans should mention reasons to celebrate as well as areas for improvement.

Nicky Connor advised that the Senior Leadership Team (SLT) have been discussing their Action Plan and feedback from this will be included in the Director's Brief. Hazel Williamson will work with Roy Lawrence on a communications plan to capture the momentum from this year's survey. Kirsty Berchtenbreiter will be involved in these discussion.

Nicky went round each member of the LPF in the meeting asking for their key areas of strengths and area of improvement. These are summarised below.

Strengths included:-

- The high engagement rate (61%).
- Staff feel their line manager cares about their health and wellbeing.
- Staff feel they are treated with dignity and respect as an individual.

NO	HEADING	ACTION

6 iMATTER – SURVEY UPDATE (Cont)

- Staff would recommend their organisation as a good place to work.

Areas to focus on included:-

- Training and development.
- Visibility of Board members.
- Involvement in decision making.

There are 505 teams within the partnership and each should have their own Action Plan. Communications to include a joint co-chair statement and stories to be shared eg SLT Action Plan. An article to be shared in the Directors Brief in the coming weeks to share the feedback from the LPF consideration of the Survey and fuller summary of actions will then be shared following the December LPF. **SF/EH/DT/ NC/HW**

Work on the Action Plans will be ongoing throughout the year as they are updated. iMatter to be on the agenda for the December LPF Meeting. **NC**

7 HEALTH AND SAFETY UPDATE

Neither Anne-Marie Marshall nor Kenny Grieve were at the meeting. Anne-Marie had provided a written update which was circulated to LPF members prior to the meeting. There were no questions raised.

8 FINANCE UPDATE

Nicky Connor provided this update on behalf of Audrey Valente.

At 31 August 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £6.109m. The key areas of overspend that are contributing to the projected outturn overspend –

- Hospital & Long-Term Care.
- Family Health Services
- Older People Residential and Day Care
- Homecare Services
- Adult Placements

SLT continue to work with Audrey Valente on a Recovery Plan and looking at efficiency savings. The Finance & Performance Committee, which meets next on 10 November 2021..

Discussion took place around the additional funding which has been agreed and what this means for the partnership, which is being discussed at Chief Officer meetings and Chief Finance Officer Network meetings. Increased Agency spend to deal with workforce pressures may in part be offset again covid funding.

Questions on this report can be e-mailed to Audrey Valente.

NO	HEADING	ACTION

9 WORKFORCE UPDATE

Refresh of Workforce Strategy and Plan

Nicky Connor advised that there is a requirement for the partnership to bring forward a refreshed Workforce Strategy and Plan. Current deadline is March 2022, national discussions are ongoing and this may moved but we do not as yet have any confirmed change in timescale. The Workforce Group has met and begun work on this and the LPF will have the opportunity to be part of this engagement and to influence the documents.

Fuller discussion will take place at the December LPF meeting which Roy Lawrence will be invited to attend. Wendy will extend invite to Roy. **WA**

Agile / Flexible Working

Elaine Jordan advised that employees are to continue to work from home where possible, further information is available on the Employee App and Intranet. Human Resources and Finance continue to pilot a blended approach to working within Fife House.

Susan Young advised that work on the Once for Scotland flexible work location Policy has been paused until March 2022 but this will not affect local decisions on flexible working as the NHS Fife Flexible Working Policy remains in place.

Current Workforce Pressures Update

Lynne Garvey advised that Fife will receive funding from the £300m awarded to Health and Social Care Partnerships by Scottish Government. Work is ongoing in Fife on how our share of this might be best utilised. Within Care at Home 43 new Home Carers have started or have a start date in the coming weeks. Work is ongoing to potentially boost interim care home beds to move people on from hospital and assist acute colleagues. Work in the discharge hub continues to ensure patients can be discharged timeously. Surge ward capacity can be activated if need be.

Bryan Davies advised that Covid-19 absence and self- isolation have both increased slightly. Pressure is being felt with GP's, Children's Services and Sexual Health but this is being managed.

Fiona McKay advised that there are currently 6 Care Homes closed to admissions and visitors as a result of Covid-19. Staff and residents are receiving flu and covid booster vaccines and this is resulting in a reduction in people testing positive for C-19. Public Health advice is being followed to allow Care Homes to open safely and as quickly as possible.

Elaine Law, on behalf of Rona Laskowski, advised that the Adult Resources service has been under pressure and monitoring both absence and care delivery.

NO	HEADING	ACTION

10 COVID-19 POSITION

Current Position

Nicky Connor advised that the current position is continues to be monitored and reported through Public Health. Covid continues to have a impact on service delivery. The COP26 event in Glasgow is also happening in coming days and we are engaged in the resilience planning arrangement for this. This will be the most challenging winter the partnership will have experienced and work is ongoing to support readiness for winter.

Staff Testing

No update as is embedded.

Vaccinations

Bryan Davies advised that uptake of the Covid booster vaccination is increasing, supported by good communications. A paper was taken recently to the NHS Staff Governance Committee on the risks and mitigations around vaccinations.

11 HEALTH & WELLBEING

Attendance Information

Susan Young had provided NHS attendance information which had now been updated to include absence due to Covid-19. This will be circulated following the meeting. **SY**

Susan advised that staff absence in the past 4 months has been higher than during the whole of 2020 and the beginning of 2021.

Fife Council attendance information should be available for the December LPF meeting.

Elizabeth Crighton had recently undertaken an exercise via Oracle to highlight 350 open absence cases and to have managers close these if employees have returned to work. This will be rerun in the coming weeks.

Staff Health & Wellbeing

Work to continue to promote online resources.

Simon Fevre has been working with NHS Facilities to have the temporary Health and Wellbeing Hubs made permanent, work is ongoing on this.

Elizabeth Crighton had several issues wanted to update on:-

- H&SC information on Oracle is showing structural differences and this is being reviewed.

Staff Health & Wellbeing (Cont)

- A new workshop on Compassionate, Connected and Effective Teams for Managers is taking place on Monday 8 November 2021.
- There is money available to improve health and wellbeing for partnership employees. Suggestions are being sought for how this can be best used. LPF members can e-mail Elizabeth.Crighton@fife.gov.uk with their ideas.
- Taking forward speedier provision for mental wellbeing and physiotherapy with the council's provider People Asset Management
- Services to be encouraged to use the HSE Stress Indicator Tool which has been paid for until September 2022. Further discussion on this at the LPF pre-agenda meeting on Wednesday 24 November 2021.

Mental Health First Aider training – places are available for this 2-day course. Elizabeth.Crighton@fife.gov.uk has more information for interested employees.

12 ITEMS FOR BRIEFING STAFF

Via Directors Brief / Staff Meetings

Agreed that the following would be addressed this week or next week:-

- National Care Service Consultation.
- Home First Strategy Update.
- iMatters Survey Update.
- Update from LPF Today.
- Bite size sessions with Home Care staff.

13 AOCB

Nothing raised.

14 DATE OF NEXT MEETING

Tuesday 14 December 2021 at 9.00 am

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 28 OCTOBER 2021 AT 2.00 PM VIA MICROSOFT TEAMS

Present:
Andrew Mackay (AM), Deputy Chief Operating Officer (**Chair**)
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
Benjamin Hannan (BH), Deputy Director of Pharmacy & Medicines
Anne-Marie Marshall (A-MM), Acting Health & Safety Advisor
Susan Young (SY), HR Team Leader
Louise Noble (LN), Unison
Caroline Somerville (CS), Unison
Mary Ann Gillan (MG), Royal College of Midwifery

In Attendance:
Pauline Hope (PH), Clinical Nurse Manager – Planned Care (shadowing L Campbell)
Gillian McKinnon (GMcK), Personal Assistant to Director of Acute Services (**Minutes**)

		Action
1	**WELCOME & APOLOGIES**	
	AM opened the meeting and welcomed everyone. AM welcomed Pauline Hope who was in attendance today shadowing Lynn Campbell. Apologies were received from Claire Dobson, Andrew Verrecchia, Neil McCormick, Paul Bishop, Sue Blair, Joy Johnstone, Murray Cross, Fiona Alexander, Conn Gillespie, Kevin Egan and Neil Groat.	
2	**MINUTE OF PREVIOUS MEETING – 19 AUGUST 2021**	
	The Minutes of the Meeting held on 19 August 2021 were accepted as an accurate record.	
3	**ACTION LIST**	
3.1	**Annual Report**	
	• In the absence of AV and CD, it was agreed to carry this forward to the next meeting for an update.	**AV/CD**
3.2	**Staff Briefings & Internal Communications**	

- In the absence of AV, LN advised this has been discussed but no dates finalised. LN to pick up with AV to progress. **LN/AV**

3.3 **Current/Future Change Programmes/Remobilisation**

- Email circulated to LPF colleagues on 02/09/21 with meetings dates. This action can be closed. **GMcK**

3.4 **Future Format of Meetings**

- Item added to 28/10/21 LPF Agenda. This action can be closed. **GMcK**

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- A-MM advised her background was nursing and she has been in Health & Safety now for 6 years.
- A-MM advised the team is very depleted at the moment and is currently Acting Health & Safety Advisor; Iain Murray is Assistant Health & Safety Advisor; Stuart Armstrong is V&A Reduction Advisor and Brian Ritchie is Acting Manual Handling Co-ordinator. There is currently just the 4 members of staff and are continuing to keep things going. Craig Webster has moved on to Infection, Prevention & Control.
- AM-M advised Iain Murray continues to lead on the FFT work and clinics are run on a Thursday in Training Room 4 in the Tower Block. We are seeing a decrease in the numbers and are hoping we are on the other side of the pandemic. We are aware of the changes to the respiratory and non-respiratory pathways but do not foresee there being any difficulties regarding masks. Medical rotation continues to have their set days for face-fit testing. Information received this morning that we have a healthy stock of all FFP3 masks, and we have orders placed to take us up to March 2022.
- AM-M advised she and Iain Murray have been discussing when we will start doing the face-fit retesting and anticipate in the next 6 months we will need to start looking at it. We are hoping that the trained face-fit testers that we have will be able to absorb the majority of that testing.
- AM-M advised National Procurement has placed an order for 2.5 million clear masks. The first 200,000 have arrived at NDC however the 4 Nations Review Group highlighted four points they want further information on. Those points have been submitted and hopefully we will get the green light soon.
- AM-M advised manual handling data has been shared within the Health & Safety Update Report. We have seen quite a high uptake and Brian Richie has been working hard. In conjunction

to the training, in July Brian Ritchie had gone out to Wards 31, 32, 33 and 34 to do some competency-based assessor training and there was a really high uptake for all 4 wards. Moving forward we see a more blended approach to the training where we take it away from this classroom-based training. Colleagues to get in touch with AM-M if/when there are future discussions around surge capacity to get training started for the staff as early as possible.

- AM-M advised Stuart Armstrong continues to provide V&A support. If there are any queries or if anyone is looking for further information, they should contact Stuart directly.
- AM-M advised moving forward her plan is to increase the visibility of health & safety across the Acute Services Division and would like to attend some SCN/CNM meetings to offer training, support and guidance and whether some RIDDOR training would be beneficial.
- AM-M advised she was restarting Health & Safety Managers training and Risk Assessor training in small groups and this has been quite successful.
- LC advised she welcomed that increased visibility in the Acute and AM-M to drop her an email in order to share and facilitate a slot at SCN/CNM meetings. It was noted we need to enhance the access to RIDDOR training but to think through whether this could be broken up to enable this to be accommodated in view of the current pressures on staff but an area that we will try and support with. **AM-M**
- AM advised it was excellent to see teams thinking differently and thinking about their users because staffing is extremely challenged within ward teams at the moment and the ability to think through how AM-M can deliver training differently but still deliver that training is hugely welcome. AM thanked AM-M for taking that on and continuing to work with teams.

5 STAFF GOVERNANCE 2019/20

A <u>Well Informed</u>

5.1 <u>Director of Acute Services Brief – Operational Performance</u>

- AM advised the whole hospital system remains hugely pressured. We are still seeing emergency admission demand roughly 8% above our seasonal average. We are still continuing to contend with the 3 different pathways of red/amber/green. We still continue to have COVID admissions into the hospital and at the moment we essentially have 3 wards worth lost to COVID capacity. We increased the COVID capacity by a bay yesterday and are continuing to flex on a day-by-day basis depending on the COVID demand.

- AM advised critical care is also particularly pressured at the moment and we are meeting as a Silver Command daily to work through the contingency actions and to prioritise the stepdown of patients.
- AM advised ED remains incredibly pressured. We did see a bit of a reprieve for the last couple of weeks in terms of the minor presentations which maybe took some of the occupancy challenges out of ED within the waiting room, but the ambulance arrivals continued in the same vein and the admission numbers were up slightly. The main challenges for ED performance at the moment are around the overall hospital capacity and the ability get flow from ED into the admission units. We are not alone in Scotland with a number of neighbouring boards are in a far more challenging position.
- AM advised there has been pressure on the ambulance service and we are seeing delays in ambulance turnaround, but we continue to work really closely with our local SAS colleagues.
- AM advised there is some data in Systemwatch which suggests that admissions should start to drop a little in the next few weeks however that showed a more promising decline a few weeks ago and would expect the pressure levels we are seeing to be fairly similar for the coming weeks.
- AM advised we do seem to be resetting the site on a daily basis which continues to be a challenge across all of our teams. We were forced into a position last week whereby cancelling our elective orthopaedic programme given the site pressures last Monday, but through a lot of hard work, support from community, some surge capacity in community we have managed to reinstate our arthroplasty programme.
- AM advised in terms of our scheduled work we are doing a huge amount of work to maintain the programme and do as much of the programme as we can on a daily basis. To do that takes significant effort across our teams. Two weeks ago Fife was delivering 90% of its pre-COVID outpatient activity in contrast to 79% nationally. In terms of inpatient/case Fife is delivering 89% of its pre-COVID activity compared to 56% nationally.

5.2 <u>Attendance Management Update</u>

- The Attendance Management Update Report has been circulated for information.
- SY advised the sickness absence rate is increasing.

Acute Services

- SY advised there was a sickness absence rate of 6.49% in July and 6.32% in August 2021.
- SY advised the increase within Acute since May has remained steady although it is higher than the previous year.
- SY advised within the various areas of Acute, ECD is highest at 7.19%, but there is a good 1% reduction since July. PCD are

sitting at 6.67% and WCCS at 5.01%. All areas high and consistently high.

- SY advised anxiety/stress/depression remains the highest number of hours lost and that has been a consistent pattern for a significant period of time, despite all the various wellbeing supports that we have in place remains high and challenging.
- SY advised nursing and midwifery job family is the highest in terms of hours lost, particularly the trained numbers.
- SY advised the short-term absence has increased in the last month and the long-term absence has decreased.
- SY advised within the various areas, we had 13 areas sitting above 10% sickness absence.

Corporate Services

- SY advised there was a sickness absence rate of 5.42% in July and 5.20% in August 2021.
- SY advised the sickness absence rates are higher than they were last year. The last 3 months have been above 5%.
- SY the Estates & Facilities Directorates are the highest in terms of percentage of absence and the other areas within Corporate are lower bringing that overall percentage down.
- SY advised anxiety/stress/depression remains the highest number of hours lost due to sickness absence.
- SY advised both short-term and long-term absence have reduced.
- SY advised within the various areas, we had 11 areas sitting above 10% sickness absence.

- SY advised there have been some resources put on StaffLink around long-COVID. There are some top tips and information for managers about how to support individuals with long-COVID.
- SY advised HR colleagues had received a few queries and issues around target setting and have put out again a reminder about the steps that should be taken before we move to formal stages to make sure that we are ensuring that supportive conversation takes place. The Manager's Checklist and supporting documents in the Attendance Policy are a great resource and we should be directing people to those.
- SY advised there was a communication on StaffLink around respiratory absence which had gone out with occupational health, infection control and public health input. There was an initial communication then a softened communication. In terms of respiratory symptoms there is an ask not to be spreading that around and to have a reasonable discussion with their manager and a sensible approach taken. There may be instances where staff need to work from home or restrict contact with other individuals. The absence would be recorded as sickness absence if the staff member is off work.

- LN advised most staff would normally come into work with a cold. If they are unable to work from home and feel they want to come to work but are being told not to come to work how does that work with sickness absence and pay. SY advised there is nothing within the communication that says not to come to work. If a member of staff is unwell, they should speak to their Manager to discuss their personal situation and it should be recorded as sickness absence.
- LC the information in the initial message was correct and comes out every year and it is perhaps the title that has caused the initial confusion. In relation to those discussions, it will be a risk based pragmatic approach. In the few cases where someone is assessed not to come into work there is often alternatives they can do. Hopefully this will settle down but LN to get in touch if queries continue.

5.3 Feedback from NHS Fife Board & Executive Directors

- AM advised CD had not given him anything specific feedback from Gold Command or EDG. Much of the discussion at the moment relates to the challenges that we are facing in relation to staffing and capacity.
- AM advised if there were any specific questions or feedback colleagues would like, AM could pick up on their behalf.

6 B Appropriately Trained

6.1 Training Update

- LN advised there is a post on StaffLink regarding LearnPro would be switching over to Turas at the end of November and staff are reminded to print off any learning certificates.
- SY advised she could ask for something to be included in the weekly brief as not everyone has access to StaffLink, however perhaps CS as part of the training team might be able to advise.
- CS advised there would be a desktop message coming out but would go back to ask for email to go out to all Managers to as a reminder. AM advised it would be helpful to obtain more information and to understand if there is an archive that staff can still gain access. **CS**
- MW advised within ECD their Turas appraisal numbers are going down because it is impossible at the moment to get team leads to take time out with their staff when we are so challenged on an operational level. Staff are aware it is an important and supportive measure but at present they are unable to improve on their picture but once the situation has improve they will look to maintain a focus on.
- LC advised what we are trying to focus on is clinical skills we need to maintain and training that is critical to patient care. The NQPs are feeling very well supported and the feedback is good.

We are recognising how challenging it is for them and we are supporting them to get clinical supervision.

6.2 Turas Update

- Discussed under Item 6.1.

7 C Involved in Decisions which Affect Them

7.1 **Annual Report**

- Update to be given at the next meeting. **AV/CD**

7.2 **Staff Briefings & Internal Communications**

- Update to be given at the next meeting. **AV/CD**

7.3 **iMatter**

- SY advised everyone should now have received their iMatter report and the action planning should be well underway. The date is 16 November 2021 for uploading reports onto the system.
- SY appreciates how challenging a time in terms of staffing but all the more reason to have these meaningful discussions and try to find actions that are going to make a difference locally.
- SY advised the uptake was good considering the staffing challenges. 58% completion and SY can share the iMatter Next Steps document to share with LPF and some good example actions that managers can look at for inspiration for team actions. **SY**
- SY advised the Acute overall score was consistent with the NHS Fife overall in terms of the percentage of people that had participated.

8 D Treated Fairly & Consistently

8.1 **Current/Future Change Programmes/Remobilisation**

- AM asked if BM could provide an update on the changes with Flow and Navigation Hub and how this was moving forward.
- BM advised the Flow and Navigation Hub is an outcome of the redesign of urgent care and has been in place and progressing for the past 12 months. This week we have increased that pace and from this morning at 7 am until Saturday morning they are taking what was essentially used to be the MAC calls. We started doing this incrementally 3 months ago and they had been half days. We then increased to full days for Thursday/Friday, but this is the longest period they have had. They do all the GP triage calls and redirect where possible. We

are seeing a redirection rate of 26% from those calls. There has been good progress and have KPIs around it and look at what our measures of success and from end of November they will be doing fully all of those GP triage calls and frees up our ANPs within AU1 who were doing it to support the role in AU1. In terms of staffing of that model it is ANPs from the partnership that are managing it on a rotational model.

- AM advised for awareness our funding against our savings target was unclear for this year, however Scottish Government have clarified they will offset the savings targets for this year due to the focus around the COVID pandemic and the additional pressures. However, we will be expected to work towards our savings target next financial year and the Scottish Government are looking to get some outline plans around that out at the end of this calendar year into the next calendar year. We will be looking to build up on where our savings plans are to come from and there is still a lot of challenge with availability of people to put some thought to that but that will start to come more into the discussion over the coming months. All teams will be asked to contribute with their thoughts and ideas of how we can work differently and potentially do so with financial saving.

9 E <u>Provided with an Improved & Safe Working Environment</u>

9.1 **<u>Staff Health & Wellbeing Update</u>**

- The Staff Health & Wellbeing Update was noted, for information.
- SY advised the Peer Support Activity is available to all staff. It is a voluntary confidential supportive conversation with a peer. There are 3 strands to that (doctors, critical care and staff peer support groups). There is lots of information on StaffLInk on how to access it.
- SY advised staff are invited to participate in the Health Psychology Service Group. This is learning strategies to change physical activity and healthy eating behaviours. There are sessions in the evenings in October, November, December 2021 and Alison Morrow is leading on that and if anyone is interested, they should contact her.
- SY advised the Community Listening Service Volunteers have been nominated for the People's Choice Award at the Scottish Health Awards. There are 21 of them who are providing spiritual and emotional support to patients over the phone.
- SY advised the Talk Money Week would take place 8-12 December 2021. This is an opportunity for people to talk about money worries and improve their health, wealth and relationships. There is a whole pack available and has lots of information.
- LN advised the Birth at Home Team have been nominated for the Leader of the Year Award at the Scottish Health Awards.

- SY asked teams to promote and publicise the Access Therapies website. It has everything in one place and has all local and national support available.

9.2 **Capital Projects Report**

- The September 2021 Capital Projects Report was noted for information.
- AM advised if there were any specific questions or feedback colleagues would like, AM could pick up on their behalf.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period October 2020 to September 2021 was noted, for information.
- LC advised at the last meeting she was heartened to see that increase in reporting on staffing and infrastructure issues as staff continue to be encouraged to DATIX any staffing issues.
- LC advised the graph showing the most commonly reported incidents would normally show V&A as being of the highest areas, however within this report the infrastructure and staffing aspect has increased and was pleased to see staff are reporting on a regular basis.
- LC advised there are a whole range of things ongoing to try and mitigate this from international recruitment, to a resilience layer of staff from other areas to support in wards. This will not resolve it but will go a long way to ease the burden on the registrants there. This will not be fixed within a few weeks and is likely be a situation that will persist over winter with ongoing work to mitigate where we can.
- LC advised there is nothing else of note within the report and we see most of these things fluctuate slightly over the year but nothing out of line to our previous reports, other than the infrastructure/staffing and will continue to encourage that active reporting.

9.4 **Violence & Aggression Performance Reports**

- The Managing Violence & Aggression Report and Missing Patients Reports was noted, for information.
- LC advised the Missing Patient Report has reported a significant improvement following a new process that has been put in place.
- LC advised we have some work to do in terms of making sure we are robust around DATIX reporting but the caveat is we have had a different level of activity and a different profile of patients within the hospital. The report gives a better sense of balance and is an area of continuing work.

10 ISSUES FROM STAFF-SIDE

10.1 **Staff Breaks**

- In the absence of AV, LN asked for an update.
- LN advised it is hugely important staff get that rest time throughout their shift and this is being closely monitored by the senior nursing team. Staff may have been used to having a pattern of breaks however this has been hugely challenging recently and this is being managed and could be spread out or shared across wards. This would be closely monitored.
- LN advised they had been contacted by a number of staff who are being contacted through WhatsApp when they are on days off or on annual leave and feeling pressured to be part of WhatsApp groups. LC advised there were lots of positives of being part of WhatsApp group a lot of staff have said were happy to be contacted however we would continue to look at and monitor this.

10.2 **Rapid Staff PCR Testing**

- In the absence of AV, LN asked for an update.
- DG advised ECD are producing a mechanism to convey test results.
- DG was not aware of any issues as staff are always asked if they are happy with their result going back to their line manager or on-call manager and the answer is always yes. If the member of staff said no, they would be directed through OHSAS.
- AM advised it would be helpful to keep a close eye on this from a staff side perspective and to pass on any further feedback.

11 FUTURE FORMAT OF MEETINGS

- It was agreed the meetings would continue to be held via MS Teams until otherwise informed.

12 FUTURE MEETINGS – 2022

- The 2022 meeting dates were noted, for information.
- Diary invites will follow via MS Teams until otherwise informed.

13 MINUTES FOR NOTING:

13.1 **Capital Equipment Management Group**

- The Minutes of the Capital Equipment Management Group meetings held on 5 August 2021 were noted, for information.
- AM advised the NHS Fife Capital Investment Group this morning had approved the Business Cases for the replacement of Endoscopy Washer Disinfectors at QMH and the

replacement of the QMH General X-Ray Room 2. There was support in principle for the upgrading of the CT scanner in Phase 3.

- DG advised we had received some Scottish Government funding which would help with the purchase of some bigger items which would help ease the budget.
- AM advised there is some flexibility in capital at Scottish Government level because of delays in different projects. We are in conversation with them around what would be possible and there is potential for us doing some refurbishment work within the Day Surgery Unit at QMH.

14 HOW WAS TODAY'S MEETING?

14.1 Issues for Next Meeting

- There were no issues of the next meeting.

14.2 Issues for Escalation to Area Partnership Forum

- AM advised the only issue for escalation to the APF would be around the continued pressures on staffing but would anticipate this would come up anyway at APF.
- There were no other issues for escalation to the APF.

15 ANY OTHER COMPETENT BUSINESS

15.1 Recruitment Update

- SY advised there was lots of work ongoing to find and recruit staff from other sources. We have a T&P social media campaign out at the moment and have 4 candidates through that and are progressing them as they come in to try and engage as quickly as possible and not lose them to other boards. We are about to undertake ex-forces recruitment and the SLWG are meeting to progress international recruitment, but it will be into next year before we move forward with that.
- SY advised managers had been written to regarding voluntary deployment, and a communication has gone out on StaffLInk asking for volunteers to assist in clinical areas. A lot of work is ongoing around that and the form is now available and the training required for individuals. Corporate Services have been asked to look at what they deliver and if there is anything that we can stop/pause to enable staff to be released.
- SY advised ward admin support is moving forward at pace. A number of staff have already commenced in these roles and others are being risk assessed and are working to get these posts appointed to quickly. There are only 3 gaps, and this has been a successful campaign.

15.2 Volunteering Roles within ED

- BM advised a new national HUB has been set up jointly with the red cross and have asked to look at volunteering opportunities within ED and with SAS and our front door area. The ED team are looking at what roles and what tasks that could be supported by the volunteers. An update can be provided as this progresses. They would be managed through the volunteering HUB but would link into our local volunteers.
- AM asked if there was scope within that to expand this into inpatient ward areas. BM advised they were looking at front door areas first, but this could be expanded into inpatient ward areas.

16 DATE OF NEXT MEETING

Thursday 23 December 2021 at 2.00 pm via MS Teams.

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 22ND NOVEMBER 2021 AT 14:00 HRS VIA MS TEAMS

Chairing this meeting: Kevin Reith, Deputy Director of Workforce

Present:
Jacqui Balkan, Regional Workforce Planning Manager
Wilma Brown, Employee Director
Lynn Campbell, Associate Director of Nursing, Acute Services Division
Susan Fraser, Associate Director of Planning and Performance
Dafydd McIntosh, Workforce Development Lead Officer, Fife Council
Brian McKenna, HR Manager – Workforce Planning
Nicola Robertson, Associate Director of Nursing, Corporate
Amanda Wong, Associate Director of Allied Health Professionals

In Attendance:
Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

K Reith welcomed everyone to the meeting and apologies were noted from C Dobson, L Douglas, H Hellewell, R Lawrence, M McGurk and R Waugh.

01. Minutes and Matters Arising

The minutes of the previous meeting held on 24th August 2021 were accepted as a true and accurate record. There were no matters arising not on the agenda.

02. Population Health & Wellbeing Strategy Update

S Fraser reported that development of the strategy document continues. Consultation surveys for the 'public' and for 'staff' are being prepared and will go to the NHS Fife Board for approval on 30 November 2021. Links to each survey will be provided on social media platforms and StaffLink respectively; with survey responses being analysed by early January 2022. S Fraser advised she is reviewing the previous Clinical Strategy and recommendations. Given the ongoing COVID-19 restraints, existing meetings are being used for discussions with the outcomes informing the basis of the clinical framework and the high-level Population Health & Wellbeing Strategy. Consideration is being given to the format of the document and exploring how best to present the data around the four strategic priorities: to improve Health & Wellbeing, the Quality of Health & Care Services, Staff Experience & Wellbeing, and Value & Sustainability. S Fraser indicated that she is hoping to engage with as many staff groups as possible to gather their views and opinions. The Population Health & Wellbeing Strategy must be finalised for approval at the Board at the end of March 2022.

Strategic Planning & Resource Allocation Update

S Fraser hoped that colleagues have completed their SPRA (Strategic Planning

and Resource Allocation) document. Services have been asked to identify their key objectives for 2022-23 and the 5 years thereafter, in line with the Clinical Strategy. Also to be documented are details on next year's Operational Delivery Plan and Implications for Workforce and Financial Planning. The national Delivery Plan spreadsheet has been adapted – and covers objectives, programme of activities, risks and mitigations, financial and workforce impact – this information will be used for next year's Government Plan; therefore it is helpful to collect the right information in the right format now.

L Campbell queried whether all of the information gleaned from each service action plan is collated in order to gain an organisation-wide understanding of NHS Fife activities and resource requirements; this would be helpful to ensure consistency and to avoid duplication. B McKenna confirmed that the SPRA documents and Operational Plans are being analysed to ensure the content is broadly similar; and to draw out key themes for the entire organisation, likely to be sustainability, workforce tools and safe staffing this year. S Fraser indicated that she, K Reith and Maxine Michie, Deputy Director of Finance are meeting to examine the SPRA in terms of what's there, what's not and, the impact on the workforce. K Reith acknowledged that the SPRA is an evolving process and is being used to inform decisions around key priorities; and suggested this be discussed further at the next SWPG meeting.

Remobilisation Plan 4 (RMP 4)

S Fraser also provided an update on RMP4, which had been submitted to the Scottish Government (SG) in September 2021. SG was content with the plan; it goes to the Board at the end of November 2021. SG is cognisant of pressures in the system for next year's return and has requested progress reports for Q3 (January 2022) and Q4 (April 2022) and is asking for the next iteration of the plan, whether a Remobilisation or an Annual Delivery Plan for 2022/23, to be submitted in July 2022. S Fraser advised it is anticipated a Strategic Plan for 2022/23 will be at the Board in March 2022, detailing plans for the forthcoming year.

03. NHS Fife Workforce Strategy 2022-25 Development

K Reith advised that the strategy outlines the overarching work underpinning the Population Health & Wellbeing Strategy; consideration is being given to whether the Workforce Strategy is part of this strategy or a document in its own right. Nevertheless, it will be high level, outlining how we will deliver the Workforce Plan in Fife. Direction from SG is awaited in order to take into consideration the national level approach. The timescale to publish the strategy is currently 31 March 2022; however, given the ongoing pressures, an extension to Summer 2022 may be granted to integrate all the strategies.

04. NHS Fife Workforce Plan 2022-25 Update

B McKenna confirmed that the final timeline is still to be shared.

B McKenna reported that at the recent meeting of the Operational Workforce Planning Group, progress with the Workforce Plan was discussed. B McKenna had given a presentation detailing all of our requirements for writing and publication of the Workforce Plan, covering the three-year period. The Group scoped the content of the document and what it might start to look like. This is challenging as there are a lot of unknowns, given the outstanding NHS Scotland

Workforce Plan not being published until the end of 2021, and the ongoing work with the Population Health & Wellbeing Strategy and RMP4/ Annual Delivery Plan. The Content Table was considered, although awaiting guidance on the six-step methodology to integrated workforce planning. The difficulty is there are so many variables, especially while the NHS is on emergency footing. There may be SG instruction forthcoming to defer the publication deadline to Summer 2022 which would give the opportunity to refer to national and local documents the plan is to be based on. In addition, will closer integration of workforce plans be required? J Balkan confirmed that no guidance has been received by the Regional Workforce Planning Group, although interconnecting all the various plans was very much at the forefront of discussions; and will advise as soon as the submission date is confirmed by SG.

05. Updates from Associated Groups

5.1 NHS Fife Operational Workforce Planning Group

B McKenna indicated that at the meeting in October 2021 Group members were asked to sense check and review the content of their action plans as some were detailing short-term commitments rather than forecasting longer-term activities. Colleagues were encouraged to focus on their SPRA submissions and NHS Recovery Plan themes. The deadline for returning Operational Plans is the end of November 2021; they will be cross-referenced to the SPRA submissions.

5.2 Health & Social Care Partnership Workforce and Organisational Development Board

D McIntosh informed the Group that the H&SCP Workforce & OD Board is currently being re-established: it is planned to review membership and reconvene meetings in the near future.

K Reith confirmed that the Integrated Joint Board (IJB) will work to the same obligations, timescales and the potential deferral applies. B Mckenna advised there has been some initial discussion but clarity on a joint submission is awaited.

5.3 NHS Fife Nursing & Midwifery Workforce Planning Group

N Robertson advised that the current focus of the Group is on recruitment to address the high level of vacancies, in particular registered nurses and healthcare support workers; and, to uplift Critical Care and CTAC (Community Treatment and Care) staffing levels; and planning for the opening of the Orthopaedic Centre next year.

SG funding has been received to support recruitment, including for an International Recruitment Lead post which is out to advert this week; for international recruitment; and for 68 Band 2 posts. A memorandum of understanding has been agreed with Yeovil Hospitals NHS Trust, committing NHS Fife to a pilot – a total of 40 international nurses and 3 radiographers. Accommodation is being refurbished at Fife Campus School of Nursing & Midwifery for the staff from overseas. Doreen Smith, Head of Practice and Professional Development (PPD) represents NHS Fife on a national group which discussed OSCE (Objective Structured Clinical Examination) Centres. Although the overseas staff are qualified in their own country, to obtain NMC registration, for example, they are required to undertake additional training. There is no OSCE accredited

assessment centre yet in Scotland so Ulster or Northumbria will be used in the meantime.

N Robertson advised that national advertising, a social medical campaign and targeted adverts locally are being used to attract Band 5 nurses, with interviews this week. The Bronze Nursing Group has explored mass recruitment of Band 2 and 3, appointing to their preferred area as possible. Twenty staff have been offered a post with another 40 being interviewed this week. The rolling advert will stay open and interviewing will continue on a fortnightly basis. The Bronze Group is evolving into a Band 4 Role Development Group – looking to use the Midwifery Band 4 Model as Band 4 is not a usual one for Nurses. A Wong and a rep from PPD are on the national group, currently working on Band 2 and 3 roles but will then prioritise the development of Band 4 roles, given the shortage of Band 5 registrants in the next year or two. N Robertson advised that the national campaign to attract Midwifery staff was not very successful and there are none available internationally at present. There is a big demand for Napier University's short course in Midwifery enabling registered nurses to become a qualified midwife in 2 years.

The Group is also looking at retention: W Brown has arranged for Willie Duffy, in his capacity as a member of the Pensions Advisory Group, to give two talks on MS Teams to allay fears and uncertainty around pensions. Also promoting educational opportunities, staff health and wellbeing and reviewing quality measures to encourage staff to remain with NHS Fife.

06. Health and Care (Staffing) (Scotland) Act 2019 Update

N Robertson informed the Group that SG had indicated that the Act will not come into force in the near future; however, when it does it will apply to all healthcare staff, not only to nursing and midwifery disciplines.

The workforce tools have been run recently across Acute and Health & Social Care Partnership (H&SCP). L Campbell suggested it is perhaps not accurately described as a 'real time' staffing tool as it is a snapshot in time, and given the current dynamic environment, teams are working within their own parameters and adapting the principles.

It was agreed to revisit 'safe staffing' next year as it affects all staff families. K Reith suggested that safe staffing could be incorporated in future updates, with further work undertaken once the legislative framework is adopted. **All**

07. Emerging Workforce Risks / Risk Register

K Reith advised that work is ongoing in terms of consolidating and managing workforce risks: following an ask from Staff Governance Committee, workforce risks have been refreshed and updated. K Reith requested that members flag up anything emergent and not currently captured in the risk register. **All** K Reith asked that the Workforce Risk Register be added to the agenda for the next meeting of the Group. **KR/ JM**

08. Regional Workforce Planning Group Update

J Balkan indicated that the Regional Workforce Planning Group is next meeting on 30 November 2021 and encouraged representation from Fife colleagues.

The focus will be on service planning priorities: regional workforce planning was largely stood down during pandemic. Key activities are being resumed in Haematology and Paediatrics R&SV cover. The aim is to get regional service planning back on track as it will inform work priorities for 2022. The National Workforce Planning Strategy and timescales for the Workforce Plan will also be discussed.

09. National Workforce Planning Group Update

J Balkan reported that the focus of the National Workforce Planning Group was around the launch of the national Workforce Planning Strategy and hoped Fife colleagues had had the opportunity to feed into the document. J Balkan offered to share the latest version to the Group, as it has not been widely circulated. It is currently expected to publish the strategy by the end of December 2021. **JB**

10. Review of Terms of Reference

K Reith suggested, given the ongoing dynamic environment that some of the underpinning infrastructure requires to be revisited, including a review of the groups reporting to this Group (as indicated on the schematic) to ensure the correct strategic overview and governance structure. K Reith welcomed thoughts on the Group's membership to ensure it reflects work going on throughout the organisation. It was agreed to review and revise the Terms of Reference and bring them to the next meeting for approval. **KR/ All**

11. AOB

The proposed meeting dates for 2022 were approved.

Date of Next Meeting: Tuesday 22nd February 2022 at 14:00 hrs via MS Teams (although Group members will be kept up-to-date with email communications in the interim).

UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 10th December 2021 at 12:30 within Microsoft Teams

Present:

Neil McCormick (NM) Director of Property & Asset Management
Conn Gillespie (CG) Staff Side Representative
Linda Douglas (LD) Director of Workforce
Paul Bishop

In attendance

Anne-Marie Marshall (AMM) Acting Health and Safety Advisor
David Young (DY) Minute Taker

1. Chairperson's Welcome and Opening Remarks

NM Welcomed everyone to the meeting and introduced Anne-Marie Marshall to the group.

2. Apologies for absence

Dr Chris McKenna (CM) Medical Director

3. Minutes of previous meeting Action

3.1. APPROVAL OF PREVIOUS MINUTES

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

3.2. Matters Arising

3.2.1. Dates for Meetings in 2022

NM informed the group that the dates for next year's meetings have been arranged. The next meeting will be held on Friday 11 March 2022

4. COVID 19

4.1. Discussion around H&S issues relating to COVID-19 response and ongoing management.

NM talked about the potential impact of the new variant and commented that Carol Potter had recently issued new information to the organisation based around advice from Public Health Scotland. NM noted that the First Minister will be discussing the current situation later today which may bring further information to bear on what Scotland's approach to Omicron will be.

NM added that, up until this point, the organisation has been operating with the rules, guidance and practice that have been set up around COVID and staff are working incredibly hard to make sure that hospitals and important health and social care services continue running during the pandemic. This new variant presents a major threat to us continuing to run an organisation through a difficult winter period.

NM asked AMM if she was aware of any Health & Safety Related COVID 19 issues in Fife recently, AMM stated that there were no issues at present.

LD said that she was thoughtful about the organisation's state of readiness and preparedness to adapt to any changes to existing COVID rules made by the government.

CG raised his concerns regarding the morale of the Staff at present and is cautious about giving too much information to staff as it may cause confusion and worry

NM agreed that it is a very difficult time for staff and said that any information that brings clarity to current situation regarding this new variant should be shared as soon as possible.

5. Governance Arrangements

5.1. Discussion around H&S arrangements for 2021-2022 (and beyond)

NM explained that temporary measures are in place for the violence and aggression team and manual handling team. Meetings have been held with NHS Tayside and other partners including the

Fife Council and they have all offered their support should we need it. At the moment, we are managing to run the department on a reasonably sensible basis and will be looking to recruit more formally some of the positions.

PB provided an update regarding recruitment within the Health & Safety Services Team.

- A VMF has been submitted today for the position of Health & Safety Manager.
- He intends to recruit a Manual Handling Team Leader as manual handling provision throughout NHS Fife has been challenging and getting a team leader involved will help.
- An agreement has been made with Fife Council to set up some of their manual handling trainers on the bank system should we require additional help delivering training.
- Vacant positions within the team which have not been filled due to COVID will be filled.
- PB hopes that, by the end of this financial year, he will have a team which is more reminiscent of what it used to be, rather than what it is now.

6. NHS Fife Enforcement Activity

NM informed the group that the organisation has received formal notice indicating that the Enforcement Notice has been closed.

No other activity at present.

AMM informed the group that the HSE have launched a campaign focusing directly on stress. They have formulated some tool box talks and guidance on how we can evidence that we are supporting of staff through that. AMM has carried out research so that we can get Stress Risk Assessments in place before any HSE visit. The group discussed whether other departments such as Occupational Health should be involved with this work. LD suggested that AMM should contact Rhona Waugh for help. AMM

7. Policies & Procedure

7.1. Health and Safety Policy review

The group discussed the Spreadsheet submitted by CW at the last meeting. The spreadsheet shows information regarding the current status of all the policies relating to Health & Safety. DY

There some discussion regarding how redundant polices should retired, what policies should be included in the list and the ownership of policies.

NM stated that Hazel Thomson holds a master register of all the policies and procedures and suggested that list could be used to identify what policies need to be included in the H&S Policies Spreadsheet

NM asked DY to update the status and circulated around the group in due course

8. Other business

8.1. Staff Governance Standards

LD discussed the Staff Governance Standard focusing on “provide with continuously improving and safe working environment, promoting health and wellbeing of staff, patients and the wider community”. LD suggested looking at the work plan to make sure that the standard is appropriately accounted for, asked the group to be thoughtful in terms of items that are not currently on our agenda that should be on there and also looking through the lens of the staff governance standard is there other matters relevant to that remit and that purpose that either needs to go as well as clinical governance committee to staff Governance committee, or are unique to their remit or viewpoint.

NM stated that he had spoken with Rhona it has been agreed that that we should give an update to staff governance on a six monthly basis starting in February/March next year, depending on the agendas.

NM suggested that we give a presentation to explain what activities were undertaken, what the issues were, some points for discussion and anything that we think would be of interest to the Staff Governance Committee. And then they can help shape what comes to future meeting hopefully that and that will begin to address that point.

8.2. Alternate Mask Supply Issues s

CG told the group that some staff who have who had issues with face masks and have been advised to wear an alternate mask by Occupational Health, have then had difficulties obtaining the alternate AMM/CG

mask from the HUB. AMM and CG have agreed to investigate and resolve the issue. LD suggested that AMM contacts Occupational Health for help.

9. FOR INFORMATION/ NOTING

Committee Minutes

CW reported that there were no other committee minutes to review at present.

10. Next Meeting

Next meeting will take place on Friday 11th March 2022 @ 12:30 on Teams