



Date: 21 June 2023  
 Enquiries to: Mrs Paula King  
[paula.king3@nhs.scot](mailto:paula.king3@nhs.scot)

**AGENDA**

**A meeting of Fife NHS Board will be held on TUESDAY 27 JUNE 2023 at 09.30 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY**

**ALISTAIR MORRIS**  
 Acting Chair

09:30	1.	<b>CHAIRPERSON’S WELCOME</b>	AM	
	2.	<b>DECLARATION OF MEMBERS’ INTERESTS</b>	AM	
	3.	<b>APOLOGIES FOR ABSENCE – J Keenan</b>	AM	
09:35	4.	<b>COMMITTEE ANNUAL ASSURANCE STATEMENTS</b>		(enclosed)
		Audit & Risk Committee	AG	
		Clinical Governance Committee	AW	
		Finance, Performance & Resources Committee	AM	
		Public Health & Wellbeing Committee	AM	
		Remuneration Committee	AM	
		Staff Governance Committee	SB	
09:50	5.	<b>ANNUAL ACCOUNTS PROCESS</b>		
		<i>Under the terms of the Public Finance &amp; Accountability (Scotland) Act 2000, the Board is not permitted to make the Accounts publicly available prior to the Audited Accounts being formally laid before Parliament. These papers are therefore not included in this pack.</i>		
	5.1.	External Annual Audit Report (including ISA 260) 2022/23	KJ	
	5.2.	NHS Fife Independent Auditor’s Report - Including Draft Letter of Representation	KJ	
	5.3.	Annual Assurance Statement from the Audit & Risk Committee	AG	

	5.4.	Fife NHS Board Annual Accounts for the Year to 31 March 2023	CP/MM
		<b>Patients' Private Funds Accounts 2022/23</b>	
	5.5.	Patients' Private Funds Accounts 2022/23 & Audit Report	MM/KB
10:30	6.	<b>ANY OTHER BUSINESS</b>	
	7.	<b>DATE OF NEXT MEETING: Tuesday 25 July 2023 at 10:00 am in the Boardroom, Staff Club, Victoria Hospital</b>	

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>27 June 2023</b>
<b>Title:</b>	<b>Committee &amp; Directors' Annual Assurances for 2023/23</b>
<b>Responsible Officers:</b>	<b>Board Committee Chairs / Respective Executive Directors</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Head of Corporate Governance &amp; Board Secretary</b>

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the Annual Assurance Statements for each standing Committee of the Board and the individual Executive Director assurance letters, for consideration by the Board as part of the overall annual accounts and assurance process for 2022/23.

### 2.2 Background

The Code of Corporate Governance requires all standing committees of the NHS Board to provide an Annual Report (Assurance Statement). As part of this Assurance Statement, each Committee must demonstrate that it is fulfilling its remit, implementing its work plan and ensuring the timely presentation of its minutes to the Board. These reports are designed to provide assurance that there are adequate and effective governance arrangements in place. Each Committee must identify any significant control weaknesses or issues at the year-end which it considers should be disclosed in the Governance Statement and should specifically record and provide assurance that the Committee has carried out the annual self- assessment of its effectiveness.

Separately, each Executive Director is asked to complete to the Chief Executive a letter

at year-end to give individual assurance, for the respective areas under each Executive Director, that there are no control weaknesses that should otherwise be disclosed in the annual accounts.

## **2.3 Assessment**

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee, Public Health & Wellbeing Committee, Remuneration Committee and Staff Governance Committee are attached. Each has been discussed and approved by the respective Committee at their May and June 2023 cycle of meetings. A final appendix gives the collated responses from the Executive Directors on their areas of responsibility.

The Audit & Risk Committee initially reviews and considers the Annual Statements of Assurance of the other Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation. In addition, the Chief Internal Auditor has reviewed these statements as part of his year-end report.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

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

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

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

### **2.3.6 Climate Emergency & Sustainability Impact**

No direct impact from content of this report.

### 2.3.7 Communication, involvement, engagement and consultation

N/A.

### 2.3.8 Route to the Meeting

This respective assurance statements have been considered and approved by each Committee at the meetings below:

- Audit & Risk Committee, 23 June 2023
- Clinical Governance Committee, 5 May 2023
- Finance, Performance & Resource Committee, 9 May 2023
- Public Health & Wellbeing Committee, 15 May 2023
- Remuneration Committee, 16 May 2023
- Staff Governance Committee, 11 May 2023

The collated pack of Executive Directors' letters have been reviewed by Internal Audit as part of their year-end work.

## 2.4 Recommendation

The paper is provided for:

- **Assurance**

## 3 List of appendices

The following appendices are included with this report:

- Appendix No.1 – Standing Committee Annual Statements of Assurance
- Appendix No.2 – Executive Directors' Annual Letters of Assurance

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

## ANNUAL STATEMENT OF ASSURANCE FOR THE AUDIT & RISK COMMITTEE 2022/23

### 1. Purpose of Committee

- 1.1 The purpose of the Audit & Risk Committee is to provide the Board with assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained.
- 1.2 The duties of the Audit & Risk Committee are in accordance with the principles and best practice outlined in the Scottish Government [Audit & Assurance Committee Handbook](#), dated April 2018.

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2023, membership of the Audit & Risk Committee comprised:

Martin Black	Chair / Non-Executive Member (to November 2022)
Alastair Grant	Chair / Non-Executive Member (from December 2022)
Cllr David Graham	Non-Executive Stakeholder Member, Fife Council (to May 2022; reappointed from August 2022)
Anne Haston	Non-Executive Member (from December 2022)
Aileen Lawrie	Non-Executive Stakeholder Member, Area Clinical Forum
Kirstie MacDonald	Non-Executive Member (Whistleblowing Champion)
Arlene Wood	Non-Executive Member (from May to July 2022)

- 2.2 Arlene Wood, Non-Executive Board Member, was co-opted to the Committee during the summer 2022 period, in order to ensure quoracy of meetings whilst the Board was without a Fife Council Stakeholder member due to local authority elections and subsequent external body nomination considerations. She stood down from the Committee in July 2022, after attending the meetings related to the approval of the year-end material and annual statutory accounts.
- 2.3 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Chief Executive, Director of Finance & Strategy (who is also the Executive lead for risk), Head of Financial Services & Procurement, Risk Manager, Board Secretary, Chief Internal Auditor and statutory External Auditor are normally in routine attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on seven occasions during the year to 31 March 2023, on the undernoted dates:
- 18 May 2022
  - 16 June 2022
  - 29 July 2022 (Approval of Annual Accounts)
  - 12 September 2022
  - 5 December 2022
  - 13 February 2023 (Development Session)
  - 15 March 2023

3.2 The attendance schedule is attached at Appendix 1.

#### 4. Business

4.1 The range of business covered at meetings held throughout the year, as further detailed below, demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, reviewed annually in March 2023, the Committee has considered standing agenda items concerned with the undernoted aspects:

- Internal Control frameworks and arrangements;
- Internal & External Audit planning and reporting;
- Corporate Governance, including the Board's implementation of and compliance with the NHSScotland *Blueprint for Good Governance* and updates on the adoption of Committee Assurance Principles;
- Regular updates to the NHS Fife Code of Corporate Governance, including within the Standing Financial Instructions and Scheme of Delegation;
- Scrutiny of the Board's Annual Statutory Financial Statements, including the meaningfulness of the accompanying Governance Statement;
- Risk Management arrangements and reporting, including progress with revising the risk management framework and introduction of the new Corporate Risk Register in-year; and
- other relevant matters arising during the year.

4.2 The Audit & Risk Committee's first meeting of the 2022/23 reporting year took place in May 2022, where a number of papers related to preparations for the 2021/22 statutory accounts process were considered. The Committee scrutinised audit planning memoranda for the Patients' Private Funds and also a timeline for the Board's annual accounts preparation, for members' awareness around key deadlines to be met. The draft Governance Statement was reviewed and comments given prior to its final consideration as part of the July annual accounts meeting. An initial draft of the Risk Management Annual Report for 2021/22 was considered by members, with a number of comments made to be reflected in the final iteration. An update on internal audit progress against delivery of the 2021/22 Internal Audit Plan was also discussed, with members noting the final outstanding areas of work as conclusion of the year-end process approached. An initial draft of the Internal Audit Annual Plan for 2022/23 was considered, noting its alignment to the strategic planning process, risk management developments and creation of the Board's new Population Health & Wellbeing Strategy. Notification of the appointment of new External Auditors, Azets, for an initial term of five years, was given to members, effective for the 2022/23 financial reporting year. An introductory presentation outlining Azets' values and principles was given to members in September 2022, providing members with an opportunity to meet the team assigned to the Fife Health Board audit.

4.3 Meetings in June and July 2022 scrutinised in full the governance-related year-end documentation, auditor reports and statutory financial statements for 2021/22. This included the Board's annual accounts, plus the Patients' Private Funds and Service Auditor Reports on Third Party Services provided on behalf of NHS Fife by NHS National Services Scotland (NSS) and NHS Ayrshire & Arran. Each of the service auditor reports gave an unqualified opinion, indicating an improved position on the previous year from NSS specifically. The Committee's own assurance statement to the Board, detailing its work over the year, was reviewed and finalised and the internal audit report concerning the Fife Integration Joint Board was considered for assurance purposes.

4.4 In reference to External Audit, the Committee has considered in detail the annual audit report on 2021/22 (from Audit Scotland) and the audit plan for the year ahead (from the Board's new external auditors, Azets). The annual audit report includes a report to those charged with governance on matters arising for the audit of the annual financial statements, as well as

comment on financial sustainability, governance and best value. The Committee has also considered national reviews undertaken by Audit Scotland, including their report 'NHS in Scotland 2022', and its implications locally. The Committee has also approved the planning memorandum for the 2023/24 accounts cycle, for the Patients' Private Funds from the respective External Auditor, and has noted the approval by the Board of Trustees of the planning memorandum for the audit of Endowment Funds held by Fife Health Charity. The Committee considers the content of Audit Scotland Technical Bulletins on a regular basis, noting the areas therein of relevance to public sector bodies and health boards specifically.

- 4.5 For assurance purposes, the Audit & Risk Committee has considered the annual assurance statements of each of the governance committees of the Board, namely: the Clinical Governance Committee; the Finance, Performance & Resources Committee; the Public Health & Wellbeing Committee; the Remuneration Committee; and the Staff Governance Committee. These detail the activity of each committee during the year, the business they have considered in discharging their respective remits and an outline of what assurance the Board can take on key matters delegated to them. No significant issues were identified from these reports for disclosure in the financial statements, as per the related content of the Governance Statement.
- 4.6 Appropriate assurance has been provided that each Committee has fulfilled their key remit areas on behalf of the Board during the reporting year. The Clinical Governance Committee report has provided due reflection on the assurance that can be taken around matters of clinical quality and safety, information security & governance, digital & information, resilience and Health & Safety. The Finance, Performance & Resources Committee has closely monitored the position in relation to the Board's financial targets and delivery progress thereon, and has also considered key performance targets around waiting times and delivery of clinical services. The Public Health & Wellbeing Committee has responsibility for oversight of the Board's seasonal flu and Covid vaccination delivery programme and delegated community-based services, plus scrutiny of development of the Board's new organisational Population Health & Wellbeing Strategy and related work around health inequalities. The Staff Governance Committee has received regular updates on recruitment to support key programmes and staff development activities, in addition to ongoing detail on staff well-being initiatives and work underway to reduce sickness absence. The Remuneration Committee has completed its usual business of Executive cohort performance appraisal and objective setting. Further detail on all these areas can be found within the individual Committee reports mentioned above. In addition to the Committee reports, the individual Executive Directors' Assurance letters have provided helpful detail on the internal control mechanisms and mitigation of risks within individual portfolios and Directorates.
- 4.7 In reference to the Fife Integration Joint Board, due to its own year-end accounts approval timeline, it is not possible for the NHS Fife Board to receive a final version of an assurance statement from the IJB prior to the Board's approval of its own statutory financial accounts in June 2023. The Committee has, however, taken assurance from a formal letter received from the Chair of the IJB's Audit & Assurance Committee providing assurance on the adequacy of the governance and internal control environment of that body. The Committee will consider the final IJB Internal Audit report at its meeting in August 2023.
- 4.8 Since February 2023, the NHS Fife Payroll process has been provided by NSS via the South East Payroll Consortium, following the TUPE transfer of NHS Fife payroll staff to the new service. NHS Fife has asked NSS to consider and provide suitable assurance for the continuity of the service to the various partner boards and their auditors, and the plan for that was considered by the Committee at its March 2023 meeting. This details a three-year period over which the development of a full service audit report will be created, which the Committee has endorsed and taken assurance from.
- 4.9 In relation to internal audit, members have reviewed and discussed in detail at meetings the annual audit plans; the interim evaluation of the internal control framework at the mid-year point (January 2023); reports from the internal auditors covering a range of service areas; and



management's progress in completing audit actions raised, through regular follow-up reporting. At the July 2022 meeting, members discussed the Annual Internal Audit Report for 2021-22, welcoming the auditors' opinion that there were adequate and effective internal controls in place and that the Accountable Officer has implemented a governance framework in line with the required guidance, sufficient to discharge the responsibilities of the role. The conclusions of the report were largely positive, which the Committee noted was an achievement, given the backdrop of another challenging year of high demand on NHS Fife's services. The findings of the report were appropriately built into the programme of reviews detailed in the Internal Audit Plan for 2022/23, approved by the Committee at its June 2022 meeting.

- 4.10 The Committee considered at its September 2022 meeting the findings of the External Quality Assessment of the Internal Audit service, noting the positive assessment therein. At the same meeting, members also approved a draft Internal Audit Joint Working and Reporting Protocol with the Fife Integration Joint Board, which aims to ensure effective working between partners and the flow of information across the respective governance structures, in order to enhance the assurances between partners. The new Joint Working and Reporting Protocol also sets out the working relationships between the Internal Audit departments in the Health Board and Fife Council and thereby assures this Audit & Risk Committee that the arrangements are well-structured and efficient. An updated Internal Audit Framework was also approved by the Committee at its March 2023 meeting.
- 4.11 In relation to internal audit follow-up work, whilst improvements in reducing the number of outstanding actions have been seen in this reporting year, the Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the outstanding actions by the Executive Directors' Group to drive forward prompt resolution. The assistance of Internal Audit in supporting strong improvements in the areas of information governance and security and risk management was recognised by the Committee, with helpful input from individual audit colleagues to adopting best practice reporting in these areas.
- 4.12 On behalf of the Board, the Audit & Risk Committee receives regular updates on the workstreams being progressed within NHS Fife for compliance with the NHSScotland *Blueprint for Good Governance*, including the national work ongoing to develop a suite of standard documentation on a 'Once for Scotland' approach. Whilst many of the national workstreams were delayed due to the impact of the pandemic on NHSScotland, the Committee received an update on the Board's Blueprint action plan at its December 2021 meeting, noting the effective closure of the outstanding local actions. With the publication of a revised second edition of the Blueprint, outlined to the Committee in a paper submitted to members in March 2023, the Committee will have a role in oversight of new compliance actions developed over the course of the forthcoming year. The Board's own Code of Corporate Governance has undergone annual review and a number of clarifying changes made (including an update to procurement thresholds), to ensure it remains aligned to national guidance and best practice. Also included therein is the new Model Code of Conduct for NHS Board Members, approved by the Board in June 2022 and incorporated in full within the Code. A Board Development Session was held in April 2023 to outline to Board members the changes within the Code and the personal responsibilities and standards expected from members under the new iteration.
- 4.13 During the year, members of the Committee engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. A training session with the Internal and External Auditors was held in June 2022, outlining the year-end processes each undertake as part of the review of the financial statements, responsibilities of the Audit & Risk Committee in reference to scrutiny of these, and details on the systems of internal control, in preparation for the review and scrutiny of the annual accounts, prior to the Committee's formal consideration of the 2021/22 financial statements. The presentation slides were usefully adapted to be used as a helpful checklist by members, when the accounts were tabled for formal approval

in July 2022. In February 2023, members attended a Committee Development Session, delivered by the Chief Internal Auditor and Board Secretary, on the Board's adoption and implementation of Committee assurance principles. In addition to Audit & Risk Committee members, Committee Chairs from the other Board Committees were invited to participate, with a helpful discussion held on areas where the Board can strengthen its assurance processes to assist Non-Executives in their scrutiny role.

- 4.14 Progress with fraud cases and counter fraud initiatives were discussed by the Committee in private session on a regular basis throughout the year. The Committee received quarterly fraud updates, on relevant cases and investigations, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. This has provided the Committee with the assurance that the risk of fraud is being proactively managed across NHS Fife. Updates have also been given on the new Counter Fraud Services Standards introduced across Health Boards, including detail of how the Board will benchmark itself against these for compliance. Related thereto, the Committee were advised at their May 2022 meeting of Scottish Government's confirmation of the Counter Fraud Standards – Partnership Agreement with Health Boards, approved locally for NHS Fife. Regular reporting on losses and special payments is factored into the Committee's workplan on a quarterly basis, to help support the annual accounts reconciliation process generally and, in support of Counter Fraud Standards, to increase the Committee's oversight.
- 4.15 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. The introduction of both the SPRA process in 2020/21 and the Financial Improvement & Sustainability Programme established in 2022/23 build on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

## **6. Risk Management**

- 6.1 All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.
- 6.2 All of the key areas within the organisation maintain a risk register. All risk registers are held on the Datix, the Risk Management digital information system. Training and support for all Datix modules including risk registers, are provided by the Risk Management team according to the requirements of individuals, specialities and teams etc. In September 2022, the Committee received an update from the Risk Manager on the national process currently underway for procuring a new digital system for risk management on a 'Once for Scotland' basis, on completion of which Boards will have flexibility to choose the preferred system or go forward individually with procuring their own updated system.

- 6.3 In line with the Board's agreed risk management arrangements, the Audit & Risk Committee has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework (BAF) (reported to its May and September 2022 meetings) and, latterly, the new Corporate Risk Register (from December 2022). During 2022/23, the high-level risks identified as having the potential to impact on the delivery of NHS Fife's strategic priorities, and related operational high-level risks, were reported bi-monthly through the BAF and Corporate Risk Register to the governance committees, and subsequently to the Audit & Risk Committee and the Board.
- 6.4 At its meeting in May 2022, the Committee received a progress report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the risk escalation process within the Board structure and to create a strategic risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance was required, given the scale of external challenges at this time.
- 6.5 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. Deep dives have been introduced across the Board's committees, allowing greater scrutiny of the root causes of risks and providing an opportunity for discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is expected to mature in the year ahead, to provide Board members with the necessary levels of assurance on the effectiveness of mitigating actions. Operationally, the new Risk & Opportunities Group is contributing to and developing organisational support for effective risk management practice, reducing duplication of risk management effort, embedding the application of assurance principles, developing key performance indicators to track progress, and enhancing collective knowledge and understanding to capitalise on opportunities. The Committee has received the Terms of Reference for the group and progress updates on its initial activities, which will continue into the current year as it becomes fully established.
- 6.6 The Committee was assured that good progress has been made with the risk management improvement plan, which supports operational teams to identify and manage risks effectively and also refocuses reporting to the Board on corporate level risk. The plan also ensures alignment with the existing Strategic Planning & Resource Allocation process, to identify organisational or external risks associated with the delivery of corporate objectives, and supports the identification and mitigation of risks identified through the development and delivery of the Population Health and Wellbeing Strategy. This work is underpinned by acknowledgment of the need to promote a culture that encourages the proactive identification and mitigation of risks from ward to Board, which the Committee will continue to provide oversight on.

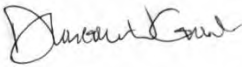
## **7. Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its

March 2023 meeting, and action points are being taken forward at both Committee and Board level.

## 8. Conclusion

- 8.1 As Chair of the Audit & Risk Committee during financial year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 23 June 2023

**Alastair Grant, Chair**

On behalf of the Audit & Risk Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**AUDIT & RISK COMMITTEE - ATTENDANCE RECORD**  
**1 April 2022 – 31 March 2023**

	18.05.22	16.06.22	29.07.22	12.09.22	05.12.22	15.03.23
<b>Members</b>						
<b>M Black</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓		
<b>A Grant</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	x	✓	✓	✓
<b>Cllr D Graham</b> , Stakeholder Member, Fife Council				✓	✓	✓
<b>A Haston</b> , Non-Executive Member					✓	✓
<b>A Lawrie</b> , Area Clinical Forum Representative	✓	✓	✓	✓	✓	x
<b>K McDonald</b> , Non-Executive Member	✓	x	✓	✓	✓	x
<b>A Wood</b> , Non-Executive Member	✓	✓	✓			
<b>In attendance</b>						
<b>K Booth</b> , Head of Financial Services	✓	✓	✓	✓	✓	✓
<b>A Brown</b> , Principal Auditor				✓		
<b>C Brown</b> , Azets				✓	x	✓
<b>A Clyne</b> , Audit Scotland	✓	X	✓			
<b>G Couser</b> , Associate Director of Quality & Clinical Governance				✓		
<b>P Cumming</b> , Risk Manager	✓	✓	✓	✓	✓	✓
<b>P Fraser</b> , Audit Scotland	x	✓	✓			
<b>T Gaskin</b> , Chief Internal Auditor	✓	✓	x	✓	✓	✓
<b>L Graham</b> , Audit Scotland		✓				
<b>B Howarth</b> , Audit Scotland			✓			
<b>B Hudson</b> , Regional Audit Manager	✓	✓	✓	x	✓	✓
<b>A Hughes</b> , Azets						✓ Observing
<b>K Jones</b> , Azets				x	✓	✓
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>S McCormack</b> , Associate Medical Director, Emergency Care & Planned Care						✓ Observing
<b>M McGurk</b> , Director of Finance & Strategy ( <b>Exec Lead</b> )	✓	x	✓	✓	✓	✓
<b>M Michie</b> , Deputy Director of		✓	✓ Observing			

	18.05.22	16.06.22	29.07.22	12.09.22	05.12.22	15.03.23
Finance						
<b>A Mitchell, Independent Auditor</b>			✓ Item 7.1			✓
<b>C Potter, Chief Executive</b>	✓	✓	✓	x	x	x

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.	Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. Assurance Framework contains the overarching strategic risks related to the strategic plan.	<b>COMMITTEES</b>	Bi-monthly	Board Assurance Framework and Corporate Risk Register (to CG/FP&R/PH&W/SG Committees)
		<b>AUDIT &amp; RISK COMMITTEE</b>	5 times per year	Board Assurance Framework and Corporate Risk Register (to A&R Committee)
		<b>BOARD</b>	2 times per year	Board

## GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	On going	Meetings publicly accessible  NHS website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA forms





## USE OF RESOURCES

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife maintains an effective system for financial stewardship and reporting in line with the SPFM.	Statutory Annual Accounts process	<b>AUDIT &amp; RISK COMMITTEE</b>	Annual	Statutory Annual Accounts Assurance Statements SFIs
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report	<b>BOARD</b>  <b>COMMITTEES</b>	Annual  Bi-monthly	Annual Delivery Plan  Integrated Performance & Quality Report

## PERFORMANCE MANAGEMENT

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.</p>	<p>Board Assurance Framework / Corporate Risk Register</p>	<p><b>AUDIT &amp; RISK COMMITTEE</b> <b>BOARD</b></p>	<p>Ongoing</p>	<p>Board Assurance Framework / Corporate Risk Register  Minutes of Committees</p>

## CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make. A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.	Sustainability and Environmental report incorporated in the Annual Accounts process.	<b>AUDIT &amp; RISK COMMITTEE</b>  <b>BOARD</b>	Annual	Annual Accounts  Climate Change Template

## CROSS-CUTTING THEME – EQUALITY

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidence of equality considerations in Board's decision-making structure	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA form on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA form on all reports
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Population Health & Wellbeing Strategy  EQIA forms on reports
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA forms on reports

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2022/23

### 1. Purpose

- 1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities.

### 2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Clinical Governance Committee comprised: -

Christina Cooper	Chair / Non-Executive Member (to November 2022)
Arlene Wood	Chair (from December 2022) / Non-Executive Member
Martin Black	Non-Executive Member (to November 2022)
Sinead Braiden	Non-Executive Member
Simon Fevre	Area Partnership Forum Representative
Cllr David Graham	Non-Executive Member (to May 2022; reappointed June 2022)
Colin Grieve	Non-Executive Member (from December 2022)
Anne Haston	Non-Executive Member (from September 2022)
Rona Laing	Non-Executive Member (to May 2022)
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion
Dr Christopher McKenna	Medical Director
Dr Joy Tomlinson	Director of Public Health
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Finance & Strategy, Director of Health & Social Care, Director of Pharmacy & Medicines, Deputy Medical Director (Acute Services Division), Deputy Medical Director (Fife Health & Social Care Partnership), Associate Director, Digital & Information, Associate Director of Quality & Clinical Governance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.
- 2.3 As part of the recent Committee's Terms of Reference annual review, further discussion has taken place on the potential means of capturing the patient voice across the Committee's full areas of responsibility, following the decision taken not to fill the historical patient representative vacancy on the Committee. This will assist in complementing members' existing input into the review of the adequacy of patient participation and engagement measures, at both locality and service levels. This work is expected to develop over the next year, as the Committee trials new means of ensuring that the patient voice is central to its annual cycle of business.



### **3. Meetings**

3.1 The Committee met on eight occasions during the financial year to 31 March 2023, on the undernoted dates:

- § 29 April 2022
- § 10 June 2022 (Development Session)
- § 1 July 2022
- § 2 September 2022
- § 1 November 2022 (Development Session)
- § 4 November 2022
- § 13 January 2023
- § 3 March 2023

3.2 The attendance schedule is attached at Appendix 1.

### **4. Business**

4.1 In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some public health-related areas previously covered by the Clinical Governance Committee. A comprehensive review of workplans and terms of reference of each committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022-23, the Public Health & Wellbeing Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. This, in turn, has given the Clinical Governance Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of business aligned to its specific remit.

4.2 The Clinical Governance Committee's first meeting of the 2022-23 reporting year took place in April 2022, with updates given to members on the high levels of activity then being experienced due to a further wave of Omicron variant Covid cases, which were particularly impacting upon staffing and general activity levels. Assurance was provided on the measures put in place to ensure the safe and effective delivery of care. The impact of the pandemic, including the effect of seasonal waves of infection, has remained a regular part of the Committee's agendas over the year, as significant pressures on the overall health and social care system continued. The Committee has kept a dedicated section on its agenda for 'active or emerging issues' not otherwise contained in its regular workplan, so members can be apprised of any areas of activity experiencing pressure due to levels of demand. In July 2022, given the background of a rapid increase in Covid cases in Fife due to two new Omicron variants then circulating, the Committee received details on the impact on staffing, limitations of visitor numbers within the inpatient estate footprint, the Covid booster vaccination programme and the enduring impact of long Covid symptoms on individuals. Members have thus been provided with the most up-to-date information on what has continued to be a rapidly changing situation with regard to the continuing impact of the pandemic on health and care services within Fife.

4.3 In April 2022, members considered a report on the governance of advanced practice roles in NHS Fife and Fife Health & Social Care Partnership, with a particular focus on Advanced Nurse Practitioners. The clinical governance aspects of the roll-out of these roles were considered, particularly the clinical supervision of these roles and the need for postholders to have adequate Continuing Personal Development processes and non-clinical time to ensure their learning is developed, in order to ensure high-quality care is delivered to patients. A briefing paper on the development of Assistant Practitioner roles was considered in detail by

the Committee at its November 2022 meeting, focusing on the possible skills mix and enhancements to clinical delivery of service via these roles, as well as the processes for accountability and delegation and the career development pathways that could be best supported by this initiative. The Committee took broad assurance from the development of the roles and the training to be put in place to support staff, welcoming the proposal in an effort to make further enhancements to the workforce.

- 4.4 A detailed report on the work of the Early Cancer Diagnostic Centre (ECDC) pathway was also considered by the Committee in April 2022, as we continued to see recovery in performance following the impact of the pandemic and have dedicated funding to support this trajectory for 2022/23. Around 40% of patients in Scotland are not currently diagnosed through the existing urgent suspicion of cancer pathway, with an ambition for the ECDC to capture more of these patients and support swift diagnosis and treatment. Dedicated patient navigators aid speedy progress from referral to diagnostic testing, with excellent patient feedback thus far on the effectiveness of the pathway. The Committee welcomed the greatly positive impact of the ECDC, noting that ongoing governance is provided through the Cancer Strategy Group. A dedicated Cancer Framework, and related delivery plan, has also been created, which was presented to the Committee for scrutiny in January 2023 (with a related update tabled to the following meeting in March 2023). This will support aspects of the overall organisational Population Health & Wellbeing Strategy, whilst also setting key priorities around workforce and medicines in this area. A review of progress against the delivery plan is due to come forward annually to the Committee, for assurance on the effectiveness of actions and milestone targets.
- 4.5 A Joint Remobilisation Plan (RMP4), outlining the planning for addressing the backlog of planned care activity following the initial phase of the Covid pandemic, was endorsed by the Committee in 2021. The Plan detailed the adopted methodology around the planning for resumption of normal services, based around a 'Respond, Recover and Renew' approach, building on earlier iterations of the Plan approved by Scottish Government. A progress update on deliverables was previously considered by the Committee at its January 2022 meeting, with a further update on achieving the RMP targets reviewed in April 2022. Assurance was provided that the majority of targets had been achieved or remained on track to be achieved. A lessons learned review of the Winter period 2021-22 activity was also encompassed in the update to the Committee, reflecting on a challenging period of extreme pressure on health and social care services. The supporting role of the Strategic Planning & Resource Allocation (SPRA) process has been recognised. The Committee considered updates on the SPRA methodology and winter actions detailed in the 2022-23 Annual Delivery Plan at its November 2022 meeting, taking assurance from the preparations being made for what would prove to be a challenging period of intense front-door activity. At the January 2023 meeting, members noted the considerable pressures on the system over the Christmas period, indicating a peak of Covid infections and respiratory illness circulating more generally. Assurance was however taken from the positive uptake of both the Covid and Seasonal Flu vaccinations across Fife, with the Board exceeding national targets for delivery of vaccinations.
- 4.6 The Committee's input into the development of the Board's recently approved Population Health & Wellbeing Strategy has been a regular part of this year's agendas. A report on the outcomes delivered from the previous Clinical Strategy was scrutinised by members in November 2022, following initial discussion at a full Board Development Session in October 2022. Whilst the report recognised that significant progress had been made in achieving the aims of the 2016-21 Clinical Strategy, the impact of the Covid pandemic (particularly in the way the Board now operates) had been significant. The new Population Health & Wellbeing Strategy therefore aims to continue work around key priority areas begun in the Clinical Strategy, revising these to ensure these reflect new ways of working post-Covid. In January 2023, members received detail on the engagement work that has been undertaken to inform the content of the strategy, noting the importance of the ambitions being bold and ambitious, in

order to deliver the recovery of the local healthcare system after the challenges experienced during the pandemic period.

- 4.7 Following detailed discussion at a number of full Board Development Sessions over the reporting year, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within.
- 4.8 Some programme workstreams to be encompassed within the new strategy are already underway, and the Committee received an update on the Year One activities of the High Risk Pain Medicines Patient Safety Programme in January 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. Initial work has been undertaken to gather data, to fully understand the pertinent issues, and the production of a Stage 1 Equality Impact Assessment, to ensure equality issues are appropriately addressed, has been completed. Regular reporting of this programme will continue to the Committee in the year ahead. Related to equality issues, members have also considered the interim progress report on the Board's Equality Outcomes & Mainstreaming Plan for 2021 to 2025, reviewing the mainstreaming activity completed thus far and taking assurance from the progress made in delivering the full ambitions of the Plan.
- 4.9 As part of the strategy development work, a Clinical Governance Strategic Framework and Delivery Plan has been created, which is fundamental to the Board's aim to be an organisation that listens, learns and improves on a continuous basis. The Framework outlines the key clinical governance activities linked to the attainment of the Board's strategic ambitions and the enablers put in place to ensure effective delivery. The supporting governance structures underneath the Clinical Governance Committee, to ensure operationally effective scrutiny of performance with meaningful measures in place to assess quality and safety of services, is detailed fully in the new Framework, and the Committee has had input to ensure that routes of escalation to itself as the key governance body are clear and unambiguous. Approval of the Framework will also address a number of outstanding Internal Audit recommendations made across a number of reports published in the last few years, principally around the reporting line of assurance reporting to the Clinical Governance Committee. In formally endorsing the Framework at its January 2023 meeting, members noted the importance of clear and ongoing communication with staff around the priorities of the Framework, in order for its priorities to be achieved.
- 4.10 The draft Corporate Objectives 2022/23 were presented to the Committee in April 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval. In March 2023, as part of

the update on the Strategic Planning & Resource Allocation process for the year ahead, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to further consideration at the May 2023 meeting and formal approval by the Board later in spring 2023.

- 4.11 The Committee received a presentation at its January 2023 on the service model for Fife Specialist Palliative Care Service, outlining changes made to the delivery of end-of-life care during the pandemic and the lessons learned from the patient experience since those changes were made. Challenges around the growing levels of demand for community-based services, aligned with the staffing required to deliver such care, were discussed by members. Whilst the decision-making route for approval of any service changes is via the Integration Joint Board, the clinical governance, quality and safety aspects of any proposal will come back to the Committee for consideration early in 2023/24. The Committee look forward to inputting into discussions on the best service model to be established to meet patient demand.
- 4.12 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). A dedicated report on Healthcare Associated Infection (HAIs) is also provided on a quarterly basis, to give assurance around the effectiveness of infection prevention, control and surveillance. Following a Board-wide review of the IPQR, reflecting the establishment of the Public Health & Wellbeing Committee, a set of performance-related metrics specific to the Committee has now been refined, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes. The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Clinical Governance Committee.
- 4.13 During the pandemic and in the recovery period following thereon, strategic decisions have been made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision have been risk assessed and the Committee has recognised that some patients may be affected by these decisions. As such, any consequences that resulted would not be considered avoidable, given that this was based on the strategic decision to prioritise services to address the pandemic. Importantly, actions to mitigate identified risks were implemented at all opportunity. The Committee considers that the local response to the pandemic, and the following recovery period into the reporting year, was appropriate, considered and aligned to Scottish Government direction. Throughout, urgent services such as cancer services and urgent care have been prioritised. Data on Hospital Standardised Mortality Ratios (HSMR) has been considered in regular reporting via the IPQR and via a standalone update given to the Committee at its November 2022 meeting (with members noting that NHS Fife's performance is in keeping with the national average). Members have noted the data and taken assurance, following discussion about the significance and interpretation of the data within the pandemic period. Also during the year, the Committee has considered data around instances of avoidable harm as detailed within the IPQR. The Committee is aware of the increase in cardiac arrest and linkages to patient deterioration, and specific assurance has been sought via the Clinical Governance Oversight Group that improvement actions are underway, with a further report anticipated at a future meeting regarding the impact and effectiveness of the improvement work. In-patient falls and hospital-acquired pressure ulcer performance has also been carefully scrutinised. Whilst assurance has been provided around the improvement work underway, the Committee is aware that the performance across both measures has not yet shifted in terms of reducing avoidable harm. Ongoing review of performance across both measures will continue to be undertaken by the Committee.

- 4.14 The governance route for changing or stopping services has been carefully scrutinised through the pandemic response structures of Bronze, Silver and Gold Command groups, which have again stepped up in this reporting year to manage periods of high levels of activity. Critically, clinical teams and leaders have been central to decision-making, to ensure that any potential harm resulting from cessation or service change was appropriately mitigated. Examples of mitigation include the nationally agreed surgical prioritisation framework, use of 'Near Me' for the continuance of remote appointments, and outpatient prioritisation. The dynamic nature of the pandemic and the evolving understanding of the virus has necessitated a continual review of changes, which have been considered through the command structures described and also discussed by the Committee during the year. As services continue to recover to pre-pandemic levels, the Clinical Governance Committee will continue to offer oversight, to provide assurance in relation to the recovery of services and planning for tackling increased waiting lists.
- 4.15 Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have multiplied due to pauses in outpatient and elective surgery appointments. Recovery performance has been variable, with the need to pause some complaint activity during the year at times of extreme pressure on staff, exacerbated also by the issue of staff shortage within the Patient Experience team. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback and experience and analysis / learning from themes and trends, progressed by a new Organisational Learning Group. The Committee heard detail on the Recovery & Improvement Plan at its meeting in April 2022, to be supported by more nuanced quarterly reporting to the Committee that will give a broader view of the types of feedback submitted. In September 2022, focus was given to the feedback left by patients and families on Care Opinion, 80% of which was positive about the service respondents had received. Further investment has been made into the Patient Experience team, via the secondment of staff who had previously been part of the Test & Protect Covid response. Benchmarking against other territorial boards has also been undertaken, to explore new ways of working and to enhance process mapping understanding. In November 2022, the Committee received a further update on performance, noting the planned improvement activities being undertaken by a new Head of Patient Experience, particularly around processes aimed at meeting the 20 day target for complaint responses. Whilst NHS Fife continues to struggle to achieve this target, despite the initiatives cited above, it has been noted that the position is broadly similar across all other NHS Boards, reflecting the system-wide pressures on staff and services as the effects of the pandemic continue to be felt.
- 4.16 In relation to the Organisational Duty of Candour 2021/22 report, delays to its publication (related to the pandemic impacting upon timeliness of the adverse events process) were highlighted in the Internal Audit Annual Report 2021/22, considered by the Committee at its meeting in July 2022, where it was noted that there had been limited reporting to the Committee on cases occurring during the 2020/21 reporting year. Members agreed that backlog in reporting was unsatisfactory and requested an update as soon as information allowed. The final report, outlining the Board's compliance with the relevant legislation and detailing the number of cases that had triggered Duty of Candour processes, was tabled to the Committee at its March 2023 meeting, prior to its formal approval by the Board at their meeting on 28 March 2023. There were 36 adverse events detailed within the report, with the most common outcome (for 20 patients) being an increase in their treatment. A number of areas of strength have been identified, including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance.
- 4.17 Further detail on a national spike in neonatal adverse events was considered in private session at the Committee's July 2022 meeting, with information given on the local position. Assurance

was taken that the forthcoming national review being undertaken by Healthcare Improvement Scotland (HIS), to better understand any potential linkages between a clusters of cases of neonatal mortality occurring in 2020/21 (detail of which was presented to the September and November 2022 meetings), would have NHS Fife's full participation, and that local significant adverse event reviews of relevant cases (assisted by external reviewers from Greater Glasgow & Clyde Health Board) would still be undertaken to provide the required assurance around the quality of our own processes and importantly to capture any areas of learning. The Committee has also considered (in November 2022 and March 2023) a report reviewing the deaths of Children and Young People in Fife, this being produced to address national guidance introduced in 2021 to learn from and prevent unnecessary deaths. A multi-disciplinary and multi-agency review group was established to take forward the review, and the full implementation of the national guidance is on track to be completed. Members took assurance from the first year of reporting, noting the governance arrangements and the robust implementation of the national review guidance within Fife.

- 4.18 In January and March 2023, members considered the issues raised by a letter to all NHSScotland Boards from Healthcare Improvement Scotland's Director of Quality Assurance, highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections of acute hospitals across Scotland. The issues cited within reflected the exceptional winter pressures experienced by Scottish hospitals, including potential overcrowding in emergency departments and admission units, heavy use of supplementary staffing, pressures on staff health and wellbeing, the criticality of appropriate medicines governance, and the need for visible and active leadership on-site in clinical areas. Although focused on the results of acute inspections, members recognised that addressing all the action points required nothing less than a whole-system approach, to be achieved through close working with Fife Health & Social Care Partnership colleagues. An action plan has been developed to address the issues raised by HIS, to be supported by a series of 'mock inspections', to provide assurance that lessons learned from the HIS inspections would be carefully reviewed against practice within the Victoria Hospital.
- 4.19 In January 2023, members reviewed the learning from a Breast Screening Programme adverse event linked to nationally provided equipment, with assurance taken from Fife's local response to the issues raised by this incident. In March 2023, members considered a detailed paper benchmarking Fife against the learning from the Ockenden Report, an independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust. This report outlined a number of essential actions to be taken in response to new-born, infant and maternal harm at the Trust. Whilst some actions were specific to the Trust alone, a number of more general recommendations for maternity care were made in the report, which offers an opportunity to implement learning within Fife. The paper gave important assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made in the Ockenden Report and had identified areas where action was needed, to help improve the quality and safety of maternity care available to mothers and babies born within the service.
- 4.20 Annual reports were received on the subjects of: Radiation Protection; the work of the Clinical Advisory Panel; the Director of Public Health Annual Report 2020-21; Nursing, Midwifery & Allied Health Professionals' Assurance Framework; Occupational Health & Wellbeing Service 2021-22; Integrated Screening; Medical Education; Medical Appraisal & Revalidation; Prevention & Control of Infection; Management of Controlled Drugs; Volunteering; Research & Development Strategy & the Research, Innovation & Knowledge Annual Review; and any relevant Internal Audit reports that fall under the Committee's remit, such as those on Resilience Planning.

- 4.21 The Committee has received minutes and assurance reports from its three sub-groups, namely the Digital & Information Board, Health & Safety Sub-Committee, and the Information Governance & Security Steering Group, detailing their business during the reporting year. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2023 meeting. An additional assurance statement has also been submitted from the Clinical Governance Oversight Group, considered by the Committee at its meeting in September 2022, outlining the range of activities being taken forward by the group, in support of the clinical effectiveness agenda. It is hoped that the timing of this in future will be able to be aligned to the other formal assurance reports submitted to the Committee at financial year end.
- 4.22 In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group outlines the additional staffing changes made in year to strengthen the team. These include the appointment of a new Health & Safety Manager, a managerial post dedicated to Health & Safety projects, and a number of new posts to enhance Manual Handling and Violence & Aggression compliance and training. Workstreams undertaken during the year include Face Fit refresher training for staff and ligature risk assessments across several NHS Fife sites. In relation to enhancing safety around usage and disposal of sharps, whilst the reestablishment of the Sharps Strategy Group has stalled due to continuing pressures on clinical staff, sharps has been added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. The introduction of an Acute Services Health & Safety Committee has also recently been approved. There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife. Noting the detail of the Health & Safety Sub-Committee's activities, the Clinical Governance Committee can take broad assurance from the work undertaken on its behalf during the reporting year.
- 4.23 The Digital & Information Board has continued to develop the governance, process and controls necessary to assure the organisation about the consideration and delivery of the Digital & Information Strategy and associated delivery plan. Specifically, this relates to ensuring progress is made with delivering the strategic ambition, relating to year four of NHS Fife's Digital and Information Strategy (2019-2024), and ensuring the maintenance and improvement in performance across Digital & Information technical and operational teams. This work has included consideration of a number of significant and outstanding Internal Audit findings given in previous reports, as well as the action points from previous NIS audits. The Committee considered an update report at its meeting in July 2022, noting the progress across a number of key areas, including Phase 2 of the 'Near Me' virtual appointments programme, approval of the Board's Record Management Plan, and further digital enhancements to support the operation of the National Treatment Centre Fife Orthopaedics. Members noted delays to the implementation of Hospital Electronic Prescribing and Medicines Automation (HEPMA). Contractual negotiations did not proceed as planned, which has delayed the project considerably from its original due date. However, the Committee has received assurance that the positive clinical impact and transformational benefits of the introduction of HEPMA remain undiminished and a new procurement process (as detailed in a report to the Committee in private session in July 2022) has begun to move this work forward. The impact of the pandemic on initiatives such as Paperlite electronic patient record has also slowed planned roll-out, however progress in these areas will continue to be closely monitored by the Committee. A further update on the progress of delivery of the Digital Strategy, and a stand-alone report on the Keeper of the Registers of Scotland's Report assessing the Board's Records Management Plan, was considered by members in January 2023, with members taking considerable assurance from the progress made in delivery of the related programmes of work.

- 4.24 During the pandemic period, there has been unprecedented change in the areas of digital adoption, for staff, patients and the public in general. There has been continued demand for the implementation of new or existing technologies through the digital health and care request process. Additional consideration has been given to the revised resource model across Digital teams, as they continue to deal with the demand, whilst matching the responsibilities to operate the additional digital capabilities. Improvements to the recruitment of a more permanent workforce and reduced reliance on temporary and fixed term resources is being progressed. Via the number of updates throughout the year, the Committee were assured that Digital & Information colleagues will take due account of such demand as the Board continues to deliver the key ambitions of the Digital & Information Strategy, noting that these will be scrutinised and prioritised in accordance with the individual programmes and workstreams of the new organisational strategy. A revised engagement model has been established, which ensures the correct level of clinical and leadership engagement with digital developments, including the prioritisation of projects reflecting clinical effectiveness and safety issues, to help manage excess demand. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities, as considered by the Committee at its May 2023 meeting. During the year, 15 risks aligned to the Digital & Information Board improved their rating, 5 moved to the target risk rating (and thus moved to the status of monitoring) and 4 risks were closed. No significant issues have been escalated for disclosure in the Governance Statement and the Clinical Governance Committee can take broad assurance from the work undertaken by the Digital & Information Board over 2022-23.
- 4.25 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2022 and March 2023) detailing the current baseline of performance and controls within the remit of Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. The Group have adopted a set of performance measures and a defined workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Key measures reviewed throughout the year included: monthly Subject Access Request data; point-in-time Information Asset Register figures; Information Governance training compliance; monthly Freedom of Information performance; current policy and procedure review information; Network and Information Security Directive (NISD) compliance at time of audit; monthly adverse event reporting; and summary information on reportable incidents to the Information Commissioner's Office / Competent Authority.
- 4.26 Throughout the year, the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Key areas under the Group's scrutiny include Data Protection and GDPR; Freedom of Information; Public Records; and the National Information Security Directive (NISD), including audit against this framework. Visualisation of the risk profile, which amounted to 26 in number over the year, supported the critique and assurance the Group were able to offer after consideration of individual workstream reports and overall activity tracker. In year, focus has been on data sharing agreements with GPs and external contractors; the processes around addressing Subject Access Requests (SARs) to improve timeliness of response; actions required following the Keeper of the Records of Scotland's approval of NHS Fife's Records Management Plan; and compliance activities mapped against the Information Commissioner's Office Accountability Framework and NISD Framework. For the most recently reported NIS audit, NHS Fife achieved a compliance score of 76%, indicating steady improvement from the 69% achieved in the 2021 audit. During the period, nine risks aligned to the Steering Group



improved their rating, one risk deteriorated during the period, three equalled their target risk rating (and thus moved to a status of monitoring) and five risks were closed. There are no issues identified that require disclosure within the Governance Statement, which is continuing testament to improvements made across the domain of Information Governance & Security in the reporting year.

- 4.27 New for this year to the Committee's workplan has been enhanced reporting around resilience and emergency planning, culminating in a new annual assurance statement being submitted from the Resilience Forum to provide members with greater detail around the further development of business continuity plans within NHS Fife. An Internal Audit report (tabled to the Committee in April 2022) indicated a lack of effectiveness around resilience arrangements, notwithstanding the emergency response swiftly enacted during the pandemic, signifying a potentially high risk to the Board in this area. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation, thereby addressing the audit points raised in the report. An update outlining the workstreams being taken forward to make improvements in this area was considered by the Committee in April 2022, to be supported by a number of workshops and real-life scenarios to be run for key operational groups to help identify where resilience planning needed to be strengthened. A further paper was considered by members in July 2022, focused on progress in implementing the various internal audit recommendations and clarifying future reporting arrangements, including regular updates to the Executive Directors' Group, particularly around testing and exercising, business continuity and Major Incident Plan development. In March 2023, the Resilience Annual Report was considered by members, containing details of activity across the full range of major incident planning and business continuity work, and this has been supported by a formal annual statement of assurance from the Resilience Forum, considered at the Committee's May 2023 meeting. The statement of assurance concludes that partial assurance can be taken from the developing and maturing process around emergency planning, noting that the Major Incident Plan framework remains under revision, following initial consideration by EDG. The completion of Business Continuity Plans for all relevant service areas is being progressed to completion over a longer timescale than previously intended. The majority of plans (95) have now been approved, with the remainder (38) in progress of being drafted. The Corporate Risk Register currently records a moderate level of risk within Emergency Planning & Business Continuity, reflecting the developing status of processes within this area as the team continues to work towards full compliance with statutory requirements and best practice guidance detailed in the Civil Contingencies Act 2004 and the NHS Scotland standards for Resilience.
- 4.28 An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board, detailing how clinical & care governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. The Committee has gone major restructuring during the reporting year and is working towards implementing its full Terms of Reference, recognising the significant change in membership and function over 2022-23. Progress has been made, as detailed further in the Committee's annual assurance statement, with plans for further development of agendas and workplan to reflect all areas of the Committee's remit in the year ahead.
- 4.29 The Committee has held a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In June 2022, a session with the Committee discussed the Edinburgh Cancer Centre re-provision and the proposed regional service model, with a particular focus on the potential impact on NHS Fife regarding the optimisation of pathways. The briefing helped assist members in their understanding of the programme of work, prior to the Committee's formal consideration of the relevant Initial Agreement at its July 2022 meeting, aided by a presentation

from colleagues from NHS Lothian. The June 2022 Development Session also received a presentation from the Research, Innovation & Knowledge team (RIK), complementing their formal route of reporting into the Committee across the year. At the following Committee meeting in July 2022, members considered in detail the Data Sharing Agreement for a use case demonstration project with DataLoch, to support the evaluation of NHS Fife business needs and strategies as informed by real-life data. Given the complexity around this, the earlier Development Session from the RIK team helped aid members' understanding of the formal proposal brought subsequently to the Committee.

- 4.30 The November 2022 Development Session saw presentations from clinical teams on E-Coli Bacteraemia, to support the Committee's knowledge around HAI surveillance and performance, and detail on the cancer services provided in Fife in relation to the draft Cancer Framework which was then presented for endorsement to the Committee in January 2023. Members welcomed the assurance given by the clinical specialists and appreciated the opportunity to ask questions directly of the relevant specialists in these areas.
- 4.31 Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework (BAF) in the areas of Quality & Safety and Digital & Information, and via its aligned risks assigned to it under the new Corporate Risk Register introduced in this reporting year. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to active and emerging issues have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care and service delivery, particularly during challenging periods of activity.
- 6.2 From May 2022, the Public Health & Wellbeing Committee took over detailed scrutiny of the Strategic Planning Board Assurance Framework (BAF). Improvement to the risk level has been seen in-year, due to the detailed work undertaken to creating the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored closely by the Public Health & Wellbeing Committee in the year ahead.
- 6.3 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of

members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

- 6.4 During the year, in relation to Quality & Safety, the Committee has specifically considered the overall component of this BAF, along with its linked operational risks. In April 2022, the potential impact on quality of care and safety of services from reduced nursing and midwifery staffing levels was carefully considered by members, this also being linked to Staff Governance Committee's own scrutiny of the dedicated Workforce BAF. Given the likely negative impact upon patient safety through reduced staffing levels, the linkage of the risk to both BAFs was supported by members. Additional discussions on this BAF have focused on Cancer Waiting Times Access Standards and Covid-related risks, including Public Health oversight of care homes. The Quality & Safety BAF remained unchanged for the Committee's July and September 2022 meeting, prior to its replacement by the Corporate Risk Register.
- 6.5 In relation to Digital & Information risks, the alignment of risks to the two subordinate governance groups (the Digital & Information Board and the Information & Security Steering Group) has been completed, to reflect core operational, strategic and information security risks critical to the organisation and enhanced framing within the overall Digital Strategy. A number of risks have heightened during the year, including those related to the overall cyber threat landscape, given the conflict in Ukraine. In July 2022, this risk was reduced to moderate, to reflect the introduction of new mitigating actions to limit the potential for a cyber-attack on NHS Fife. Also reduced during the year was the risk of additional financial costs from the Office365 national licensing agreement, and the Digital & Information financial position more generally, given the conclusion of prioritisation activity as part of the annual SPRA process. It has been agreed that the move from the BAF to the new presentation of the Corporate Risk Register will allow for a reassessment of the visibility of operational risks, such as those linked to the replacement Laboratory Information Management System (LIMS), which has been the subject of Board-level discussions in-year. A stand-alone paper detailing the mitigation of risks in reference to the LIMS project has also been considered by the Committee at its November 2022 meeting.
- 6.6 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.7 In November 2022, members considered in detail the six individual risks aligned to the Clinical Governance Committee, presented in the new Corporate Risk Register format. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Clinical Governance Committee cover the areas of optimal clinical outcomes; quality of care provided; the ongoing impact of Covid, particularly on those most at risk from severe outcomes; and delivery of the Digital & Information strategy and cyber resilience measures, against a difficult backdrop of financial challenges. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members

have received deep-dive information on the Digital & Information risk (November 2022) and the Covid-19 pandemic risk (March 2023), with in-depth review of Optimal Clinical Outcomes corporate risk scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.

## **7. Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level.

## **8. Conclusion**

- 8.1 As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 5 May 2023

**Arlene Wood, Chair**

On behalf of the Clinical Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS Fife Clinical Governance Committee Attendance Record  
1 April 2022 to 31 March 2023**

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
<b>Members</b>							
<b>C Cooper</b> , Non-Executive Member ( <b>Chair</b> )	P	P	P	P	P		
<b>A Wood</b> , Non-Executive Member ( <b>Chair</b> )	P	P	P	P	x	P	P
<b>M Black</b> , Non-Executive Member	P	x	P	P	P		
<b>S Braiden</b> , Non-Executive Member	P	P	x	P	x	P	P
<b>S Fevre</b> , Area Partnership Forum Representative	P	P	P	P	P	P	P
<b>Cllr D Graham</b> , Stakeholder Member, Fife Council	x						
<b>C Grieve</b> , Non-Executive Member					P Observing	P	P
<b>A Haston</b> , Non-Executive Member				P	P	P	P
<b>R Laing</b> , Non-Executive Member	x						
<b>A Lawrie</b> , Area Clinical Forum Representative	x	x	P	x	P	P	x
<b>K MacDonald</b> , Non-Executive Whistleblowing Champion		P	x	P	P	P	P
<b>C McKenna</b> , Medical Director ( <b>Exec Lead</b> )	P	P	x	P	P	P	P
<b>J Keenan</b> (Previously Owens), Director of Nursing	P	P	P	P	P	P	P
<b>C Potter</b> , Chief Executive	x	P	x	P	P Part	P Part	x
<b>J Tomlinson</b> , Director of Public Health	x	P	P	x	x	P	P
<b>In Attendance</b>							
<b>A Akhtar</b> , Orthopaedics Consultant		P Item 4					
<b>L Barker</b> , Associate Director of Nursing				P	P		
<b>N Beveridge</b> , Head of Nursing						P	
<b>J Bowden</b> , Palliative Care Consultant		P Item 4				P	
<b>J Brown</b> , Head of Pharmacy			P				
<b>L Campbell</b> , Associate Director of Nursing				P			
<b>N Connor</b> , Director of H&SC	P	P	P Part	x	P	P	P

APPENDIX 1

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
<b>G Couser</b> , Associate Director of Quality & Clinical Governance	x	x	x	x			
<b>S Cosens</b> , NHS Lothian			P Item 7.1				
<b>P Cumming</b> , Risk Manager	P Item 5.5			P Item 7			
<b>D Dhasmana</b> , Respiratory Medicine Consultant		P					
<b>C Dobson</b> , Director of Acute Services	P	P	P	P	P	P	P
<b>S Fraser</b> , Associate Director of Planning & Performance			P Part			P	P
<b>A Graham</b> , Associate Director of Digital & Information	P	P	P	P	P	P	P
<b>K Gray</b> , Research & Development Lead Nurse		P Item 4					
<b>B Hannan</b> , Director of Pharmacy & Medicines	P	x	x	P	P	P	P
<b>S Harrow</b> , NHS Lothian			P Item 7.1				
<b>H Hellewell</b> , Associate Medical Director, H&SCP	P	x	P	x	P	P	P
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	P	x	P	P	P	P	P
<b>A MacKay</b> , Speech & Language Therapy Operational Lead	P Observing						
<b>S McCormack</b> , Associate Medical Director for Emergency Care and Planned Care							P Observing
<b>N McCormick</b> , Director of Property & Asset Management							P
<b>M McGurk</b> , Director of Finance & Strategy	P Part	P	P	P	P	P	P
<b>D Miller</b> , Director of Workforce						P	
<b>J Morrice</b> , AMD, Women & Children Services	x	P	x	x	x	x	x
<b>E Muir</b> , Clinical Effectiveness Manager	P	P	P	x	P	P	P
<b>K Nicoll</b> , Cancer Transformation Manager		P Item 4					
<b>G Ogden</b> , Head of Nursing					P		P
<b>E O'Keefe</b> , Consultant in Dental Public Health	P Item 6.2			P	P		
<b>M Paterson</b> , Head of Nursing	P	P					
<b>F Quirk</b> , Assistant Research & Development Director		P Item 4	P Item 7.2				
<b>C Reid</b> , NHS Lothian			P Item 7.1				

APPENDIX 1

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
<b>S A Savage</b> , Interim Associated Director of Quality & Clinical Governance					P Observing	P	P
<b>M Wood</b> , Interim Associate Medical Director for Surgery, Medicines & Diagnostics	x	x	x	x			
<b>K Wright</b> , Clinical Services Manager						P Item 8.5	

## Best Value Framework

### Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan  Capacity Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>CLINICAL GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly  Bi-monthly	Winter Plan review  NHS Fife Clinical Governance Workplan is approved annually and kept up to date on a rolling basis  Minutes from Linked Committees e.g. <ul style="list-style-type: none"> <li>· NHS Fife Area Drugs &amp; Therapeutics Committee</li> <li>· Acute Services Division, Clinical Governance Committee</li> <li>· NHS Fife Infection Control Committee</li> <li>· NHS Fife H&amp;SCP Quality &amp; Communities Committee</li> </ul> NHS Fife Integrated Performance & Quality Report is considered at every meeting



## Governance and Accountability

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	Strategy updates considered regularly  Via the NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Ongoing  Bi-monthly	Single complaints process across Fife health & social care system  NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback  Individual feedback	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Ongoing  Bi-monthly	Update on Participation & Engagement processes and groups undertaken during the reporting year.  NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.

## Use of Resources

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report  Digital & Information Board Annual Report  Digital & Information Board minutes	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports. Reporting format and content has been enhanced in current year.
NHS Fife understands and exploits the value of the data and information it holds.	Remobilisation Plan  Integrated Performance & Quality Report	<b>BOARD COMMITTEES</b>	Annual  Bi-monthly	Integrated Performance & Quality Report considered at every meeting  Particular review of performance in relation to pressure ulcers, falls, catheter infections and E Coli undertaken in current year

## Performance Management

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance &amp; Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance &amp; Quality Report and notification of any issues for escalation from Committees.</p>	<p><b>COMMITTEES</b></p> <p><b>BOARD</b></p>	Every meeting	<p>Integrated Performance &amp; Quality Report considered at every meeting</p> <p>Minutes from Linked Committees e.g.</p> <ul style="list-style-type: none"> <li>· Area Drugs &amp; Therapeutics Committee</li> <li>· Acute Services Division, Clinical Governance Committee</li> <li>· Digital &amp; Information Board</li> <li>· Infection Control Committee</li> <li>· Information Governance &amp; Security Steering Group</li> </ul>
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	<p><b>COMMITTEES</b></p> <p><b>BOARD</b></p>	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format and content is being undertaken in reporting year.
Reports are honest and balanced and subject to	Committee Minutes show scrutiny and challenge when performance	<b>COMMITTEES</b>	Every meeting	Integrated Performance & Quality Report considered at

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
proportionate and appropriate scrutiny and challenge from the Board and its Committees.	is poor as well as good; with escalation of issues to the Board as required	<b>BOARD</b>		every meetings  Minutes of Linked Committees are reported at every meeting, with improved process for escalation of issues.
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	<b>COMMITTEES</b>  <b>BOARD</b>	Every meeting  Annual	Integrated Performance & Quality Report considered at every meeting  The Committee commissions further reports on any areas of concern, e.g. as with complaints, adverse events.
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	<b>COMMITTEES</b>  <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report considered at every meeting  Minutes of Linked Committees <ul style="list-style-type: none"> <li>· Area Clinical Forum</li> <li>· Acute Services Division, Clinical Governance Committee</li> <li>· Area Drugs &amp; Therapeutics Committee</li> </ul>

## Cross-Cutting Theme – Equality

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Strategy updates regularly considered, along with People with Planning updates in current year  All strategies have a completed EQIA
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Strategy updates regularly considered  All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the website
Wherever relevant, NHS	In accordance with the Equality	<b>BOARD</b>	Ongoing	Update on Participation &

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>COMMITTEES</b>		Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

## ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2022/23

### 1. Purpose of Committee

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2023, membership of the Finance, Performance & Resources Committee comprised:

Rona Laing	Chair / Non-Executive Member (to May 2022)
Alistair Morris	Chair / Non-Executive Member (Chair, from May 2022)
Wilma Brown	Non-Executive Stakeholder Member
Cllr David Graham	Non-Executive Stakeholder Member (from November 2022)
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member
John Kemp	Non-Executive Member (from November 2022)
Mansoor Mahmood	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines, Deputy Director of Finance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on nine occasions during the financial year to 31 March 2023, on the undernoted dates:

- 10 May 2022
- 12 July 2022
- 13 September 2022
- 20 September 2022 (Development Session)
- 17 October 2022 (Extraordinary Meeting)
- 15 November 2022
- 17 January 2023
- 14 March 2023
- 30 March 2023 (Development Session)

- 3.2 The attendance schedule is attached at Appendix 1.



## 4. Business

- 4.1 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board (during financial years 2021-22 and 2022-23), the delivery of in-year savings against plan, and consideration of the enduring financial consequences of the Covid pandemic, which continue to impact on achieving financial sustainability over the medium term. The risk score for financial sustainability has remained high throughout the year, with the matter under regular review at an operational level by the Financial Improvement & Sustainability Programme Board. Updates on the predicted year-end position (where a financial gap of c.£10.4m is expected) were presented and discussed by members.
- 4.2 In September 2022, members considered a detailed update from the Financial Improvement & Sustainability Programme Board, outlining the delivery progress of cost improvement plans and the challenges experienced in these achieving the predicted targets. Key areas of pressure at that mid-year point included spend on supplementary staffing and the vacancy factor, further details on which have also been considered in-year by the Staff Governance Committee. The cost of living crisis affecting the whole economy, plus the removal of Covid-related financial support to Health Boards, have created additional challenges, particularly in the area of procurement. The situation has generally been reflective of the activity pressures experienced throughout the year and the resultant workload on staff. The Committee, however, have been clear that the 2022/23 savings target should remain the objective, to ensure that following year targets are attainable. Further updates on the trajectory of performance were received at the Committee's meeting in November 2022, with the target to reduce spend on supplementary staffing showing some slippage. An additional update in January 2023 reported that whilst £6m of savings had been delivered by November 2022, with £2.4m on a recurring basis, this remained short of the £11.7m target set at the beginning of the financial year. These reports indicated the challenge of meeting saving targets against a backdrop of relentless demand and challenging economic conditions. The Financial Improvement & Sustainability Programme Board is not solely focussed on saving opportunities, but is also working closely with colleagues to increase productivity and capacity, reviewing on a frequent basis the ability to deliver the financial grip and control targets.
- 4.3 The creation of a medium-term financial plan, covering the period 2022/23 to 2024/25, has been the subject of detailed scrutiny at Committee meetings. The March 2022 Board-approved position of a year-end deficit of no more than £10.4m for 2022/23 has been captured within the plan, though this has been pressured by general inflation within the wider economy. A mid-year review report was considered by members in November 2022, noting that unrelenting pressures in patient demand, staffing shortages and an increase in non-pay costs as a result of inflation were key drivers behind a larger-than-expected overspend. A two-stage action plan was developed to mitigate increased costs, as detailed within the report to members. It was recognised that brokerage would be required for 2022/23, and the Committee considered the impact of the repayment profile across both three- and five-year plans. In March 2023, the next iteration of the medium-term plan was considered, covering 2023/24 to 2027/28, and scrutiny was undertaken of the high-level assumptions within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, as financial plans have been considered and then formally approved.
- 4.4 In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some public health-related areas previously covered by the Finance, Performance & Resources Committee (chiefly scrutiny over mental health performance

delivery in Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT)). A comprehensive review of workplans and terms of reference of each committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022/23, the Public Health & Wellbeing Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. This, in turn, has given the Finance, Performance & Resources Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of performance and business aligned to its specific remit.

- 4.5 Updates have been given to the Committee on the Strategic Planning & Resource Allocation process, now in its third year of operation, which has generated key content to support the Annual Delivery Plan, financial and workforce plans and the Corporate Objectives for the year. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year. Ongoing reports have been provided on the Population Health & Wellbeing Strategy development work, including details on the engagement approach and the development of the Population Health Needs Assessment, which has created the baseline for the new strategy. Development of the individual workstreams are being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams are linked to the five national care programmes that have been initiated by the Scottish Government. Engagement has taken place with staff, key stakeholders and members of the public, and updates have been given to the Committee thereon. At its March 2023 meeting, the Committee were pleased to endorse the content of the new strategy, following detailed full Board discussion. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Finance, Performance & Resources Committee will continue to have a specific role in the scrutiny and assurance of the financial plan aspects as these move towards the delivery phase.
- 4.6 The draft Corporate Objectives 2022/23 were presented to the Committee in May 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objectives from their own specific perspective and, for the Finance, Performance & Resources Committee, linkage between these and the Strategic Planning & Resource Allocation process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.7 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit (performance updates related to CAMHS and Psychological Therapies have now fully transitioned to come under the responsibility of the new Public Health & Wellbeing Committee). The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Finance, Performance & Resources Committee. The impact of Covid on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, the plans to tackle the resultant backlog from the pause of services

during the height of the pandemic remains a significant focus of the Committee going forward. In September 2022, the Committee considered a specific briefing on the delivery of long wait targets for outpatients, elective surgery and diagnostics. Noting the challenges of meeting these targets whilst experiencing extreme unscheduled care and staffing pressures, the Committee took assurance from the Board's request made to Scottish Government for the required waiting times funding, noting the implications for the level of planned activity should this not be received in full. An update was given in November 2022, as part of the discussion of the IPQR report, noting that reduced funding had been granted by Scottish Government, which has meant that the full scope of the plan had been difficult to implement. Changes to the allocation model for orthopaedic surgery in the new National Treatment Centre will also impact on local waiting times performance, with the third theatre in the new build to be assigned largely to regional work. Members were assured that senior and clinical teams continue to have open and frank dialogue with Scottish Government colleagues, to indicate what financial support is required to deliver the full aspirations around waiting list targets.

- 4.8 Demand for unscheduled care services has continued to exceed expectation for much of the year, leading to significant pressures particularly at the front-door of the Emergency Department. Spikes in Covid-related and respiratory infections have continued to negatively impact upon the delay position and discharge / flow, with the Committee receiving regular updates via IPQR reporting, particularly over the winter period. Significant pressures on the workforce have also been reported. Scrutiny of the actions underway to improve the situation was undertaken, with members noting the negative impact on whole-system care, quality and workforce in consequence of the delay position. This year's Annual Delivery Plan (considered in private session in July 2022) has also detailed the measures aimed at recovering performance.
- 4.9 The Committee discussed planning for the Winter Period (as part of the Board's Annual Delivery Plan return) and reflected on Winter performance via a report on the 2021/22 period considered by members at the Committee's May 2022 meeting. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have been critical to managing delay and flow, with varying results across the year. It has been important for the Board to continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on the variability of performance overall, particularly around key targets such as A&E attendances. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. The introduction of a new Operational Pressures Escalation Levels (OPEL) process, which became fully embedded over the reporting year, is helping manage day-to-day pressures, with clear triggers for action and escalation.
- 4.10 A briefing paper on the development of Assistant Practitioner roles was considered in detail by the Committee at its September 2022 meeting, focusing on the financial impacts on budgetary planning for the nursing workforce, as well as the processes for accountability and the career development pathways that could be best supported by this initiative. The Committee took broad assurance from the development of the roles and the training to be put in place to support staff, welcoming the proposal as an effort to make further enhancements to the workforce. The particular importance of utilising the full nursing budget appropriately to support staff, whilst the Board continues to experience a vacancy gap in Band 5 nursing posts, was recognised by members, noting the importance of creating career pathways for our staff to help mitigate the usage of agency and bank spend.

- 4.11 The Committee has considered a bi-annual update (in May and November) around the status of General Policies & Procedures, noting that the introduction of a new post-holder in the Corporate Governance support team has led to considerable work being undertaken during the reporting year to improve the follow-up processes, develop a prioritised workplan and to enhance the guidance available to staff, which is now readily accessible on StaffLink. A new escalation process to the Executive Directors' Group has also been established in-year. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review. Members have previously been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, though a decision remains to be made on the best way to take forward procurement of any software solution. However, dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and this is expected to help in the long term to reduce the backlog of overdue reviews. The Committee will receive ongoing updates on this, for assurance, whilst the backlog continues to be worked through
- 4.12 The Committee has held a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In September 2022, members were pleased to welcome Alan Morrison from Scottish Government to provide a briefing on the National Capital Programme and funding assumptions from a Scottish Government perspective. This was complemented by a detailed presentation from the Director of Finance & Strategy on the development of the Board's medium-term financial strategy. In March 2023, the Committee took part in a presentation on the outcome of the Primary Care Premises Strategy and the findings of that review, recognising its importance to the wider issue of GP sustainability in particular.
- 4.13 The Committee considered progress in relation to the following capital schemes:
- National Treatment Centre Fife Orthopaedics
  - Hospital Electronic Prescribing & Medicines Administration (HEPMA)
  - Kincardine & Lochgelly Health Centres
  - Laboratory Information Management System (LIMS)
- 4.14 Ongoing quarterly updates were provided to members on the progress with the National Treatment Centre for Fife Orthopaedics construction project, which continued during 2022/23. In May 2022, members took assurance from an update detailing build progress and the mitigation actions underway to address materials shortages due to turbulence in global markets. The means by which quality and safety were being assured during construction was also detailed, as were the service models being developed and the workforce / recruitment programme to help support these. In September 2022, the update covered the initial work on site from the NHS Assure team during their construction key stage review. Updates were also given on the strategic plan and service model being developed by the Orthopaedic team and related musculoskeletal services, which outlined their plans to develop the National Treatment Centre into a centre of excellence for orthopaedic care. The Committee also welcomed the detail on the various enhancements being made to the build from funding received via Fife Health Charity, particularly those that enhance the patient and staff experience within the new building. In March 2023, members were delighted to receive a report confirming the official opening date of the new facility (23 March), following NHS Assure sign-off of the safety of the building, confirming its ability to deliver clinical and surgical services. The new National Treatment Centre in Fife is the first to open across Scotland and its specialty-leading facilities are already making an immediate impact on patients and staff.

- 4.15 At the Committee's March 2022 meeting, members received a report detailing significant contractual issues with the HEPMA contract award and the eventual ceasing of negotiation with the preferred supplier in January 2022. A full re-procurement exercise was subsequently carried out. In July 2022, the Committee considered a revised Full Business Case, endorsing the proposed contractor and supplier-managed service proposed. The Board subsequently gave formal approval to proceed with the terms outlined in the Full Business Case.
- 4.16 Updates on the business cases being developed for the new Kincardine & Lochgelly Health & Wellbeing Centres were delivered to the Committee at its 2022/23 meetings. Consultation with local stakeholders and design of the replacement Health Centres progressed throughout the year and, in May 2022, the Committee were pleased to receive the Outline Business Cases for full scrutiny. The linkages with the wider Primary Care Premises Strategy and workforce challenges were noted. Members were pleased to endorse the Outline Business Case for formal Board approval, this being granted at the end of May 2022.
- 4.17 The Committee held an Extraordinary Meeting in October 2022 to discuss the full business case created for the replacement of the current Laboratory Information Management System (LIMS). In order to meet tight deadlines linked to the commissioning of a new system, this detailed review of the business case and resulting supplier decision was delegated to the Committee by the Board in September 2023. Members received presentations from the Associate Director of Digital & Information and from senior managers in Acute, detailing the work underway to mitigate the risks of implementing a new system, which is critical to day-to-day clinical services. Following discussion on the preferred supplier's costs over the ten-year contractual period, with assurance that this can be supported from existing investment plans, the Committee were pleased to approve the business case, a decision which was homologated by the Board at its October 2022 meeting. A further update was given to members in March 2023, outlining additional mitigations available to NHS Fife to ensure continuity of service, including extending the implementation period beyond March 2023 for an additional six months, with continued use of the current software during that time. No additional financial costs have been borne by the Board, with these being met by the National Consortium Group.
- 4.18 In January 2023, members reviewed a report outlining the performance of the Fife Health & Social Care Partnership against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. Fife Health & Social Care Partnership were the first to be assessed and the report highlighted several examples of good practice, with work required across six further areas to fully support integration principles. The Fife Integration Joint Board will continue to monitor progress and provide assurance on this through established assurance routes to the Health Board.
- 4.19 Regular reports on the work of the Fife Capital Investment Group (FCIG) have been considered at Committee meetings, with the paper reviewed in May 2022 detailing the outturn position for 2021/22, prioritisation of core capital funding, planned expenditure, and the proposed five-year plan for capital investment. In July 2022, members reviewed the proposed utilisation of the 2022/23 capital allocation, with members taking assurance from FCIG's detailed work around prioritisation of individual workstreams. In September 2022, detail was given on additional capital monies received by the Board, following successful bids to the National Infrastructure & Equipping Board. Costs related to the National Treatment Centre build were reported as largely being in line with budgeted levels, with some minor increases due to the impact of the Covid pandemic. At its November 2022 meeting, detail was also provided on the securing of an additional £2.7m in capital grants, to be applied to backlog maintenance projects, and £0.917m for digital and information projects and initiatives. Over the year, some £31m of capital spend has been allocated by the Group, a large percentage of which has been in support of the National Treatment Centre build.

- 4.20 In January 2023, a proposal for the re-financing of the PFI Phase 3 Victoria Hospital project was considered in private session, with the Committee noting the options under consideration by the Board. The annual Public Private Partnership (PPP) Monitoring Report for 2021/22, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in March 2023, with members gaining assurance from the positive content detailed therein.
- 4.21 Members reviewed an update on the Property & Asset Management Strategy (PAMS) for 2021/22 at its July 2022 meeting, to address the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report. Submission of the data allows NHS Scotland Assure to establish a position regarding the NHS estate across Scotland. The data also allows individual Boards to understand the position regarding their own estate, which in turn allows a plan to be developed in the form of a PAMS. It was reported that the Board's submission, made in June 2022, would be captured in the introductory session of the PAMS for 2022/23. The creation of a new PAMS would allow this to be fully aligned and embedded as an integral part of the organisational Population Health & Wellbeing Strategy.
- 4.22 At its meeting in September 2022, the 2022 Interim PAMS was considered in detail by members. It is recognised that the PAMS document is an important supporting enabling framework to the delivery of the organisational strategy, describing how the NHS Fife estate will help deliver and support its strategic ambitions. The current update gave a local focus to the work underway in NHS Fife related to Anchor Institution ambitions, plus further detail on our plans to improve Environmental Sustainability through our work on zero carbon initiatives, enhancing green spaces and embracing biodiversity. Members noted that NHS Fife has a large estate footprint and diverse asset base, with considerable potential for this to be better exploited in the future. The updated document also addresses a number of recent Internal Audit recommendations, particularly in relation to alignment with the developing Population Health & Wellbeing Strategy and development of an action plan where delivery progress can be effectively monitored. Members greatly welcomed the report's enhancements and streamlining, noting its strategic focus across the wider organisation has direct relevance to the work underway in delivering a new organisational strategy to help serve our local communities. It also provides a context for the review of future infrastructure investment proposals / business cases, to ensure strategic intent in the development of estates-related initiatives.
- 4.23 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises Review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process has recently concluded, with notes of interest currently being assessed before the formal decision-making process is undertaken in May 2023.
- 4.24 The Committee has received a briefing on the designation of Phase 1 and Phase 2 of Victoria Hospital, Kirkcaldy with listed building status from Historic Environment Scotland. Phase 1 has been listed as Category C, it being a representative example of the new type of centralised hospital building established from the 1950s. Phase 2 has been listed as Category B, reflecting its status as a major example of a new type of high-rise hospital design from the 1960s in Scotland, of which few examples survive in such an unaltered state. Members noted the process that will be required to be undertaken to carry out future refurbishment work to either of the sites, after due liaison with the local authority.

- 4.25 The Committee received a number of updates on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. A short life working group with broad membership was established to formally evaluate the request and its supporting business case against the defined criteria described in the legislation. A scoring matrix was developed to enable the proposal to be appraised against key indicators. The working group's conclusions were considered at the Committee's May 2022 meeting, with the Board subsequently rejecting the request at its subsequent meeting. Since that decision, the charity body has formally appealed, Scottish Ministers appointed an independent reporter to assess the case (as detailed further in an update to the November 2022 meeting) and subsequently concluded in favour of the charity body, overruling the Board's previous decision. The formal negotiations for a lease of the requested land will accordingly feature in the 2023/24 workplan of the Committee.
- 4.26 A briefing on the provision of automated prescription locker boxes within Fife, and the possibility of legal challenge to the Board, was given to members at the November 2022 meeting, noting the possibly financial implications of a likely judicial review.
- 4.27 In November 2022, the Committee considered and endorsed the Annual Procurement Report, which sets out compliance with national standards in relation to procurement. At the same meeting, members considered a series of twelve Key Performance Indicators for the Procurement service, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. In year, the tender threshold limit for equipment and other goods and services within the Financial Operating Procedures and Standing Financial Instructions has been increased to £50k, to bring the Board in line with other territorial boards and the limits detailed in the Procurement Reform (Scotland) Act 2014.
- 4.28 The Committee considered internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2022, the Committee received the internal audit reports on Procurement Governance and Financial Process Compliance, with the auditors' findings discussed and noted. The Annual Internal Audit report for 2021/22 was also considered at the same meeting, with members noting the comments from the auditors on the areas of financial planning and performance, delivery of efficiency savings, capital investment and asset management, and best value. The auditors' action point in relation to development of an implementation plan for the Property & Asset Management Strategy has been actioned in-year. In September 2022, members took assurance from the positive report tabled on post-transaction monitoring. In addition, in July 2022, the Committee received the annual report on the Laboratories Managed Service Contract, focused on the performance against contract.
- 4.29 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Outcomes**

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:

- complied with statutory financial requirements and achieved its financial targets for the financial year 2022/23 subject to external audit;
- met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
- delivered £9.7m of the in-year efficiency saving target of £11.7m, and secured the required Scottish Government support for the historical underlying financial gap associated with a recurring overspend in Acute services; and
- has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

## **6 Best Value**

- 6.1 The introduction of both the SPRA process in 2020/21 and the Financial Improvement & Sustainability Programme in 2022/23 build on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2022/23 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 6.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2022/23.

## **7 Risk Management**

- 7.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Board Assurance Frameworks covering Financial Sustainability, Strategic Planning and Environmental Sustainability and, latterly within the reporting year, the specific risks aligned to the Committee under the revised Corporate Risk Register. Progress and appropriate actions were noted.
- 7.2 From July 2022, the Public Health & Wellbeing Committee took over lead scrutiny of the Strategic Planning Board Assurance Framework (BAF) from the Finance, Performance & Resources Committee, though this continued to be reported to the Committee for assurance purposes. Improvement to the risk level has been seen in-year, due to the detailed work undertaken to create the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored also by the Committee in the year ahead.
- 7.3 At its meeting in May 2022, the Committee received a progress update report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the escalation process within the Board structure and to create a risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those



individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

- 7.4 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Six specific corporate risks are aligned to the Finance, Performance & Resources Committee. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Finance, Performance & Resources Committee cover the areas of whole-system capacity; access to outpatient, diagnostic and treatment services; Cancer waiting times; delivery of a balanced in-year financial position and recurring financial balance over the medium term; and prioritisation and management of capital funding. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members have received deep-dive information on the medium-term financial position (January 2023) and the access to outpatient, diagnostic and treatment services risk (March 2023), with in-depth review of bank and agency spend and utilisation scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.
- 7.5 The Committee took assurance from and closely monitored progress in mitigating a range of environmental and estate sustainability risks, noting that two of the three residual operational risks in this area required the completion of the Elective Orthopaedic Centre build (achieved in March 2023) before these could be closed (both relate to activity being undertaken during part of the reporting year in the Phase 2 Tower Block at VHK and require the move of all non-ambulatory patients from this location). Enhancing fire safety training has reduced and mitigated this risk until the new orthopaedic wards are opened. The remaining risk, in relation to the replacement of flexible hoses by the PFI contractors for Victoria Hospital and St Andrews Community Hospital, is being addressed by an ongoing programme of work covered by a lifecycle contract.

## **8 Self-Assessment**

- 8.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level.

## **9. Conclusion**

- 9.1 As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non-financial performance metrics, noting the continuing impact of the backlog from the Covid period upon the indicators generally.

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

Signed: 

Date: 9 May 2023

**Alistair Morris, Chair**

On behalf of the Finance, Performance & Resources Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE  
ATTENDANCE SCHEDULE 2022/23**

	10.05.22	12.07.22	13.09.22	17.10.22	15.11.22	17.01.23	14.03.23
<b>Members</b>							
<b>R Laing</b> , Non-Executive Member ( <b>Chair</b> )	Ü						
<b>A Morris</b> , Non-Executive Member ( <b>Chair</b> )	Ü	Ü	Ü	Ü	Ü	Ü	Ü
<b>W Brown</b> , Non-Executive Stakeholder Member	Ü	Ü	Ü	x	Ü	x	Ü
<b>Cllr D Graham</b> , Non-Executive Stakeholder Member						Ü	Ü
<b>A Grant</b> , Non-Executive Member	Ü	Ü	Ü	Ü	Ü	Ü	Ü
<b>J Kemp</b> , Non-Executive Member					Ü	Ü	Ü
<b>A Lawrie</b> , Area Clinical Forum Representative	Ü	x	x	x	Ü	Ü	x
<b>M Mahmood</b> , Non-Executive Director	Ü	x	x	Ü	Ü	Ü	Ü
<b>M McGurk</b> , Director of Finance & Strategy (Exec Lead)	Ü	Ü	Ü	Ü	Ü	Ü	Ü
<b>C McKenna</b> , Medical Director	x	x	x	Ü	Ü	Ü	Ü
<b>J Keenan</b> , Director of Nursing	Ü	Ü	x	Ü	Ü	x	Ü
<b>C Potter</b> , Chief Executive	Ü	Ü	x	Ü	Ü	Ü	x
<b>J Tomlinson</b> , Director of Public Health	x	Ü	Ü	Ü	Ü	Ü	Ü

**In attendance**

<b>L Barker</b> , Associate Director of Nursing			Ü				
<b>J Brown</b> , Head of Pharmacy		Ü					
<b>N Connor</b> , Director of H&SC	Ü	Ü	Ü	x	Ü	Ü	Ü
<b>G Couser</b> , Associate Director of Quality & Clinical Governance			Ü Items 1 – 7.1				
<b>P Cumming</b> , Risk Manager	Ü Item 5.5						
<b>C Dobson</b> , Director of Acute Services	Ü	x	x	x	Ü	Ü	Ü
<b>F Forrest</b> , Deputy Director of Pharmacy				Ü			
<b>S Fraser</b> , Associate Director of Planning & Performance	Ü	Ü					Ü
<b>D Galloway</b> , General Manager (WCCS)				Ü			
<b>A Graham</b> , Associate Director of Digital & Information				Ü			
<b>B Hannan</b> , Director of Pharmacy & Medicines	Ü	x	Ü	x	Ü	Ü	Ü

## APPENDIX 1

	10.05.22	12.07.22	13.09.22	17.10.22	15.11.22	17.01.23	14.03.23
<b>B Johnston</b> , Head of Capital Planning & Project Director	Ü Item 6.4		Ü Items 6.3 & 6.4				
<b>F MacKay</b> , Head of Strategic Planning, Performance & Commissioning				Ü		Ü Item 6.1	
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	Ü	Ü	Ü	Ü	Ü	Ü	Ü
<b>S McCormack</b> , Associate Medical Director, Emergency & Planned Care							Ü
<b>N McCormick</b> , Director of Property & Asset Management	Ü	Ü	Ü	x	Ü	Ü	Ü
<b>S McGlashan</b> , Microbiology Service Manager				Ü			
<b>M Michie</b> , Deputy Director of Finance	Ü	Ü	Ü	x	Ü	Ü	Ü
<b>N Robertson</b> , Associate Director of Nursing						Ü	
<b>H Thomson</b> , Board Committee Support Officer					Ü Item 6.2		
<b>M Watters</b> , ST4 (Obstetrics & Gynaecology)					Ü Observing		
<b>A Wilson</b> , Waiting Times General Manager			Ü Item 6.7				

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>STAFF GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Annual Annual Bi-annual  Bi-monthly	Annual Delivery Plan  Financial Plan  Workforce Plan  Property & Asset Management Strategy  Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan Capacity Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>CLINICAL GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly  Bi-monthly	Winter Plan  Minutes of Committees  Integrated Performance & Quality Report

**GOVERNANCE AND ACCOUNTABILITY**

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Ongoing	Business Cases

**USE OF RESOURCES**

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-monthly	Integrated Performance & Quality Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network.  Local benchmarking with similar sized organisation undertaken where information available.  Participation in National Shared Services Programme  Systematic review of activity / performance data through use of Discovery tool	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly  Ongoing	Financial Plan  Integrated Performance & Quality Report  Financial overview presentations



REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Delivery Plan  Integrated Performance & Quality Report	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-monthly	Integrated Performance & Quality Report  SPRA Process
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance  Financial Operating Procedures	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Reviewed annually	Code of Corporate Governance  Financial Operating Procedures  Procurement Annual Report
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan  Integrated Performance & Quality Report	<b>BOARD  COMMITTEES</b>	Annual  Bi-monthly	Annual Delivery Plan  Integrated Performance & Quality Report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-annual  Ongoing  Bi-monthly  Monthly	Property and Asset Management Strategy  Report on asset disposals  Integrated Performance & Quality Report  Minutes of NHS Fife Capital Investment Group

**PERFORMANCE MANAGEMENT**

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	<b>COMMITTEES</b> <b>BOARD</b>	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report  Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting  Annual	Integrated Performance & Quality Report  Annual Accounts including External Audit report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.</p>	<p>Encompassed within the Integrated Performance &amp; Quality Report</p>	<p><b>COMMITTEES</b> <b>BOARD</b></p>	<p>Every meeting</p>	<p>Integrated Performance &amp; Quality Report  Minutes of Committees</p>

**CROSS-CUTTING THEME – SUSTAINABILITY**

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

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

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are	Sustainability and Environmental report incorporated in the Annual Accounts process.	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>BOARD</b>	Annual	Annual Accounts

**APPENDIX 2**

<b>REQUIREMENT</b>	<b>MEASURE / EXPECTED OUTCOME</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>OUTCOME / EVIDENCE</b>
unimpaired and remain so for future generations.				Climate Change Template

**CROSS-CUTTING THEME – EQUALITY**

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA section on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Development of new Strategy  EQIA section on reports



**APPENDIX 2**

<b>REQUIREMENT</b>	<b>MEASURE / EXPECTED OUTCOME</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>OUTCOME / EVIDENCE:</b>
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	EQIA section on reports

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE 2022/23

### 1. Purpose

To provide the Board with assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.

### 2. Membership

2.1 During the financial year to 31 March 2023, membership of the Public Health & Wellbeing Committee comprised: -

Tricia Marwick	Committee Chair / Chair of the Board
Martin Black	Non-Executive Member (to November 2022)
Christina Cooper	Non-Executive Member (to December 2022)
Rona Laing	Non-Executive Member (to May 2022)
Mansoor Mahmood	Non-Executive Member (from December 2022)
Alistair Morris	Non-Executive Member (from May 2022)
Arlene Wood	Non-Executive Member (from December 2022)
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Health & Social Care, Associate Director of Planning & Performance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

3.1 The Committee met on six occasions during the financial year to 31 March 2023, on the undernoted dates:

- § 16 May 2022
- § 4 July 2022
- § 29 August 2022
- § 7 November 2022
- § 11 January 2023
- § 1 March 2023

3.2 The attendance schedule is attached at Appendix 1.

## 4. Business

- 4.1 In July 2021, the Board approved a proposal to establish a new Standing governance committee of the Board, the Public Health & Wellbeing Committee. The principle behind its establishment was to give greater focus in the Board governance structure to wellbeing and preventative / proactive care (in line with the Scottish Government's direction of travel) and to consider placement of the public health aspects then within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. The Committee met for its first meeting in October 2021 and initially focused on developing a detailed remit that was complementary to existing Committee coverage. The new remit was formally approved by the Board in November 2021. The Committee's Terms of Reference has been influenced by Public Health Scotland's areas of focus and the Public Health Priorities for Scotland. It also seeks to bring together into the one committee scrutiny of performance-related measures related to the planning and delivery of delegated services for which the Integration Joint Board sets the overall strategic direction. The Committee also takes the governance lead in oversight of the development of the new Population Health & Wellbeing Strategy and thereafter, once this approved, will focus on its implementation and delivery progress.
- 4.2 A comprehensive review of the Committee's workplan has also taken place, to help define and establish the cycle of business that will be considered by the Committee annually. This has been enhanced during the reporting year, particularly after a parallel review of both Clinical Governance and Finance, Performance & Resources remits and workplans, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022-23, the Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2023-24 was approved at the Committee's March 2023 meeting.
- 4.3 The most significant work undertaken during the year by the Committee has been its input into the development of the Board's recently approved Population Health & Wellbeing Strategy. In May 2022, the Committee reviewed the plans being created for the follow-up engagement and consultative survey process, delivered by an external facilitator, which has been designed to help capture further public, staff and partner feedback, building on early community and colleague conversations carried out initially in December 2021. Members have fully discussed how participation of external stakeholders can best be enhanced, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services, and through use of the new Healthcare Improvement Scotland Equality Framework for Engagement & Participation. Co-ordination with the Fife Health & Social Care Partnership's own engagement activities, being undertaken in the preparation of their own strategic plan, has taken place, to ensure a joined-up approach. Members have recognised the importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the organisational strategy. The Committee welcomed the fact that a dedicated Equality Impact Assessment (EQIA) has been drafted to ensure the different needs of our local communities are appropriately captured and secured in the overall strategy development process.
- 4.4 In July 2022, members also considered the outcome of a review led by Public Health of population health needs, the data behind which has informed the key priorities of the new strategy. Members took assurance from the conclusions of a well-attended workshop held with a wide range of colleagues to discuss the review, focusing specifically on NHS Fife's role in creating health and wellbeing and how this could best be captured in the new strategy. In August 2022, further detail was provided to the Committee on the strategy's alignment to the Scottish Government's National Care and Wellbeing Portfolio. At the same meeting, information was reviewed on the whole-system engagement work being progressed

internally, and with partners and external stakeholders, to help secure appropriate input into strategy development. Progress reports on the comprehensive programme of community and staff engagement undertaken to help develop the new Strategy were considered at the Committee's November 2022 meeting, which was aligned with the newly published Quality Framework for Community Engagement & Participation (itself the subject of a briefing paper at the same meeting). Part of this exercise has included a comprehensive review of the previous Clinical Strategy 2016-21, involving a wide range of clinical teams, to measure its actual deliverables and ensure that lessons have been learnt from the delivery of previous plans. The Committee received the full review assessment at its November 2022 meeting, taking assurance from the significant progress made on the delivery of recommendations made in the previous Clinical Strategy and noting the continuation of areas of priority within the drafting of the Population Health & Wellbeing Strategy.

- 4.5 As part of its scrutiny of the Board's overall strategy development process, the Committee has also had input into development and review of the Corporate Objectives for 2022/23, particularly those aspirations focused around the ambition of 'Improving Health & Wellbeing' in Fife. In-year updates on delivery of the 2021/22 Corporate Objectives have been given via substantive agenda items, as detailed further in this report. Assurance has also been given that the Directors' individual objectives not only support the direction of travel detailed within the new Population Health & Wellbeing Strategy, but are also suitably aligned to the four national care programmes. Further reports have been given to the Committee on the Board's progress in developing its Annual Delivery Plan, aided by the annual Strategic Planning & Resource Allocation (SPRA) progress, with a series of regular papers considered over the Committee's meetings held in July, August and November 2022. The Committee took broad assurance from the Board's achievements in meeting the Annual Delivery Plan targets and from the ongoing roll-out of the SPRA methodology in the allocation and prioritisation of resources via routine operational planning. In March 2023, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to formal approval by the Board later in spring 2023.
- 4.6 Linked to the Committee's specific role in supporting the Board's strategy development, the Committee has also received updates (in May and August 2022 and January 2023) on the Board's progress in developing its Anchor Institution ambitions, linked also to NHS Fife's participation in the national Community Benefit Gateway initiative (an online portal that matches community and voluntary sector organisation 'needs' to NHS suppliers). Ways in which NHS Fife can support its local areas range from procuring products locally to youth employment initiatives for those seeking entry into the workplace. The Committee welcomed the fact that specific deliverables linked to this work will be captured formally in the next iteration of the Directors' Corporate Objectives. The development of a Greenspace Strategy also aims to support the Anchor Institution work, helping define how NHS Fife can use its varied range of physical assets for the benefit of the wider communities we serve. Members have also discussed the Board's role in addressing the Climate Emergency and ensuring that sustainability is at the forefront of our future activities, particularly those related to our estate. This has culminated in the presentation to members of the Annual Climate Emergency & Sustainability Report 2021/22, discussed at the Committee's March 2023 meeting, the priorities of which will be appropriately reflected in the Board's future strategic priorities.
- 4.7 Following detailed discussion at a number of full Board Development Sessions over the reporting year, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within.

- 4.8 Some programme workstreams to be encompassed within the new strategy are already underway, and the Committee received an update on the Year One activities of the High Risk Pain Medicines Patient Safety Programme in January 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. Initial work has been undertaken to gather data, to fully understand the pertinent issues, and the production of a Stage 1 Equality Impact Assessment, to ensure equality issues are appropriately addressed, has been completed. Regular reporting of this programme will continue to the Committee in the year ahead. Related to equality issues, members have also considered the interim progress report on the Board's Equality Outcomes & Mainstreaming Plan for 2021 to 2025, reviewing the mainstreaming activity completed thus far and taking assurance from the progress made in delivering the full ambitions of the Plan.
- 4.9 Through the regular receipt of reports throughout the year, the Committee has gained assurance from the Board's ongoing work on Covid vaccination and testing (including the seasonal flu and Covid vaccine delivery programme for the 2022/23 Winter period). The Committee has gained assurance that planning and a substantive workforce were in place to deal with anticipated demand over the busy Winter season, made more acute with the heightened pressures caused by a seasonal wave of Covid and flu infection, resulting in high levels of activity at the front door. The response of the Board continued to be agile, with local teams working closely with national colleagues to deliver new tranches of the Covid booster and seasonal flu vaccines as these came on-stream. Lessons learned on the prior local implementation of the national scheduling tools have ensured that the appointing of patients for vaccination appointments has progressed smoothly. The Committee welcomed the fact that the Board has exceeded its targets for both Covid and Seasonal Flu vaccination over the 2022/23 winter period. The implementation of the Immunisation Strategic Framework, including therein plans to deliver its key priorities against a robust governance framework, has also been the subject of a detailed report to the Committee. This has helped support learning for the 2023/24 Autumn / Winter Covid and Seasonal Flu vaccine delivery campaign, the early plans for which were considered by members at their meeting in March 2023.
- 4.10 At the meeting in August 2022, members took assurance from the updates provided on the Health Promoting Health Service programme, particularly how this had been influenced by the challenges of the Covid pandemic. At the same meeting, the Committee endorsed the Joint Health Protection Plan for 2022-24, which effectively demonstrated close partnership working between NHS Fife Public Health teams and Fife Council Environmental Health, focused around health protection priorities, provision and preparedness. The Child Poverty Action Plan was also considered by members, prior to further review at the Fife Partnership Board. In March 2023, an assurance report detailing how NHS Fife is fulfilling the requirements of the United Nations Convention on the Rights of the Child treaty was considered by members, noting its importance to a wide range of the Committee's work across the sphere of child health and wellbeing. Further work will be advanced in the next year on areas of development that seek to enhance the Board's ambitions for mainstreaming equality and diversity across its activities.
- 4.11 The Committee has received a series of detailed updates on Child and Adolescent Mental Health Services (CAMHS) performance (including recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered in August 2022. For Psychological Therapies, new roles and different roles in relation to supporting workforce pressures and challenges are being brought forward. The focus is also on access to the service, against a background of high demand, and addressing the backlog of the longest waits. Members discussed what support was in place for those waiting for more intensive treatment, to ensure their condition did not worsen in the meantime. Assurance was also given on the Board's ongoing progress to eradicate the waiting list for CAMHS by March 2023. Support has been received from Scottish Government and a number of new posts are being recruited to. Recruitment challenges have a direct impact on meeting waiting list trajectories. Changes to the recruitment of staff, and methods for upskilling the current workforce, will help address the workforce challenges that have impacted upon the

timeliness of treatment for some patients. In January 2023, the Committee received a further update on the performance of both CAMHS and PT, taking assurance from the fact that both services are on track to achieve delivery targets by the stated deadlines. Challenges remain in eradicating the historic backlog of referrals for both services, but members recognised the impact of a series of improvement actions, which combined have helped address the numbers of patients waiting. A deep-dive Development Session is to be scheduled for the Committee in early summer 2023, in order for members to understand the issues in greater detail.

- 4.12 In May 2022, members welcomed plans to establish a new Primary Care Governance & Strategy Oversight Group, to help direct the vision and support for development of a new Primary Care Strategy for Fife. An early focus of the group's work has been on enhancing sustainability and transformation of services, and building upon recent initiatives (such as ScotGEM) to support primary care resilience in the future. The Oversight Group is the mechanism for providing assurance both to Fife NHS Board and the Integration Joint Board, enhancing the whole-system approach to development of Primary Care Services. The Committee has received regular reports and outputs from this group, including a comprehensive update considered by members at the January 2023 meeting, with particular focus on sustainability of GP services and enhanced governance arrangements being implemented to develop long-term plans for services and their estate assets. A tender process for three of the five 2C Board-managed General Practices within Fife was begun in late 2022, and the Committee has considered the actions being undertaken to ensure sustainability of services via the tendering process. In March 2023, the Committee agreed to the target score on the Corporate Risk Register for the Primary Care Services risk being revised upward, to more realistically reflect the risk and the extent to which it can be mitigated locally in the challenging climate being experienced currently.
- 4.13 A comprehensive presentation on Dental Services and Oral Health Improvement work was given to members at the January 2023 meeting. The creation of the new Committee has allowed for greater Board scrutiny of topics such as this, and members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally. The Committee has also had opportunity to learn more about the urgent challenge across Scotland in relation to increasing drug and alcohol deaths, with members receiving a paper at their January 2023 meeting in relation to the adoption of Medication Assisted Treatment Standards by the Fife Alcohol & Drug Partnership. This will be an important area of focus for the Committee in the future, given the link to health inequalities and overall preventative health activity in relation to the new Population Health & Wellbeing Strategy.
- 4.14 In relation to capital projects, outline business cases for Kincardine and Lochgelly Health Centres were considered by the Committee in May 2022, focusing on the service models to be delivered in the new centres and its relationship to overall primary care service improvement. Internal plans continue to progress in relation to the development of these innovative two new health centres, despite noting that funding from Scottish Government in support of these business cases will be pushed into the latter half of the decade.
- 4.15 In May 2022 members received an update on the proposed redesign of the Mental Health estate, focused particularly on the early engagement work taking place with stakeholders on plans for improving mental health in-patient facilities across Fife. Via an update report on progress in the delivery of the Mental Health Strategy, considered at the July 2022 meeting, the Committee has gained assurance that the service continues to work towards implementing its main strategic ambitions. A refresh of the Mental Health Strategy for Fife post-Covid has been undertaken, in line with learning post-pandemic and new national requirements, such as suicide prevention and the imminent publication of the national review of mental health. The importance of this work linking with the Mental Health estates-related work has been fully recognised. Further amendments will ensure the Mental Health strategic priorities are fully aligned to the new Fife Health & Social Care Partnership Strategic Plan

and to the new Mental Health Strategy for Scotland. The latter in particular will impact on performance and outcome monitoring, aligned to new national indicators. This will be a focus in the year ahead.

- 4.16 Following a Board-wide review of the Integrated Performance & Quality Report (IPQR), a set of performance-related metrics specific to the Committee has now been established, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes. The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Public Health & Wellbeing Committee.
- 4.17 Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) has now fully transitioned over to the Committee. Consideration has also been given to identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the revised IPQR. There has been opportunity to identify areas which have not previously been reviewed in depth by Board-level committees and include them in the IPQR, such as immunisation (including child vaccination), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting.
- 4.18 In addition to the regularity of IPQR performance reporting, the Committee has considered detailed updates on Smoking Cessation & Prevention work and waiting list performance and post-diagnostic support for individuals and families affected by dementia (both reviewed by members at the July 2022 meeting). Stand-alone reports have been presented on the Sexual Health & Blood Borne Viruses Framework and the Board's response to the required actions thereunder. Also, a briefing to the Committee in November 2022, focusing on lessons learned, was delivered in relation to a recent national coding incident impacting on individuals wrongly being offered a Shingles and Pneumococcal vaccination, with members gaining assurance that local adverse events processes have addressed the low-level risks to the small number of patients affected. In January 2023, members reviewed the learning from a Breast Screening Programme adverse event linked to nationally provided equipment, with assurance taken from Fife's local response to the issues raised by this incident.
- 4.19 As Covid activity has generally transitioned into business-as-usual activities for the Board, performance tracking for this area has moved to being situated within the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Winter performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan targets, with the Committee taking assurance from that separate stream of performance reporting.
- 4.20 During the year, the Committee has also received subject-specific reports on i) the Director of Public Health's Annual Report 2020/21; ii) the Health Promotion Service Annual Report 2020/21; iii) Immunisation Annual Report 2021; iv) Community Children Services Annual Report; v) Integrated Screening Annual Report 2022; vi) Pharmaceutical Care Services Report 2021/22; and vii) Violence against Women Annual Report 2021-22. Members have welcomed the comprehensive detail provided in each.
- 4.21 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

## **6. Risk Management**

- 6.1 From May 2022, the Public Health & Wellbeing Committee took over scrutiny of the Strategic Planning Board Assurance Framework (BAF) from the Finance, Performance & Resources Committee. Improvement to the risk level has been seen in-year, due to the detailed work undertaken to creating the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored closely by the Committee in the year ahead.
- 6.2 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in August 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.3 In November 2022, members considered in detail the four individual risks aligned to the Public Health & Wellbeing Committee, presented in the new Corporate Risk Register format. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The four risks relate to the likelihood of the new organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to deliver sustainable, quality services. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members have received deep-dive information on tackling climate change (November 2022) and Health Inequalities (March 2023), with in-depth review of the Primary Care Services corporate risk scheduled for May 2023 (the target score of this risk has been revised upward in March 2023, as detailed further at 4.12). Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.

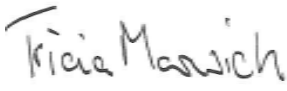
## **7. Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level in the year ahead.



## 8. Conclusion

- 7.1 As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee as it has completed its first full year of operation.

Signed: 

Date: 27 March 2023

**Tricia Marwick, Chair**

On behalf of the Public Health & Wellbeing Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS Fife Public Health & Wellbeing Committee Attendance Record  
1 April 2022 to 31 March 2023**

	16.05.22	04.07.22	29.08.22	07.11.22	11.01.23	01.03.23
<b>Members</b>						
<b>T Marwick</b> , Non-Executive Member ( <b>Chair</b> )	P	P	P	P	x	P
<b>M Black</b> , Non-Executive Member	P	x	P	P Part		
<b>C Cooper</b> , Non-Executive Member	x	P	P	x		
<b>R Laing</b> , Non-Executive Member	P					
<b>M Mahmood</b> , Non-Executive Member				P Observing	P	P
<b>A Morris</b> , Non-Executive Member		P	P	P	P	x
<b>A Wood</b> , Non-Executive Member				P Observing	P	P
<b>W Brown</b> , Employee Director	x	P	x	x	x	P
<b>M McGurk</b> , Director of Finance & Strategy	P	P	P	P	P	P
<b>C McKenna</b> , Medical Director	P	x	P	P	P	P
<b>J Keenan</b> , Director of Nursing	P	P	P	P	P	P
<b>C Potter</b> , Chief Executive	P	x	P	P	P	x
<b>J Tomlinson</b> , Director of Public Health ( <b>Exec Lead</b> )	P	P	P	P	P	P
<b>In Attendance</b>						
<b>R Bennet</b> , Health Promotion Service Manager	P Item 8.2					
<b>N Connor</b> , Director of H&SC	P	P	P	P	P	P
<b>G Couser</b> , Associate Director of Quality & Clinical Governance	P Item 5.2					
<b>P Cumming</b> , Risk Manager			P Item 7			
<b>B Davis</b> , Head of Primary & Preventative Care	P Item 6.7					
<b>S Fraser</b> , Associate Director of Planning & Performance	P	P	P	x	P	P
<b>B Hannan</b> , Director of Pharmacy & Medicines				P	P	P
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	P	P	P	P	P	P
<b>N McCormick</b> , Director of Property & Asset Management	P					P
<b>E O'Keefe</b> , Consultant in Dental Public Health					P	

APPENDIX 1

	16.05.22	04.07.22	29.08.22	07.11.22	11.01.23	01.03.23
					Item 7.1 & 7.2	
<b>F Richmond</b> , Executive Officer to the Chief Executive & Board Chair	P	P	P			

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board agrees a strategic plan which incorporates the organisation’s vision and values and reflects stated priorities.	Approval of Population Health & Wellbeing Strategy and relating supporting annual processes	<b>BOARD</b> <b>PUBLIC HEALTH &amp; WELLBEING COMMITTEE</b>	Annual	Population Health & Wellbeing Strategy  Annual Delivery Plan  Corporate Objectives
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Approval of Annual Delivery Plan by SG  Strategic Planning & Resource Allocation (SPRA) process	<b>BOARD</b>  <b>ALL BOARD COMMITTEES</b>	Annual	Annual Delivery Plan  Corporate Objectives

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.</p>	<p>Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. The Corporate Risk Register contains the overarching strategic risks related to the strategic plan.</p>	<p><b>ALL BOARD COMMITTEES</b> <b>BOARD</b></p>	<p>Bi-monthly Twice per year</p>	<p>Corporate Risk Register</p>

**Effective Partnerships**

The “Effective Partnerships” theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board develop relationships and works in partnership wherever this leads to better service delivery. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners.	NHS Fife involvement in strategic planning and engagement with Fife H&SCP  NHS Fife key partner in Fife Partnership Board	<b>BOARD</b>  <b>PUBLIC HEALTH &amp; WELLBEING COMMITTEE</b>	Ongoing	Population Health & Wellbeing Strategy  Reporting of Minutes

**Governance and Accountability**

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>ALL BOARD COMMITTEES</b>	Ongoing	Standing Orders / Code of Corporate Governance  NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>ALL BOARD COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Strategic plans and appropriate business cases are developed and scrutinised appropriately.	<b>BOARD</b>  <b>PUBLIC HEALTH &amp; WELLBEING COMMITTEE</b>	Ongoing	Business Cases for capital projects  Strategy Development



**Performance Management**

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

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

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

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

**Cross-Cutting Theme – Sustainability**

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

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

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources	Climate Sustainability reporting incorporated in Committee’s workplan and one of the Committee’s relevant risks assigned to it for review.	<b>PUBLIC HEALTH &amp; WELLBEING COMMITTEE</b>	Annual  Bi-monthly	Annual Climate Emergency & Sustainability Report  Specific risk indicator in Corporate Risk Register

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
needed for life are unimpaired and remain so for future generations.				

**Cross-Cutting Theme – Equality**

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidenced via formal reporting to the Board on compliance.	<b>BOARD</b> <b>ALL BOARD COMMITTEES</b>	Ongoing	EQIA section on all reports  Annual Report on Equality Outcomes & Mainstreaming Plan
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>ALL BOARD COMMITTEES</b>	Ongoing	EQIA section on all reports  Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines)

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p><b>BOARD</b> <b>ALL BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Population Health &amp; Wellbeing Strategy and related EQIA</p> <p>Focus of Committee on health inequalities more generally</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments collect this information to inform future decisions.</p>	<p><b>BOARD</b> <b>ALL BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Annual progress reporting on equality issues</p> <p>Evaluation of programme outcomes against EQIA priorities</p>

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE REMUNERATION COMMITTEE FOR 2022/23

### 1. Purpose

- 1.1 The purpose of the Remuneration Committee is to consider and agree performance objectives and performance appraisals for staff in the Executive Cohort and to oversee performance arrangements for designated senior managers.
- 1.2 To direct the appointment process for the Chief Executive and Executive Members of the Board.

### 2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Remuneration Committee comprised:

Tricia Marwick	Chair / Chair of the Fife NHS Board
Carol Potter	Chief Executive (until May 2022, attendee thereafter)
Martin Black	Non-Executive Director (to November 2022)
Wilma Brown	Employee Director
Alastair Grant	Non-Executive Director (from December 2022)
Rona Laing	Non-Executive Director (to May 2022)
Alistair Morris	Non-Executive Director (from November 2022)

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items. The Chief Executive and Director of Workforce will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting. The Executive Assistant to the Director of Workforce or Corporate Governance Support Officer will normally take the minute of the meeting.

### 3. Meetings

- 3.1 The Committee met on five occasions during the financial year to 31 March 2023, on the undernoted dates:

- 14 April 2022
- 17 May 2022
- 18 July 2022
- 21 November 2022
- 29 March 2023

- 3.2 The attendance schedule is attached at Appendix 1.

### 4. Business

- 4.1 The business of the Committee during the year has been impacted to some extent by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic, e.g. appraisal/performance management activities and the receipt of associated assurance information.

- 4.2 The Committee continued to meet throughout 2022/23 utilising videoconferencing technology. The Committee's workplan has ensured that items are covered appropriately and that the required assurances can be provided to the Board.
- 4.3 The Remuneration Committee's first meeting of the 2022/23 reporting year was in April 2022, where the Terms of Reference and workplan for 2022/23 were considered and agreed. The draft Annual Statement of Assurance for 2021/22 was discussed and comments made. Also discussed in April 2022 was the Letter of Assurance from the National Performance Management Committee (NPMC), which confirmed the ratings as recommended and submitted by the Remuneration Committee. Consideration was also given to the Deputy Chief Executive Role and Responsibilities and commencing salary for the Director of Pharmacy & Medicines.
- 4.4 At its meeting in May 2022 the Committee considered and approved the Executive & Senior Manager (ESM) Annual Performance Appraisals outcomes for the Executive Cohort and Senior Managers for 2021/22 (except for the Chief Executive and Director of Public Health). The Committee also considered the draft Corporate Objectives 2022/23 and Chief Executive Objective Setting 2022/23. The Annual Statement of Assurance for 2021/22 was approved.
- 4.5 At the July 2022 meeting, the Committee considered and approved the ESM Performance Appraisal Outcome 2021/22 for the Chief Executive and Director of Public Health, ensuring the submission of outcomes for all the ESM cohort to the NPMC. The Committee also agreed the Executive Cohort Objectives 2022/23, noting the mapping of the Corporate Objectives to individual Director roles.
- 4.6 The Director of Workforce provided an overview of the ESM performance appraisal timeline and the documentation provided to the Remuneration Committee for Executive and Senior Manager performance appraisal and recommended that these documents form part of the induction material for new members of the Committee.
- 4.7 An overview of the value-based appointment process for the Director of Workforce position was given, with Members asked to review and comment on the draft job description for approval in due course.
- 4.8 The Committee also considered the Scottish Government circular DL(2021)35 Annual Leave Buy Back and Carry Over 2021/22 Uptake Report, with confirmation provided that the return had been submitted to the Scottish Government by the approved deadline.
- 4.9 In November 2022, the Committee approved the Award of Discretionary Points for Consultants (2022) and noted progress with Mid-Year Review discussions for the ESM cohort. A paper was also presented for assurance, which outlined the position in respect of the salary applied to the incoming Director of Workforce.
- 4.10 In February 2023, the Director of Workforce led an induction session for the one new Member to the Committee. A training session for the full Remuneration Committee will be arranged once a new Chair has been appointed.
- 4.11 In March 2023, the Committee considered the Terms of Reference and draft Annual Statement of Assurance for 2022/23. The Committee Self-Assessment Report 2022/23 was discussed, and it was agreed that a Development Session be organised for Committee Members as soon as practicable. Also discussed in March 2023 was the Letter of Assurance from the NPMC, which confirmed the ratings as recommended and submitted by the Remuneration Committee. The Remuneration Committee Workplan for 2023/24 was approved.



- 4.12 A paper was also considered in respect of ESM Performance Management Outcomes 2020/21, noting that the NPMC Letter of Assurance 2021/22 had been issued and was applied in February salaries.
- 4.13 Throughout the year the Remuneration Committee has considered (and, where appropriate, approved) the decisions relating to the Executive and Senior Management performance management arrangements.
- 4.14 At each meeting appropriate circulars and letters were presented and noted by the Committee.

## **5. Self Assessment**

- 5.1 The Committee completed a self assessment of its own performance and effectiveness, utilising the questionnaire approved by the Committee Chair. Attendees were also invited to participate in the self assessment, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its meeting in March 2023, and action points are being taken forward. Themes from the self-assessment exercise related to the timely issuing of papers and further training to be undertaken on the roles and responsibilities of members in relation to delivery of the scope of business contained in the Committee's remit.

## **6. Conclusion**

- 6.1 As current Chair of the Remuneration Committee, I am satisfied that, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.
- 6.2 I continue to pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee, during what has been a very challenging year.

Signed: 

Date: 19 May 2023

**Alistair Morris, Chair**

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

## NHS FIFE REMUNERATION COMMITTEE

## ATTENDANCE SCHEDULE 1 APRIL 2022 – 31 MARCH 2023

	14.04.22	17.05.22	18.07.22	21.11.22	29.03.23
<b>Members</b>					
Tricia Marwick, Chair	ü	ü	ü	ü	ü
Carol Potter, Chief Executive	ü				
Martin Black, Non-Executive Member	ü	ü	ü	ü	
Wilma Brown, Employee Director	ü Part	x	ü	ü	ü
Alastair Grant, Non-Executive Member				ü Observing	ü
Rona Laing, Non-Executive Member	ü	ü			
Alistair Morris, Non-Executive Member				ü	ü
<b>In Attendance</b>					
Linda Douglas, Director of Workforce	ü Part	ü	ü	ü	
David Miller, Director of Workforce					ü
Carol Potter, Chief Executive		ü	ü	ü	ü

**Best Value**

**VISION AND LEADERSHIP**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There are mechanisms within the organisation to develop and monitor relevant leadership and strategic skills in Board members and senior management.	This is achieved through the development of Personal Development Plans and Annual Appraisals.	<b>CHAIR / CHIEF EXECUTIVE REMUNERATION COMMITTEE</b>	Annual	Annual Appraisal process for Executive and Senior Management (ESM) posts

## GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.	<b>BOARD</b>	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	SBAR reports EQIA forms

**USE OF RESOURCES**

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report.	<b>BOARD</b> <b>COMMITTEES</b>	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	Executive and Senior Manager (ESM) performance reporting.	<b>REMUNERATION COMMITTEE</b>	Annual and as required	Minutes of Remuneration Committee
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	Executive and Senior Manager Objectives Setting and Review.	<b>REMUNERATION COMMITTEE</b>	Annually	Minutes of Remuneration Committee

**PERFORMANCE MANAGEMENT**

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required.	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	Minutes of Committees

**CROSS-CUTTING THEME – EQUALITY**

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA form on all appropriate reports

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2022/23

### 1. Purpose

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.
- 1.2 To assure the NHS Fife Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.

### 2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Colin Grieve	Non-Executive Member (from November 2022)
Kirstie Macdonald	Non-Executive Member Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (to November 2022)
Alistair Morris	Non-Executive Member
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Health & Social Care, Deputy Director of Workforce, Heads of Service for the Workforce Directorate, and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on eight occasions during the financial year to 31 March 2023, on the undernoted dates:
- 12 May 2022
  - 14 July 2022
  - 1 September 2022
  - 24 October 2022 (Development Session)
  - 10 November 2022



- 12 January 2023
- 16 February 2023 (Development Session)
- 9 March 2023

3.2 The attendance schedule is attached at Appendix 1.

#### 4. Business

4.1 The Staff Governance Committee's first meeting of the 2022-23 reporting year took place in May 2022. Substantive agenda items included a presentation on Equality, Diversity and Human Rights related activities, to address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'). The composition of the NHS Fife workforce and the percentage of those with protected characteristics was highlighted. Discussion took place on the requirement to reinvigorate the Black, Asian & minority ethnic (BAME) network group as their meetings began once again post-Covid, to progress a number of actions that staff-side colleagues have highlighted as being critical. The Committee took assurance from the recent appointment of a new Equality & Diversity Lead Officer, to help support this work, in addition to the roll-out of a new communications plan and mentoring scheme.

4.2 At its May 2022 meeting, members reviewed the initial draft of NHS Fife's Three-Year Workforce Plan 2022-25 submission to the Scottish Government, utilising the national template and six-step workforce planning methodology. The Plan took due cognisance of the recent publication of the National Workforce Strategy for Health & Social Care, detailed in a Director's Letter (DL 2022(09)) issued in April 2022. Issues discussed by members included the potential for work to be undertaken with university partners to address particular clinical speciality gaps; progress with international nurse recruitment; and evidencing the Fair Work agenda. At its July 2022 meeting, members reviewed an updated draft of the NHS Fife Plan, alongside the complementary plan for the Health & Social Care Partnership. Both documents have been written with due acknowledgement of the current service-pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plan. The Fife Health & Social Care Workforce Plan 2022-25 encompasses the broad range of services delivered by the Partnership, and is fully aligned to the NHS Fife plan. Members welcomed the synergies between both strategies and the ambitions detailed within, endorsing the content for onward submission to Scottish Government.

Feedback from Scottish Government on the NHS Fife plan (which will influence the next three-year iteration and any annual updates required) was considered by members at the Committee's November 2022 meeting. Comments related to strengthening financial planning linkages to workforce planning, to better understand the extent to which affordability factors are being considered as part of the overall workforce planning process; workforce projections over the period of the plan; and how the workforce and services to be provided over the plan's lifecycle will be affected by the changing population dynamics and composition of our staff. Assurance was provided that the annual Strategic Planning & Resource Allocation (SPRA) process was aiding enhancement of the integration of financial and workforce planning, and that the production of a workforce plan as part of an enabling strand of the Board's new Population Health & Wellbeing Strategy would explicitly address this feedback. A specific update on this year's SPRA process was given to members in November 2022, with the Committee being assured that the process has been considerably more embedded this year and with real ambition to integrate organisational workforce and financial plans going forward.

- 4.3 Ongoing reports have been provided to the Committee on the organisational strategy development work, including details on the staff and public engagement approach and the results of the Population Health Needs Assessment, which is the underpinning baseline of the strategy document text. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Members' feedback on the means of further engaging with staff and service users on the content of the new strategy has been welcomed, particularly for the stages with more focused participation. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Staff Governance Committee has had regular input over the course of the reporting year.
- 4.4 Following detailed discussion at a number of full Board Development Sessions over 2022/23, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions, including the enabling workforce strategy, and gaining assurance on progress with the various implementation actions detailed within.
- 4.5 The Committee reflected on Winter 2021/22 performance and discussed planning for the 2022/23 Winter Period (as part of the Board's Annual Delivery Plan return) via reports considered by members at the Committee's May and November 2022 meetings. Members noted that the Winter period had been especially challenging for staff, with many employees reassigned from their core role to support services under pressure. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services remain in recovery mode, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have been critical to managing delay and flow, with varying results across the year. It has been important for the Board to continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on staff wellbeing and the variability of performance overall, particularly around key targets such as A&E attendances and sickness absence. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. The introduction of a new Operational Pressures Escalation Levels (OPEL) process, which became fully embedded over the reporting year, is helping manage day-to-day pressures and identify areas where staff shortages are impacting, with clear triggers for action and escalation.
- 4.6 A comprehensive Framework created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in November 2022. Detail was given within on the services available to help support staff during this time of increased activity on all services (including Mindfulness training, peer support and reflective practice to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term, particularly as the legacy effects of Covid become clearer. Members also welcomed the information given on the various offers of support available to staff and the

positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.

- 4.7 In March 2023, in reference to the issue of staff wellbeing, members considered the issues raised by a letter to all NHSScotland Boards from Healthcare Improvement Scotland's Director of Quality Assurance, highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections of acute hospitals across Scotland. The issues cited within reflected the exceptional winter pressures experienced by Scottish hospitals, including potential overcrowding in emergency departments and admission units, heavy use of supplementary staffing, pressures on staff health and wellbeing, the criticality of appropriate medicines governance, and the need for visible and active leadership on-site in clinical areas. Although focused on the results of acute inspections, members recognised that addressing all the action points required nothing less than a whole-system approach, to be achieved through close working with Fife Health & Social Care Partnership colleagues. An action plan has been developed to address the issues raised by HIS, to be supported by a series of 'mock inspections', to provide assurance that lessons learned from the HIS inspections would be carefully reviewed against practice within the Victoria Hospital. Further detail was also given on the measures put in place for staff to find time and space to take appropriate breaks away from work, including facilities such as the permanent staff wellbeing hubs and new energy pods. The creation of suitable breakout space in outdoor areas will be developed as part of the Greenspace Strategy work underway.
- 4.8 An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2022 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the staffing levels given in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and an increased number of registrants need to be recruited before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board fully details its related risk management mitigations and escalation routes.
- 4.9 The Board has implemented the National Whistleblowing Standards, launched in April 2021. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. Each NHS Board has a dedicated Whistleblowing Champion as a Board member, who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer. The Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Staff Governance Committee. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases. Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards.

- 4.10 Further work is underway on the format of quarterly Whistleblowing reports, in particular to improve the timeliness of data reporting and to evidence an open and learning culture. Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. An action plan showing specific areas where improvement can be achieved will be presented to Staff Governance Committee and the NHS Fife Board in summer 2023. Enhancements are expected to be made to both quarterly reporting and the Annual Report for 2022/23, which will include action plan monitoring. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced this year, details on the uptake of which are contained in the reports to the Committee. It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its September 2022 meeting, which included an assurance statement from the Whistleblowing Champion. Two Whistleblowing concerns were raised during 2021-22, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year.
- 4.11 The Board held a dedicated discussion at its April 2022 Development Session on developing an open and transparent culture (this has recently been followed up by a second Board Development Session on behaviours and values in April 2023), which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the recent nationally led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them. This campaign will be run again in this reporting year.
- 4.12 The draft Corporate Objectives 2022/23 were presented to the Committee in May 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. For the Staff Governance Standard, relevant individual objectives were linked to broader workstreams such as: implementation of high quality systems to improve staff health and wellbeing; delivery of workforce plans that attract, recruit and retain a high-quality workforce; and improving leadership capacity and embedding the framework for talent management. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objectives from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader

workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval. In March 2023, as part of the update on the Strategic Planning & Resource Allocation process for the year ahead, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to further consideration at the May 2023 meeting and formal approval by the Board later in spring 2023.

- 4.13 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the results of the most recent iMatter staff survey in the reporting year, with a report delivered to members in January 2023 detailing its findings. The Committee recognised that the NHS Fife response rate (of 60%) continues to be higher than NHSScotland averages, though the Employee Engagement Index and experience of working in the organisation both deviated marginally by -1 point. When comparing NHS Fife's results with the national report, all scores were either the same or deviated by one point. There were no red flags in our report and no significant surprises. Further improvement actions are needed in the transfer of team results into meaningful action plans, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented in future.
- 4.14 In July 2022, a detailed report on the workforce implications of the General Practice Memorandum of Understanding 2 (MoU2) was discussed, noting the requirement of an enhanced multi-disciplinary, multi-professional team built around GP practices, which will be primarily composed from the nursing, Allied Health Professionals and Pharmacy workforce. The risks of this, in light of the existing pressures on Nursing and Advanced Health Care Practitioners numbers, are well recognised, and are being monitored on an ongoing basis via the Committee's usual risk reporting. Members were advised that utilisation of a Scottish Government underspend from the pandemic period, amounting to funding of £6.5m on a non-recurring basis, has allowed further progression of MoU2 implementation across all three key workstreams, including recruitment to fixed-term posts and other practical support for GP Practices. Two thirds of the Community Treatment and Care (CTAC) workforce are in place and the requirement to transfer the Vaccination Transformation Programme has been achieved by the April 2022 deadline. The Committee took assurance from the report that there has been progression in the recruitment of the workforce and noted the ongoing progress of all priority areas and the mitigating actions being taken in relation to the risks identified. A further update was given to the Committee in January 2023, focused on the specific areas of risk (the overall financial gap and recruitment in the Band 5 Community Treatment & Care Service and pharmacotherapy workforce) and how these were being addressed in the production of a new Primary Care Strategy. In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process has recently concluded, with notes of interest currently being assessed before the formal decision-making process is undertaken in May 2023.
- 4.15 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2022 meeting. Progress with the Supporting Work / Life Balance suite of policies was outlined and NHS Fife's input into the national consultation exercise was discussed. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement.
- 4.16 At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels

compared to the anticipated trajectory (this remaining above the national 4% target throughout the year, at around 6.5%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. In September 2022, the Committee discussed a Promoting Attendance Update, outlining the various activities underway to help support staff stay healthy. The work of an Attendance Management Taskforce has since been incorporated in the Executive Directors' Group, to allow for regularity of reporting.

- 4.17 As part of a proposal to assign to the Committee additional performance metrics, members considered a report on the outcome of the recent IPQR review process at its July 2022 meeting. Noting that not all workforce metrics lend themselves to routine performance reporting, it has nevertheless been agreed that three additional measures will be included in future reporting. These are Personal Development planning & Performance Review (PDPR), core training compliance and data on the Establishment Gap. Further performance-related measures will continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information report.
- 4.18 In relation to PDPR performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In January and March 2023, detailed updates on training compliance for the period 2021/22 were reviewed by members, indicating that a decline in overall training compliance and a need to prioritise immediate work around this, particularly in areas where patient safety or quality of care might be compromised by a lack of compliance. Discussion on improving performance has been taken forward by the Executive Directors' Group and the full Board, and the Committee will be keeping these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area. PDPR performance was the subject of a deep-dive presentation to the Committee at its March 2023 meeting, as part of the Corporate Risk Register review. Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst system pressures continue.
- 4.19 The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In May 2022, it was reported that work to identify the Establishment Gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards, though remains key to understanding the quantum of the workforce challenge. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. In January 2023, the Committee discussed the reliance on bank and agency staff, and associated costs, noting that the need to reduce this reliance was being taken forward as a separate workstream, aligned to national work in this area. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.

4.20 Members considered the annual Staff Governance Monitoring Return draft submission for 2021/22 at the Committee's meeting in September 2022, the national template for which is constructed around the five Staff Governance strands and seeks to gather information on staff experience and culture. Members were assured that close engagement would be undertaken with a variety of stakeholder groups and staff-side to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in November 2022. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 18 November 2022.

4.21 As part of its work in addressing across its agenda items the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management's attendance for these items. The updates detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

A further update was given in January 2023, focussed on the forming of a new multidisciplinary Steering Group on preventing workplace-related stress, utilising a 'Talking Toolkit' provided by the Health & Safety Executive. Staff from the Property & Asset Management team have piloted the training directly and the plan is that this approach will be rolled out across priority areas, as detailed at the March 2023 meeting. Further reflection on the implementation of this initiative will feature in this year's Committee agendas.

4.22 The Committee has held a series of dedicated Development Sessions, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2022, the Committee had a detailed briefing on the Staff Governance Standard, including information on how coverage of this is part of the Committee's annual cycle of business and also further detail on the way in which partnership working is embedded across NHS Fife and Fife H&SCP. In February 2023, members were pleased to welcome colleagues to speak on the topic of Values Based Reflective Practice, being led by staff from the Spiritual Care service. At the same session, an employee story detailing the return to work plan of a Speech & Language Therapy staff member with complex management of attendance was discussed by the Committee.

4.23 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing its activities in support of the pandemic and its business-as-usual support); (ii) Volunteering; (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2021/22 and the priority actions underway by both staff-side groups.

4.24 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2022, the Committee received the Annual Internal Audit report for 2021/22, with members discussing the comments from the auditors on the areas of workforce succession planning and adequate coverage of the Staff Governance Standard throughout the Committee's

yearly workplan. In relation to the latter, in the reporting year improvements have been made to the categorisation of papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan. This signposting will give members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the Standard's categories. Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas gives assurance that the Committee's agendas are delivering on all aspects of its remit. Additionally, the regular review of delivery of business against the Committee's workplan ensures that agenda items are promptly rescheduled should any slippage arise. The introduction of Committee Development Sessions is a further way to capture members' input into the business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

- 4.25 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF) and, within the reporting year, the areas of the new Corporate Risk Register aligned to it for regular monitoring. Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to 'High' rating of the workforce sustainability risks reported to the Committee within the BAF, amendments were made to the linked operational risks. These relate to the risks incurred by a national shortage of radiologists, the loss of a number of consultants in the rheumatology service (a specific paper on this issue was also tabled to the Committee at its September 2022 meeting) and a risk related to nurse and midwifery recruitment. A presentation on nursing and midwifery staffing levels was delivered to the Committee in March 2022, with members scrutinising vacancy levels, the potential for upskilling the existing workforce, possible pension changes influencing uptake of early retirement, and options to reduce reliance on supplementary bank and agency nursing staff. This has been supported in-year with the development of a Band 4 Assistant Practitioner role, as detailed further in a briefing paper considered at the Committee in September 2022 and progressed by the Board over the autumn period. The Committee took assurance that this risk is being actively managed, though noting the national pressures overall on the nursing and midwifery workforce.



- 6.3 At its meeting in May 2022, the Committee received a progress update report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the escalation process within the Board structure and to create a risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.4 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Staff Governance Committee cover the areas of workforce planning and delivery, and staff health and wellbeing. In addition to the summary presentation of the aligned risks at all meetings since January 2023, members have received deep-dive information on workforce planning for nursing and midwifery staffing levels, and personal development and performance review in March 2023, with in-depth review of bank and agency spend and utilisation scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.
- 6.5 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved, which is a position similar to many other territorial boards across Scotland. The deep-dive exercise undertaken by the Committee in January 2023 is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. This approach is expected to mature in the year ahead.

## **7. Self Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2022/23 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

## **8. Conclusion**

- 8.1 As Chair of the Staff Governance Committee during financial year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see the legacy effects of the Coronavirus pandemic and a general backlog of treatment. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff, at what continues to be a difficult period of exceptional demand on our Acute and H&SCP services. We all remain in their debt.



Signed:

Date: 22 May 2023

**Sinead Braiden, Chair**

On behalf of the Staff Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS FIFE STAFF GOVERNANCE COMMITTEE  
ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2023**

<b>Present</b>	<b>12.05.22</b>	<b>14.07.22</b>	<b>01.09.22</b>	<b>10.11.22</b>	<b>12.01.23</b>	<b>09.03.23</b>
<b>S Braiden</b> , Non-Executive Member ( <b>Chair</b> )	ü	ü	ü	ü	ü	x
<b>W Brown</b> , Employee Director	ü	ü	ü	x	ü	x
<b>S Fevre</b> , Co-Chair, H&SCP Local Partnership Forum	ü	ü	ü	ü	ü	ü
<b>C Grieve</b> , Non-Executive Member				ü	ü	ü
<b>K Macdonald</b> , Non-Executive Member	X	ü	x	ü	ü	x
<b>M Mahmood</b> , Non-Executive Member	ü	x	ü			
<b>A Morris</b> , Non-Executive Member	ü	x	ü	ü	ü	ü
<b>J Kennan</b> , Director of Nursing	ü	ü	ü	ü	ü	x
<b>C Potter</b> , Chief Executive	ü	ü	ü	ü	ü	ü
<b>A Verrecchia</b> , Co-Chair, Acute Services Division Local Partnership Forum	ü	x	ü	ü	x	x
<b>In attendance</b>						
<b>K Berchtenbreiter</b> , Head of Workforce Development	X	ü	ü	ü		
<b>H Bett</b> , Interim Senior Manager, HSCP			ü			
<b>N Connor</b> , Director of Health & Social Care	ü	ü	x	ü	ü	ü
<b>P Cumming</b> , Risk Manager	ü Item 5.3			ü		
<b>C Dobson</b> , Director of Acute Services	ü	ü	ü	ü	ü	ü
<b>L Douglas</b> , Director of Workforce ( <b>Exec Lead</b> )	ü	ü	ü	ü		
<b>S Fraser</b> , Associate Director of Planning & Performance	ü Item 7.3	ü Item 7.1 & 7.2		ü	ü	ü
<b>R Lawrence</b> , Workforce & OD Lead for the HSCP		ü Item 6.2				
<b>N McCormick</b> , Director of Property & Asset Management			ü		ü	
<b>M McGurk</b> , Director of Finance & Strategy and Deputy Chief Executive	ü	ü	ü	ü	ü	ü
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	ü	ü	ü	ü	ü	ü
<b>S McCormack</b> , Associate Medical Director for Emergency Care and Planned Care						ü
<b>D Miller</b> , Director of Workforce					ü	ü
<b>S Raynor</b> , Head of Workforce Resourcing and Relations	ü	ü	ü	ü	ü	x

<b>K Reith</b> , Deputy Director of Workforce	ü	ü	ü	ü	ü	ü
<b>N Robertson</b> , Associate Director of Nursing						ü
<b>J Tomlinson</b> , Director of Public Health						ü Item 7.4
<b>R Waugh</b> , Head of Workforce Planning and Staff Wellbeing	ü	ü	ü	ü	ü	ü

**Best Value Framework**

**Vision and Leadership**

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

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

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

**GOVERNANCE AND ACCOUNTABILITY**

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

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

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

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



**USE OF RESOURCES**

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

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

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

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

**PERFORMANCE MANAGEMENT**

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

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

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

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

**CROSS-CUTTING THEME – SUSTAINABILITY**

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

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

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

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

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

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

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

**CROSS-CUTTING THEME – EQUALITY**

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

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

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

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

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