**ANNUAL STATEMENT OF ASSURANCE FOR
STAFF GOVERNANCE COMMITTEE FOR 2024/25**

1. Purpose

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

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

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

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

2. Membership

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

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

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

3.   Meetings

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

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

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

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

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

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

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

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

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

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

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

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

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

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

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

also chairs a new quarterly Whistleblowing Oversight Group, involving key leaders across the organisation, to ensure the learning from cases are applied appropriately across

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

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

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

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

Personal Development & Planning Reviews (PDPR) and mandatory training compliance, and launching a leadership programme to increase team performance. Each of the objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

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

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

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

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

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

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

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

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

4.23   As part of the RTP programme of work, a new People & Change Board has during the year also considered the issue, as part of the Board's work around reducing costs. The

Committee has received regular updates on the work being progressed through the group, in the areas of attendance management, rota compliance, vacancy management grip and control, redeployment, non-pay elements of the 2023/24 Agenda for Change pay award, and plans for a voluntary severance scheme. The report to the Committee in September 2024 outlined each area that the Group was presently working on, with members being able to take a moderate level of assurance from the activities underway in relation to realising potential financial savings from this workstream.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.   Best Value

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

6.   Risk Management

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

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

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

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

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

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

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

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

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

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

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

7.   Self Assessment

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

8.   Conclusion

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

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

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

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

Signed: Date: 26 April 2025

Colin Grieve, Staff Governance 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 2024 – 31 MARCH 2025

Present	14.05.24	09.07.24	03.09.24	05.11.24	07.01.25	04.03.25
C Grieve, Non-Executive Member **(Chair from July 2024)**	✓	✓	✓	✓	✓	✓
V Bennett, Co-Chair, H&SCP Local Partnership Forum				✓ Deputising	✓	✓
S Braiden, Non-Executive Member **(Chair to July 2024)**	✓	X	✓	X	✓	✓
A Haston, Non-Executive Member					X	✓
K Macdonald, Non-Executive Member	X	✓	✓	X		
J Kemp, Non-Executive Member		✓	✓	✓	✓	✓
J Kennan, Director of Nursing	✓	✓	✓	✓	✓	✓
L Parsons, Employee Director	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	✓	X	X	✓	✓
A Verrecchia, Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	X	✓	X	✓
In attendance						
J Anderson, General Manager				✓ Item 6.3		✓ Item 8.1
L Barker, Head of Service, Community Care Services, H&SCP			✓ Item 6.1			
V Bennett, Health & Social Care Partnership Local Partnership Forum				✓ Deputising	✓	
N Connor, Director of Health & Social Care	✓	X				
L Cooper, Head of Service, Primary and Preventative Care Services			✓ Deputising			✓ Deputising
C Dobson, Director of Acute Services	✓	X	X	✓	✓	✓
F Forrest, Acting Director of Pharmacy & Medicines						✓
S Fraser, Associate Director of Planning & Performance		✓ Deputising	✓			✓ Item 8.2
B Hannan, Director of Planning & Transformation			✓	✓	✓	✓
L Garvey, Head of Community Care Services, HSCP		✓ Deputising		✓	✓	X
J Jones, Associate Director of Culture, Development & Wellbeing	✓	X	✓	✓	✓	✓
P Kilpatrick, Board Chair	✓	✓ Part			✓	✓
J Lyall, Chief Internal Auditor		✓ Item 5.1				✓ Item 7.4

Present	14.05.24	09.07.24	03.09.24	05.11.24	07.01.25	04.03.25
K MacGregor, Director of Communications & Engagement		✓	✓	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
A McArthur, Employability & International Recruitment Co-ordinator				✓ Item 7.4		
N McCormick, Director of Property & Asset Management		✓	✓	✓	✓	✓
D McGirr, NHS Fife Speak Up / Whistleblowing Coordinator				✓ Observing		
M McGurk, Director of Finance & Strategy and Deputy Chief Executive	X	X	✓	✓	✓	X
F McKay, Interim Director Fife Health and Social Care Partnership			X			
B McKenna, Board Workforce Planning Lead	✓	✓ Item 6.4	✓ Item 7.2		✓ Item 7.2	
C McKenna, Medical Director	✓	✓	✓	✓	✓	✓
M McKinley, Senior Practitioner Advanced Practice & NHS Fife Armed Forces & Veterans Champion	✓					
M Michie, Deputy Director of Finance	✓					
J Millen, Interim Learning & Development Manager		✓ Deputising			✓ Item 9.2	
D Miller, Director of Workforce **(Exec. Lead)**	✓	✓	✓	✓	✓	✓
B Morgan, General Manager		✓ Deputising				
S Ponton, Head of Occupational Health				✓ Item 10.4		
S Raynor, Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	✓
R Waugh, Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

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

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

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

GOVERNANCE AND ACCOUNTABILITY

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

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

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

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

USE OF RESOURCES

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

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

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

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

PERFORMANCE MANAGEMENT

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

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

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