AGENDA

A meeting of Fife NHS Board will be held on WEDNESDAY 26 JUNE 2019 at 10.00 AM in the STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

TRICIA MARWICK
Chair

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<td>7 ANNUAL ACCOUNTS PROCESS</td>
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<td>(Issued to Board and EDG Members only)</td>
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<tr>
<td></td>
<td>7.1 NHS Fife Board Annual Accounts for the Year to 31 March 2019</td>
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<td></td>
<td>(i) Annual Accounts and Financial Statements 2018/19</td>
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</tbody>
</table>
(ii) Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland  | P Tate

(iii) Letter of Representation  | CP

(iv) Annual Assurance Statement from the Audit & Risk Committee  | MB

7.2 Patients’ Private Funds – Consolidated Abstract of Receipts and Payments for the Year Ended 31 March 2019  | CP

8 DATE OF NEXT MEETING: Wednesday 31 July 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy
MINUTE OF THE MEETING OF FIFE NHS BOARD HELD ON WEDNESDAY 29 MAY 2019 AT 10.00 AM IN THE STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY

Present:
Ms T Marwick (Chairperson)  Mrs C Cooper, Non-Executive Director
Mr P Hawkins, Chief Executive Cllr D Graham, Non-Executive Director
Dr L Bisset, Non-Executive Director Ms R Laing, Non-Executive Director
Mr M Black, Non-Executive Director Ms D Milne, Director of Public Health
Ms S Braiden, Non-Executive Director Ms J Owens, Non-Executive Director
Mrs W Brown, Employee Director Mrs C Potter, Director of Finance
Mrs H Buchanan, Director of Nursing Mrs M Wells, Non-Executive Director
Mr E Clarke, Non-Executive Director

In Attendance:
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
Mr M Kellet, Director of Health & Social Care
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mr A Mackay, Deputy Chief Operating Officer (Acute)
Ms E McPhail, Director of Pharmacy
Mrs R Waugh, Head of HR
Mrs P King, Corporate Services Manager (Minutes)

30/19 CHAIRPERSON’S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Board meeting, noting that Mr Mackay is deputising for Mrs Ryabov, Chief Operating Officer, and Mrs Waugh is deputising for Ms Nelson, Director of Workforce. She reminded Members that the notes are being recorded with the Echo Pen to aid production of the minutes. These recordings are also kept on file for any possible future reference.

The Chair congratulated:

• NHS Fife Neonatal Services who received Stage 1 & 2 UNICEF Baby Friendly accreditation which recognises the role the amazing team play in giving babies the best possible start in life. Baby Friendly supports maternity, neonatal, health visiting and children's centre services to transform care; and

• the Emergency Department Team who were joint winners of the ‘Year of the Trainer – positive behaviours and culture’ award at the Scottish Medical Education Conference. The awards recognise outstanding contributions to the quality of medical education and training in Scotland.

The Chair advised that:

• a new ‘Jack and Jill’ ophthalmology theatre has opened at Queen Margaret
Hospital which is reducing waiting times and ensures all patients in Fife cataract surgery can have the procedure carried out locally;

- a special recital to mark the unveiling of a new NHS Fife ‘People’s Piano’ was held at Victoria Hospital on 22 May 2019 and she thanked everyone that was able to attend. The piano, donated by the owner of Balbirnie House Hotel and refurbished using funds from the Fife Health Board Endowment Fund, is intended for the use of patients, visitors and staff, allowing people the opportunity to take time out to play music for their own enjoyment and others’ enjoyment;

- the process to recruit a new Non-Executive Member to the Board is underway and Members are asked to raise awareness of the vacancy through their own networks; and

- Ms McPhail, Director of Pharmacy, is retiring after many years’ service. The Chair recorded thanks on behalf of the Board for her contribution to pharmacy services in Fife and wished her well in the future.

### DECLARATION OF MEMBERS’ INTERESTS

There were no declarations of interests.

### APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr McKenna.

### MINUTE OF THE PREVIOUS MEETING HELD ON 27 MARCH 2019

The Minute of the previous meeting was approved as a true record.

### MATTERS ARISING

1. Participation Requests submitted to NHS Fife

   Dr Bisset reminded the Board that, in January 2019, it had formally accepted Participation Requests from the Royal Burgh of St Andrews Community Council and Glenrothes Area Residents Federation, both received under the Community Empowerment Act (Scotland) 2015. At the time of accepting these requests the Health Board was aware that a consultation process was underway by the Health & Social Care Partnership (H&SCP) to consider the GP Out of Hours services in their areas. NHS Fife’s role in delivering the requests is to facilitate further engagement and participation between the H&SCP and both groups, and a number of meetings have been held chaired by NHS Fife. Progress has been made over the past few months but it is not at the stage yet to the close the Participation Requests in either of these two areas. The Board will be kept up-dated as necessary. The Chair thanked Dr Bisset for the work being undertaken on behalf of NHS Fife with regard to these Participation Requests.

### CHIEF EXECUTIVE’S REPORT
.1 Scottish Government has approved the initial agreement to progress the new Elective Orthopaedic Centre at a cost of circa £40-50m. GRAHAM Construction has been appointed as the Board’s Principal Supply Chain Partner to undertake all the design proposals and develop the cost appraisal to move forward with the full business case to Scottish Government. The project is being led by the Director of Finance and Project Director, Mr Wilson.

.2 Executive Summary - Integrated Performance Report (IPR)

Mr Hawkins introduced the Executive Summary. Executive leads and Committee Chairs highlighted areas of significance within the IPR, in particular:

Clinical Governance

An update was provided in relation to Hospital Acquired Infection (HAI) Staphylococcus Aureus Bacteraemia (SAB) rates. It was noted that the infection rate remains unchanged over the past month or so and full discussion took place at the Clinical Governance Committee in March. SABS within community services is one of the areas of concern and a full report will be submitted to the Clinical Governance Committee in July.

Dr Bisset spoke to the issue raised to the Board from the Clinical Governance Committee in relation to Complaints performance, noting that although both local targets for complaints had been achieved in January for the first time, there had since been a drop in the response rate. The introduction of a new process and template has been developed to ensure better consistency around the approach, content and timescale to responses and this will be monitored by the Committee. The importance of meeting the targets was emphasised, both for responding to complainants in a timely manner and as a learning experience for the Health Board, noting that some complaints will always take longer due to their complexity. A progress report will be submitted to the Clinical Governance Committee in July. Reference was made to Patient Opinion, which allows patients to provide feedback on their care and it was agreed the large number of positive comments received via that route should also be reflected in the report.

Action: H Buchanan

Finance, Performance & Resources

NHS Fife Acute Division – Attention was drawn to two key targets. Although performance around the 4-Hour Emergency Access target was above the Scottish average at 95.2% there has been recent variability which relates to the large numbers of patients attending A&E, with 1000 more patients attending from 1 March to mid-May compared to the same period in 2017 and 650 more than in 2018. Data analysis is being undertaken to try and identify the causes together with internal performance work to maintain performance levels whilst dealing with the increased levels of patients. Additional funding has been received
through Scottish Government for waiting list initiatives which will help to drive down the number of patients exceeding the Patient Treatment Times Guarantee (TTG), which is excellent news for patients.

Health & Social Care Partnership (H&SCP) – The position around Delayed Discharge remained challenging particularly in relation to securing care at home capacity and the ability to source adult packages but performance has improved since end of February and is a daily priority for the Partnership. Child and Adolescent Mental Health Services (CAMHS) performance dropped for the 3 month period to end February 2019 but has improved to 80% compliance in March 2019. It is hoped that the range of initiatives put in place and additional investment to increase the capacity of universal service providers and the additional Primary Mental Health Workers is resulting in a reduction in the number of referrals to CAMHS specialist services.

Financial Position – The revenue position to 31 March 2019 showed that NHS Fife has achieved a breakeven position in revenue funding and delivered its capital programme in full, subject to external audit review at the end of June 2019. This was a tremendous achievement for all staff and managers across the organisation and everyone was commended for their efforts. A total of £14m of savings has been achieved with a number of areas including Corporate Directorates and Estates & Facilities managing underspends for their areas. Challenges remain around the scale of the savings in the Acute Division and H&SCP. Whilst significant in-roads have been made within GP prescribing there had been cost pressures resulting in an overspend at the year end.

Ms Laing highlighted the issues to be raised to the Board in particular the level of unmet legacy savings within the Acute Division and the focus that the Finance, Performance & Resources Committee will have on this over the coming months.

Questions were asked about:
- the impact of the increased presentations in A&E on delayed discharges;
- the need to measure the success of the new GP contract on preventing presentations at A&E;
- the increased levels of delays in community hospitals and how this is being addressed; and
- the need for further contingency planning in terms of staffing for CAMHS together with further whole system mental health information with data and intelligence for the third and independent sector which would be useful for wider planning and a key part of the Mental Health Strategy.

Chair of the Board and Chair of the Finance, Performance & Resources Committee thanked the Director of Finance and her team for their work in the achievement of a breakeven position, noting it was subject to audit. Thanks were also recorded to all staff for this significant achievement.
Mr Hawkins provided feedback on positive discussion with Scottish Government on NHS Fife’s Annual Operational Plan 2019-20 noting that NHS Fife is one of the most improved Boards in Scotland with a good record in TTG, performance and finance. Additional funding has been agreed for the year but it will be a challenge to meet the same targets particularly with increasing pressure in A&E across Scotland. It is essential to work with the public to increase understanding about when patients should present at A&E or use other alternative services. The ability to over-recruit permanent staff against funding from Scottish Government was discussed to ensure there were fewer gaps in the system when staff left the organisation. This has been trialled successfully for midwives and would be continued for other staff groups.

**Staff Governance**

The sickness absence rate remained disappointing at 5.39% for the 12 months ending February 2019. The first of a series of promoting attendance workshops for managers, supervisors and staff side had been held and two further events would be planned for later this year. Reference was made to efforts being made under Well at Work with H&SCP also to develop new models and test change in the area of sickness absence and the wellbeing of staff. iMatter performance – there has been a slight improvement in the level of action plans completed, which sits at 47% at the end of March 2019. The next cycle of iMatter has commenced with a pro-active communication and support plan to support participation.

Attention was drawn to the issues raised to the Board from the Staff Governance Committee. Members were impressed by the use of a ‘roaming’ tea trolley to improve participation in iMatter and the same level of resource and support from the Communications team would be required when the results of the survey are received to drive completion of action plans.

The Board noted the information contained within the Integrated Performance Report Executive Summary.

### Annual Operational Plan 2019-20

Mrs Potter presented the Annual Operational Plan 2019-20 that was submitted in draft to SGHSCD on 29 March 2019 and thanked a number of colleagues involved in its production. The document outlines plans for delivery of NHS Fife’s local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning and the current draft had been discussed in detail by the Finance, Performance & Resources Committee. Given the significance of the document it was proposed to submit to all the governance committees in future years prior to Board consideration. Positive feedback had been given at a meeting with Scottish Government colleagues as noted above.

Discussion took place on the importance of the transformation agenda.
and the refreshed approach being led by the Chief Executive across both NHS Fife and H&SCP and the success of the medicines efficiency work that was ongoing despite the external factors involved in the supply of medicines. The Chair recorded thanks to all for the work around finance and performance that has seen NHS Fife recognised by Scottish Government as one of the best performing Boards in Scotland.

The Board:

- approved the Annual Operational Plan 2019-20; and
- agreed that the document be considered by all the governance committees of the Board in future years.

36/19 CHAIRPERSON’S REPORT

(a) Board Development Session – 24 April 2019

The Board noted the report on the Development Session.

Significant work is being undertaken by the Scottish Government and the Chairs of Health Boards around governance. At the end of last year NHS Fife introduced a new Induction Programme for Board Members that was tried out with Ms Braiden when she took up post. The Chair was delighted that this has been adopted as a template for all Health Boards in Scotland and she thanked Dr MacIntosh for her work in this regard.

The Chair referred to the invitation received to participate in the development of a national mentoring programme for new Non Executive Board Members and asked Members to advise her if they would be interested to mentor other Non-Executive Directors outwith Fife.

37/19 STRATEGIC OBJECTIVES 2018-19 AND 2019-20

Mrs Potter introduced the report that provided the Board with a review of the Strategic Objectives 2018-19 and a look forward to 2019-20 with proposed objectives to be approved by the Board. Confirmation was given that the objective to “jointly develop and deliver and East RDP to improve service and financial sustainability” (ref 3.7) had been removed and the final text would be amended to reflect this.

The Board:

- noted the review of the Strategic Objectives for 2018-19;
- agreed the Strategic Objectives for 2019-20;
- asked Chairs of the Governance Committees to consider which objectives would sit under their remit and discuss with the Chair at the next joint meeting of Chair/Chairs of Governance Committees.

38/19 ANNUAL REVIEW OF CODE OF CORPORATE GOVERNANCE

The Code of Corporate Governance has been reviewed to ensure that the current text reflects present structures, terminology and job titles and, in order to keep the document up-to-date, an annual update of the Code is proposed going
forward. Further changes will be required in the near future to take into account work currently underway aligned to the implementation of the NHS Scotland Blueprint for Good Governance, particularly in the area of Standing Orders. Thanks were paid on behalf of the Board to Dr MacIntosh for the work undertaken within Fife and outwith Fife on improving the Board’s systems of governance.

In response to a question, the intention to include Integration Joint Boards in the work underway with the Scottish Government on their review of governance was noted.

The Board:

- **approved** the up-dated Code of Corporate Governance, subject to a minor amendment to be made to the Clinical Governance remit;
- **noted** the intention to review the Code on an annual cycle in future years, as per the Board’s workplan; and
- **noted** that further changes will be required in the near future, outwith that annual cycle, to take into account work currently underway aligned to the implementation of the NHS Scotland Blueprint for Good Governance.

### 39/19 BOARD SELF-ASSESSMENT AGAINST THE NHS SCOTLAND BLUEPRINT FOR GOOD GOVERNANCE

Mrs Potter spoke to the paper that builds on discussion at the Board Development Session in April on the results of the Board Members’ self-assessment questionnaires, which seeks to benchmark NHS Fife against the NHS Scotland ‘A Blueprint for Good Governance’ and encompasses the recent effectiveness review exercise undertaken by all Board governance committees. NHS Fife has been at the forefront of reviewing and developing its governance over the past few years and attention was drawn to a number of areas of strength. An up-date on the delivery of the actions noted in the accompanying action list and timetable would be reported back to the Board in November.

**Action: C Potter**

The Board:

- **noted** the findings of the recent self-assessment exercise and April Board Development Session held to benchmark NHS Fife against the NHS Scotland Blueprint for Good Governance;
- **approved** the improvement actions and associated timetable detailed in the appendix to the paper; and
- **noted** that the report will be submitted to the Cabinet Secretary as part of the national work underway to evidence the implementation of the Blueprint across Scotland.

### 40/19 BOARD ASSURANCE FRAMEWORK

Mrs Buchanan referred to the update report on the Board Assurance Framework, which noted the work undertaken since the last report to the Board in January 2019 and the changes to linked risks. Each of the six BAF risks is
aligned to an appropriate standing committee which scrutinises the risk at its respective meeting. A draft eHealth BAF has been developed and will be considered by the Clinical Governance Committee in July and reported back to the Board. In response to a query about the timescale cited in the Quality & Safety BAF, assurance was provided that all Committees review their risks regularly and the responsible Directors had been asked to ensure dates were updated.

The Board:

- **noted** the Board Assurance Framework; and
- **noted** the developments in the creation of an eHealth BAF.

### 41/19 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Ms Milne presented the Annual Report for January 2018 – March 2019 that provided a summary of the health of the population and work undertaken in the previous year, together with high level priorities for the coming year. The purpose of the report is to help understand the needs of the population and to support a shared understanding of those across all partners so that activity is aimed towards those with greatest need. Ms Milne was pleased to be presenting the report to locality communities, discussing with partners to consider how to focus together on prevention activity, education, income, etc, and she was keen for people to read and share the report and use it to consider what actions people can start to take either in their local areas or across Fife.

Discussion took place on the report and the need for all partners to be committed to taking action. Through the work of Fife Partnership Board it is essential for all partners to have an understanding of the problems and what actions need to be taken together to tackle inequality, poor educational achievement, housing, etc, ensuring everyone has ownership of the document and makes a collective effort for the things that will make the greatest difference. Questions were asked about the effectiveness of the flu vaccine, engagement with the third and voluntary sector and the recent Mossmorran flaring and these were responded to.

The Chair thanked Ms Milne for both the report and her energies in making sure all partners work together to achieve the best for the population in Fife.

The Board discussed the report and considered its implications in terms of local health policy and planning.

### 42/19 NHS FIFE STAFF SEASONAL INFLUENZA PROGRAMME

Ms Milne spoke to the paper that provided a summary of the uptake data and evaluation of the 2018-19 Staff Influenza Vaccination Programme in Fife. She thanked the peer vaccinators and staff involved who continue to get behind the successful flu campaign. Uptake amongst staff remained good at 54.9%, above the Scottish average, and Members noted that this figure was only for staff that received the flu vaccine within NHS Fife estate and did not take account of staff with existing health conditions who would normally attend their own GP surgeries. The need to try and measure how the flu vaccine affects staff
sickness levels was noted.

The Board noted the report for information.

43/19 STATUTORY AND OTHER COMMITTEE MINUTES

The Board noted the below Minutes and the issues to be raised to the Board.

.1 Audit & Risk Committee dated 16 May 2019 (unconfirmed)

Mr Black drew attention to the following items:
- Property Transactions to be reviewed by Internal Audit;
- the planned training session to be delivered covering Payments to Primary Care Practitioners; and
- the finalisation of the Internal Audit Plan.

.2 Clinical Governance Committee dated 8 May 2019 (unconfirmed)

.3 Finance, Performance & Resources Committee dated 14 May 2019 (unconfirmed)

.4 Staff Governance Committee dated 3 May 2019 (unconfirmed)

Mrs Wells highlighted the following items:
- Brexit Update;
- NHS Fife had successfully recruited 30 new substantive consultants in 2018 with a further 15 in place or due to commence in 2019; and

Committee Chairs confirmed that there was nothing formally to raise/escalate to the Board.

.5 Brexit Assurance Group dated 2 April and 15 May 2019 (unconfirmed)

Dr Bisset advised that the Brexit Assurance Group had met regularly and robust mechanisms were in place to report from each of the Committees of the Board, which has enabled a baseline position for issues that may be of concern such as staffing, medicines, equipment etc, and what issues need to be addressed should Brexit happen. The Group was unable to come forward with proposals at this time as it was not known what form Brexit will take but NHS Fife is in a position of readiness to know what the issues are, who would be responsible for addressing them and how they would be taken forward, not only within NHS Fife but within the Scottish area too. The Group will continue to meet as and when required.

.6 Communities & Wellbeing Partnership dated 11 March 2019 (unconfirmed)

.7 East Region Programme Board dated 1 February 2019

.8 Fife Health & Social Care Integration Joint Board dated 28 March
2019 (unconfirmed)

44/19 FOR INFORMATION:

The Board noted the item below.

(a) Integrated Performance Report – March and April 2019

45/19 ANY OTHER BUSINESS

None.

46/19 DATE OF NEXT MEETING:

Wednesday 26 June 2019 at 10.00 am in the Staff Club, Victoria Hospital, Kirkcaldy
**NHS Fife Board**

### Purpose of the Report

**For Information**

### Route to the Board

Previous updates on the ongoing Participation Requests submitted to NHS Fife have been given directly to the Board at its meetings in November 2018, January, March and May 2019. This paper provides a summary of the activity undertaken to address the Participation Request received from the Glenrothes Area Residents Association (GARF), formally granted by the Board in January 2019.

### SBAR REPORT

#### Situation

This paper seeks to provide members with an update on the engagement activities that have taken place with GARF, in support of the Participation Request process, and to note the conclusion of the agreed Outcome Improvement Process established to address the original Participation Request from GARF.

#### Background

In January 2019, a Participation Request (related to Out of Hours service provision) was received from GARF. At the date of its receipt, a similar request made to the Board by the Royal Burgh of St Andrews Community Council, also related to Out of Hours services in Fife, was then in train. At the Board’s meeting of 30 January 2019, the Board formally approved the request from GARF and a decision notice in these terms (available [here](#)), outlining the agreed Outcome Improvement Process, was sent on 21 February 2019.

At the end of February 2019, North Glenrothes Community Council also submitted a Participation Request to the Board on Out of Hours services. However, as this referred to matters that were the same, or substantially the same, as matters contained in the initial GARF request, the North Glenrothes request was declined under the relevant legislation. For clarity, however, North Glenrothes Community Council representatives have nevertheless been active participants in the engagement activities with GARF further detailed in this paper.

#### Assessment

Under The Community Empowerment Act (Scotland) 2015, community groups are able to submit a request to certain named Public Authorities (of which NHS Health Boards are one but IJBs are not) to permit the body to participate in an Outcome Improvement Process. An Outcome Improvement Process is described in the aforementioned Act as “a process
established, or to be established, by the Authority with a view to improving an outcome that results from, or is contributed to, by virtue of, the provision of a public service”. Various examples are cited in the Scottish Government’s related guidance that supports the legislation, such as “improved health and wellbeing”.

The Authority must agree to the Participation Request unless there are reasonable grounds for refusing it. Once an authority has agreed to the request then it requires to establish an outcome improvement process. If an authority has established an outcome improvement process already, it is appropriate for the community body to participate in that process.

As detailed in the relevant decision notice sent in February 2019, the terms of agreeing to the GARF Participation Request were as follows:

_NHS Fife will facilitate additional collaboration between GARF and Fife Health and Social Care Partnership, with particular reference to proposals under discussion by the Partnership for Out of Hours service redesign in the Glenrothes area of Fife, by:

- Facilitating further opportunity for GARF to present their proposals relating to Out of Hours Service provision to officers of the Fife Health and Social Care Partnership and engage in dialogue on that matter, with the expectation that GARF will actively participate in that process._

The decision notice recognised that, at the time of its issue, a public consultation was already underway by the Partnership, i.e. the addendum to the Joining Up Care consultation, part of which involved the consideration of Out of Hours urgent care redesign throughout Fife, including the locality of Glenrothes. Under the terms of the decision notice then granted by NHS Fife, GARF were invited to join that existing process, with NHS Fife agreeing to facilitate further opportunity for dialogue between GARF and the Partnership, to help shape the proposed model for Out of Hours service provision in Fife to be considered by the IJB.

Since the issue of the decision notice to GARF in February 2019, NHS Fife has facilitated and chaired four meetings between representatives from the Partnership and GARF. These meetings took place on 15 March, 10 April, 9 May and 5 June. NHS Fife has also held a separate meeting with representatives from GARF, after the 5 June meeting, to gather their feedback on the process thus far. Details of attendees from each meeting are appended. The series of meetings has resulted in the production of a modified proposal for Out of Hours service delivery across Fife, to be considered by the IJB.

Given that a revised model for Out of Hours has been produced, taking account of the further engagement the Partnership has undertaken with various localities across Fife, no further meetings chaired by NHS Fife, as part of the GARF Participation Request process, are planned. Verbal agreement has thus been reached with GARF to conclude their current Participation Request. Outwith that distinct process, it should be noted that there remains an ongoing commitment by the Partnership to connect with localities where it delivers a service, addressing any community concerns about local Out of Hours provision and liaising with local groups on suggested improvements to the services provided. Thus, engagement between the Partnership and GARF is expected to continue, both in terms of the final proposal to be developed by the IJB and thereafter, once the proposed service model is implemented and further refined. This includes a specific commitment from the Partnership to continue discussion with GARF (and other community groups) through the dialogue routes now established, on an ongoing basis and beyond, until the new service is operating well.
**Recommendation**

The Board is invited to **note**:

- the engagement activities undertaken in support of addressing the Participation Request from GARF approved by the Board in January 2019;
- that the Outcome Improvement Process has been completed with the satisfaction of both parties.

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**Objectives: (must be completed)**

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<th>Healthcare Standard(s):</th>
<th>Equality of access; public engagement.</th>
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<td>HB Strategic Objectives:</td>
<td>To ensure that the reputation of the organisation is upheld.</td>
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**Further Information:**

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<tr>
<td>Glossary of Terms:</td>
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<tr>
<td>Parties / Committees consulted prior to Health Board Meeting:</td>
<td>Board Members as detailed above / Central Legal Office / Director of Health &amp; Social Care</td>
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**Impact: (must be completed)**

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<tr>
<td>Risk / Legal:</td>
<td>There may be reputational risks in not engaging satisfactorily with users in service redesign, and in not meeting the Board’s statutory requirements under the Community Empowerment Act 2015.</td>
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<td>Quality / Patient Care:</td>
<td>Potentially improving community engagement in the future planning of health-related services such as Out of Hours.</td>
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| Equality:                   | • Has EQIA Screening been undertaken? Not at this stage.  
                             • Has a full EQIA been undertaken? No  
                             • Please state how this paper supports the Public Sector Equality Duty – [further information can be found here](#)  
                             • Please state how this paper supports the Health Board’s Strategic Equality Plan and Objectives – [further information can be found here](#)  
                             • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)  |
Participation Request meetings, Glenrothes Area Residents Federation

Attendees, 15 March 2019

**NHS Fife**: Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**GARF**: Leslie Bain; Ian Fraser; Dr Bob Grant; Ron Page; Ian Robertson; Lindsay Roy

**Fife H&SCP**: Michael Kellet, Director of Health & Social Care; Roz Barclay, Change Manager (West); Claire Dobson, Divisional General Manager (West)

Attendees, 10 April 2019

**NHS Fife**: Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**GARF**: Leslie Bain; Keith Barton; Lindsay Roy

**Fife H&SCP**: Michael Kellet, Director of Health & Social Care; Dr Seonaid McCallum, Associate Medical Director; Lisa Cooper, Clinical Services Manager

Attendees, 9 May 2019

**NHS Fife**: Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**GARF**: Leslie Bain; Dr Bob Grant; Ron Page; Lindsay Roy

**Fife H&SCP**: Michael Kellet, Director of Health & Social Care; Roz Barclay, Change Manager (West); Claire Dobson, Divisional General Manager (West)

Attendees, 5 June 2019 (a post-meeting between NHS Fife reps and GARF attendees also took place)

**NHS Fife**: Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**GARF**: Leslie Bain; Ron Page; Lindsay Roy

**Fife H&SCP**: Michael Kellet, Director of Health & Social Care; Roz Barclay, Change Manager (West); Lisa Cooper, Clinical Services Manager; Claire Dobson, Divisional General Manager (West); John Kennedy, GP & Clinical Director (East); Gillian Tait, Advanced Nurse Practitioner
NHS Fife Board

<table>
<thead>
<tr>
<th>DATE OF MEETING:</th>
<th>26 June 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE OF REPORT:</td>
<td>Participation Request submitted to NHS Fife: Royal Burgh of St Andrews Community Council</td>
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<tr>
<td>EXECUTIVE LEAD:</td>
<td>Paul Hawkins, Chief Executive</td>
</tr>
<tr>
<td>REPORTING OFFICER:</td>
<td>Dr Les Bisset, Vice-Chair</td>
</tr>
</tbody>
</table>

Purpose of the Report

For Information

Route to the Board

Previous updates on the ongoing Participation Requests submitted to NHS Fife have been given directly to the Board at its meetings in November 2018, January, March and May 2019. This paper provides a summary of the activity undertaken to address the Participation Request received from the Royal Burgh of St Andrews Community Council (RBSACC), formally granted by the Board in January 2019.

SBAR REPORT

Situation

This paper seeks to provide members with an update on the engagement activities that have taken place with the RBSACC, in support of the Participation Request process, and to note the conclusion of the agreed Outcome Improvement Process established to address the original Participation Request from the RBSACC.

Background

At the Board’s meeting on 28 November 2018, the decision whether to accept a Participation Request from the RBSACC (related to Out of Hours service provision) was delegated to the Chair, the Chief Executive of NHS Fife, and the chairs of the relevant Governance Committees. Further clarity and supporting documentation was then sought from the RBSACC in support of their original application. Subsequent to that date, further Participation Requests (also related to Out of Hours service provision) were received from Glenrothes Area Residents' Federation and North Glenrothes Community Council (the latter consequently declined due to its duplication to the first Glenrothes request).

At the Board’s meeting of 30 January 2019, the Board formally approved the request (received in full on 16 January) from the RBSACC and a decision notice in these terms (available [here](#)), outlining the agreed Outcome Improvement Process, was sent on 21 February 2019, following confirmation that Fife Council did not wish to participate in the request as an additional named public authority.

Assessment

Under The Community Empowerment Act (Scotland) 2015, community groups are able to submit a request to certain named Public Authorities (of which NHS Health Boards are one but IJBs are not) to permit the body to participate in an Outcome Improvement Process. An
Outcome Improvement Process is described in the aforementioned Act as “a process established, or to be established, by the Authority with a view to improving an outcome that results from, or is contributed to, by virtue of, the provision of a public service”. Various examples are cited in the Scottish Government’s related guidance that supports the legislation, such as “improved health and wellbeing”.

The Authority must agree to the Participation Request unless there are reasonable grounds for refusing it. Once an authority has agreed to the request then it requires to establish an outcome improvement process. If an authority has established an outcome improvement process already, it is appropriate for the community body to participate in that process.

As detailed in the relevant decision notice sent in February 2019, the terms of agreeing to the RBSACC Participation Request were as follows:

*NHS Fife will facilitate additional collaboration between the Royal Burgh of St Andrews Community Council and Fife Health and Social Care Partnership, with particular reference to proposals under discussion by the Partnership for Out of Hours services redesign in North East Fife, by:*

- Facilitating further opportunity for RBSSACC to present their proposals relating to Out of Hours Service provision to officers of the Fife Health and Social Care Partnership and engage in dialogue on that matter, with the expectation that the Community Council is expected to participate in the process.

The decision notice recognised that, at the time of its issue, a public consultation was already underway by the Partnership, i.e. the addendum to the Joining Up Care consultation, part of which involved the consideration of Out of Hours urgent care redesign throughout Fife, including the locality of NE Fife. Under the terms of the decision notice then granted by NHS Fife, RBSACC were invited to join that existing process, with NHS Fife agreeing to facilitate further opportunity for dialogue between the Community Council and the Partnership, to help shape the proposed model for Out of Hours service provision in Fife to be considered by the IJB.

Since the issue of the decision notice to the Community Council in February 2019, NHS Fife has facilitated and chaired three meetings between representatives from the Partnership and the RBSACC (members of which were joined also by representatives from the local Out of Hours Group). These meetings took place on 14 March, 11 April and 21 May. NHS Fife has also held a separate meeting with representatives from the RBSACC and the Out of Hours Group (on 7 June) to discuss their feedback on the process. Details of attendees from each meeting are appended. The series of meetings has resulted in the production of a modified proposal for Out of Hours service delivery across Fife, to be considered by the IJB.

Given that a revised model for Out of Hours has been produced, taking account of the further engagement the Partnership has undertaken with various localities across Fife, no further meetings chaired by NHS Fife, as part of the RBSACC Participation Request process, are planned. Verbal agreement has thus been reached with the RBSACC to conclude their current Participation Request. Outwith that distinct process, it should be noted that there remains an ongoing commitment by the Partnership to connect with localities where it delivers a service, addressing any community concerns about local Out of Hours provision and liaising with local groups on suggested improvements to the services provided. Thus, engagement between the Partnership and the RBSACC is expected to continue, both in terms of the final proposal to be developed by the IJB and thereafter, once the proposed service model is implemented and further refined. This includes a specific commitment from the Partnership to continue...
discussion with the RBSACC (and other community groups) through the dialogue routes now established, on an ongoing basis and beyond, until the new service is operating well.

**Recommendation**

The Board is invited to **note**:

- the engagement activities undertaken in support of addressing the Participation Request from the RBSACC approved by the Board in January 2019;
- that the Outcome Improvement Process has been completed with the agreement of both parties.

**Objectives: (must be completed)**

<table>
<thead>
<tr>
<th>Healthcare Standard(s):</th>
<th>Equality of access; public engagement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>HB Strategic Objectives:</td>
<td>To ensure that the reputation of the organisation is upheld.</td>
</tr>
</tbody>
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**Further Information:**

<table>
<thead>
<tr>
<th>Evidence Base:</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glossary of Terms:</td>
<td>N/A</td>
</tr>
<tr>
<td>Parties / Committees consulted prior to Health Board Meeting:</td>
<td>Board Members as detailed above / Central Legal Office / Director of Health &amp; Social Care</td>
</tr>
</tbody>
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**Impact: (must be completed)**

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<th>Financial / Value For Money</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk / Legal:</td>
<td>There may be reputational risks in not engaging satisfactorily with users in service redesign, and in not meeting the Board’s statutory requirements under the Community Empowerment Act 2015.</td>
</tr>
<tr>
<td>Quality / Patient Care:</td>
<td>Potentially improving community engagement in the future planning of health-related services such as Out of Hours.</td>
</tr>
<tr>
<td>Workforce:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| Equality: | • Has EQIA Screening been undertaken? Not at this stage.  
• Has a full EQIA been undertaken? No  
• Please state how this paper supports the Public Sector Equality Duty – **further information can be found here**  
• Please state how this paper supports the Health Board’s Strategic Equality Plan and Objectives – **further information can be found here**  
• Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state) |
Participation Request meetings, St Andrews

Attendees, 14 March 2019

**NHS Fife:** Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**RBSACC / OOH Group:** Dr Angela Anderson; Mrs Penelope Fraser; Mrs Judith Harding; Cllr Linda Holt; Dr Robert McNeill; Dr Gordon Shepherd

**Fife H&SCP:** Mr Michael Kellet, Director of Health & Social Care; Ms Roz Barclay, Change Manager (West); Ms Claire Dobson, Divisional General Manager (West)

Attendees, 11 April 2019

**NHS Fife:** Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**RBSACC / OOH Group:** Dr Angela Anderson; Dr Paul Cunningham; Nick Farrer; Penelope Fraser; Judith Harding; Cllr Linda Holt; Dr Robert McNeill

**Fife H&SCP:** Michael Kellet, Director of Health & Social Care; Lisa Cooper, Clinical Services Manager

Attendees, 21 May 2019

**NHS Fife:** Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**RBSACC / OOH Group:** Dr Angela Anderson; Dr Paul Cunningham; Nick Farrer; Penelope Fraser; Dr Chris Lusk; Dr Robert McNeill; Prof Peter Mills; Paloma Paige

**Fife H&SCP:** Michael Kellet, Director of Health & Social Care; Roz Barclay, Change Manager (West); Claire Dobson, Divisional General Manager (West)

Attendees, 7 June 2019

**NHS Fife:** Dr Les Bisset, Vice-Chair; Helen Buchanan, Director of Nursing; Dr Gillian MacIntosh, Board Secretary

**RBSACC / OOH Group:** Dr Angela Anderson; Penelope Fraser; Cllr Linda Holt
All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance and is a key part of the overall annual accounts and assurance process for 2018/19.

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 also 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.

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, and provided a positive overview on internal controls and governance, with some recommendations for action during 2019/20.

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee and Staff Governance Committee are attached for consideration by members of Fife NHS Board.

Members of the Board are asked to:

- note the Annual Statement of Assurances for each of the Board’s standing committees for 2018/19.
<table>
<thead>
<tr>
<th>Objectives: (must be completed)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Standard(s):</td>
<td>Governance and assurance is relevant to all Healthcare Standards.</td>
</tr>
<tr>
<td>HB Strategic Objectives:</td>
<td>All</td>
</tr>
<tr>
<td><strong>Further Information:</strong></td>
<td></td>
</tr>
<tr>
<td>Evidence Base:</td>
<td>N/A</td>
</tr>
<tr>
<td>Glossary of Terms:</td>
<td></td>
</tr>
<tr>
<td>Parties / Committees consulted prior to meeting:</td>
<td></td>
</tr>
<tr>
<td><strong>Impact: (must be completed)</strong></td>
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<tr>
<td>Financial / Value For Money</td>
<td>These factors are a key component of the assurance process</td>
</tr>
<tr>
<td>Risk / Legal:</td>
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<tr>
<td>Quality / Patient Care:</td>
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</tr>
<tr>
<td>Workforce:</td>
<td></td>
</tr>
<tr>
<td>Equality:</td>
<td></td>
</tr>
</tbody>
</table>
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 shall be in accordance with the Audit & Assurance Committee Handbook, dated March 2018.

2. Membership of Committee

2.1 During the financial year to 31 March 2019, membership of the Audit & Risk Committee comprised:

<table>
<thead>
<tr>
<th>Chair</th>
<th>Ms C Cooper (until 31.10.18) Mr M Black (since 01.11.18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>Ms S Braiden (since 01.11.18) Ms J Owens Councillor D Graham Ms M Wells</td>
</tr>
</tbody>
</table>

2.2 The Committee may invite individuals to attend the Committee meetings, but the Board Chief Executive, Director of Finance, Board Secretary, Chief Internal Auditor and statutory External Auditor will normally be in attendance.

3. Meetings

3.1 The Committee met on five occasions during the year to 31 March 2019, on the undernoted dates:

- 17 May 2018
- 21 June 2018
- 13 September 2018
- 13 December 2018
- 14 March 2019

3.2 The attendance schedule is attached at Appendix 1.
4. Business

4.1 Details of the substantive business items considered by each meeting are attached at Appendix 2. Minutes of the meetings of the Committee have been timeously submitted to the Board for its information. The range of business covered at the meeting 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, the Committee has considered agenda items concerned with the undernoted aspects:

- Internal Control and Corporate Governance;
- Internal Audit;
- External Audit;
- the Code of Corporate Governance and Standing Financial Instructions;
- Annual Accounts;
- Risk Management;
- Board Assurance Framework; and
- other relevant matters arising during the year.

4.2 Additionally, the Committee has considered the findings of Grant Thomson’s independent review of NHS Tayside as relates to best practice in the operation of Audit & Risk Committees, as part of a broader review benchmarking NHS Fife against the conclusions of the report. During the year, Internal Audit made a number of formatting changes to their reporting style, in light of the review’s recommendations, to improve the detail provided on key findings and to better align internal audit reports with the Board’s risk register.

4.3 The Committee also reviewed and discussed the two Audit Scotland publications: (i) the *NHS in Scotland 2018*; and (ii) *Health & Social Care Integration: Update on Progress*, noting the key recommendations made therein, particularly as relates to improved governance and reporting arrangements that should be established with the Health & Social Care Partnership and the Integration Joint Board (IJB).

4.4 In relation to the internal audit function, the Committee received regular updates on the external quality evaluation underway in 2018-19 of the FTF Internal Audit service, in accordance with Public Sector Internal Audit Standards. As key stakeholders and as part of the validated self-assessment exercise, Committee members were invited to submit a review questionnaire on the quality of the service provided. The final External Quality Assessment report and related action plan were considered by the Committee at its meeting in May 2019.

4.5 In March 2019, the Committee approved the Fife IJB Information Sharing Protocol (which has also been approved by the Fife Council Standards & Audit Committee and the IJB Audit & Risk Committee). The overall aim of this protocol is to enable sharing of internal audit outputs in a controlled manner with partnership Audit Committees, where it is considered recommendations apply to one or more of the other partners for assurance purposes.

4.6 During the year, members of the Committee attended and participated in a local training session hosted by the external provider *On Board*. This provided tailored and specific training for members and attendees, covering best practice arrangements for Audit & Risk Committees.
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 2018/19.

6. **Risk Management**

6.1 In line with the Board’s agreed risk management arrangements, the Audit & Risk 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. Progress and appropriate actions were noted, and a number of changes to mitigating and operational risks amended to reflect external developments such as Brexit. A stand-alone eHealth BAF is currently being prepared for the Committee’s consideration.

6.2 The Committee received updates on activity related to the risk management workplan, including the ongoing discussions with Board members to determine the Board’s risk appetite thresholds, in delivery of the risk management framework. A short-life working group, involving all Board standing Committee Chairs, has been established, following further discussion on this topic at a Board Development Session in October 2018, to help formalise a set of risk appetite statements and to define definitions of risk appetite and risk tolerance.

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 in November 2018. Attendees were also invited to participate in this exercise, which was carried out via a more easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2019 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 2018/19, 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)
Mr M Black
Chair

Appendix 1 – Attendance schedule of meetings
Appendix 2 – Business
Appendix 3 – Best Value
## AUDIT & RISK COMMITTEE ATTENDANCE RECORD 2018/19

### Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>17.05.18</th>
<th>21.06.18</th>
<th>13.09.18</th>
<th>13.12.18</th>
<th>14.03.19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs C Cooper</td>
<td>Chair (until 31.10.18)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr M Black</td>
<td>Chair (since 01.11.18)</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ms S Braiden</td>
<td>Non Executive Member (since 01.11.18)</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs J Owens</td>
<td>Non Executive Member</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cllr D Graham</td>
<td>Non Executive Member</td>
<td></td>
<td></td>
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<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Ms M Wells</td>
<td>Non Executive Member</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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**In Routine Attendance:**

<table>
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<tr>
<th>Name</th>
<th>Position</th>
<th>17.05.18</th>
<th>21.06.18</th>
<th>13.09.18</th>
<th>13.12.18</th>
<th>14.03.19</th>
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<tbody>
<tr>
<td>Mr P Hawkins</td>
<td>Chief Executive</td>
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<td>x</td>
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<tr>
<td>Mrs C Potter</td>
<td>Director of Finance</td>
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<tr>
<td>Mr T Gaskin</td>
<td>Chief Internal Auditor</td>
<td>x</td>
<td>✓</td>
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<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Mr B Hudson</td>
<td>Regional Audit Manager, Fife</td>
<td>✓</td>
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<tr>
<td>Mr A Brown</td>
<td>Principal Auditor</td>
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<tr>
<td>Mr B Howarth</td>
<td>Audit Scotland</td>
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<tr>
<td>Mrs P Tate</td>
<td>Audit Scotland</td>
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<tr>
<td>Mrs S Davidson</td>
<td>Audit Scotland</td>
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<tr>
<td>Ms H Buchanan</td>
<td>Director of Nursing</td>
<td>✓</td>
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<tr>
<td>Dr G Macintosh</td>
<td>Board Secretary</td>
<td>✓</td>
<td></td>
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<tr>
<td>Dr F Elliot</td>
<td>Medical Director</td>
<td>✓</td>
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<tr>
<td>Ms J Gardner</td>
<td>Interim Chief Operating Officer</td>
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<tr>
<td>Mr A Mitchell</td>
<td>Thomson Cooper (Annual Accounts Endowments)</td>
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<tr>
<td>Mrs R Robertson</td>
<td>Deputy Director of Finance</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Mr M Doyle</td>
<td>Assistant Director of Finance</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
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</tr>
</tbody>
</table>
APPENDIX 2

NHS FIFE AUDIT & RISK COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018/19

May 2018

Internal Audit:
   a) Internal Audit Progress Report
   b) Internal Audit Summary of Internal Audit Reports
   c) Internal Audit Plan
External Audit – Audit Scotland:
   a) Management Report
External Audit – Thomson Cooper:
   a) Audit Planning Memorandum – Endowment Funds
   b) Additional Proposal re Paul Gray Letter
   c) Audit Planning Memorandum – Patients’ Private Funds
Service Auditors Report
Board Assurance Framework
Governance Statement 2017/18
Significant Issues that are considered to be of wider interest
Post Transaction Monitoring
Audit Scotland Performance Report – annual update
Payments to Primary Care Practitioners
Annual Statement of Assurance
Committee Self-Assessment Checklist
Follow Up Monitoring Report
Items for Noting:
   a) Third Party Service Audit – National IT Services 2016/17
   b) Third Party Service Audit – Practitioner Services 2016/17
   c) Technical Bulletin 2017/4

June 2018

Matters Arising:
   a) Action Log
   b) Annual Workplan 2018/19
   c) Committee Self-Assessment Checklist 2017/18
   d) Annual Internal Audit Plan 2018/19
Patients Private Funds – Consolidated Abstract of Receipts and Payments for Year Ended 31 March 2018
Endowment Fund – Annual Accounts for Year Ended 31 March 2018
NHS Fife Risk Management Annual Report
Annual Accounts Process:
   a) Annual Assurance Statements for 2017/18
      (i) Clinical Governance Committee
      (ii) Staff Governance Committee
      (iii) Finance, Performance & Resources Committee
   b) Service Auditors Reports
   c) Audit & Risk Committee Annual Statement of Assurance
   d) Internal Audit Annual Report
e) Notification from Sponsored Body Audit Committees

Draft Annual Accounts for the Year Ended 31 March 2018:
(a) Draft Report on Annual Accounts
(b) Annual Audit Report for the Board of NHS Fife and Auditor General for Scotland
(c) Annual Audit Report Cover Letter and draft Letter of Representation (ISA560)
(d) Annual Assurance Statement to the NHS Board
(e) Losses Schedules 2017/18

**September 2018**

Matters Arising:
- a) Annual Workplan 2018/19
- b) IJB Memorandum of Understanding
- c) Committee Self-Assessment Checklist

Internal Audit:
- a) Internal Audit Progress Report
- b) Internal Audit Summary of Internal Audit Reports
- c) Internal Audit – Post Transaction Monitoring
- d) Internal Audit Framework

Board Governance Action Plan

Risk Management:
- a) Board Assurance Framework
- b) Risk Management Workplan 2018/19

Grant Thornton Review

Audit Recommendations:
- a) Follow up Protocol
- b) Internal Audit Monitoring Report
- c) Annual Accounts – Progress Update on Audit Recommendations

Corporate Meeting Calendar / Dates 2019/20

**December 2018**

Matters Arising:
- a) Public Sector Internal Audit Standards – Evaluation

Internal Audit:
- a) Internal Audit Progress Report & Summary Report
- b) Audit Committee Handbook
- c) Internal Control Evaluation Report

External Audit:
- a) Audit Scotland Annual Audit Plan
- b) Audit Scotland Report: NHS in Scotland 2018
- c) Audit Scotland Report: Health and Social Care Integration

Risk Management:
- a) Board Assurance Framework

Committee Self Assessment Checklist

Audit Recommendations:
- a) Internal Audit Monitoring Report
- b) Annual Accounts – Progress Update on Audit Recommendations
c) Revised Annual Workplan 2018/19
Items for Noting:
   a) Technical Bulletin 2018/3

**March 2019**

Internal Audit:
   a) Internal Audit Progress Report & Summary Report
   b) Internal Audit Plan 2019/20
   c) Internal Audit Follow Up Report on Audit Recommendations
   d) Internal Audit Information Sharing Protocol
Risk Management:
   a) Risk Management Report
   b) Board Assurance Framework
Annual Accounts Progress Update on Audit Recommendations
Annual Workplan 2019/20
Annual Review of Code of Corporate Governance
Review of Terms of Reference
Committee Self Assessment Checklist
Update from Brexit Assurance Group
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.</td>
<td>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.</td>
<td>COMMITTEES</td>
<td>Bi-monthly</td>
<td>Board Assurance Framework (to FP&amp;R/CG/SG Committees)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AUDIT &amp; RISK COMMITTEE</td>
<td>5 times per year</td>
<td>Board Assurance Framework (to A&amp;R Committee)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BOARD</td>
<td>2 times per year</td>
<td>Board</td>
</tr>
</tbody>
</table>
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.

OVERVIEW
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.

<table>
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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board and Committee decision-making processes are open and transparent.</td>
<td>Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available.</td>
<td>BOARD COMMITTEES</td>
<td>On going</td>
<td>Internet Intranet</td>
</tr>
<tr>
<td>Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes</td>
<td>Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>SBAR reports EQIA forms</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE</td>
</tr>
<tr>
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</tr>
<tr>
<td>NHS Fife has a robust framework of corporate governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.</td>
<td>Explicitly detailed in the Governance Statement.</td>
<td>AUDIT &amp; RISK COMMITTEE</td>
<td>Every three years Annual</td>
<td>Code of Corporate Governance Annual Assurance statements</td>
</tr>
</tbody>
</table>
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.

OVERVIEW
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.

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

OVERVIEW

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.

<table>
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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report</td>
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<td></td>
<td></td>
<td>Code of Corporate Governance</td>
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<td>Minutes of Committees</td>
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</tr>
<tr>
<td>The Board and its Committees approve the format and content of the performance reports they receive</td>
<td>The Board / Committees review the Integrated Performance Report and agree the measures.</td>
<td>COMMITTEES BOARD</td>
<td>Annual</td>
<td>Integrated Performance Report</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE</td>
</tr>
<tr>
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</tr>
<tr>
<td>Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.</td>
<td>Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Minutes of Committees</td>
</tr>
<tr>
<td>The Board has received assurance on the accuracy of data used for performance monitoring.</td>
<td>Performance reporting information uses validated data.</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Minutes of Committees</td>
</tr>
<tr>
<td>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.</td>
<td>Encompassed within the Integrated Performance Report</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Minutes of Committees</td>
</tr>
<tr>
<td>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.</td>
<td>Board Assurance Framework</td>
<td>AUDIT &amp; RISK COMMITTEE BOARD</td>
<td>Ongoing</td>
<td>Board Assurance Framework Minutes of Committees</td>
</tr>
</tbody>
</table>
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.

OVERVIEW
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
</table>
| 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. | AUDIT & RISK COMMITTEE BOARD           | 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.

OVERVIEW
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife meets the requirements of equality legislation.</td>
<td></td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>The Board and senior managers understand the diversity of their customers and stakeholders.</td>
<td>Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</td>
<td>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.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Clinical Strategy EQIA forms on reports</td>
</tr>
<tr>
<td>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.</td>
<td>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA forms on reports</td>
</tr>
</tbody>
</table>
1. **PURPOSE**

1.1 To provide the Board with the assurance that clinical governance mechanisms are in place and effective throughout the whole of Fife NHS Board’s responsibilities, including health improvement activities.

2. **MEMBERSHIP**

2.1 During the financial year to 31 March 2019 membership of the committee comprised: -

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Leslie Bisset</td>
<td>Chair, Non-Executive Committee Member</td>
</tr>
<tr>
<td>Mr Martin Black</td>
<td>Non-Executive Committee Member</td>
</tr>
<tr>
<td>Mrs Wilma Brown</td>
<td>Area Partnership Forum Representative</td>
</tr>
<tr>
<td>Dr Frances Elliot</td>
<td>The Board Medical Director (until March 2019)</td>
</tr>
<tr>
<td>Cllr David Graham</td>
<td>Non-Executive Committee Member</td>
</tr>
<tr>
<td>Mrs Margaret Hannah</td>
<td>The Board Director of Public Health (until September 2018)</td>
</tr>
<tr>
<td>Mr Paul Hawkins</td>
<td>Chief Executive of the Board</td>
</tr>
<tr>
<td>Ms Rona Laing</td>
<td>Non-Executive Committee Member</td>
</tr>
<tr>
<td>Mr Simon Little</td>
<td>Non-Executive Committee Member (until September 2018)</td>
</tr>
<tr>
<td>Dr Christopher McKenna</td>
<td>The Board Medical Director (from March 2019)</td>
</tr>
<tr>
<td>Mrs Dona Milne</td>
<td>The Board Director of Public Health (from September 2018)</td>
</tr>
<tr>
<td>Ms Janette Owens</td>
<td>Area Clinical Forum Representative</td>
</tr>
</tbody>
</table>
2.2 The Committee may invite individuals to attend the Committee meetings but normally in attendance would be:

- NHS Fife Executive Lead for Clinical Governance
- NHS Fife Executive Lead for Risk Management
- NHS Fife Executive Lead for e-Health
- NHS Fife Executive Lead for Organisational Development*
- NHS Fife Executive Lead for Staff Governance*
- NHS Fife Executive Lead for Involving People
- NHS Fife Executive Lead for Healthcare Acquired Infection (HAI)
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Three Community Services General Managers*
- Three Community Services Clinical Directors*
- Chief Operating Officer, Acute Services Division
- Director of Health & Social Care
- Director of Pharmacy
- NHS Fife Lead for Public Health Governance
- NHS Fife Caldicott Guardian
- NHS Fife Lead for Complaints
- NHS Fife Head of Quality & Clinical Governance
- NHS Fife Clinical Effectiveness Coordinator

(*Attend when appropriate)

3. MEETINGS

3.1 The Committee met on six occasions during the year (1 April 2018 to 31 March 2019) on the undernoted dates:

- 9 May 2018
- 4 July 2018
- 5 September 2018
- 7 November 2018
- 16 January 2019
- 6 March 2019

3.2 The attendance schedule is attached at Appendix 1.
4. **BUSINESS**

4.1 Details of the substantive business items considered are attached as Appendix 2.

4.2 Minutes of the meetings of the Clinical Governance Committee have been timeously submitted to the Board for its information.

4.3 The range of business covered at the meetings and the additional papers submitted to the Committee demonstrates that the full range of matters identified in the Clinical Governance Committee’s remit is being addressed.

4.4 In line with its Constitution and Terms of Reference, the Committee has produced an Annual Work Plan for the Board.

4.5 The process for managing non-presentation of reports to the committee is well managed. Reports are presented at each committee which detail the reports not presented and the action taken to carry these over to the next meeting. This is managed on a meeting by meeting basis. If there was any significant impact of a report not being presented this would be discussed at the Committee during the exception report.

4.6 In providing this assurance to the Board, assurance reports have been received from:

   - NHS Fife Health & Social Care Partnership Clinical & Care Governance Committee
   - NHS Fife Information Governance & Security Group
   - NHS Fife eHealth Board and
   - NHS Fife Health and Safety Committee

4.7 Adequate and effective Clinical and Information Governance arrangements were in place throughout year 2018 -2019.

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 2018/19.

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, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.
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 in November 2018. Attendees were also invited to participate in this exercise, which was carried out via a more easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2019 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 during financial year 2018/19, 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 yearend 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.

[Signature] (signed) 15.5.19 (date)

Dr L Bisset
CHAIRPERSON 2018/19
On behalf of NHS Fife Clinical Governance Committee
# NHS Fife Clinical Governance Committee Attendance Record

**1st April 2018 to 31st March 2019**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Members</td>
<td></td>
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<tr>
<td>Chair NHSF CGC</td>
<td>Les Bisset</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Non-Executive Committee Member</td>
<td>Simon Little</td>
<td>√</td>
<td>√</td>
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</tr>
<tr>
<td>Non-Executive Committee Member</td>
<td>Rona Laing</td>
<td>√</td>
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<tr>
<td>Non-Executive Committee Member</td>
<td>Martin Black</td>
<td>√</td>
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<tr>
<td>Non-Executive Committee Member</td>
<td>David Graham</td>
<td>√</td>
<td>x</td>
<td>x</td>
<td>√</td>
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<td>√</td>
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<tr>
<td>Non-Executive Committee Member</td>
<td>Margaret Wells</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<td>√</td>
</tr>
<tr>
<td>Patient Representative</td>
<td>John Stobbs</td>
<td>√</td>
<td>√</td>
<td>x</td>
<td>√</td>
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<td>√</td>
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<tr>
<td>Area Partnership Forum</td>
<td>Wilma Brown</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>x</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Area Clinical Forum Representative</td>
<td>Janette Owens</td>
<td>√</td>
<td>√</td>
<td>x</td>
<td>√</td>
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<td>x</td>
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<tr>
<td>Chief Executive</td>
<td>Paul Hawkins</td>
<td>x</td>
<td>√</td>
<td>x</td>
<td>x</td>
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<td>x</td>
</tr>
<tr>
<td>Medical Director, NHS Fife</td>
<td>Frances Elliot</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Medical Director, NHS Fife</td>
<td>Christopher McKenna</td>
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<tr>
<td>Nurse Director NHS Fife</td>
<td>Helen Wright</td>
<td>x</td>
<td>x</td>
<td>√</td>
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<td>x</td>
</tr>
<tr>
<td>Director of Public Health</td>
<td>Margaret Hannah</td>
<td>x</td>
<td>√</td>
<td>x</td>
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<tr>
<td>Director of Public Health</td>
<td>Dona Milne</td>
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## In Attendance

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<tbody>
<tr>
<td>Associate Medical Director</td>
<td>Rob Cargill</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PA to Medical Director – NHS Fife</td>
<td>Catriona Dziech</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Director of Planning and Strategic Partnership &amp; Interim Chief Operating Officer</td>
<td>Jann Gardner</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Associate Medical Director H&amp;SCP</td>
<td>Seonaid McCallum</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Head of Corporate Planning and Performance</td>
<td>Gillian MacIntosh</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>x</td>
</tr>
<tr>
<td>Clinical Effectiveness Coordinator - NHS Fife</td>
<td>Elizabeth Muir</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Director of Health &amp; Social Care</td>
<td>Michael Kellet</td>
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<td>x</td>
<td>x</td>
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<tr>
<td>Head of Quality &amp; Clinical Governance Lead</td>
<td>Helen Woodburn</td>
<td>x</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Director of Pharmacy</td>
<td>Evelyn McPhail</td>
<td>x</td>
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## In Attendance – to present Reports / Observer / Representative

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<tr>
<td>Divisional General Manager, West Division, H&amp;SCP (Item 7B)</td>
<td>Claire Dobson</td>
<td>✓</td>
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<tr>
<td>Change and Improvement Manager H&amp;SCP (Item 7B)</td>
<td>Roz Barclay</td>
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<td>Clinical Nurse Specialist H&amp;SCP (Item 7B)</td>
<td>Karen Gibb</td>
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<tr>
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<td>Lynn Campbell</td>
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<tr>
<td>Lead Pharmacist Medicines Governance &amp; Education Training (as Observer)</td>
<td>Geraldine Smith</td>
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<tr>
<td>Director of Workforce</td>
<td>Barbara Anne Nelson</td>
<td></td>
<td>✓</td>
<td>✓</td>
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<td>GMC Employee Liaison Representative</td>
<td>Willie Paxton</td>
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<tr>
<td>Non-Executive Committee Member</td>
<td>Sinead Braiden</td>
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<tr>
<td>Divisional General Manager, Fife Wide Division, H&amp;SCP (Item 7.1)</td>
<td>Julie Paterson</td>
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<tr>
<td>Consultant Psychologist (Item 7.1)</td>
<td>Katherine Cheshire</td>
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<td>Consultant Psychiatrist (Item 7.1)</td>
<td>Marie Boilson</td>
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<td>Register Shadowing NHS Fife Medical Director</td>
<td>Jennifer Allison</td>
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<tr>
<td>Clinical Director, Emergency Care Directorate</td>
<td>Christopher McKenna</td>
<td></td>
<td></td>
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<tr>
<td>Associate Director of Nursing, Health &amp; Social Care Partnership</td>
<td>Nicky Connor for Michael Kellet &amp; Helen Wright</td>
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APPENDIX 2

NHS FIFE CLINICAL GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018/2019

9 May 2018:

Action List

Medical / Nurse Directors Reports:
- Quality Report
- Integrated Performance Report
- Health & Social Care Standards
- Healthcare Improvement Scotland Quality Framework
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning
- GMC Update

Clinical Strategy
- Acute Services Review workplan
- Community Transformation Programme

Governance Items:
- Final Draft Terms of Reference for Clinical Governance Steering Group
- Cyber Resilience Update Report
- Internal Audit Report on Clinical & Care Governance Strategy; Action Plan
- C Section Surgical Site Infection
- SIRO Report
- Nursing, Midwifery Allied Health Professionals – Professional Assurance Framework

Governance Items Statements of Assurance
- Annual Statement of Assurance for Information Governance & Security Group
- Annual Statement of Assurance for eHealth Board 2017-2018
- Annual Statement of Assurance for Health & Safety Sub Committee 2017-2018
- Annual Statement of Assurance PFPI 2017-2018
- Annual Statement of Assurance for NHS Fife Research Governance Group 2017-2018
- Final Clinical Governance Statement of Assurance & Best Value Framework 2017 - 2018

Annual Reports
- Radiation Protection Annual Report

Executive Lead Reports and Minutes from Linked Committees:
- Fife Area Drugs & Therapeutics Committee - 7 February 2018
- NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee - 13 March 2018
  & Extraordinary Meetings - 4 & 18 April 2018
- eHealth Board - 20 February 2018
- Fife Research Governance Group – 29 March 2018
- Health & Safety Sub Committee - 9 March 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 20 March 2018
- NHS Fife Infection Control Committee (including HAIRT reports) - 7 February 2018
- Information Governance & Security Group - 7 February 2018
- Joint Strategic Transformation Group - 4 April 2018
- Public Health Assurance Committee - 29 March 2018
- NHS Fife Quality Safety & Governance Group - 9 March 2018
• Resilience Forum - 15 March 2018

**Items for Noting:**
• NHS Fife Activity Tracker
• NHS Fife Clinical Governance Committee Workplan 2018 - 2019
4 July 2018:

Action List

**Medical / Nurse Directors Reports:**
- Quality Report (including HAIRT report)
- Integrated Performance Report
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning
- Excellence in Care Framework

**Clinical Strategy:**
- Update on Clinical Strategy: Site Optimisation
- Update on Clinical Strategy: Medicines Efficiency
- Transformation Programme Update
- Mental Health Strategy Update

**Governance Items:**
- Update Report on Caesarean Section Surgical Site Infection
- Improvement Work on Complaint Responses
- Winter Review Plan
- GMC Review of the Scottish Deanery for Medical Education
- Internal Audit Report on Clinical & Care Governance Strategy
- Healthcare Improvement Scotland Quality Framework
- GMS Update
  - Report on individual responsibilities
  - Improvement Plan
- eHealth Report
- Medical Education Report
- Area Drugs & Therapeutics Committee Terms of Reference Review
- Insulin Pumps & CGMs Data as at 31 March 2018

**Annual Reports:**
- Clinical Advisory Panel Annual Report

**Executive Lead Reports and Minutes from Linked Committees:**
- Acute Services Division Clinical Governance Committee - 18 April 2018
- Fife Area Drugs & Therapeutics Committee – 18 April 2018
- NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee – 9 May 2018
- NHS Fife Clinical Governance Steering Group – 2 May 2018
- eHealth Board – 26 April 2018
- NHS Fife Health & Safety Sub Committee – 1 June 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 26 April 2018
- NHS Fife Information Governance & Security Group – 27 April 2018
- NHS Fife Joint Strategic Transformation Group – 30 May 2018

**Items for Noting:**
- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 - 2019
5 September 2018:

Action List

Medical / Nurse Directors Reports:
- Quality Report
- Integrated Performance Report
- Board Assurance Framework for Quality and Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy:
- Mental Health Strategy Update
- Ravenscraig Ward Model of Care for In-patients
- Update on Clinical Strategy
- Review of Role of Joint Strategic Transformation Group

Governance Items:
- Implementation of Duty of Candour Update
- Clinical & Staff Governance for General Practice
- Update Report on Caesarean Section Surgical Site Infection
- GMS
- Feedback on Improvement Work on Complaint Responses
- Winter Plan 2018 – 2019
- Revised Area Drugs & Therapeutics Committee – Terms of Reference
- eHealth Quarterly Report April – June 2018
- NHS Fife Annual Immunisation Report
- Freestyle Libra

Annual reports:
- SCAN Annual Report

Executive Lead Reports and Minutes from Linked Committees:
- Acute Services Division Clinical Governance Committee - 18 July 2018
- NHS Fife Area Drugs & Therapeutics Committee – 6 June 2018
- NHs Fife Clinical Governance Steering Group – 18 July 2018
- NHs Fife Research Governance – 14 June 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 21 June 2018
- NHS Fife Infection Control Committee (including HAIRT report) – 6 June 2018
- Joint Strategic Transformation Group – 4 July 2018
- Patient Focus Public Involvement – 20 June 2018
- Public Health Assurance Committee – 26 July 2018
- Resilience Forum – 15 June 2018
- eHealth Board – 14 August 2018

Items for Noting:
- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 – 2019
7 November 2018:

Action List

Medical / Nurse Directors Reports:
• Quality Report
• Integrated Performance Report
• Board Assurance Framework for Quality & Safety
• Board Assurance Framework for Strategic Planning

Clinical Strategy
• Update on Clinical Strategy:- Site Optimisation
• Update on Clinical Strategy:- Medicines Efficiency

Mental Health Strategy
• Mental Health Redesign Update

Review of role of Joint Transformation Group
• Joint Transformation Group Terms of Reference

Governance Items:
• Nursing , Midwifery Allied Health Professional – Professional Assurance Framework
• Medical Education Report (included GMC visit report on NHS Fife)
• Alcohol Licensing
• Child Protection – Action List item 103
• Winter review 2018 – 2019 update
• Medical Revalidation 2017- 2018
• eHealth Quarterly Report July – September 2018
• Research & Development Strategy Review 2018 – 2019
• Unicef UK Baby Friendly Initiative Re-assessment
• Adverse Event Report
• Transvaginal Mesh Issue
• Update on Clinical Policies
• Primary Medical Services Sub-Committee – Constitution & Terms of Reference
• Healthcare Improvement Scotland Quality Framework
• Primary Care Improvement Plan
• Orthopaedic Reprovision Position Paper
• Board Committee Self Assessment Exercise

Annual Reports:
• Scottish Patient Safety Programme – Primary Care Report

Executive Lead Reports and Minutes from Linked Committees:
• NHS Fife Area Drugs & Therapeutics Committee – 1 August 2018
• NHS Fife Health & Social Care Partnership Clinical & Care Governance Committee – 10 August 2018 and 11 September 2018
• NHS Fife Clinical Governance Steering Group 12 September 2018
• NHS Fife Research Committee – 21 September 2018
• NHS Fife Health & Safety Committee – 21 September 2018
• NHS Fife Health & Social Care Partnership Integration Joint Board – 27 September 2018
• Information Governance & Security Group – 16 August 2018
• Joint Transformation Group - 29 August 2018
• NHS Fife Patient Focus Public Involvement – 12 September 2018
• Public Health Assurance Committee – 15 November 2018
• Fife Resilience Forum – 20 September 2018
• Unconfirmed note Infection Control Committee - 5 December 2018

Items for Noting:
• NHS Fife Activity Tracker
• NHS Fife Clinical Governance Committee Workplan 2018 - 2019
16 January 2019:

Action List

Medical / Nurse Directors Reports:
- Quality Report and SAB’s presentation from Dr Keith Morris
- Integrated Performance Report
- Board Assurance Framework for Quality & Safety
- Board Assurance Framework for Strategic Planning

Clinical Strategy
- Community Development
- Mental Health Redesign
- Update on Site Optimisation
- Update on Medicines Efficiency Programme

Governance Items:
- Healthcare Improvement Scotland Quality Framework Update
- Winter Plan 2018 – 2019 including Escalation Plan
- Child Protection Inspection Report
- Report from Information & Governance Security Group on compliance with General Data Protection Regulations
- Safe Use of Medicines

Annual Reports:
- Fife Child Protection Committee Annual Report 2017 - 2018

Executive Lead Reports and Minutes from Linked Committees:
- NHS Fife Area Drugs & Therapeutics Committee - 17 October 2018
- Acute Services Division Clinical Governance Committee - 17 October 2018
- NHS Fife Health & Social Care Partnership Clinical and Care Governance Committee - 9 November 2018
- NHS Fife Clinical Governance Steering Group - 14 November 2018
- eHealth Board - 16 November 2018
- Health & Safety Sub Committee – 14 December 2018
- NHS Fife Health & Social Care Partnership Integration Joint Board – 24 October 2018
- NHS Fife Infection Control – 3 October 2018 & December 2018
- Information Governance & Security Group – 23 November 2018
- Joint Strategic Transformation Group – 31 October 2018 & 5 December 2018
- Public Health Assurance Committee – 29 November 2018
- Resilience Forum - 6 December 2018

Items for Noting:
- NHS Fife Activity Tracker
- NHS Fife Clinical Governance Committee Workplan 2018 – 2019
- Draft Fife Clinical Governance Committee Workplan 2019 – 2020
- Vaping Report submitted to Scottish Government Health Department
6 March 2019:

Action List

Medical / Nurse Directors Reports:
• Quality Report and SAB’s presentation from Dr Keith Morris
• Integrated Performance Report
• Board Assurance Framework for Quality & Safety
• Board Assurance Framework for Strategic Planning

Clinical Strategy
• Update report on Site Optimisation
• Update report on Medicines Efficiency Group and Low Clinical Value Medicines
• Update report on Mental Health Redesign
• Update report on all strands of Clinical Strategy

Governance Items:
• Winter Plan monthly Update Report
• Nursing, Midwifery Allied Health – Professional Framework
• NHS Fife Equality Outcome Progress Report 2019
• Draft Clinical Governance Committee Annual Statement of Assurance & Best Value
• Committee Self Assessment Report
• Excellence in Care
• Healthcare Improvement Scotland Framework
• Update Report on General Data Protection Regulations

Annual Reports:
• Brexit Update
• Update on Vaping Report submitted to Scottish Government Health Department

Executive Lead Reports and Minutes from Linked Committees:
• Area Clinical Forum – 6 December 2018
• Acute Services Division Clinical Governance Committee – 13 February 2019
• NHS Fife Area Drugs & Therapeutics Committee - 18 December 2018 (Unconfirmed)
• NHS Fife Health & Social Care Partnership Clinical and Care Governance Committee - 25 January 2019 (Unconfirmed)
• NHS Fife Clinical Governance Steering Group – 24 January 2019
• NHS Fife Research Committee – 13 December 2018 (Unconfirmed)
• NHS Fife Health & Social Care Partnership Integration Joint Board – 20 December 2018 (Unconfirmed)
• NHS Fife Infection Control – 6 February 2019
• Joint Strategic Transformation Group – 9 January 2019
• Resilience Forum – 31 January 2019 (Unconfirmed)
• Radiation protection Committee – 19 December 2019 (Unconfirmed)

Items for Noting:
• NHS Fife Activity Tracker
• NHS Fife Clinical Governance Committee Workplan 2018 – 2019
• Draft Fife Clinical Governance Committee Workplan 2019 – 2020
**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.

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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
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</table>
| The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action. | Winter Plan  
Capacity Plan | FINANCE, PERFORMANCE & RESOURCES COMMITTEE  
CLINICAL GOVERNANCE COMMITTEE  
BOARD | Annual  
Bi-monthly  
NHS Fife Clinical Governance Workplan is discussed at every meeting.  
Minutes from Linked Committees e.g.  
- NHS Fife Area Drugs & Therapeutics Committee  
- Acute Services Division, Clinical Governance Committee  
- NHS Fife Infection Control Committee  
- NHS Fife Health & Social Care Partnership Care & Clinical Governance Committee  
NHS Fife Integrated Performance Report is considered at every meeting.  
NHS Fife Quality Report is discussed 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.

OVERVIEW
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 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. 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.

<table>
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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
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</table>
| 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 | On going | Clinical Strategy updates considered at every meeting:  
- Acute Services review  
- Community Transformation Programme  
- Site Optimisation  
- Medicines Efficiency  
Example of minutes e.g.  
- NHS Fife Area Drugs & Therapeutics Committee  
- Acute Services Division, Clinical Governance Committee  
- Information Governance & Security Group  
- NHS Fife Health & Social |
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<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
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<tbody>
<tr>
<td>Board and Committee decision-making processes are based on evidence that</td>
<td>Reports for decision to be</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Reports</td>
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<td>can show clear links between activities and outcomes</td>
<td>considered by Board and</td>
<td></td>
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<td>• GMC Review of the Scottish Deanery for Medical Education considered at 4 July 2018</td>
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<tr>
<td></td>
<td>Committees should clearly</td>
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<td>• Immunisation Report – considered at 5 September 2018</td>
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<td>describe the evidence</td>
<td></td>
<td></td>
<td>• Adverse Events Report considered at 7 November 2018</td>
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<td>underpinning the proposed</td>
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<td>• Fife Child Protection Annual report considered at 16 January 2019</td>
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<td></td>
<td>decision.</td>
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<td>• Cyber Resilience Update Report 9 May 2018</td>
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<td>• Director of Public Health Annual Report considered at 6 March 2019</td>
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<td>NHS Fife has developed and implemented an effective and accessible</td>
<td>Complaints system in place and regular complaints monitoring.</td>
<td>CLINICAL GOVERNANCE COMMITTEE</td>
<td>Ongoing</td>
<td>Single complaints process across Fife health &amp; social care system.</td>
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<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE</td>
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<td>complaints system in line with Scottish Public Services Ombudsman guidance.</td>
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<td>Bi-monthly</td>
<td>NHS Fife Quality Report is discussed at every meeting. Complaints are monitored through the quality report Integrated Performance Report considered at every meeting</td>
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<tr>
<td>NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.</td>
<td>Annual feedback</td>
<td>CLINICAL GOVERNANCE COMMITTEE</td>
<td>Annual</td>
<td>PFPI Annual Statement of Assurance considered at 9 May 2018</td>
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<td>Individual feedback</td>
<td></td>
<td>Ongoing</td>
<td>NHS Fife Quality Report is discussed at every meeting within the report it captures patient experience.</td>
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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.

OVERVIEW
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
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</thead>
</table>
| There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities. | Information Governance Group Annual Report. | CLINICAL GOVERNANCE COMMITTEE | Annual | Information Governance Annual Report, Framework and Workplan – Statement of Assurance considered at 9 May 2019
Minutes of Information Governance Group considered at 9 May, 4 July, 7 November 2018 and 16 January 2019
Report from Information Governance & Security Group on compliance with General data Protection Regulations considered at 16 January 2019
eHealth SIRO report considered at 9 May 2018 and 16 January 2019 |
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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
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</thead>
</table>
| NHS Fife understands and exploits the value of the data and information it holds. | Local Delivery Plan  
Integrated Performance Report | BOARD COMMITTEES | Annual  
Bi-monthly | NHS Fife Quality Report is discussed at every meeting.  
Integrated Performance Report considered at every meeting.  
Caesarean Section Surgical Site Infection considered at 9 May and 4 July 2018 |
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.

OVERVIEW
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.

<table>
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<tr>
<th>REQUIREMENT</th>
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<th>RESPONSIBILITY</th>
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<tbody>
<tr>
<td>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</td>
<td>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance. Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting. Minutes from Linked Committees e.g. • NHS Fife Area Drugs &amp; Therapeutics Committee • Acute Services Division, Clinical Governance Committee • eHealth Board • NHS Fife Infection Control</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
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<tr>
<td>The Board and its Committees approve the format and content of the</td>
<td>The Board / Committees review the Integrated Performance Report and agree the measures.</td>
<td>COMMITtees</td>
<td>Annual</td>
<td>NHS Fife Quality Report is discussed at every meeting.</td>
</tr>
<tr>
<td>performance reports they receive</td>
<td></td>
<td>BOARD</td>
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<tr>
<td>Reports are honest and balanced and subject to proportionate and</td>
<td>Committee Minutes show scrutiny and challenge when performance is poor as well as good;</td>
<td>COMMITtees</td>
<td>Every</td>
<td>NHS Fife Quality Report is discussed at every meeting.</td>
</tr>
<tr>
<td>appropriate scrutiny and challenge from the Board and its Committees.</td>
<td>with escalation of issues to the Board as required</td>
<td>BOARD</td>
<td>meeting</td>
<td></td>
</tr>
<tr>
<td>The Board has received assurance on the accuracy of data used for</td>
<td>Performance reporting information uses validated data.</td>
<td>COMMITtees</td>
<td>Every</td>
<td>NHS Fife Quality Report is discussed at every meeting.</td>
</tr>
<tr>
<td>performance monitoring.</td>
<td></td>
<td>BOARD</td>
<td>meeting</td>
<td></td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Annual</td>
<td>Integrated Performance Report considered at every meeting.</td>
</tr>
<tr>
<td>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.</td>
<td>Encompassed within the Integrated Performance Report</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>NHS Fife Quality Report is discussed at every meeting. Integrated Performance Report considered at every meeting. Minutes of Committees • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • NHS Fife Area Drugs &amp; Therapeutics Committee • Fife Resilience Forum</td>
</tr>
</tbody>
</table>
**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.

**OVERVIEW**

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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife meets the requirements of equality legislation.</td>
<td></td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Clinical Strategy updates considered at every meeting: • Acute Services review • Community Transformation Programme • Site Optimisation • Medicines Efficiency Mental Health Strategy considered at 4 July meeting All strategies have a completed EQIA</td>
</tr>
<tr>
<td>The Board and senior managers understand the diversity of their customers and stakeholders.</td>
<td>Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Clinical Strategy updates considered at every meeting: • Acute Services review • Community Transformation Programme • Site Optimisation • Medicines Efficiency</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE:</td>
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<tr>
<td>-------------</td>
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<tr>
<td>All have supporting EQIAs Mental Health Strategy considered at 4 July meeting All have a completed supporting EQIA.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</td>
<td>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.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>All NHS Fife policies have a EQIA completed and approved. The EQIA goes alongside the policy when uploaded onto the intranet. The quality report captures clinical policies and procedures compliance.</td>
</tr>
<tr>
<td>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.</td>
<td>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
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 the arrangements are working effectively.

2. Membership of Committee

2.1 During the financial year to 31 March 2019, membership of the Finance, Performance and Resources Committee comprised:

<table>
<thead>
<tr>
<th>Chair</th>
<th>Ms R Laing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>Dr L Bisset</td>
</tr>
<tr>
<td></td>
<td>Ms S Braiden (since 01.11.18)</td>
</tr>
<tr>
<td></td>
<td>Mr E Clarke</td>
</tr>
<tr>
<td></td>
<td>Mrs W Brown</td>
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<td></td>
<td>Ms J Owens</td>
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<tr>
<td></td>
<td>Mr P Hawkins</td>
</tr>
<tr>
<td></td>
<td>Mrs C Potter</td>
</tr>
<tr>
<td></td>
<td>Dr F Elliot (until 28.02.19)</td>
</tr>
<tr>
<td></td>
<td>Dr C McKenna (since 01.03.19)</td>
</tr>
<tr>
<td></td>
<td>Ms H Buchanan</td>
</tr>
<tr>
<td></td>
<td>Dr M Hannah (until 02.09.18)</td>
</tr>
<tr>
<td></td>
<td>Ms D Milne (since 03.08.18)</td>
</tr>
</tbody>
</table>

2.2 The Committee may invite individuals to attend the Committee meetings, but the Chief Operating Officer, Director of Health & Social Care and Director of Estates & Facilities will normally be in attendance.

3. Meetings

3.1 The Committee met on six occasions during the financial year to 31 March 2019, on the undernoted dates:

- 15 May 2018
- 10 July 2018
- 11 September 2018
- 13 November 2018
3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 In March 2018, the Board’s Financial Plan and Revenue Budget Proposals for 2018/19 were approved by the Board. At each meeting of the Finance, Performance and Resources Committee the most up to date financial position for the year was considered for both revenue and capital expenditure. This function is of central importance as the committee provides detailed scrutiny of the ongoing financial position and all aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board.

4.2 Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in year savings and consideration of future year service changes and financial consequences.

4.3 The Committee also received detailed reports on the financial outlook for 2019/20 and beyond from September onwards, with the detailed financial plan and budget setting considered in March 2019.

4.4 The Committee scrutinised performance at each meeting through review of the Integrated Performance Report. During 2018/19 the Integrated Performance Report was further developed to improve layout, content and provide clearer data analysis, trend and interpretation. There was increased clarity, and subsequently increased scrutiny, of matters within the IPR of specific relevance to the Committee.

4.5 The Committee considered matters in relation to the following capital schemes:

- Disposal of Assets - surplus land at Skeith Health Centre
- Initial Agreement Documents - Elective Orthopaedic Centre.

4.6 The Committee also received reports on the management of Capital schemes in general.

4.7 Details of the business items considered are attached at Appendix 2.

4.8 Minutes of the meetings of the Committee have been timeously submitted to the Board for its information, with specific matters for escalation from the Committee Chair highlighted in writing to the Board.

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 2018/19;
- met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
• made progress in the delivery of efficiency savings (on a recurring and non recurring mix); and

• has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6 Best Value

6.1 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 2018/19.

7 Risk Management

7.1 In line with the Board’s agreed risk management arrangements, the Finance, Performance & Resources Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.

8 Self Assessment

8.1 The Committee has undertaken a self assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee in November 2018. Attendees were also invited to participate in this exercise, which was carried out via a more easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2019 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 at 31 March 2019, 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.

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: Rona Laing

Rona Laing, Chair
On behalf of the Finance, Performance and Resources Committee
## APPENDIX 1

### FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

#### ATTENDANCE RECORD 2018/19

<table>
<thead>
<tr>
<th></th>
<th>15.05.18</th>
<th>10.07.18</th>
<th>11.09.18</th>
<th>13.11.18</th>
<th>15.01.19</th>
<th>12.03.19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms R Laing (Chair)</td>
<td>√</td>
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<tr>
<td>Dr L Bisset</td>
<td>√</td>
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<tr>
<td>Acting Chair</td>
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<td></td>
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<tr>
<td>Ms S Braiden (since 01.11.19)</td>
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<tr>
<td>Mr E Clarke</td>
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<td>√</td>
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<tr>
<td>Mrs W Brown</td>
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<td>√</td>
<td>√</td>
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<tr>
<td>Ms J Owens</td>
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<tr>
<td>Mr P Hawkins</td>
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<td>x</td>
<td>√</td>
<td>x</td>
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<td>x</td>
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<tr>
<td>Mrs C Potter</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Dr F Elliot (until 28.02.19)</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Dr C McKenna (since 01.03.19)</td>
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<tr>
<td>Ms H Buchanan</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>x</td>
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<td>x</td>
</tr>
<tr>
<td>Dr M Hannah (until 02.09.18)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms D Milne (since 03.09.18)</td>
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<td>√</td>
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</tbody>
</table>

### In attendance

<table>
<thead>
<tr>
<th></th>
<th>15.05.18</th>
<th>10.07.18</th>
<th>11.09.18</th>
<th>13.11.18</th>
<th>15.01.19</th>
<th>12.03.19</th>
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<tbody>
<tr>
<td>Mr M Kellet</td>
<td></td>
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<tr>
<td>Mr A Fairgrieve</td>
<td>√</td>
<td></td>
<td></td>
<td>√</td>
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<tr>
<td>Mrs J Gardner</td>
<td>√</td>
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<tr>
<td>Ms J McPhail</td>
<td>√</td>
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<tr>
<td>Dr G MacIntosh</td>
<td></td>
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</tr>
<tr>
<td>Ms A Clyne (Audit Scotland)</td>
<td></td>
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<tr>
<td>Ms S Davidson (Audit Scotland)</td>
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<tr>
<td>Mrs V Hatch</td>
<td></td>
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<tr>
<td>Ms B A Nelson</td>
<td></td>
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<td>√</td>
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<tr>
<td>Mrs E McPhail</td>
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</tbody>
</table>
FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2018/19

15 May 2018

Progress on Regional Plan
Update on Financial Plan 2018/19
Property & Asset Management Strategy
Integrated Performance Report
Winter Plan & Performance Winter Report
eHealth Quarterly Report
Annual Assurance Statement including Best Value Framework
Board Assurance Framework & Corporate Risks
Committee Self Assessment Checklist
Stratheden IPCU Post Project Evaluation
Internal Audit Report B21c/18 - Staff Lottery
Cyber Resilience Update

10 July 2018

Site Optimisation
Risk Share Arrangement
Progress on Regional Plan
Update on Savings & Service Reviews 2018/19
Property & Asset Management Strategy
Integrated Performance Report
Review of Winter 2017/18
Response to the Independent Review of NHS Tayside by Grant Thornton LLP
Board Assurance Framework
   (i)  Financial Sustainability
   (ii) Strategic Planning
   (iii) Environmental Sustainability
Stratheden IPCU Post Project Evaluation
Internal Audit Plan 2018/19
Annual Internal Audit Report

11 September 2018

IJB Approved Budgets
Mental Health Performance
Adult Social Care Forecasting
Progress on Regional Plan
Site Optimisation
Property & Asset Management Strategy
Implications of Brexit – NHS Workforce
Flash Glucose Monitoring System (Freestyle Libre Sensors) Potential impact on
   General Practice Prescribing Budget
Integrated Performance Report
Update on Savings 2018/19
Winter Planning 2018/19
Board Assurance Framework
(i) Financial Sustainability  
(ii) Strategic Planning  
(iii) Environmental Sustainability  

Committee Self Assessment Checklist  
Corporate Calendar – 2019/20 Meeting Dates  
Annual Accounts – Progress Update on Audit Recommendations  
Internal Audit Report B11/18 - Policies & Procedures  
Primary Medical Services Sub-Committee  
  (i) Constitution and Terms of Reference  
  (ii) Minutes of Meeting 5 June 2018

13 November 2018

Mental Health Performance  
Kincardine & Lochgelly Health Centres  
Board Finance & Performance Workshop  
Progress on Regional Plan  
Financial Outlook 2019/20–2021/22 (incorporating Budget Setting 2019/20)  
Site Optimisation  
Winter Planning  
Provision of Orthopaedics Services  
Integrated Performance Report  
Board Assurance Framework  
  (i) Financial Sustainability  
  (ii) Strategic Planning  
  (iii) Environmental Sustainability

Public Private Partnership Annual Report  
Committee Self Assessment Checklist  
Review of Policies & Procedures  
Annual Accounts - Progress Update on Audit Recommendations  
IJB Finance & Performance Committee Minutes, 25 September 2018  
IJB Finance & Performance Committee Minutes (Special Meeting), 11 October 2018

15 January 2019

Mental Health Support in Schools  
Progress on Regional Plan  
Draft Financial Plan 2019/20-2021/22  
Waiting Times Improvement Plan  
Integrated Performance Report  
Winter Performance Report  
Board Assurance Framework  
  (i) Financial Sustainability  
  (ii) Strategic Planning  
  (iii) Environmental Sustainability

State of NHSS Assets & Facilities Report  
Stratheden IPCU Benefits Realisation  
Annual Accounts – Progress Update on Audit Recommendations  
Update on Annual Workplan 2018/19  
Minutes of Primary Medical Services Sub Committee, 4 December 2018
12 March 2019

Kincardine & Lochgelly Health Centre Update
Our Minds Matter
Update on CAMHS Trials and Impact on Performance
Stratheden Intensive Psychiatric Care Unit – Smoking Area
Board Assurance Framework
  (i) Financial Sustainability
  (ii) Strategic Planning
  (iii) Environmental Sustainability
Annual Workplan 2019/20
Committee Terms of Reference
Committee Self Assessment Checklist
Annual Accounts – Progress Update on Audit Recommendations
Update from Brexit Assurance Group
Annual Operational Plan
Capital Programme 2019/20–2021/22
Financial Plan 2019/20–2021/22 and Budget Setting 2019/20
Orthopaedic Elective Centre Update
Integrated Performance Report
Winter Performance Report
Schedule of Meeting Dates 2019/20
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.

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

OVERVIEW
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.

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

9
<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife conducts rigorous review and option appraisal processes of any developments.</td>
<td>Business cases</td>
<td>BOARD FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</td>
<td>Ongoing</td>
<td>Business Cases</td>
</tr>
</tbody>
</table>
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.

OVERVIEW
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.</td>
<td>Reporting on financial position in parallel with operational performance and other key targets</td>
<td>BOARD FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</td>
<td>Bi-monthly</td>
<td>Integrated Performance Report</td>
</tr>
<tr>
<td>The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.</td>
<td>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</td>
<td>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE BOARD</td>
<td>Annual Bi-monthly Ongoing</td>
<td>Financial Plan Integrated Performance Report Financial overview presentations</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE</td>
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</tr>
<tr>
<td>Organisational budgets and other resources are allocated and regularly monitored.</td>
<td>Annual Operational Plan Integrated Performance Report</td>
<td>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</td>
<td>Bi-monthly</td>
<td>Integrated Performance Report</td>
</tr>
<tr>
<td>NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.</td>
<td>Code of Corporate Governance Financial Operating Procedures</td>
<td>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</td>
<td>Every three years</td>
<td>Code of Corporate Governance Financial Operating Procedures</td>
</tr>
<tr>
<td>NHS Fife understands and exploits the value of the data and information it holds.</td>
<td>Annual Operational Plan Integrated Performance Report</td>
<td>BOARD COMMITTEES</td>
<td>Annual</td>
<td>Annual Operational Plan Integrated Performance Report</td>
</tr>
<tr>
<td>Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.</td>
<td>Property and Asset Management Strategy</td>
<td>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</td>
<td>Bi-annual</td>
<td>Property and Asset Management Strategy Report on asset disposal Integrated Performance Report Minutes of NHS Fife Capital Investment Group</td>
</tr>
</tbody>
</table>
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.

OVERVIEW

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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics.</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report, Code of Corporate Governance, Minutes of Committees</td>
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The Board delegates to Committees the scrutiny of performance

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

OVERVIEW
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.

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<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife can demonstrate that it respects the limits of the planets environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.</td>
<td>Sustainability and Environmental report incorporated in the Annual Accounts process.</td>
<td>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE BOARD</td>
<td>Annual</td>
<td>Annual Accounts, Climate Change Template</td>
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15
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.

OVERVIEW

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.

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<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife meets the requirements of equality legislation.</td>
<td></td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>The Board and senior managers understand the diversity of their customers and stakeholders.</td>
<td>Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</td>
<td>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.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Clinical Strategy EQIA forms on reports</td>
</tr>
<tr>
<td>REQUIREMENT</td>
<td>MEASURE / EXPECTED OUTCOME</td>
<td>RESPONSIBILITY</td>
<td>TIMESCALE</td>
<td>OUTCOME / EVIDENCE:</td>
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<tr>
<td>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.</td>
<td>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA forms on reports</td>
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NHS FIFE

ANNUAL STATEMENT OF ASSURANCE OF NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2018/19

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, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.

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

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

MEMBERSHIP

The membership of the Committee for the year ending 31 March 2019 comprised:

Mr Martin Black, Non Executive Director, Fife NHS Board (Chair → 01.11.18)
Mrs Margaret Wells, Non Executive Director, Fife NHS Board (Chair 01.11.18 → present)
Mr Simon Little, Non Executive Director, Fife NHS Board (→ 26.10.18)
Mr Eugene Clarke, Non Executive Director, Fife NHS Board
Mrs Christina Cooper, Non Executive Director, Fife NHS Board
Mr Paul Hawkins, Chief Executive, Fife NHS Board
Ms Helen Buchanan, Director of Nursing, Fife NHS Board
Mrs Wilma Brown, Employee Director, Fife NHS Board
Mr Simon Fevre, Staff Side Chair, K&L LPF, Fife NHS Board
Mr A Verrecchia, Staff Side Chair, Acute Services LPF, Fife NHS Board
Vacancy – Non Executive Director

In addition, the following people regularly attend the Committee meetings and participate in the business of the Committee:

Ms Barbara Anne Nelson, Director of Workforce, Fife NHS Board
Mrs Jann Gardner, Chief Operating Officer, Acute Services, Fife NHS Board (→ January 2019)
Mr Michael Kellet, Director of Health & Social Care Partnership, Fife Council
Mrs Ellen Ryabov, Chief Operating Officer, Acute Services, Fife NHS Board (January 2019 →)

Other attendees, deputies and guests are recorded in the minutes of the Committee meetings.

MEETINGS

The Committee met on six occasions during the period from 1 April 2018 to 31 March 2019.

4th May 2018
29th June 2018
4th September 2018
2nd November 2018
18th January 2019
1st March 2019

The attendance schedule is attached as Appendix 1.

BUSINESS

Details of business items considered during the period 1 April 2018 to 31 March 2019 are attached at Appendix 2.

BEST VALUE

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 2018/19.

RISK MANAGEMENT

In line with the Board’s agreed risk management arrangements, the Audit & Risk Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail, and introduction, of the Board Assurance Framework. Progress and appropriate actions were noted.

SELF ASSESSMENT

The Committee has undertaken a self assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee in November 2018. Attendees were also invited to participate in this exercise, which was carried out via a more easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2019 meeting, and action points are being taken forward at both Committee and Board level.

CONCLUSION

As Chair of the Staff Governance Committee during financial year 2018/19, 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 Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

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.

M Wells
Chair
Staff Governance Committee

Appendix 1 – attendance schedule of meetings
Appendix 2 – Business
Appendix 3 – Best Value
### Appendix 1
NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE RECORD 1 APRIL 2018 – 31 MARCH 2019

<table>
<thead>
<tr>
<th>Committee Member</th>
<th>Designation</th>
<th>Dates</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>04.05.18</td>
</tr>
<tr>
<td>Mr M Black</td>
<td>Non Executive Board Member (Chair → 01.11.18)</td>
<td>✓</td>
</tr>
<tr>
<td>Mrs M Wells</td>
<td>Non Executive Board Member (Chair 01.11.18→ present)</td>
<td>N/A</td>
</tr>
<tr>
<td>Mr E Clarke</td>
<td>Non Executive Board Member</td>
<td>✓</td>
</tr>
<tr>
<td>Mr S Little</td>
<td>Non Executive Board Member</td>
<td>✓</td>
</tr>
<tr>
<td>Mrs C Cooper</td>
<td>Non Executive Board Member</td>
<td>✓</td>
</tr>
<tr>
<td>Mr P Hawkins</td>
<td>Chief Executive</td>
<td>X</td>
</tr>
<tr>
<td>Ms H Buchanan</td>
<td>Director of Nursing</td>
<td>✓</td>
</tr>
<tr>
<td>Mrs W Brown</td>
<td>Employee Director</td>
<td>✓</td>
</tr>
<tr>
<td>Mr S Fevre</td>
<td>Staff Side Chair, LPF, K &amp; L</td>
<td>✓</td>
</tr>
<tr>
<td>Mr A Verrecchia</td>
<td>Staff Side chair, Acute Services LPF</td>
<td>✓</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Deputies</th>
<th>Deputy for</th>
<th>Dates</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>04.05.18</td>
</tr>
<tr>
<td>Mrs L Parsons</td>
<td>Simon Fevre</td>
<td>N/A</td>
</tr>
<tr>
<td>Mr P Hayter</td>
<td>Andrew Verrecchia</td>
<td>N/A</td>
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### In attendance

<table>
<thead>
<tr>
<th>In attendance</th>
<th>Designation</th>
<th>Dates</th>
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</thead>
<tbody>
<tr>
<td>Ms B A Nelson</td>
<td>Director of Workforce</td>
<td>04.05.18</td>
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<tr>
<td></td>
<td></td>
<td>29.06.18</td>
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<td>04.09.18</td>
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<td>02.11.18</td>
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<td>18.01.19</td>
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<td>01.03.19</td>
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<tr>
<td>Mr Michael Kellet</td>
<td>Director of H&amp;SC Partnership</td>
<td>✓</td>
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<td></td>
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<td>X</td>
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<td></td>
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<td>✓</td>
</tr>
<tr>
<td>Ms J Gardner</td>
<td>Chief Operating Officer, Acute Services (→ Jan 2019)</td>
<td>✓</td>
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<tr>
<td>Mrs E Ryabov</td>
<td>Chief Operating Officer, Acute Services (Jan 2019 →)</td>
<td>N/A</td>
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### Attendees

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<tr>
<td>Mr B Anderson</td>
<td>Head of Partnership</td>
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<td>18.01.19</td>
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<td>01.03.19</td>
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<tr>
<td>Mrs R Waugh</td>
<td>Head of HR</td>
<td>✓</td>
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<tr>
<td>Dr G MacIntosh</td>
<td>Head of Corporate Planning &amp; Performance</td>
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<tr>
<td>Mrs S Braiden</td>
<td>Non Executive Board Member</td>
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<tr>
<td>Ms N Connor</td>
<td>Deputising for Michael Kellet</td>
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<tr>
<td>Ms J Owens</td>
<td>Deputising for Helen Buchanan</td>
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<tr>
<td>Ms C Dobson</td>
<td>Divisional General Manager (West, H&amp;SCP)</td>
<td>N/A</td>
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<tr>
<td>Dr F M Elliot</td>
<td>Medical Director (Item 13)</td>
<td>N/A</td>
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<tr>
<td>Dr W Simpson</td>
<td>Health Psychologist (presentation)</td>
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<tr>
<td>Mrs V Hatch</td>
<td>Deputising for Jann Gardner</td>
<td>N/A</td>
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<tr>
<td>Ms G Couser</td>
<td>Deputising for Acute Services</td>
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<td>Mr A Fairgrieve</td>
<td>Director of Estates, Facilities &amp; Cap Planning (Item 9)</td>
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Appendix 2

NHS FIFE STAFF GOVERNANCE COMMITTEE
ITEMS OF BUSINESS CONSIDERED
BETWEEN 1 APRIL 2018 AND 31 MARCH 2019

Standing Items
Declaration of Members Interests
Minutes and Action List of Previous Meetings
Minutes of other Committees/Groups
Well at Work – Attendance Management update
IPR – update
Board Assurance Framework (BAF)

Meeting held on 4th May 2018

1. Matters arising
   – KSF – TURAS Implementation/Board Wide KSF compliance update
2. BAF – Community Services update
3. Well at Work – attendance management update
4. Consultant Recruitment update
5. Health & Social Care (H&SC) National Report (iMatter and Dignity at Work)
   b. Agree Staff Governance Action Plan 2018/19
6. Staff Governance Committee Annual Workplan 2018/19
7. Annual Assurance Statements: Committee Self Assessment Checklist
8. Workforce Strategy
9. Integrated Performance Report
10. Issues to be Highlighted to the Board
11. AOCB – staff involvement with decisions affecting them, introduction of Staff Governance Strands on agenda.

Meeting held on 29th June 2018

1. Matters arising –
   – Staff Governance Committee Annual Workplan 2018/19- update
   – Scotgem GP Recruitment Initiative
2. BAF
3. Well at Work – attendance management
4. Workforce Projections
5. Workforce Strategy
6. eESS Update
   – Focus on Appropriately Trained and Developed SG Standard
7. TURAS Update
8. Core Training Update
9. Integrated Performance Update
10. AOCB – discussion on independent review by Grant Thornton
Meeting held on 4th September 2018

1. Matters arising
   - Staff Governance Committee Annual Workplan 2018/19 update
2. BAF
3. Well at Work – Attendance Management Update
   - Attendance management update
   - KSF – TURAS
   - Regional Developments
4. Workforce Strategy
5. Focus on Treated Fairly and Consistently with Dignity and Respect SG Standard
   - HR Policy Monitoring Update
   - Dignity at Work Action Plan
Focus on Well Informed SG Standard
   - Communication / Feedback
6. Remuneration Sub-Committee Terms of Reference
7. Nurse Recruitment Update
8. Young Peoples Workforce Strategy
9. Primary Care Emergency Services (PCES) Review of Payment Rates for Sessional GPs
10. Staff Governance Annual Monitoring Return 2017-2018 response
11. Integrated Performance Report
12. Issues to be Highlighted to the Board

Meeting held on 2nd November 2018

1. Going Beyond Gold – presentation by Dr W Simpson
2. BAF – Staff Governance Risks
3. Well at Work
   - Attendance Management update
4. Workforce Strategy
5. Focus on Involved in Decisions
   - iMatter update
   - KSF/TURAS update
6. Staff Governance Action Plan Review
7. Staff Governance Annual Monitoring Return 2017-18 response
8. Medical Revalidation & Appraisal Report
9. Proposed Committee Self Assessment Checklist
10. Integrated Performance Report
11. Issues to be Highlighted to the Board

Meeting held on 18th January 2019

1. BAF – Staff Governance Risks
2. Well at Work – attendance management update
3. Workforce Strategy
   - Provided with a Continuously Improving and Safe Working Environment
4. Focus on Staff Governance Strand
Meeting held on 1st March 2019

1. BAF – Staff Governance Risks
2. Well at Work – attendance management update
3. Workforce Information Dashboard
4. Draft Staff Governance Action Plan
   – Scottish Government Staff Governance Self Assessment letter
5. iMatter update
6. Draft Staff Governance Workplan 2019/20
7. Staff Governance Committee Terms of Reference
8. Staff Governance Committee Dates 2019/20
9. Staff Governance Committee Self Assessment Report 2018-19
10. Integrated Performance Report
11. Issues to be Highlighted to the Board
12. AOCB - Brexit

Minutes for Noting at each meeting

Area Partnership Forum
Acute Services Division & Corporate LPF
Health & Social Care LPF
Remuneration Sub Committee
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.

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
<th>MEASURE / EXPECTED OUTCOME</th>
<th>RESPONSIBILITY</th>
<th>TIMESCALE</th>
<th>OUTCOME / EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Whistle blowing Policy Code of Corporate Governance</td>
<td>BOARD STAFF GOVERNANCE COMMITTEE</td>
<td>Annual</td>
<td>Model Code of Conduct included in Code of Corporate Governance</td>
</tr>
<tr>
<td>Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.</td>
<td>Financial Plan Workforce Plan Property &amp; Asset Management Strategy</td>
<td>FINANCE PERFORMANCE &amp; RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD</td>
<td>Annual</td>
<td>Annual Operational Plan Financial Plan Workforce Plan Property &amp; Asset Management Strategy Integrated Performance Report</td>
</tr>
</tbody>
</table>
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.

OVERVIEW

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.

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</thead>
<tbody>
<tr>
<td>Board and Committee decision-making processes are open and transparent.</td>
<td>Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available</td>
<td>BOARD COMMITTEES</td>
<td>On going</td>
<td>Internet Intranet</td>
</tr>
<tr>
<td>Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes</td>
<td>Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>SBAR reports EQIA forms</td>
</tr>
<tr>
<td>NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.</td>
<td>Annual feedback Individual feedback</td>
<td>CLINICAL GOVERNANCE COMMITTEE</td>
<td>Annual Ongoing Quarterly Bi-monthly</td>
<td>Annual review Care Opinion Regular meetings with MPs/MSPs Integrated Performance Report</td>
</tr>
</tbody>
</table>
**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.

**OVERVIEW**
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.

<table>
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<tbody>
<tr>
<td>NHS Fife ensures that all employees are managed</td>
<td>eKSF process and Executive and Senior Manager Performance reporting.</td>
<td>STAFF GOVERNANCE COMMITTEE</td>
<td>Annual and as required</td>
<td>eKSF &amp; iMatter reports</td>
</tr>
<tr>
<td>effectively and efficiently, know what is</td>
<td>Medical performance appraisal.</td>
<td>REMUNERATION COMMITTEE</td>
<td>Bi-monthly</td>
<td>Integrated Performance Report</td>
</tr>
<tr>
<td>expected of them, their performance is</td>
<td></td>
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<tr>
<td>regularly assessed and they are assisted in</td>
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<tr>
<td>improving.</td>
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<tr>
<td>NHS Fife understands and measures the learning</td>
<td>Medical revalidation report and monitoring Nursing revalidation.</td>
<td>STAFF GOVERNANCE COMMITTEE</td>
<td>Ongoing</td>
<td>Minutes of Staff Governance Committee</td>
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<tr>
<td>and professional development required to</td>
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<tr>
<td>support statutory and professional responsibilities and achieve organisational objectives and quality standards.</td>
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<tr>
<td>Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.</td>
<td>Service Improvement and Quality are core dimensions of eKSF process.</td>
<td>STAFF GOVERNANCE COMMITTEE</td>
<td>Ongoing</td>
<td>Minutes of Staff Governance Committee &amp; Remuneration Committee</td>
</tr>
<tr>
<td></td>
<td>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</td>
<td>REMUNERATION COMMITTEE</td>
<td></td>
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</tr>
</tbody>
</table>
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.

OVERVIEW

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.

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<tbody>
<tr>
<td>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</td>
<td>Integrated Performance Report encompassing all aspects of operational performance, LDP targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Code of Corporate Governance Minutes of Committees</td>
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<tr>
<td></td>
<td>Board receives full Integrated Performance Report and notification of any issues for escalation from Committees.</td>
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</tr>
<tr>
<td>The Board and its Committees approve the format and content of the performance reports they receive</td>
<td>The Board / Committees review the Integrated Performance Report and agree the measures.</td>
<td>COMMITTEES BOARD</td>
<td>Annual</td>
<td>Integrated Performance Report</td>
</tr>
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<td>REQUIREMENT</td>
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<tr>
<td>Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.</td>
<td>Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Minutes of Committees</td>
</tr>
<tr>
<td>The Board has received assurance on the accuracy of data used for performance monitoring.</td>
<td>Performance reporting information uses validated data.</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Annual</td>
</tr>
<tr>
<td>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.</td>
<td>Encompassed within the Integrated Performance Report</td>
<td>COMMITTEES BOARD</td>
<td>Every meeting</td>
<td>Integrated Performance Report Minutes of Committees</td>
</tr>
</tbody>
</table>
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.

OVERVIEW

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.

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<tr>
<td>NHS Fife promotes personal well-being, social cohesion and inclusion.</td>
<td>Healthy workforce</td>
<td>STAFF GOVERNANCE COMMITTEE BOARD</td>
<td>Ongoing</td>
<td>Well at Work Gold Award</td>
</tr>
</tbody>
</table>
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.

OVERVIEW
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.

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<th>OUTCOME / EVIDENCE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife meets the requirements of equality legislation.</td>
<td></td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>The Board and senior managers understand the diversity of their customers and stakeholders.</td>
<td>Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA form on all reports</td>
</tr>
<tr>
<td>NHS Fife’s Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.</td>
<td></td>
<td>STAFF GOVERNANCE</td>
<td>Ongoing</td>
<td>Minutes</td>
</tr>
<tr>
<td>NHS Fife ensures that all members of staff are aware of its equality objectives.</td>
<td>Induction Equality and Diversity is core dimension in eKSF Equality and Diversity Learn Pro Module</td>
<td>STAFF GOVERNANCE</td>
<td>Ongoing</td>
<td>iMatter reports eKSF reports Minutes</td>
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<tr>
<td>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</td>
<td>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.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>Clinical Strategy EQIA forms on reports</td>
</tr>
<tr>
<td>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.</td>
<td>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</td>
<td>BOARD COMMITTEES</td>
<td>Ongoing</td>
<td>EQIA forms on reports</td>
</tr>
</tbody>
</table>