



Date: 05 July 2022  
 Enquiries to: Mrs Paula King  
 Tel: 01592 643355 Ext 28976

**AGENDA**

**A meeting of Fife NHS Board will be held on TUESDAY 2 AUGUST 2022 at 10.00 AM via MS TEAMS**

**TRICIA MARWICK**

Chair

10:00	1.	<b>CHAIRPERSON’S WELCOME</b>	TM	
	2.	<b>DECLARATION OF MEMBERS’ INTERESTS</b>	TM	
	3.	<b>APOLOGIES FOR ABSENCE</b> – S Braiden, A Grant and A Morris	TM	
10:05	4.	<b>COMMITTEE ANNUAL ASSURANCE STATEMENTS</b> Audit & Risk Committee Clinical Governance Committee Finance, Performance & Resources Committee Public Health & Wellbeing Committee Remuneration Committee Staff Governance Committee	MB CC MM TM TM LD	(enclosed)
10:10	5.	<b>ANNUAL ACCOUNTS PROCESS</b> <i>Issued to Board and EDG Members only</i> <i>Under the terms of the Public Finance &amp; Accountability (Scotland) Act 2000, the Board is not permitted to make the Accounts publicly available prior to the Audited Accounts being formally laid before Parliament. These papers are therefore not included in this pack.</i>		
		<b>NHS Fife Annual Accounts</b>		
	5.1.	Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	PF	
	5.2.	Letter of Representation	PF	

	5.3.	Annual Assurance Statement from the Audit & Risk Committee	MB	
	5.4.	Annual Accounts and Financial Statements Cover Paper 2021/22	MM	
	5.5.	NHS Fife Board Annual Accounts for the Year to 31 March 2022	MM	
10:35		<b>Patients' Private Funds</b>		
	5.6.	Patients' Private Funds Fund Accounts for the Year Ended 31 March 2022	MM	
	5.7.	Patients' Private Funds Fund Audit Completion Memorandum	MM	
	5.8.	Patients' Private Funds Fund Letter of Representation	MM	
10:50	6.	<b>MINUTE OF THE AUDIT &amp; RISK COMMITTEE DATED 29 JULY 2022 (UNCONFIRMED)</b>	MB	(verbal)
10:55	7.	<b>ANY OTHER BUSINESS</b>		
	8.	<b>DATE OF NEXT MEETING: Tuesday 27 September 2022 at 10:00 am, location to be confirmed.</b>		

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>2 August 2022</b>
<b>Title:</b>	<b>Committee Annual Assurances for 2021-22</b>
<b>Responsible Executive:</b>	<b>Respective Executive Directors</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

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

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the Annual Assurance Statements for each standing Committee of the Board, as part of the overall annual accounts and assurance process for 2021/22.

### 2.2 Background

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

## **2.3 Assessment**

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee, Remuneration Committee and Staff Governance Committee are attached for consideration by members of the Board. Each has been discussed and approved by the respective Committee at their May and July 2022 cycle of meetings.

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. As part of that report, an overall positive overview on internal controls and governance has been provided, with the content of the committee annual reports judged to be both comprehensive and meaningful.

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

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

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

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

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

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

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

N/A.

### **2.3.8 Route to the Meeting**

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

- Audit & Risk Committee, 29 July 2022
- Clinical Governance Committee, 29 April 2022
- Finance, Performance & Resource Committee, 10 May 2022
- Staff Governance Committee, 12 May 2022
- Public Health & Wellbeing Committee, 16 May 2022
- Remuneration Committee, 17 May 2022

The assurance statement of the Audit & Risk Committee has currently been provided in draft, pending the formal sign-off of the statement at their meeting on 29 July.

## 2.4 Recommendation

The paper is provided for:

- **Assurance**

## 3 List of appendices

The following appendices are included with this report:

- Appendix No.1 – Standing Committee Statements of Assurance

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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

## ANNUAL STATEMENT OF ASSURANCE FOR THE AUDIT & RISK COMMITTEE 2021/22

### 1. Purpose of Committee

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

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2022, membership of the Audit & Risk Committee comprised:

Martin Black	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member (to September 2021)
Cllr David Graham	Stakeholder Member, Fife Council
Alastair Grant	Non-Executive Member (from September 2021)
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member

- 2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Board Chief Executive, Director of Finance & Strategy (who is also the Executive lead for risk), Head of Financial Services & Procurement, Risk Manager, Board Secretary, Chief Internal Auditor and statutory External Auditor are normally in routine attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on six occasions during the year to 31 March 2022, on the undernoted dates:
- 13 May 2021
  - 17 June 2021
  - 16 September 2021
  - 9 December 2021
  - 18 January 2022 (Development Session)
  - 17 March 2022

- 3.2 The attendance schedule is attached at Appendix 1.

### 4. Business

- 4.1 The business of the Committee during the year continues to have been impacted by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. The Committee Chair has liaised closely with the Director of Finance & Strategy, as lead Executive Officer, to identify what business must be considered by the Committee and what must be prioritised in agenda planning. This has maximised the time available for management and operational staff to deal with the significant challenges of addressing Covid-surge-related demand

within clinical services, and, at the same time, allowed the Board to appropriately discharge its governance responsibilities. The impact of Covid has, once again, influenced the annual accounts audit timetable, although internally staff continue to work to established timelines to produce year-end material in a timely manner for audit review. The Committee's workplan has been regularly reviewed to ensure that any delays linked to Covid have been mitigated and that the required assurances could be provided to the Board as part of the year-end process.

- 4.2 The range of business covered at meetings held throughout the year, as detailed below, demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, reviewed annually in March 2022, the Committee has considered standing agenda items concerned with the undernoted aspects:
- Internal Control frameworks and arrangements;
  - Internal & External Audit planning and reporting;
  - Corporate Governance, including implementation of and compliance with the NHSScotland *Blueprint for Good Governance* and updates on the adoption of Committee Assurance Principles;
  - Regular updates to the NHS Fife Code of Corporate Governance;
  - Scrutiny of the Board's Annual Statutory Financial Statements, including the meaningfulness of the Governance Statement;
  - Risk Management arrangements and reporting, including the Board Assurance Framework and plans for revising the risk management framework; and
  - other relevant matters arising during the year.
- 4.3 The Audit & Risk Committee's first meeting of the 2021/22 reporting year took place in May 2021, where a number of papers related to preparations for the 2020/21 annual accounts process were considered. The Committee scrutinised audit planning memoranda for both the Patients' Private Funds and the Fife Health Charity, and reviewed draft versions of the 2020/21 annual assurance statement and the internal audit plan for the year ahead. Members discussed and endorsed a set of Committee Assurance Principles, which seek to focus attention in agenda planning on key areas and gives clear guidance on how to support delivery of strong assurance and due prominence to risk awareness and management. An annual report on Payments to Primary Care Practitioners, providing assurance on the accuracy and validity of payments made, was also scrutinised by members, as part of the year-end reconciliation work.
- 4.4 Meetings in June and September 2021 scrutinised the governance-related year-end documentation, auditor reports and financial statements for 2020/21. This included the statutory financial statements, plus the Patients' Private Funds and Service Auditor Reports on Third Party Services provided on behalf of NHS Fife by NHS National Services Scotland and NHS Ayrshire & Arran. Regular reporting on losses and special payments has now been factored into the Committee's workplan, to help support the annual accounts process generally and, in support of Counter Fraud Standards, to increase the Committee's oversight.
- 4.5 In reference to External Audit, the Committee has considered in detail the annual audit plan and the annual audit report. The annual audit report includes a report to those charged with governance on matters arising for the audit of the annual financial statements, as well as comment on financial sustainability, governance and best value. The Committee has also considered national reviews undertaken by Audit Scotland, including their report 'NHS in Scotland 2021', and its implications locally. The Committee has also approved the planning memorandum for the 2021/22 accounts cycle, for the Patients' Private Funds from the respective External Auditor, and has noted the approval by the Board of Trustees of the planning memorandum for the audit of Endowment Funds held by Fife Health Charity.
- 4.6 For assurance purposes, the Audit & Risk Committee has considered the annual assurance statements of each of the governance committees of the Board, namely: Clinical Governance Committee; Finance, Performance & Resources Committee; Public Health & Wellbeing Committee;

Remuneration Committee; and Staff Governance Committee. These detail the activity of each committee during the year, the business they have considered in discharging their respective remits and an outline of what assurance the Board can take on key matters delegated to them. No significant issues were identified from these reports for disclosure in the financial statements, as per the related content of the Governance Statement.

- 4.7 Each individual assurance statement has appropriately reflected the impact of Covid-19 on the respective Committee's workplans and usual schedule of business, noting the need to prioritise key risk areas during the year and to ensure that members were apprised in particular of activity aimed at addressing the operational pressures and challenges of Covid, especially during resurgent periods of infection. Appropriate assurance has however been provided that each Committee has fulfilled their key remit areas on behalf of the Board during the reporting year. The Clinical Governance Committee report has provided due reflection on the assurance that can be taken around matters of clinical quality and safety, information security & governance, and Health & Safety. The Finance, Performance & Resources Committee has closely monitored the position in relation to the impact of additional costs associated with the pandemic, and has considered also the impact of Covid on key performance targets. The newly-established Public Health & Wellbeing Committee has taken on responsibility for oversight of the Board's seasonal flu and Covid vaccination delivery programme and delegated community-based services, plus initial work in developing the new organisational strategy. The Staff Governance Committee has received regular updates on recruitment to support key programmes, such as Test & Protect and Covid vaccination delivery, in addition to ongoing detail on staff well-being initiatives and work underway to reduce sickness absence. The Remuneration Committee has continued its work during the pandemic period, completing its usual business of Executive cohort performance appraisal and objective setting. Further detail on all these areas can be found within the individual Committee reports mentioned above. In addition to the Committee reports, the individual Executive Directors' Assurance letters have provided helpful detail on the internal control mechanisms and mitigation of risks within individual portfolios and Directorates.
- 4.8 In reference to the assurance statement received regarding the Integration Joint Board, members noted the Chief Internal Auditor's conclusion that "reliance can be placed on the IJB governance arrangements and systems of internal controls for 2021/22" and that no concerns have been raised by internal audit around the consistency of the IJB Governance Statement; the format and content of the IJB Governance Statement in relation to the relevant guidance; and the disclosure within the IJB Governance Statement of all relevant issues. One 'significant', three 'moderate' and two 'merits attention' actions have been identified for the IJB to address, as detailed further in their Internal Audit Annual Report for 2021/22.
- 4.9 In relation to internal audit, members have reviewed and discussed in detail at meetings the annual audit plans; the interim evaluation of the internal control framework; reports from the internal auditors covering a range of service areas; and management's progress in completing audit actions raised, through regular follow-up reporting. A specific progress update from the Associate Director of Digital & Information, in reference to addressing the recommendations from the Internal Audit review of the Information Technology Infrastructure Library (ITIL), was given to members in September 2021, to provide assurance that prompt action was being taken to complete the work required, given the limited assurances that could be provided. In the previous reporting year, Internal Audit flagged the need for NHS Fife to improve the governance, control framework and assurance processes in place related to Information Governance & Security, and work to address these recommendations has now been significantly advanced and embedded in practice, as highlighted in Internal Audit's mid-year evaluation.
- 4.10 In relation to internal audit follow-up work, whilst improvements in reducing the number of outstanding actions has been seen in this reporting year, the Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the outstanding actions by the Executive Directors' Group to drive

forward prompt resolution. As reported to the March 2022 Audit & Risk Committee, 37 internal audit actions were remaining outstanding at that date, with 11 risk assessed as Amber ('action required'), 23 risk assessed as Green ('good progress') and three not yet due. Changes to the format of the report have been welcomed, with the helpful inclusion of 'Red / Amber / Green' (RAG) status. The assistance of Internal Audit in supporting strong improvements in the areas of information governance and security governance and reporting is recognised by the Committee, with helpful input from individual audit colleagues to adopting best practice reporting in these areas.

- 4.11 During the year, the Committee approved a revised set of Financial Operating Procedures (FOPs), following a full review of their content. The FOPs were last reviewed in detail in 2018, and a number of updating changes have been made. The review also sought to address a number of outstanding internal audit follow-up actions, all of which have now been completed. The FOPs have been published on StaffLink, to be widely accessible to staff.
- 4.12 On behalf of the Board, the Audit & Risk Committee receives regular updates on the workstreams being progressed within NHS Fife for compliance with the NHSScotland *Blueprint for Good Governance*, including the national work ongoing to develop a suite of standard documentation on a 'Once for Scotland' approach. Whilst many of the national workstreams have been delayed due to the impact of the pandemic on NHSScotland, the Committee has received an update on the Board's Blueprint action plan at its December 2021 meeting, noting the effective closure of the outstanding actions. With the publication of a revised Blueprint due imminently, the Committee will have a role in oversight of new compliance actions. The Board's own Code of Corporate Governance has undergone annual review and a number of clarifying changes made (including recognition of the establishment of the Board's new Public Health & Wellbeing Committee), to ensure it remains up-to-date with current practice.
- 4.13 The Committee has reviewed for assurance purposes the feedback received from the Sharing Intelligence for Health & Care Group's review of NHS Fife. The Group is a mechanism that enables seven national organisations, including Audit Scotland, to share, consider and respond to intelligence about care systems across Scotland, in particular NHS Boards. A further report detailing the discussions held at the follow-up meeting with the Group was tabled at the Committee in September 2021, and the key discussion points noted. Also for assurance, the Committee has received a paper outlining the Board's progress in implementing the national Whistleblowing Standards, receiving a presentation on this topic at its June 2021 meeting. Members discussed the awareness-raising work undertaken to increase visibility of the Standards, the training available to staff, and the reporting mechanism of cases within the Board. Formal review of the Board's compliance with the Standards will be undertaken by Internal Audit in this year's programme of work.
- 4.14 Reports have been provided to the Committee on the Organisational Strategy Development work, including details on the proposed engagement approach and the governance reporting route for each of the different aspects of the work. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Early engagement has taken place with staff, key stakeholders and members of the public, and updates have been given to the Committee thereon, such as the paper presented for discussion in March 2022. The Public Health & Wellbeing Committee is the lead Committee for the development and delivery of the new Strategy, though the Audit & Risk Committee will continue to receive general updates, to provide the appropriate assurance of progress in this area.
- 4.15 During the year, members of the Committee engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. A training session with the Internal and External Auditors was held in June 2021, outlining the year-end processes each undertake as part of the review of the financial statements and systems of internal control, in preparation for the review and scrutiny of the annual accounts, prior to the Committee's formal

consideration of the 2020/21 financial statements. The presentation slides were usefully adapted to be used as a helpful checklist by members, when the accounts were tabled for formal approval in September 2021. In December 2021, members received a briefing from the Associate Director of Digital & Information on cyber security, ongoing cyber threats and the measures by which the Board can improve its resilience to attacks of this type. The Committee noted the linkages with the NIS audit programme of work and the aspiration to raise the percentage compliance against this audit by the next iteration of this review.

- 4.16 In January 2022, the Committee received a briefing and awareness-raising session from the Head of the Counter Fraud Service (CFS) at NHS NSS. This was an informative presentation on the introduction of a set of Counter Fraud Standards across NHS Scotland, outlining the areas of best practice and model processes detailed within the Standards and CFS' commitment to collaborate with Boards to help embed these and work towards future compliance. Updates have also been given in the year to members on the Partnership Agreement between CFS and Health Boards, which has been recently renewed for a further three years.
- 4.17 Progress with fraud cases and counter fraud initiatives were discussed by the Committee in private session on a regular basis throughout the year. The Committee received quarterly fraud updates, which provided updates on NHS Fife fraud cases and investigations, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. This has provided the Committee with the assurance that the risk of fraud is being proactively managed across NHS Fife. The Committee has also considered the Annual Report on Patient Exemption Checking, which detailed the work undertaken by CFS in checking the propriety of exemptions claimed by patients for ophthalmic and dental work and summarised the write offs and recoveries for NHS Fife.
- 4.18 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an action register to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

## **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 2021/22.

## **6. Risk Management**

- 6.1 All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.
- 6.2 All of the key areas within the organisation maintain a risk register. All risk registers are held on the Datix (Risk Management Information System). Training and support for all Datix modules including risk registers, are provided by the Risk Management team according to the requirements of individuals, specialities and teams etc.
- 6.3 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 (BAF). During 2021/22, the high-level risks identified as having the potential to impact on the delivery of NHS Fife's strategic

priorities, and related operational high-level risks, were reported bi-monthly through the BAF to the governance committees, and subsequently to the Audit & Risk Committee and the Board. Due to the emerging Omicron wave of Covid-19 infection and resultant system pressures, the January 2022 governance committees took place with condensed agendas prioritised to reflect Covid-19 related business, which did not include the BAF. There was however frequent reporting to the full Board during this period on the impact of Omicron and the risks emerging from it. Regular reports recommenced as scheduled to the committees in March 2022.

6.4 The Committee have received regular updates and, in addition to their own presentation received at the Audit & Risk Committee's December 2021 meeting, noted that specific risk management development sessions took place with the Executive Directors' Group on 23 September 2021 and at the Board Development Session on 21 December 2021, to initiate the plan to refresh the NHS Fife Risk Management Framework. These sessions discussed a range of aspects of risk management and created an improvement plan to support the active governance of risk, which includes the following improvements and developments:

- a review of the Board Risk Appetite Statement;
- a review of the current Board Strategic Risk Profile;
- the establishment of a Corporate Risk Register to replace the current Board Assurance Framework;
- the creation of a risk dashboard to complement the updated Integrated Performance and Quality Report (IPQR) and to support effective performance management;
- an updated process to support the escalation, oversight and governance of risk; and
- the creation of a Risks and Opportunities Group.

6.5 The Committee is assured that good progress is being made with this improvement plan, which will support operational teams to identify and manage risks effectively and will also refocus reporting to the Board on corporate level risk. The plan will ensure alignment with the existing Strategic Planning & Resource Allocation process, to identify organisational or external risks associated with the delivery of corporate objectives. It will also support the identification and mitigation of risks identified through development and delivery of the Population Health and Wellbeing Strategy. This work is underpinned by acknowledgment of the need to promote a culture that encourages the proactive identification and mitigation of risks from ward to Board, which the Committee will continue to provide oversight on.

## 7. Self-Assessment

7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2022 meeting, and action points are being taken forward at both Committee and Board level. In the year ahead, the Committee will meet for a series of stand-alone Development Sessions, taking account of members' feedback on scheduled topics.

## 8. Conclusion

8.1 As Chair of the Audit & Risk Committee during financial year 2021/22, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.

- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly in another most challenging of years, set against the backdrop of the continuing Coronavirus pandemic.

Signed: Martin Black. Date: 29 July 2022

**Martin Black, Chair**

On behalf of the Audit & Risk Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**AUDIT & RISK COMMITTEE - ATTENDANCE RECORD**  
**1 April 2021 – 31 March 2022**

	13.05.21	17.06.21	16.09.21	09.12.21	18.01.22	17.03.22
<b>Members</b>						
<b>M Black</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓
<b>S Braiden</b> , Non-Executive Member	✓	✓	✓			
<b>D Graham</b> , Stakeholder Member, Fife Council	✓	x	x	✓	x	✓ Item 1 – 8.2
<b>A Grant</b> , Non-Executive Member				✓	✓	x
<b>A Lawrie</b> , Area Clinical Forum Representative	✓	✓	✓	x	x	x
<b>K McDonald</b> , Non-Executive Member	✓	x	✓	✓	✓	✓
<b>In attendance</b>						
<b>K Booth</b> , Head of Financial Services	✓	✓	✓	✓	✓	✓
<b>A Brown</b> , Principal Auditor				✓ Item 9.3		
<b>A Clyne</b> , Audit Scotland	✓	✓	✓	x	x	✓
<b>G Couser</b> , Associate Director of Quality & Clinical Governance						✓
<b>P Cumming</b> , Risk Manager	✓	x	✓	✓	✓	✓
<b>L Douglas</b> , Director of Workforce		✓				
<b>P Fraser</b> , Audit Scotland	✓	✓	✓	x	x	✓
<b>T Gaskin</b> , Chief Internal Auditor	✓	x	✓	✓	✓	✓
<b>A Graham</b> , Associate Director of Digital & Information			✓ Item 9	✓ Item 1		
<b>B Howarth</b> , Regional Audit Manager			✓			
<b>B Hudson</b> , Regional Audit Manager	✓	✓	✓	✓	x	✓
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>M McGurk</b> , Director of Finance & Strategy ( <b>Exec Lead</b> )	✓	✓	✓	✓	✓	✓ Item 1 – 8.1
<b>M Michie</b> , Deputy Director of Finance & Strategy						✓
<b>A Mitchell</b> , Independent Auditor – Thomson Cooper			✓ Item 7.1			
<b>C Potter</b> , Chief Executive	✓	x	✓	✓	x	x
<b>S Raynor</b> , Senior HR Manager		✓ Item 6.4				
<b>S Slayford</b> , Principal Auditor				✓ Item 9.3		

	13.05.21	17.06.21	16.09.21	09.12.21	18.01.22	17.03.22
<b>G Young</b> , NHS National Services Scotland, Head of Counter Fraud Standards					✓	

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

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

## GOVERNANCE AND ACCOUNTABILITY

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

### 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 organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

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



## USE OF RESOURCES

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

### 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.

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

## PERFORMANCE MANAGEMENT

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

### 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.

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

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

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

## CROSS-CUTTING THEME – SUSTAINABILITY

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

### 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.

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

## CROSS-CUTTING THEME – EQUALITY

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

### 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.

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

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

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2021/22

### 1. Purpose

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

### 2. Membership

- 2.1 During the financial year to 31 March 2022, membership of the Clinical Governance Committee comprised: -

Christina Cooper	Chair / Non-Executive Member
Martin Black	Non-Executive Member
Sinead Braiden	Non-Executive Member
Wilma Brown	Area Partnership Forum Representative (to July 2021)
Simon Fevre	Area Partnership Forum Representative (from July 2021)
Cllr David Graham	Non-Executive Member
Rona Laing	Non-Executive Member
Aileen Lawrie	Area Clinical Forum Representative
Dr Christopher McKenna	Medical Director
Dona Milne	Director of Public Health (to May 2021)
Dr Joy Tomlinson	Director of Public Health (from May 2021)
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Margaret Wells	Non-Executive Member (to July 2021)
Arlene Wood	Non-Executive Member (from September 2021)

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Finance & Strategy, Director of Health & Social Care, Director of Pharmacy & Medicines, Associate Medical Director (Acute Services Division), Associate Medical Director (Fife Health & Social Care Partnership), Associate Director, Digital & Information, Associate Director of Quality and Clinical Governance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.
- 2.3 The Clinical Governance Committee's remit permits a Patient Representative to be a member of the Committee. This post has been vacant in the reporting year, whilst an ongoing review is undertaken of the function and appointment route of this role.

### 3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2022, on the undernoted dates:
- 30 April 2021
  - 7 July 2021

- 2 September 2021 (held as an extraordinary meeting)
- 17 September 2021
- 3 November 2021
- 13 January 2022
- 10 March 2022

3.2 The attendance schedule is attached at Appendix 1.

#### **4. Business**

4.1 The business of the Committee during the year continues to have been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. The Committee Chair has liaised closely with the Medical Director, as lead Executive Officer, and the Director of Nursing to identify what business must be considered by the Committee and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred, with the occasional meeting running with a prioritised agenda. This has maximised the time available for management and operational staff to deal with the significant challenges of addressing Covid-surge-related demand within clinical services, and, at the same time, allowed the Board to appropriately discharge its governance responsibilities. The Committee's workplan has been regularly reviewed to ensure that specific items related to Covid-19 have been covered appropriately and that the required assurances could be provided to the Board as part of the year-end process.

4.2 In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some public health-related areas previously covered by the Clinical Governance Committee. A review of workplans and terms of reference of Committee's with overlapping agenda topics has attempted to limit any duplication in reporting and enhance clarity about roles and responsibilities. This remains, however, at the time of writing a work-in-progress, as the new Public Health & Wellbeing Committee evolves and develops, and this gives the Clinical Governance Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of business aligned to its specific remit.

4.3 The Clinical Governance Committee's first meeting of the 2021-22 reporting year took place in April 2021, with updates given to members on the Covid vaccination programme, including future delivery models and associated governance structure for the immunisation programme. The Committee were assured of the Board's above-average progress in delivery of vaccines to the eligible population, the workforce in place to support the programme, and the inclusivity initiatives being undertaken to reach disadvantaged groups. At the same meeting, members also received up-to-date information on the expansion of Covid-19 testing, particularly asymptomatic testing within the community and the dedicated sites being established to support that across Fife. Given the complexity of the message around testing and isolation for positive cases, the Committee welcomed the clear and practical communications being issued to support the local population.

4.4 Further updates on both testing and vaccine delivery were presented to the Committee at its July 2021 meeting, noting the expansion of both and the transition from a Covid-focused programme to a revised Flu Vaccination & Covid Vaccination (FVCV) programme, beginning in the autumn of 2021. Comprehensive assurance was provided that the Board was actively planning for what would be its biggest immunisation programme to date, and that lessons learned from earlier stages of the vaccination delivery would mitigate any foreseen risks, particularly around the use once again of the national scheduling tool. A new governance and assurance structure has been developed to meet the increasing demands and expectations of all childhood and adult immunisation programmes in Fife, ensuring that the Board has in place

the necessary workforce and logistical expertise, as Covid-related work increasingly transitions into business-as-usual activity.

- 4.5 The Committee held an Extraordinary Meeting in September 2021 to scrutinise the expanded Winter immunisation programme, covering the planning for delivering both seasonal flu and Covid booster vaccinations. Detail was provided on the governance structures in place (including the appointment of a dedicated Immunisation Programme Director) and the supporting workstreams covering logistics (such as clinic venues and scheduling), workforce and models of care. Members took assurance from the progress made in planning for such a large-scale endeavour. Members also discussed issues ranging from the availability of vaccine, the prioritisation of cohorts, the governance, risk and project management arrangements for the roll-out of the programme, planning for venues, scheduling and appointing mechanisms, and the workforce and financial implications. Also considered at the special meeting was the enhanced Fife Immunisation Strategic Framework for 2021-24, which set out plans for all immunisation programmes for vaccine-preventable disease to be delivered over the period. It was noted that lessons learned from the issues encountered with the 2020-21 Seasonal Flu programme had indicated that improvements in the leadership, management and governance of immunisation programmes were required. The Framework therefore provides the foundation for an integrated strategic approach for planning and delivery of immunisation-related activities, including those related to Covid, clarifying the roles and overlapping responsibilities between the Board, the IJB and the Health & Social Care Partnership. Members greatly welcomed the Framework, recognising this provided helpful clarification and direction over what remains a complex and high-profile programme of work.
- 4.6 In September 2021, further updates on Covid-related activity were given, with this meeting coinciding with a sharp increase in positive infections within Fife and, as a result, the number of tests being carried out. Assurances were provided on the Board's capacity to manage the high demand, along with efforts being made to minimise staff absence and ensure test sites (both fixed and mobile) were easily accessible to the entire Fife population. The upsurge in cases caused significant pressure on clinical services, with increased Acute admissions and subsequent pressure on flow across the overall system. The Committee took assurance from the selective pausing of elective procedures and outpatient activity, which took due account of clinical prioritisation and planning, to address ongoing high levels of activity.
- 4.7 Further and ongoing updates on Covid-19 activity, in addition to the roll-out of the Flu Vaccination & Covid Vaccination programme, have been given to members at Committee meetings held over the Winter period, where activity has fluctuated, due to the impact of the Omicron wave of infections and reduction of social distancing prevention measures. The progress of the Seasonal Flu and Covid booster campaign has been actively scrutinised, with assurances given around planning, infrastructure and staffing over what has been a period of extremely high activity. A briefing on the Board's response to 'long' or post-Covid syndrome, which is being led by a specific Oversight Group, was given in March 2022. The long-term effects of Covid can vary widely, with enduring impact on both physical and mental health, and the Committee were assured that a range of support measures were being put in place to support individuals who continue to experience after-effects of the illness.
- 4.8 The January 2022 meeting of the Committee was prioritised to focus on Covid-related business or items otherwise requiring approval, given the critical pressure then apparent on operational staff and Executive Directors. The Committee were apprised of developments to the testing and tracing programme, including funding for the contact workforce and the introduction of antiviral / immune moderated treatment for the most vulnerable via a dedicated Covid-19 Outpatient Assessment (COPA) unit situated at the Victoria Hospital. It was noted that the success of the Covid booster immunisation programme had had a positive impact on reducing the number of individuals requiring hospital treatment due to Covid, but that there remained

serious pressure on care homes and wards due to the levels of infection, impacting on discharge and flow. The FVCV work had been especially challenging over a busy festive period, though nevertheless the Board exceeded the Scottish Government target for vaccines to be delivered under the 'Boosted by the Bells' campaign. Outreach work had also continued, to mitigate any inequalities and to ensure the vaccine is available to all. The Committee continued to take assurance from this important work, noting the exceptional efforts of all involved in the Winter immunisation activities. The strong performance of the Board when compared with other nationally has given the appropriate assurance that the planning and implementation of such a large-scale programme has taken due cognisance of the lessons learned from the 2020 review of Seasonal Flu immunisation and improvement made in immunisation governance, in addition to benefitting from the expertise, dedication and knowledge of staff from across a range of services.

- 4.9 The Committee has received regular updates on the initial development stages of the Board's new Population Health & Wellbeing Strategy, which will inform planning for the next five to ten years. Development of the individual workstreams are being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Early engagement has taken place with key stakeholders and members of the public, and updates have been given to the Committee thereon. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Clinical Governance Committee will continue to have a specific role in the scrutiny and assurance of developments with a defined clinical governance-related impact.
- 4.10 A draft of the Joint Remobilisation Plan (RMP4), outlining the planning for addressing the backlog of planned care activity following the initial phase of the Covid pandemic, has been reviewed by the Committee and its input welcomed. The Plan detailed the adopted methodology around the planning for resumption of normal services, based around a 'Respond, Recover and Renew' approach, building on earlier iterations of the Plan approved by Scottish Government. For 2021-22, the Winter Plan has been encompassed within the Remobilisation Plan, and this has taken account of the context of levels of demand and staff workforce capacity. A progress update on deliverables has been considered by the Committee at its January 2022 meeting.
- 4.11 During the pandemic, strategic decisions have been made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision have been risk assessed and the Committee has recognised that some patients may be affected by these decisions. As such, any consequences that resulted would not be considered avoidable, given that this was based on the strategic decision to prioritise services to address the pandemic. Importantly, actions to mitigate identified risks were implemented at all opportunity. The Committee considers that the local response to the pandemic was appropriate, considered and aligned to Scottish Government direction. Throughout the pandemic thus far, urgent services such as cancer services and urgent care have been prioritised. Data on Hospital Standardised Mortality Ratios (HSMR) has been considered in regular reporting via the IPQR. Members have noted the data and taken assurance, following discussion about the significance and interpretation of the data within the pandemic period. A further report is expected to be tabled for a future meeting, which will include information from national data collected by Public Health Scotland on HSMR. The governance route for changing or stopping services has been carefully scrutinised through the pandemic response structures of Bronze, Silver and Gold Command groups. Critically, clinical teams and leaders have been central to decision-making, to ensure that any potential harm resulting from cessation or service change was appropriately mitigated. Examples of mitigation include the nationally-agreed surgical prioritisation framework, use of 'Near Me' for the continuance of remote appointments, and outpatient prioritisation. The dynamic nature of the pandemic and

the evolving understanding of the virus has necessitated a continual review of changes, which have been considered through the command structures described and also discussed by the Committee during the year. As services continue to remobilise and recover, the Clinical Governance Committee will continue to offer oversight, to provide assurance in relation to the recovery of services and planning for tackling increased waiting lists. It has also been decided that the risk to patient safety due to increased waiting times will be captured in a revised Quality & Safety Board Assurance Framework submission.

- 4.12 An update by the Medical Director on the Redesign of Urgent Care, including the governance structure for undertaking this work, was delivered to members in November 2021, with a further report tabled in March 2022. Details on the design and operation of the Flow & Navigation Hub within the Urgent Care Service was outlined, following Scottish Government guidance for all Boards to establish a local hub to ensure patients are directed to the appropriate point of care. This continues to operate successfully, helping ensure Accident & Emergency attendances are managed and patients are directed to the right forms of support for their own individual needs. A new funding stream, Interface Care, helps support the ambulatory options available to patients, to help reduce the length of stay in hospital for certain conditions and to maximise the use of services such as Hospital@Home. The Committee has received subsequent updates on the impact of the changes on the Emergency Department, including measures in place aimed at reducing the pressure at the front door by redirecting patients to more suitable services, and members have gained full assurance that the Board is addressing the national requirements in this area.
- 4.13 In September 2021, an assurance report on the benefits and enhancements to the patient experience by the introduction of robotic-assisted surgery was considered by the Committee, outlining the potential transformative nature of this initiative on a number of complex surgical procedures.
- 4.14 In November 2021, the Committee received a detailed update on this risks around the Primary Care Improvement Plan Memorandum of Understanding 2, focusing on those related to delivery, finance and workforce. Members recognised this was a significant workstream, which would be challenging to deliver in time for the nationally-set deadlines. General Practices remain under pressure due to levels of demand and the need to maintain Covid-distancing measures, thus reducing face-to-face contact with patients. Close working is needed with contractors, including pharmacies, in order to achieve the Plan's ambitions and this will be the subject of future reports to the Committee.
- 4.15 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). Specific scrutiny has been given in recent meetings to the increased rate of in-patient falls, which has been attributed to the footprint alteration and staffing changes in the hospital due to the pandemic, and the Committee has received detail on how this will be addressed. A detailed report and presentation on reducing incidents of harm from pressure ulcers, catheter-associated urinary tract infections and E Coli Bacterium has also been scrutinised by the Committee, to address concerns where targets have deteriorated. It has been agreed that a specific Committee Development Session be held in the current year to have a deep-dive into this area, to enhance members' knowledge of this area.
- 4.16 Stand-alone updates on complaints performance have also been discussed at the Committee, noting the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have multiplied due to pauses in outpatient and elective surgery appointments. Recovery performance has been variable, with the need to pause some complaint activity at times of extreme pressure, exacerbated also by the issue of staff shortage

within the Patient Relations team. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback and experience and analysis / learning from themes and trends, to be progressed by a new Organisational Learning Group. A full-scale review of the IPQR is presently underway, following the Board's Active Governance session held in November 2021, and this will reach its conclusion shortly.

- 4.17 The Committee noted that robust action plans were developed following Health Improvement Scotland (HIS) Healthcare Associated Infection (HAI) inspection visits to Glenrothes Hospital (7-8 July 2020) and to Adamson Hospital (28 October 2020), with members receiving an update on progress in addressing actions of these inspections at their April 2021 meeting. The Glenrothes Hospital Inspection resulted in the identification of four areas of good practice (particularly around hospital cleanliness and infection control support) and five requirements in areas to be improved (the majority related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic). The Adamson Hospital Inspection highlighted three areas of good practice (including robust standards of hospital cleanliness and thorough completion of assessment such falls, oral care and pressure ulcers prevention) and eight requirements to be followed up. Six requirements related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic and two requirements were in relation to infection control practices supporting a safe environment for patients and staff. At their April 2021 meeting, the Committee were pleased to note that the action plan in relation to the Glenrothes Hospital inspection has been fully completed, and that for Adamson Hospital was awaiting final HIS sign-off. In September 2021, the Committee noted that a Covid-focused HIS inspection of the Victoria Hospital, undertaken in May 2021, had concluded with largely positive findings and a number of good practice areas identified. Two minor requirements for improvements were identified and these had been quickly addressed.
- 4.18 The Committee has discussed planning for the Winter Period (as part of the Board's Joint Remobilisation Plan) and reflected on Winter performance via a report on the 2020/21 period. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships particularly with colleagues in the Health & Social Care Partnership have helped to managed delay and flow, with varying results across the year.
- 4.19 The Committee has received updates throughout the year on the new requirements of various legislative initiatives, including, in April 2021, dedicated reports on the Board's preparedness for the introduction of recent guidance on donation and pre-death procedures for organ and tissue donation (effective March 2021) and also new guidelines on the self-referral to forensic medical services for adults, children and young people who have experienced rape, sexual assault or sexual abuse (effective April 2022). In relation to the latter, the Committee were assured that the Board's facilities and services are trauma-informed, holistic and person-centred, whilst fully integrated with cross-sector partners. An update was provided in November 2021 on the National Hub for Reviewing and Learning from the Deaths of Children and Young People, which will be supported locally by the establishment of a Child and Young Persons' Governance Group, reporting henceforth annually into the Committee. Via these reports, the Committee took assurance that the relevant services were fully prepared for the impact of these legislative changes, ensuring that patients and service users would receive the highest standards of care required.
- 4.20 Reports to the Committee have further detailed the revised model for participation and patient engagement put in place to support any service developments or change, such as the remodelling work undertaken in the reporting year around access to Urgent Care. The newly established Participation & Engagement Advisory Group (PEAG) has been highlighted as a

potential model for other Boards to follow, as detailed in an update to the Committee in April 2021. The Committee noted the linkage of this work to newly released guidance and statutory duties on 'Planning with People: Community Engagement and Participation Guidance for NHS Boards, IJBs and Local Authorities' for healthcare services, with both workstreams being taken forward across relevant partners in tandem. In July 2021, the Committee received a further updated on patient feedback on the early stages of Urgent Care redesign activities, noting the steps being taken to address some concerns raised in the consultation exercise, to ensure no specific groups were being disadvantaged by the change to the process. Members welcomed this person-centred focus and reflection on the national service changes being introduced for unscheduled care pathways.

- 4.21 In July 2021, members considered a proposal for Fife to develop and implement a new East Region Formulary, which aims to reduce variation between local Health Boards and therefore unwarranted variation in the medications prescribed to patients, with uniformity of choice for clinicians. The governance structure to be adopted (with a direct reporting line into the Clinical Governance Committee) was also described. Members supported the programme of work. Also at the July 2021 meeting, an update was given to members on an ongoing incident relating to the National Cervical Screening Programme, where an issue had been identified where some patients had been mis-coded, with the potential for the causation of harm. Assurance was given that locally in Fife clinicians were actively reviewing cases, to identify with urgency any patients thought to be affected. In March 2022, the Committee reviewed NHS Fife's response to a Scottish Government request for information, following the publication of the findings of the independent review of Paediatric Audiology Services in NHS Lothian, which identified a number of failings in timely patient care. The Committee gained assurance that NHS Fife was actively reviewing the learning from the Lothian review, to ensure early diagnosis and the best possible outcomes for new-borns with potential hearing impairment.
- 4.22 The Committee, along with others of the Board, considered the revised Fife Integration Scheme, recommending the revisions made to the Board, thus enabling its submission to Scottish Government for formal approval. The revised Scheme has enhanced clarity around the responsibilities and accountabilities of NHS Fife, Fife Council and Fife Integration Joint Board for clinical and care governance and the professional roles held by the Executive Nurse Director, the Executive Medical Director and the Chief Social Work Officer. The formal sign-off by Scottish Government was achieved in March 2022.
- 4.23 Annual reports were received on the subjects of the work of the Clinical Advisory Panel; Adult Support & Protection; Fife Child Protection (including an in-year update in July 2021, with a particular focus on the possibly of hidden harm due to the pandemic); Health Promoting Health Service; Immunisation; Nursing, Midwifery & Allied Health Professionals' Assurance Framework; Medical Education; Medical Appraisal & Revalidation; Prevention & Control of Infection; Occupational Staff & Wellbeing Service; Organisational Duty of Candour; Research & Development Strategy & Annual Review; Safer Management of Controlled Drugs; Volunteering; and any relevant Internal Audit reports that fall under the Committee's remit, such as those on Digital & Information Governance arrangements and Manual Handling Training. The findings of the Internal Audit report on the Clinical Governance Strategy & Assurance has also been reviewed in depth, helping provide the background to a refreshed framework and delivery plan, due for finalisation in summer 2022. The Committee has also reviewed the clinical governance-related recommendations of the Annual Internal Audit Report for 2020-21. The findings of a recent interim Internal Audit report on resilience has been reviewed and assurance taken that a new Head of Resilience is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation, thereby addressing the audit points raised in the report.

- 4.24 The Committee has received minutes and assurance reports from its three sub-groups, namely the Digital & Information Board, Health & Safety Sub-Committee, and the Information Governance & Security Steering Group, detailing their business during the reporting year. Updates to Terms of Reference and workplans for these groups have also been considered when necessary. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's April 2022 meeting.
- 4.25 In reference to the Health & Safety Sub-Committee, whilst Covid has dominated their proceedings, the policy and procedure reviews scheduled for this year have been completed. In November 2020, NHS Fife received a Covid Management 'spot check' visit to the Victoria Hospital site from Health & Safety Executive (HSE) inspectors. The visit resulted in a 'Notice of Contravention' being issued to the organisation with a requirement for actions to be taken around the areas of physical distancing (especially in rest/break areas), records management and training with regard to face fit testing and fit testers, and concerns with changing and locker facilities. Following action to address these recommendations, final confirmation was given in September 2021 that the Notice of Contravention had formally been closed by the HSE. The Sub-Committee have continued to ensure that the Board is meeting all guidance issued around Covid, to ensure the highest levels of protection for staff and patients. Other workstreams considered by the Sub-Committee include oversight of outstanding internal audit points around Manual Handling and Sharps Management and the ongoing recruitment for a new Health & Safety Manager, following the current incumbent's secondment to the Infection Prevention & Control Team. Since the report's production, recruitment for the Health & Safety Manager has successfully concluded, with an anticipated start date of August 2022. In relation to Sharps Management, the Sharps Strategy Group is now scheduled to meet bi-monthly, with enhanced formality in the minuting of its meetings and agendas focused on staff training, risks and procurement.
- 4.26 The Digital & Information Board has continued to develop the governance, process and controls necessary to assure the organisation about the consideration and delivery of the Digital & Information Strategy and associated delivery plan. Specifically, this relates to ensuring progress is made with delivering the strategic ambition, relating to year three of NHS Fife's Digital and Information Strategy (2019-2024), and ensuring the maintenance and improvement in performance across Digital & Information technical and operational teams. This work has included consideration of a number of significant and outstanding Internal Audit findings given in previous reports, as well as the action points from previous NIS audits. During the pandemic period, there has been unprecedented change in the areas of digital adoption, for staff, patients and the public in general. This has influenced initiatives such as the national appointment system for Covid vaccinations and the further roll-out and adoption of 'Near Me' virtual appointments. The learning from the pandemic period in particular has highlighted the importance of addressing digital inclusion and inequalities, in addition to maximising digital solutions to tackle the resultant backlog of routine healthcare activities.
- 4.27 Via a number of updates throughout the year, the Committee were assured that Digital & Information colleagues will take due account of recent learning as the Board continues to deliver the key ambitions of the Digital & Information Strategy, noting that these will be scrutinised and prioritised in accordance with the individual programmes and workstreams of the new organisational strategy. The Digital & Information Board will continue to assess the impact on fixed resource levels across Digital teams, who are now required to run and operate the additional digital capabilities introduced. A revised engagement model has been established, which ensures the correct level of clinical and leadership engagement with digital developments, including the prioritisation of projects reflecting clinical effectiveness and safety issues, to help manage excess demand. The removal of legacy and unsecured systems

remains an area of priority, given the high rating of the cyber-security threat level for the public sector that was evident throughout 2021-22. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities and will be considered by the Committee at its May 2022 meeting.

- 4.28 In relation to specific Digital enhancements, the Committee has received updates on the hospital electronic prescribing and medicines administration system (HEPMA) being introduced in Fife. Contractual negotiations did not proceed as planned, which has delayed the project considerably from its original due date. However, the Committee received assurance that the transformational benefits of the introduction of HEPMA remain undiminished and a new procurement process has begun to move this work forward.
- 4.29 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group, which has been restructured and refocused on priorities and areas of greatest risk. The Group has reviewed reports detailing the current baseline of performance and controls within the remit of the Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. The Group have adopted a set of performance measures and a workplan has been introduced, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Throughout the year, the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Visualisation of the risk profile, which averaged 26 in number over the year, supported the critique and assurance the Group were able to offer. Internal Audit have now reduced the level of risk associated with Information Governance & Security compliance and there are no issues identified that require disclosure within the Governance Statement, which is testament to improvements made, including in the Group's reporting to the Clinical Governance Committee and the Executive Directors' Group.
- 4.30 An annual statement of assurance has also been received and considered from the Clinical & Care Governance Committee of the Integration Joint Board, detailing how Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility.
- 4.31 Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2021/22.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework (BAF) in the areas of Quality & Safety, Strategic Planning and Digital & Information. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to Covid have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care, service delivery and vaccination during peaks of activity during the pandemic.
- 6.2 During the year, in relation to Quality & Safety, the Committee has specifically considered the overall component of this BAF, along with linked operational risks. In July 2021, it was agreed that a larger scale review of the Board's risk management processes were required, to ensure that each Committee had a realistic and dynamic understanding of the risks relevant to their particular remits. Members supported the planned programme of improvement work going forward with the Board Assurance Framework (this work is planned to conclude in summer 2022). In November 2021, the Committee reviewed revised wording for the Quality & Safety risk, to ensure this was an accurate reflection of what the risk profile is presently. Additionally, it has been agreed that the active consideration of patient safety deteriorating due to increased waiting times will be reflected in the updated Quality & Safety BAF. Further work has been undertaken to review whether the linked risks and descriptions within the BAF are appropriately strategic, with the proposed removal of those deemed operationally. An additional update on these enhancements was provided to the Committee at its March 2022 meeting. This work will proceed in tandem with the organisation risk management review being led at Board-level.
- 6.3 The Committee recognised that further work is required around the reporting of risks related to transformation programmes, noting that the ongoing strategy review will bring an overall focus and direction to a number of hitherto individual strands of work. In relation to the Strategic Planning BAF, the core risk has been reviewed to clearly reference the development and the delivery of the Population Health & Wellbeing Strategy and to focus this at a more strategic level. New wording was agreed for this particular risk, which highlights the key role of the Board's governance committees in shaping and influencing strategy development, and thus scrutinising progress delivery once a new strategy has been agreed. Updates have been given to the Committee on the Strategic Planning & Resource Allocation process for 2022-23, now in its second year of operation, which has linkages to the overall Remobilisation / annual financial and workforce planning and definition of Corporate Objectives. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year.
- 6.4 In relation to Digital & Information risks, the alignment of risks to the two revised governance groups (the Digital & Information Board and the Information & Security Steering Group) has been progressed. Colleagues have worked closely with the Risk Manager and Internal Auditors to pilot a revised BAF for this area, to reflect core operational, strategic and information security risks critical to the organisation and enhanced framing within the overall Digital Strategy. A number of risks have heightened during the year, including those related to the overall cyber threat landscape and the potential for financial costs to increase due to the new nationally negotiated licensing deal for software. It has been recognised that financial prioritisation has to take place, to address those areas that are essential to support the Digital & Information Strategy.

## **7. Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited

to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2022 meeting, and action points are being taken forward at both Committee and Board level.

## **8. Conclusion**

- 8.1 As current Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly in another most challenging year, set against the ongoing backdrop of the Coronavirus pandemic. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff at what continues to be a difficult period of exceptional demand on our Acute and community services. We all remain in their debt.

Signed: *Christina Cooper* Date: 29 April 2022

**Christina Cooper, Chair**

On behalf of the Clinical Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS Fife Clinical Governance Committee Attendance Record  
1 April 2021 to 31 March 2022**

	30.04.21	07.07.21	02.09.21	17.09.21	03.11.21	13.01.22	10.03.22
<b>Members</b>							
<b>C Cooper</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓	✓
<b>M Black</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
<b>S Braiden</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
<b>W Brown</b> , Area Partnership Forum Representative	X						
<b>S Fevre</b> , Area Partnership Forum Representative		✓	✓	✓	✓	X	✓
<b>Cllr D Graham</b> , Stakeholder Member, Fife Council	✓	✓	✓	✓	X	X	X
<b>R Laing</b> , Non-Executive Member	X	✓	✓	X	✓	✓	✓
<b>A Lawrie</b> , Area Clinical Forum Representative	X	✓	X	✓	✓	X	X
<b>C McKenna</b> , Medical Director ( <b>Exec Lead</b> )	✓	✓	X	✓	✓	✓	✓
<b>D Milne</b> , Director of Public Health	✓						
<b>J Owens</b> , Director of Nursing	✓	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	X	✓	✓	✓	✓	X	✓
<b>J Tomlinson</b> , Director of Public Health		✓	✓	✓	✓	✓	✓ Item 1 – 8.1
<b>M Wells</b> , Non-Executive Member	✓	✓					
<b>A Wood</b> , Non-Executive Member					✓	✓	✓
<b>In Attendance</b>							
<b>H Bett</b> , Senior Manager Children's Services Project	✓ Item 9.2						✓ Item 8.6
<b>N Beveridge</b> , Head of Nursing	✓						
<b>S Blair</b> , Consultant in Occupational Medicine							✓ Item 10.2
<b>L Campbell</b> , Associate Director of Nursing	X	✓	✓	X	✓	✓	X
<b>N Connor</b> , Director of H&SC	X	✓	X	X	✓	✓	X
<b>L Cooper</b> , Immunisation Programme Director			✓		✓ Item 5.2		
<b>G Couser</b> , Associate Director of Quality & Clinical Governance	✓	✓	X	✓	✓	✓	✓

APPENDIX 1

	30.04.21	07.07.21	02.09.21	17.09.21	03.11.21	13.01.22	10.03.22
<b>B Davis</b> , Head of Primary & Preventative Care			✓				
<b>E Curnock</b> , Deputy Director of Public Health		✓					
<b>C Dobson</b> , Director of Acute Services	✓	✓	✓	x	✓	✓	x
<b>L Douglas</b> , Director of Workforce			✓				
<b>F Forrest</b> , Interim Deputy Director of Pharmacy							✓
<b>S Fraser</b> , Associate Director of Planning & Performance	✓	✓	✓	x		✓	
<b>S Garden</b> , Director of Pharmacy & Medicines (to March 2022)	✓	x	✓	✓	✓	x	
<b>A Graham</b> , Director of Digital & Information	x	✓	✓	✓	✓	x	✓
<b>B Hannan</b> , Director of Pharmacy & Medicines (from March 2022)		✓				✓	x
<b>H Hellewell</b> , Associate Medical Director, H&SCP	✓	✓	x	✓	x	x	x
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management			✓	✓		✓	
<b>M McGurk</b> , Director of Finance & Strategy	x	✓	x	✓	✓	✓	✓
<b>A McKay</b> , Deputy Chief Operating Officer				✓			✓
<b>F McKay</b> , Divisional General Manager				✓			
<b>M Michie</b> , Deputy Director of Finance & Strategy			✓				
<b>J Morrice</b> , AMD, Women & Children Services	✓	x	x	x	✓	x	x
<b>E Muir</b> , Clinical Effectiveness Co-ordinator	✓	✓	x	✓	✓	x	✓
<b>M Wood</b> , Interim Associate Medical Director for Surgery, Medicine & Diagnostics						✓	✓

## Best Value Framework

### Vision and Leadership

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

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

## GOVERNANCE AND ACCOUNTABILITY

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

### 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 organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Out with the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

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

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

## USE OF RESOURCES

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

### 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.

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

## PERFORMANCE MANAGEMENT

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

### 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.

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

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

## CROSS-CUTTING THEME – EQUALITY

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

### 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.

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
current and future needs and access requirements of groups within the community.	access requirements of the groups within the community.			when uploaded onto the website
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

## ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2021/22

### 1. Purpose of Committee

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

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2022, membership of the Finance, Performance & Resources Committee comprised:

Rona Laing	Chair / Non-Executive Member
Wilma Brown	Non-Executive Stakeholder Member
Eugene Clarke	Non-Executive Member (to July 2021)
Alastair Grant	Non-Executive Member (from September 2021)
Aileen Lawrie	Area Clinical Forum Representative
Mansoor Mahmood	Non-Executive Member (from September 2021)
Margo McGurk	Director of Finance & Strategy
Dona Milne	Director of Public Health (to May 2021)
Alistair Morris	Non-Executive Member
Dr Chris McKenna	Medical Director
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Joy Tomlinson	Director of Public Health (from May 2021)

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

### 3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2022, on the undernoted dates:
- 11 May 2021
  - 13 July 2021

- 7 September 2021
- 9 November 2021
- 11 January 2022
- 15 March 2022

3.2 The attendance schedule is attached at Appendix 1.

#### **4. Business**

- 4.1 The business of the Committee during the year continues to have been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Covid pandemic. The Committee Chair has liaised closely with the Director of Finance & Strategy, as lead Executive Officer, to identify what business must be considered by the Committee and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred, with the occasional meeting running with a prioritised agenda. This has maximised the time available for management and operational staff to deal with the significant challenges of addressing Covid-surge-related demand within clinical services, and, at the same time, allowed the Board to appropriately discharge its governance responsibilities. The Committee workplan has been regularly reviewed to ensure that new items related to Covid have been covered appropriately and that the required assurances could be provided to the Board throughout the year and as part of the year-end process.
- 4.2 In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some areas previously covered by the Finance, Performance & Resources Committee (chiefly scrutiny over mental health performance delivery in Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT)). A review of workplans and terms of reference has attempted to limit any duplication in reporting and enhance clarity on roles and responsibilities. This remains, however, a work-in-progress, as the new Committee develops, and gives the Finance, Performance & Resources Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of business aligned to its specific remit.
- 4.3 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in-year savings and consideration of the financial consequences, particularly of Covid. Updates on the predicted year-end position were presented and discussed by members.
- 4.4 The Finance, Performance & Resources Committee's first meeting of the 2021/22 reporting year took place in May 2021. An update on the budget setting process for 2021/22 was given, including its relationship with the Strategic Planning & Resource Allocation process (SPRA), then in its initial phase of operation.
- 4.5 In January 2022, the Committee gained assurance from a detailed report proposing the creation of a dedicated Financial Improvement & Sustainability Programme, building on the solid foundation provided by the first two years of the SPRA. Members noted that NHS Fife are committed to delivering a cost improvement programme that has capacity to deliver substantial cost reduction benefits. It was noted that, moving forward, there may require to be two risks reported on the Financial Sustainability Board Assurance Framework. One would relate to in-year financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This will be discussed and reviewed appropriately by the Committee in the year ahead.

- 4.6 The Committee has received updates on financial planning in light of the Covid response, with further iterations of the Board's Remobilisation Plan prepared and submitted to members, prior to seeking Scottish Government agreement on its content. In May 2021, the Committee considered in Private Session comments received from the Scottish Government on the Board's Remobilisation Plan 3, noting the requirement for further discussion on the management of legacy savings from 2020/21. In September 2021, an update on the next iteration of the Remobilisation Plan (RMP4) was given, which also encompassed the annual Winter Plan actions. An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the Plan and scrutiny of its achievements against target dates.
- 4.7 Updates have been given to the Committee on the Strategic Planning & Resource Allocation process for 2022-23, now in its second year of operation, which has generated key content to support the Remobilisation Plan for 2022/23, financial and workforce plans and the Corporate Objectives for the year. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year. Ongoing reports have been provided on the Strategy Development work, including details on the proposed engagement approach and the development of the Population Health Needs Assessment, which will create the baseline for the new strategy. Development of the individual workstreams are being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Early engagement has taken place with key stakeholders and members of the public, and updates have been given to the Committee thereon. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Finance, Performance & Resources Committee will continue to have a specific role in the scrutiny and assurance of the financial plan.
- 4.8 The draft Corporate Objectives 2021/22 were presented to the Committee in July 2021. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2020/21. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. The objectives are framed under the four key strategic priorities of the Board and reference the ongoing Strategy Development work being undertaken in this reporting year. The Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.9 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit (performance updates related to CAMHS and Psychological Therapies have transitioned to come under the responsibility of the new Public Health & Wellbeing Committee over the year). The impact of coronavirus on traditional key performance measures monitored by the Committee was significant, particularly in relation to Treatment Times Guarantee measures, numbers of new referrals and diagnostic performance. In general, the plans to tackle the resultant backlog from the pause of services during the height of the pandemic remains a significant focus of the Committee going forward. Demand for services has continued to exceed expectation for much of the year, leading to significant pressures particularly at the front-door of the Emergency Department. Spikes in Covid-related infection have continued to negatively impact upon the delay position and discharge / flow, with the Committee receiving a specific paper on this issue at its September 2021 meeting. Scrutiny of the actions underway to improve the situation was undertaken, with members noting the negative impact on whole-system care, quality and workforce in consequence of the delay position.
- 4.10 The Committee discussed planning for the Winter Period (as part of the Board's Remobilisation Plan) and reflected on Winter performance via a report on the 2020/21 period. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have helped to manage delay and flow, with varying results across the

year. It has been important for the Board continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on the variability of performance overall, particularly around key targets such as A&E attendances. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. In March 2022, members were pleased to note the introduction of a new Operational Pressures Escalation Levels (OPEL) process, which is helping manage day-to-day pressures, with clear triggers for action and escalation.

- 4.11 At the Committee's July 2021 meeting, members received an update on the Smoke-Free Environmental Strategy, which closed an action on the Committee rolling action list in reference originally to work to support smoking cessation at the Stratheden Intensive Psychiatric Care Unit (IPCU).
- 4.12 The Committee has considered updates around the status of General Policies & Procedures, noting that the introduction of a new post-holder in the Corporate Governance support team has led to considerable work being undertaken to improve the follow-up processes and guidance available to staff. The format and content of the report to the Committee has also been enhanced to provide clearer detail and assurance around areas that require further follow-up work. Members have previously been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, and this remains under review with an option appraisal process underway by Clinical Governance colleagues. Dedicated staff resource secured to assist with the general administration and review of General Policies is expected to improve the situation in the long term with the backlog of overdue reviews and the Committee will receive ongoing updates on this, for assurance.
- 4.13 The Committee considered progress in relation to the following capital schemes:
- Fife Orthopaedic National Treatment Centre
  - Hospital Electronic Prescribing & Medicines Administration (HEPMA)
  - Kincardine & Lochgelly Health Centres
  - Robotic Assisted Surgery
- 4.14 Ongoing quarterly updates were provided to members on the progress with the Elective Orthopaedic Centre construction project. A report from NHS Scotland Assure was considered in May 2021, which reviewed the delivery, quality and sustainability of the build and assessed the capability and capacity of the Board to deliver the project on time and on budget. Two risks identified in the report were discussed and assurance provided that both had the required mitigation in place. The NHS Scotland Assure review process is intended to support local work by providing a central bank of knowledge and intelligence to support boards deliver large-scale capital projects. Members were pleased to note its findings and took assurance from the proposed governance routes set out to close the residual actions arising from the report. In July 2021, an update on build progress was given, outlining a number of developing issues on construction material availability and associated price increases, which were being actively managed by the Project Board. Further information was given on work ongoing with Fife Health Charity to enhance the patient and staff areas and deliver supplementary audio visual capability within theatres. The Committee also took assurance from the dedicated workforce strategy within the programme to ensure availability of appropriately-trained staff by its opening. In November 2021, further detail was given on workforce planning and also the service model being designed for the new centre, and in March 2022 members received information on recruitment of posts and the financial implications and additional Scottish Government funding required to support an increase in planned workforce for the Centre.
- 4.15 At the Committee's March 2022 meeting, members received a report detailing significant contractual issues with the HEPMA contract award and the eventual ceasing of negotiation with the preferred supplier in January 2022. It was noted that a full re-procurement exercise will now be required. The Committee noted their disappointment that the original procurement process could not be concluded successfully, but recognised that this was a late decision on a major contractual

term by the preferred supplier. The Committee took assurance that lessons learned throughout the original negotiations will help assist the revised procurement stage for a replacement supplier.

- 4.16 Updates on the Outline Business Case for the new Kincardine & Lochgelly Health & Wellbeing Centres were delivered to the Committee at its 2021/22 meetings. Consultation with local stakeholders and design of the replacement Health Centres progressed throughout the year and, in July 2021, the Committee received a detailed update on progress in creating the Outline Business Case. Communication with local communities was noted as being critical, with the creation of a number of 'personas' to help support delivery of the project aims.
- 4.17 In March 2021, the Committee supported the initial Business Case for the purchase of a surgical robot. The Business Case was updated and reviewed by the Committee in May 2021, with a final Business Case following in July 2021. Members recognised the significant capital funding received to support the procurement of a surgical robot was an important development in enhancing surgery in Fife and driving forward innovation. Detail was provided on how Acute Services would manage the revenue costs of this programme within the directorate. The launch of this service will deliver clinical benefits to patients and be an important driver in attracting highly skilled staff to work in Fife, and these benefits were warmly welcomed by members.
- 4.18 The Committee also considered and endorsed the Capital Formula Allocation for 2021/22, which provided budget distributions from the core capital allocation of £7.2m. Detail was provided on the individual projects and business cases being supported. In September 2021, a specific report on the work of the Fife Capital Investment Group (FCIG) was considered, with discussion on the risk mitigation processes in place to help lessen supply chain-related shortages. At the same meeting, a detailed report on the Quarter 1 Financial Review 2021/22 was discussed with members, with focus on the risk of unachieved (and legacy) savings, the pressures in respect of Service Level Agreements and the longer term-impact of Covid on the Board financial position. Committee members recognised that delivery of savings in-year, when the workforce remains under significant pressure, is very challenging and were assured that the review process outlined viable medium-term cash reduction plans, to help the Board achieve recurring financial balance in the next three years. In November 2021, the Annual Report of FCIG was reviewed and an update received on the targeted spend of the full capital allocation by the end of March 2022. It was recognised that the spend achieved in 2021/22 supported the largest capital programme in NHS Fife for a number of years, and Finance and Property and Assets colleagues were congratulated on their efforts.
- 4.19 The annual Public Private Partnership (PPP) Monitoring Report for 2020/21, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2021, with members gaining assurance from the positive audit opinion detailed therein. Members reviewed the interim Property & Asset Management Strategy (PAMS) update for 2020 at its March 2021 meeting, with a further update on the preparation of the full strategy given in July, prior to the final document coming forward to the November 2021 meeting. It was recognised that the PAMS document is an important supporting framework to the development of the organisation strategy, describing how the NHS Fife estate will help deliver and support its ambitions. The current iteration, considered by the Committee in November 2021, gave a local focus to the work underway in NHS Fife related to Anchor Institution ambitions, plus further detail on our plans to improve Environmental Sustainability through our work on zero carbon initiatives, enhancing green spaces and embracing bio-diversity. Members noted that NHS Fife has a large estate footprint and diverse asset base, with considerable potential for this to be better exploited in the future. Another learning point to be captured further in future planning is the impact of remote working, which has increased greatly in the pandemic, and has consequences for how we best use our estate and existing buildings going forward. Members greatly welcomed the report's enhancements, noting its strategic focus across the wider organisation has direct relevance to the work underway in developing a new organisational strategy to help serve our local communities.

- 4.20 In July 2021, the Committee considered a report on the Transfer of Third-Party Leases from GP practices, to help support GP sustainability. The Committee took assurance on the interim arrangements being put in place for the first two premises and the discussions ongoing to help support the policy changes overall. In September 2021, members reviewed a paper outlining the ongoing Primary Care Premises Review, which will help support the delivery of the new General Medical Services Memorandum of Agreement (GMS MoU2). This workstream is also of critical importance to the development of the organisational strategy, to help alleviate pressures within GP practices and to ensure that local services appropriately address local needs. Members supported this approach, which is an important cornerstone of the work being undertaken to review the NHS Fife property and asset needs and requirements over the longer term.
- 4.21 The Committee has received a briefing on the Board's participation in the Non-Domestic Energy Efficiency Framework (NDEE), which aims to support public sector bodies to decarbonise and use less energy. Members noted the Board had been successful in its bid for funding to support low energy initiatives, which will have a positive impact on financial savings and help improve carbon off-setting performance. In March 2022, a further update was given, with members welcoming the significant grant received by NHS Fife to support greater energy efficiency across the estate.
- 4.22 The Committee received initial updates on a Community Asset Transfer (CAT) request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. Members agreed to a short-life working group being established to formally evaluate the request and its supporting business case against the defined criteria described in the legislation, with a recommendation on the proposal expected in May 2022. A scoring matrix was developed to enable the proposal to be appraised against key indicators.
- 4.23 In November 2020, the Committee originally considered the South East Payroll Consortium Business Case, which has also been considered by the Staff Governance Committee. The proposal outlines the ambition to build a single employer, with multiple bases, to ensure the resilience of payroll on a regional basis in the future, given long-standing capacity challenges across boards. Members supported the proposal in principle, noting the criticality of the service to the Health Board, but recommended discussions take place about a more phased approach than the draft timeline suggested. A further update was given in January 2022, where an addendum to the original Business Case was given to address previously submitted feedback, particularly around the staff TUPE process and phasing of the implementation. Given that staffing levels in the local payroll team continue to represent a significant risk to the organisation, and also recognising the criticality of the function, members welcomed the resilience the consortium approach would provide. The Committee supported the implementation of the regional solution as soon as practically possible.
- 4.24 In March 2022, the Committee considered and endorsed the Annual Procurement Report, which sets out compliance with national standards in relation to procurement.
- 4.25 The Committee considered the revised Fife Integration Scheme. The Committee took assurance from and endorsed the revisions particularly within the finance section. The formal sign-off by Scottish Government was achieved in March 2022. The Committee has also considered further guidance on the IJB's increasing use of Directions at its meeting in November 2021, which indicates how Directions to NHS Fife will be issued, responded to and monitored on a performance-related basis. Members noted the helpful clarity that Directions provide and agreed that the Committee will receive such instructions from the IJB as required.
- 4.26 The Committee considered internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. Also considered in July 2021 was an internal audit report on Financial Process Compliance, with the auditors' findings discussed and noted. Members noted that there had been no requirements to revise any internal control mechanism across the Board during Covid, and that commendation had been given

to work undertaken to redistribute staff to ensure procurement-related work and securing PPE were prioritised at key stages of the pandemic. The Annual Internal Audit report was considered in November 2021, with members noting the positive comments from the auditors on the SPRA and strategy development process. In addition, in July 2021, the Committee received the annual report on the Laboratories Managed Service Contract, focused on the performance against contract.

- 4.27 An updated draft of the Board's Model Publication Scheme, required under Freedom of Information legislation, was also considered and approved at the Committee's meeting in July, noting its relevance to ensuring improved FOI performance more generally.
- 4.28 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

## **5. Outcomes**

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:
- complied with statutory financial requirements and achieved its financial targets for the financial year 2021/22;
  - met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
  - exceeded the in-year efficiency saving target, though this required Scottish Government support for the historical underlying target associated with a recurring overspend in Acute services; and
  - has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

## **6 Best Value**

- 6.1 The introduction of both the SPRA process in 2020/21 and the Financial Improvement & Sustainability Programme in 2021/22 build on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2021/22 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 6.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2021/22.

## **7 Risk Management**

- 7.1 In line with the Board's agreed risk management arrangements, the Committee considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Frameworks (BAF) covering Financial Sustainability, Strategic Planning and Environmental Sustainability. Progress and appropriate actions were noted. The Committee monitored and took assurance from the BAF reporting on Financial Sustainability throughout the year and particularly the additional costs and funding associated with the Covid response and the delivery of in-year and historical efficiency savings.

- 7.2 In the current year, the complexity of financial reporting remained high, as a result of maintaining the core and Covid financial monitoring and reporting arrangements. The Committee has maintained an appropriate focus on these risks in its discussions, in addition to its regular scrutiny of the Financial Sustainability BAF and the tracking of the high risks identified therein.
- 7.3 The Committee closely monitored the position in relation to Financial Sustainability, noting in May 2021 that, due to achieving full funding for the Covid position and a break-even position for Year End 2020/21, the risk for this BAF would be amended to moderate (down from the previous high rating). In the longer term, members noted that receiving the required level of Covid-related funding and delivering the required level of previously unachieved savings on a recurring basis was an important driver for maintenance of the risk at this lower level. Discussions with Scottish Government in relation to the lack of NRAC parity have been carried out, in the context of achieving financial balance for this reporting year. The Board has received non-repayable financial support from Scottish Government to enable a break-even position to be achieved at this year's financial Year End. This has reduced financial sustainability risk levels, though the Committee recognise the pressure of reducing the recurrent financial gap and the requirement to deliver on cost improvements in the medium to longer term. Moving forward, the Board will need to deliver on transformation, as we move beyond the current pandemic landscape.
- 7.4 In relation to the Strategic Planning BAF, the Committee took assurance from and endorsed the core risk description change to clearly reference the development and the delivery of the Population Health & Wellbeing Strategy and to focus this at a more strategic level. New wording was agreed for this particular risk, which highlights the key role of the Board's governance committees in shaping and influencing strategy development, and thus scrutinising progress delivery once a new strategy has been agreed. The Committee welcomed the investment made in enhancing the Board's Programme Management Office (PMO), which will provide valuable resource to drive forward individual strategy workstreams and help support efficiencies in services going forward.
- 7.5 The Committee took assurance from and closely monitored progress in mitigating a range of environmental and estate sustainability risks, noting that two of the three residual operational risks in this area require the completion of the Elective Orthopaedic Centre to be achieved before these can be closed (both relate to activity currently being undertaken in the Phase 2 Tower Block at VHK and require the move of all non-ambulatory patients from this location). Enhancing fire safety training has reduced and mitigated this risk until the new orthopaedic wards are opened. The remaining risk, in relation to the replacement of flexible hoses by the PFI contractor, is being addressed by an ongoing programme of work covered by a lifecycle contract.

## **8 Self-Assessment**

- 8.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2022 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 2022, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non-financial performance metrics, noting the particular impact of Covid upon the indicators generally.

9.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly in this most challenging of years, set against the backdrop of the Coronavirus pandemic.

Signed:  Date: 10 May 2022

**Rona Laing, Chair**

On behalf of the Finance, Performance and Resources Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE  
ATTENDANCE SCHEDULE 2021/22**

<b>Members</b>	<b>11/05/21</b>	<b>13/07/21</b>	<b>07/09/21</b>	<b>09/11/21</b>	<b>11/01/22</b>	<b>15/03/22</b>
<b>R Laing</b> , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓
<b>W Brown</b> , Non-Executive Member	x	x	✓	✓	✓	✓
<b>E Clarke</b> , Non-Executive Member	✓	✓				
<b>A Grant</b> , Non-Executive Member				✓	✓	x
<b>A Lawrie</b> , Area Clinical Forum Representative	✓	✓	✓	✓	x	x
<b>M Mahmood</b> , Non-Executive Director				✓	✓	x
<b>A Morris</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓
<b>J Owens</b> , Stakeholder Member	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	✓	✓	x	✓	✓	✓
<b>M McGurk</b> , Director of Finance & Strategy (Exec Lead)	✓	✓	✓	x	✓	✓
<b>C McKenna</b> , Medical Director	x	✓	x	✓	✓	x
<b>D Milne</b> , Director of Public Health	✓					
<b>J Tomlinson</b> , Director of Public Health		✓	✓	✓	✓	✓

**In attendance**

<b>K Booth</b> , Head of Financial Services & Procurement					✓	✓
<b>N Connor</b> , Director of H&SC	✓	✓	✓	✓	✓	✓
<b>C Dobson</b> , Director of Acute Services	✓	x	✓	✓	✓	x
<b>S Fraser</b> , Associate Director of Planning & Performance				✓		
<b>S Garden</b> , Director of Pharmacy & Medicines (to March 2022)	✓	✓	✓	✓	✓	
<b>B Hannan</b> , Director of Pharmacy & Medicines (from March 2022)						x
<b>G MacIntosh</b> , Head of Corporate Services & Board Secretary	✓	✓	✓	✓	✓	✓
<b>A MacKay</b> , Deputy Chief Operating Officer		✓				
<b>N McCormick</b> , Director of Property & Asset Management	✓	✓		✓	✓	✓
<b>M Michie</b> , Deputy Director of Finance		✓ observing	✓	✓	✓	✓
<b>R Robertson</b> , Deputy Director of Finance	✓	✓				
<b>A Graham</b> , Associate Director of Digital & Information						✓

**BEST VALUE FRAMEWORK**

**Vision and Leadership**

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

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

**GOVERNANCE AND ACCOUNTABILITY**

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

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 organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	On going	NHS Fife website

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Ongoing	Business Cases

**USE OF RESOURCES**

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

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.

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

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

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

**PERFORMANCE MANAGEMENT**

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

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.

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

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

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

**CROSS-CUTTING THEME – SUSTAINABILITY**

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

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.

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

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

**CROSS-CUTTING THEME – EQUALITY**

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

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.

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p><b>BOARD</b> <b>COMMITTEES</b></p>	<p>Ongoing</p>	<p>Development of new Strategy  EQIA section on reports</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</p>	<p><b>BOARD</b> <b>COMMITTEES</b></p>	<p>Ongoing</p>	<p>EQIA section on reports</p>

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE 2021/22

### 1. Purpose

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

### 2. Membership

2.1 From its establishment in October 2021 and during the remainder of financial year to 31 March 2022, membership of the Population Health & Wellbeing Committee comprised: -

Tricia Marwick	Committee Chair / Chair of the Board
Martin Black	Non-Executive Member
Christina Cooper	Non-Executive Member
Rona Laing	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

### 3. Meetings

3.1 Following its establishment in October 2021, the Committee met on four occasions during the financial year to 31 March 2022, on the undernoted dates:

- 15 October 2021
- 15 November 2021
- 10 January 2022
- 8 March 2022

3.2 The attendance schedule is attached at Appendix 1.

### 4. Business

4.1 In July 2021, the Board approved a proposal to establish a new Standing governance committee of the Board. The principle behind the establishment of the Public Health & Wellbeing Committee has been to give greater focus in the Board governance structure to wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider placement of the public health aspects currently within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. In establishing the committee, it was agreed the first

meeting thereof would be an opportunity for members to directly discuss and agree the proposed Terms of Reference for the group, for formal approval of the Board thereafter.

- 4.2 The Committee met for its first meeting on 15 October 2021, with the sole agenda item being a draft remit for members to discuss. The remit has been influenced by Public Health Scotland's areas of focus and the Public Health Priorities for Scotland, including those around Covid. It also seeks to bring together into the one committee scrutiny of performance-related measures related to the planning and delivery of delegated services for which the Integration Joint Board sets the overall strategic direction. Prior to the Committee's meeting, discussion on the draft took place with the Chair, Vice-Chair and Chief Executive, with earlier input by the Directors of Health & Social Care and Public Health respectively. Members actively discussed the tabled draft and made a number of amendments, prior to a final version being agreed for the Board's endorsement at its November 2021 meeting.
- 4.3 On completion of the Committee's Terms of Reference, a comprehensive review of its workplan has also taken place, to help define the cycle of business that will be considered by the Committee annually. As part of this exercise, a parallel review of both Clinical Governance and Finance, Performance & Resources remits and workplans have been completed, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. At the time of writing, this remains a work-in-progress and is expected to be completed after a full annual cycle of business has been undertaken. The Committee has considered drafts of its annual workplan at its January and March 2022 meetings, refining this to ensure appropriate coverage of business throughout the year. As a result of discussion at the latter, meetings of the Committee have now been scheduled on a bi-monthly basis, to allow time for the adequate preparation of agenda items between meetings.
- 4.4 The Public Health & Wellbeing Committee's remit seeks to link explicitly to the local strategic priority proposed in the new strategy of 'improving health and wellbeing' of the population served by NHS Fife. It aims to have coverage over relevant elements of the national care and wellbeing programmes as these become established, as well as the Public Health Priorities for Scotland. It is also the intention that the Committee takes the governance lead in oversight and implementation of the new Population Health & Wellbeing Strategy and thereafter its delivery progress.
- 4.5 At its initial meetings, the Committee has focused on gaining assurance from the Board's ongoing work on Covid Test & Protect measures and vaccination (including the seasonal flu and Covid vaccine delivery for the 2021 Winter Period). The Committee has gained assurance that planning and workforce were in place to deal with anticipated demand over the busy Winter season, made more acute with the heightened pressures caused by the Omicron wave of Covid infection. The response of the Board continued to be agile, with local teams working closely with national colleagues both to implement the contact tracing programme and deliver new tranches of the Covid booster and seasonal flu vaccines as these came on-stream.
- 4.6 In January 2022, members received a detailed update on testing and tracing performance over the busy festive period, which coincided with a large number of positive Covid infections in Fife due to the spread of the Omicron variant. Resilience and response rates remained high, despite the pressures caused by the considerable increase in cases. In relation to vaccine delivery, the Committee were assured by the Board's performance in the 'Boosted by the Bells' campaign, with Fife data showing the number of booster doses delivered being above the Scottish Government target and higher than the Scottish average. Progress with the programme overall remained on track, with longer-term planning nearing completion for the stabilisation of the workforce, supported by permanent recruitment measures. Further updates on both testing and progress in the delivery of the vaccination programme were given to the Committee in March 2022. However, as Covid

updates transition into business-as-usual activities for the Board, performance tracking for these areas will move to being situated within the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee.

- 4.7 At the meeting in November 2021, members took assurance from the process described for managing any vaccine incidents and how lessons learned from any local adverse events review are immediately implemented. Ongoing proactive audit undertaken locally helps to identify any incidents and feedback is provided promptly to the national team, to ensure a robust mitigation strategy is in place.
- 4.8 The Committee has received a series of updates on Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT), the first report being considered in November 2021. Assurance was given on the Board's ongoing progress to eradicate the waiting list for CAMHS by December 2022. Support has been received from Scottish Government and a number of new posts are being recruited to. For Psychological Therapies, new roles and different roles in relation to supporting workforce pressures and challenges are being brought forward. The focus is also on access to the service and addressing the backlog of the longest waits. Recruitment challenges have a direct impact on meeting waiting list trajectories and the Committee requested further information on what is being done in the interim to support those on waiting lists in the interim, particularly those waiting the longest for treatment. A detailed update was given in January 2022 on the means by which those waiting the longest for specialist treatment were being supported. New models of care are important, particularly community mental health teams working in an outreach manner, to reach those most in need, some of whom are within Fife's most deprived communities. Changes to the recruitment of staff, and methods for upskilling the current workforce, will help address the workforce challenges that have impacted upon the timeliness of treatment for some patients. In March 2022, the Committee received a further update on the performance of both CAMHS and PT, taking assurance from the fact that both services are on track to achieve delivery targets by the stated deadlines. Challenges remain in eradicating the historic backlog of referrals for both services, but members recognised the impact of a series of improvement actions, that combined have helped address the numbers of patients waiting.
- 4.9 In March 2022, members considered an update on Primary Care pressures, including an outline of changes to delivery of GP services due to the pandemic and as a result of the new GP contract. Assurance was provided that a plan was in place to eliminate these pressures, assisted by the establishment of the new Primary Care Governance & Strategy Oversight Group. An early focus of the group's work will be enhancing sustainability of services, and building upon recent initiatives such as ScotGEM to support primary care resilience in the future. The Committee will receive regular reports and outputs from this group going forward.
- 4.10 The Committee, at its November 2021 meeting, has also received a report on progress in implementing the Mental Health Strategy. Examples of transformation, particularly around models of care, were described, in addition to details on the remobilisation of services and innovations in the recruitment and design of supporting staff roles, given ongoing workforce challenges. The Committee gained assurance that the service continues to deliver on the main strategic ambitions and that a refresh of the Mental Health Strategy for Fife will be undertaken, in line with learning post-pandemic and new national requirements.
- 4.11 The Committee has had input into initial discussions for the development of the Board's Population Health & Wellbeing Strategy, including review of the first stage of the survey process, to help capture public and staff feedback, and consideration of the Population Health Needs Assessment, which has also been reviewed at length by the Board. In January 2022, members discussed how participation of external stakeholders can best be enhanced, in a follow-up engagement exercise, particularly via outreach to Fife's most deprived groups and communities. Members recognise the importance of ensuring the

diversity of Fife's population is appropriately reflected and addressed in the organisational strategy.

- 4.12 In March 2022, members considered a detailed proposal outlining the phased approach to the Population Health & Wellbeing Strategy development. A milestone plan, outlining dedicated time for each Committee and thence the Board to consider key aspects of the strategy, was endorsed by the Committee. This work will be a significant part of the Committee's business over the remainder of this calendar year.
- 4.13 A Board-wide review of the Integrated Performance & Quality Report (IPQR) is expected to help define a set of performance-related metrics specific to the Committee, to allow for appropriate regular scrutiny of these at each meeting. As mentioned above, consideration of CAMHS and PT performance (specifically those metrics linked to the improvement trajectory for both services) has transitioned over to the Committee and is expected to be fully complete over the early part of the new Financial Year. Consideration is also being given to identifying a number of other metrics relevant to the Committee's remit, for inclusion in a new dedicated Public Health & Wellbeing section of the revised IPQR. It is recognised there is an opportunity to identify areas which are currently not reviewed and include them in the IPQR, such as the Covid Vaccination Programme, screening programmes, self-management of long-term conditions and the Mental Health Strategy Programme, dependent on the regularity of data reporting.
- 4.14 During the year, the Committee has received reports on: i) the work of the East of Scotland Regional Health Protection service; ii) the Anchor Institution Programme Board; iii) Fife Child Protection Annual Report; and iv) Adult Support and Protection Biennial Report. Members have welcomed the comprehensive detail provided in each.

## **5. Risk Management**

- 5.1 A Board-wide review of risk reporting is currently underway and, when concluded, this will make recommendations for the reporting of relevant risks to the new Public Health & Wellbeing Committee. It is likely that stand-alone Board Assurance Frameworks (BAFs) in use at present will be replaced by a refreshed Corporate Risk Register, with sections pertinent to each standing committee. This will help the Committee define and monitor risks relevant to its remit as it becomes fully established.

## **6. Self-Assessment**

- 6.1 Given its establishment part-way through the 2021-22 financial year and recognising the limited number of meetings thus far, the Committee has not as yet undertaken a formal self-assessment utilising the standard Board Committee format. This will be undertaken next year, as part of that regular schedule in use across all standing committees.

## **7. Conclusion**

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

and attended meetings of the Committee as it has become established, particularly in another most challenging year, set against the ongoing backdrop of the Coronavirus pandemic.

*Tricia Marwick*

Signed:

Date: 16 May 2022

**Tricia Marwick, Chair**

On behalf of the Public Health & Wellbeing Committee

## **Appendix 1 – Attendance Schedule**

**NHS Fife Public Health & Wellbeing Committee Attendance Record  
1 April 2021 to 31 March 2022**

	15.10.21	15.11.21	10.01.22	08.03.22
<b>Members</b>				
<b>T Marwick</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	x
<b>M Black</b> , Non-Executive Member	✓	✓	✓	✓
<b>C Cooper</b> , Non-Executive Member	✓	x	x	✓
<b>R Laing</b> , Non-Executive Member	✓	✓	✓	✓
<b>W Brown</b> , Employee Director	x	✓	x	x
<b>M McGurk</b> , Director of Finance & Strategy	✓	✓	✓	✓
<b>C McKenna</b> , Medical Director	✓	✓	✓	✓
<b>J Owens</b> , Director of Nursing	x	✓	✓	✓
<b>C Potter</b> , Chief Executive	✓	✓	✓	✓
<b>J Tomlinson</b> , Director of Public Health ( <b>Exec.Lead</b> )	✓	✓	✓	✓
<b>In Attendance</b>				
<b>O Adeyemi</b> , Consultant in Public Health	✓			
<b>N Connor</b> , Director of H&SC	x	✓	✓	✓
<b>L Cooper</b> , Immunisation Programme Director		✓ Item 5.2		
<b>P Donnelly</b> , University of St Andrews		✓ Item 6.2		
<b>S Fraser</b> , Associate Director of Planning & Performance	✓	✓	✓	x
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓
<b>J McLean</b> , Director of Regional Planning		✓ Item 6.2		
<b>F Richmond</b> , Executive Officer to the Chief Executive & Board Chair	✓	✓	✓	✓
<b>N Robertson</b> , Associate Director of Nursing	✓			

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE REMUNERATION COMMITTEE FOR 2021/22

### 1. Purpose

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

### 2. Membership

- 2.1 During the financial year to 31 March 2022, membership of the Remuneration Committee comprised: -

Tricia Marwick	Chair / Chair of the NHS Fife Board
Carol Potter	Chief Executive
Martin Black	Non-Executive Director
Wilma Brown	Employee Director
Rona Laing	Non-Executive Director

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

### 3. Meetings

- 3.1 The Committee met on five occasions during the financial year to 31 March 2022, on the undernoted dates:
- 25 May 2021
  - 27 July 2021
  - 21 September 2021
  - 16 November 2021
  - 18 January 2022

- 3.2 The attendance schedule is attached at Appendix 1.

### 4. Business

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

In recognition of the rapid mobilisation of services to tackle the COVID pandemic and its impact, approval to revise governance arrangements across NHS Boards was given by the

Scottish Government in a letter to Board Chairs in late March 2020. The NHS in Scotland has remained on an Emergency Footing since that date.

- 4.2 The Committee continued to meet throughout 2021/22 utilising videoconferencing technology. The Committee's workplan has ensured that items are covered appropriately and that the required assurances can be provided to the Board.
- 4.3 The Remuneration Committee's first meeting of the 2021/22 reporting year was in May 2021, where the Annual Statement of Assurance for 2020/21 and workplan for 2021/22 were considered and agreed. Also discussed in May 2021 was the Temporary Responsibility Allowance (TRA) for Nurse Directors', an update on the position relating to the development and endorsement of the Corporate Objectives for 2021/22 and an update on the position with regard to the Mid-Year Performance Management Review process for the Executive and Senior Management (ESM) cohort. The Director of Workforce also provided a brief presentation on the ESM performance management cycle and information to be provided to the Committee.
- 4.4 At its meeting in July 2021 the Committee considered and approved the ESM Annual Performance Appraisals outcomes for the Executive Cohort and Senior Managers for 2020/21, ensuring the submission to the NPMC (National Performance Management Committee). The Committee also noted the Corporate Objectives 2021/22 and agreed the assignment of the objectives to individual Directors at this meeting.
- 4.5 The Committee also considered the consequence of the review of the Chief Executive post by the National Evaluation Committee.
- 4.6 At the September meeting, the Committee agreed the Executive Cohort Objectives 2021/22.
- 4.7 In November 2021, the Committee approved the Award of Discretionary Points for Consultants (2021) and noted progress with Mid-Year Review discussions for the ESM cohort. A paper was also presented for assurance which outlined the position in respect of the salary applied to the Director of Acute Services, appointed permanently in August 2021 following a committee agreed recruitment process. An update was also provided on the South East Radiology Reporting In-Sourcing Solution (SERRIS).
- 4.8 Discussion took place, at the November meeting, on the Scottish Government circular DL(2021)35 – Annual Leave Buy Back and Carry Over 2021/22 whereby the Committee encouraged management to facilitate staff taking annual leave as appropriate.
- 4.9 As part of the November meeting, the Remuneration Committee held a training session led by David Garbutt, Chair, NHS National Education Scotland who is Chair of the National Performance Management Committee. Mr Garbutt gave a detailed presentation to support Remuneration Committees in the effective use and development of national arrangements for executive and senior manager appraisal.
- 4.10 In January 2022, the Committee noted an update provided by the Director of Workforce on the work undertaken by the Board Secretary & Head of Corporate Governance on a Peer Review to compare the working practices of NHS Fife with other Remuneration Committees within NHS Scotland. Feedback obtained from the Review conducted, revealed a consistency between NHS Fife's Remuneration Committee arrangements and practices and those of other Health Boards in Scotland.
- 4.11 A paper was also considered in respect of ESM Performance Management Outcomes 2020/21, noting that the National Performance Management Committee (NPMC) Letter of Assurance pertaining to ESM Performance Management Outcomes 2020/21 had not yet been issued.

- 4.12 The previously agreed job description for the Director of Pharmacy & Medicines was also discussed and the progress of the recruitment campaign in accordance with the previously endorsed values based recruitment process for the Executive cohort noted at the January 2022 meeting. The role and responsibilities of the Deputy Chief Executive post and the associated remuneration was also agreed at the January meeting.
- 4.13 Throughout the year the Remuneration Committee has considered and where appropriate approved the decisions relating to the Executive and Senior Management performance management arrangements.
- 4.14 At each meeting appropriate circulars and letters were presented and noted by the Committee.

## **5. Self Assessment**

- 5.1 The Committee completed a self assessment of its own performance and effectiveness, utilising the questionnaire approved by the Committee Chair. Attendees were also invited to participate in the self assessment, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its meeting in April 2022, and action points are being taken forward.

## **6. Conclusion**

- 6.1 As Chair of the Remuneration Committee during financial year 2021/22, I am satisfied that, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.
- 6.2 I continue to pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly during an even more challenging of years, set against the continued backdrop of the Coronavirus pandemic.

Signed:

*Tricia Marwick*

Date: 17 May 2022

**Tricia Marwick, Chair**

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

## NHS FIFE REMUNERATION COMMITTEE

## ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2022

	25.05.21	27.07.21	21.09.21	16.11.21	18.01.22
Tricia Marwick, Chair	✓	✓	✓	✓	✓
Carol Potter, Chief Executive	✓	✓	✓	✓	✓
Martin Black, Non-Executive	✓	✓	✓	✓	✓
Wilma Brown, Employee Director	✓	✓	X	✓	✓
Rona Laing, Non-Executive	✓	✓	✓	✓	✓
<b>In attendance</b>					
Linda Douglas, Director of Workforce	✓	✓	✓	✓	✓

**Best Value**

**Vision and Leadership**

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

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

**EFFECTIVE PARTNERSHIPS**

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

**OVERVIEW**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is no responsibility in this area under the remit of the Remuneration Committee				

**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.

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

**USE OF RESOURCES**

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

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.

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

**PERFORMANCE MANAGEMENT**

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

**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.

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

**CROSS-CUTTING THEME – 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.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is no responsibility in this area under the remit of the Remuneration Committee				

**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.

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

**ANNUAL STATEMENT OF ASSURANCE FOR  
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2021/22**

**1. Purpose**

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

**2. Membership**

- 2.1 During the financial year to 31 March 2022, membership of the Staff Governance Committee comprised: -

Margaret Wells	Chair / Non-Executive Member (to July 2021)
Sinead Braiden	Chair / Non-Executive Member (from August 2021)
Wilma Brown	Employee Director
Christina Cooper	Non-Executive Member (to September 2021)
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Kirstie Macdonald	Non-Executive Member
Mansoor Mahmood	Non-Executive Member (from September 2021)
Alistair Morris	Non-Executive Member
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

**3. Meetings**

- 3.1 The Committee met on six occasions during the financial year to 31 March 2022, on the undernoted dates:
  - 29 April 2021
  - 1 July 2021
  - 2 September 2021

- 28 October 2021
- 12 January 2022
- 3 March 2022

3.2 The attendance schedule is attached at Appendix 1.

#### **4. Business**

- 4.1 The business of the Committee during the year has been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. The Committee Chair has liaised closely with the Director of Workforce, as lead Executive Officer, to identify what business must be considered by the Committee and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred, with the occasional meeting running with a prioritised agenda. This has maximised the time available for management and operational staff to deal with the significant challenges of addressing Covid surge-related demand within clinical services, and, at the same time, allowed the Board to appropriately discharge its governance responsibilities. The Committee's workplan has been regularly reviewed to ensure that specific items related to Covid-19 have been covered appropriately and that the required assurances could be provided to the Board as part of the year-end process.
- 4.2 The Committee has received throughout the year reports on the mobilisation and deployment of the current workforce to address the operational pressures caused by Covid-19 activity and, as this has peaked and then reduced, the remobilisation of services thereafter. The Committee considered the updates provided, noting that protecting staff wellbeing and enhancing support has been a constant priority, and that the maintenance, as well as introduction, of a range of services, initiatives and resources, allowing staff the opportunity to rest and recharge, has been central to this work and a central part of the organisation's pandemic response.
- 4.3 The Staff Governance Committee's first meeting of the 2021-22 reporting year was in April 2021. Substantive agenda items included a comprehensive report on staff health and wellbeing activities, including work around promoting attendance, as services continued to operate against a general background of Covid-related pressures. Detail was given on the services available to help support staff during this time of increased activity on all services (including Mindfulness training, peer support and reflective practice to help support returning staff and their managers). The Committee received assurance that the current commitment to health and wellbeing activities, including investment in additional occupational health and psychology support services staff, was sustainable and in place for the longer term, particularly as the lasting effects of Covid become clearer. Members welcomed the information given on the support offered to staff and the positive impact this can have on overall staff absence figures. Further detailed updates on staff health and wellbeing activities were discussed at Committee meetings in September 2021 and March 2022, including the support for long Covid symptoms by occupational health services and the process of moving the staff wellbeing hubs from their temporary to permanent locations.
- 4.4 Regular updates on Covid-19 related topics have been given to the Committee during the year, reflecting the priorities of the Board, the ongoing Emergency Footing under which the NHS in Scotland operates, and the Board being under Scottish Government direction for the period covered by this report. In addition to detailed reports on recruitment and staff wellbeing during the pandemic, the Committee has also scrutinised the programmes for staff testing and vaccination against Covid-19, noting the rapid roll-out and success of these programmes.
- 4.5 At its April 2021 meeting, the Committee received an update on the Workforce Strategy and how lessons learned from the significant changes to service delivery experienced during

Covid-19 would require to be reflected within an Interim Joint Workforce Plan for 2021-22. Members reviewed NHS Fife's draft Interim Joint Workforce Plan submission to the Scottish Government, utilising the new national template and covering both the Board and the Fife Health & Social Care Partnership. Issues discussed by members included third-sector involvement, risk reporting related to the implementation of the strategy and the potential impact of failure to recruit to the supplementary staffing detailed within the Plan. In September 2021, the Committee reviewed the feedback on the Plan received from the Scottish Government and how this will influence the next three-year iteration of the Workforce Plan. The Committee noted that work had begun to redevelop the Board's overall Workforce Strategy (then in its final year), aligned to the development of the overall organisational Population Health & Wellbeing Strategy. This will involve reflection and assessment of the effectiveness and completeness of previous action plans, to ensure progress has been captured and evidenced. It will also be more effectively integrated with the annual Strategic Planning & Resource Allocation (SPRA) process, now in its second year of operation. An update on this year's SPRA process was given to members in March 2022, with the Committee being assured that the process has been considerably more embedded this year and with real ambition to integrate organisational Workforce and Financial plans going forward.

- 4.6 The Committee has received updates on planning in light of the Covid response, with further iterations of the Board's Remobilisation Plan prepared and submitted to members, prior to seeking Scottish Government agreement on its content. In July 2021, the Committee considered the process in place to produce the next iteration of the Joint Remobilisation Plan, incorporating information gathered from across the organisation. In October 2021, an update on the next iteration of the Remobilisation Plan (RMP4) was given, which also encompassed the annual Winter Plan detail. An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the Remobilisation Plan and scrutiny of its achievements against target dates.
- 4.7 At its January 2022 meeting, reflecting the extensive pressure then being experienced by staff and clinical services, the Committee's agenda was prioritised to review further updates on the workforce response and mobilisation against the Omicron wave of Covid-19 and specific governance-related items linked to Whistleblowing reporting and strategy / workforce planning activity. The Chief Executive and Director of Workforce gave a presentation on the continuing and increasing workforce challenges being experienced in Fife, particularly linked to Covid-related staff absences as the Omicron wave of infection peaked. Detail was provided on the current recruitment and deployment actions underway, in addition to the training and development structure in place to help support staffing levels. A range of support options continue to be in place to directly support staff to take time to look after their own wellbeing. The Committee welcomed the news that NHS Fife would be the first Scottish Health Board to welcome the initial cohort of internationally recruited nurses, which was testament to the strong collaborative working across Workforce, Nursing, Finance and other directorates to accomplish.
- 4.8 Ongoing reports have been provided on the Organisational Strategy Development work, including details on the proposed engagement approach and the development of the Population Health Needs Assessment, which will be the underpinning baseline of the eventual strategy document text. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Early engagement has taken place with staff, key stakeholders and members of the public, and updates have been given to the Committee thereon, such as the paper presented for discussion in January 2022. Members' feedback on the means of further engaging with staff and service users on the content of the new strategy have been welcomed, which will be taken forward in the next stage of more focused participation. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Staff Governance

Committee will continue to have a specific role in the scrutiny and assurance of developments with a defined impact upon staffing matters.

- 4.9 The Committee has discussed planning for the Winter Period (as part of the Board's Joint Remobilisation Plan) and reflected on Winter performance via a report on the 2020/21 period submitted to members at the March 2022 meeting. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have helped to managed delay and flow, with varying results across the year. Nevertheless, it has been important for the Board overall to address any underlying capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning.
- 4.10 Actions that have been taken or are being considered include the potential long term Covid-19 health issues for staff, which are being addressed through local Occupational Health support and national guidance, and ongoing monitoring to ensure Workforce Hubs are robust and flexible. The Workforce Silver Command Group continues to meet to review workforce deployment. Additionally, the adapting and onboarding and development delivery approach through the use of e-enabled fast track induction and training is being focussed on by the Professional Practice Development team. Activity has at some periods been unrelenting, and the Committee were fully apprised of the impact this has upon levels of staffing and the variability of performance overall. Members were pleased to note the introduction and implementation of a new Operational Pressures Escalation Levels (OPEL) framework, which is helping manage day-to-day pressures, with clear triggers for action and escalation.
- 4.11 The launch of the National Whistleblowing Standards on 1 April 2021 were detailed to the Committee as outlined in last year's report, via a number of papers describing how the new Standards will be rolled out within Fife. The Board's new Whistleblowing Champion, Kirstie Macdonald, attended the April 2021 Committee meeting as an observer and designate member, prior to her appointment being formally announced on the completion of the purdah period for the 2021 Scottish Parliament elections. The Committee has since received regular reports on the roll-out of the new Standards and the first year of their operation, including an update on the Whistleblowing Champion's assurance role on the Board (given in September 2021). It is recognised that the implementation of the Standards by Boards across Scotland will vary to take account of the individual context of each organisation, but that the Whistleblowing Champion provides a dedicated means of ensuring best practice is shared and that there is a consistency of approach across Boards.
- 4.12 Further work is underway on the format of Whistleblowing reports, in particular to evidence an open and learning culture. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has also been highlighted as an area to be better captured in ongoing reporting to the Staff Governance Committee and the Board. In the reporting year, it has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not fall within the definition of Whistleblowing under the Standards. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board.
- 4.13 The draft Corporate Objectives 2021/22 were presented to the Committee in April (draft) and July (final) 2021. The report described what NHS Fife aims to achieve in year. For the Staff Governance Standard, relevant individual objectives were linked to broader workstreams such as: implementation of safe staffing legislation; delivery of workforce

plans that attract, recruit and retain a high-quality workforce; and improving leadership capacity and embedding the framework for talent management. Each objective had been refined, with details on what Directors are leading on or supporting more generally. The objectives are framed under the four key strategic priorities of the Board and reference the ongoing Strategy Development work being undertaken in this reporting year. The Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval, noting that those for 2022/23 will come forward for review in May 2022.

- 4.14 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the results of the most recent iMatter staff survey in the reporting year, with a presentation delivered to members in March 2022 detailing its findings. The Committee recognised that although response rates had dropped by 3 percentage points from 2019 to 2021 overall, the NHS Fife response rate continues to be higher than NHSScotland averages and significantly higher than the 2020 Everyone Matters Survey results, (the Everyone Matters survey was a Pulse survey, i.e. an abridged, survey undertaken in place of iMatter), with also a 10% increase in the number of actions plans completed. Members agreed that NHS Fife's 58% response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented in future.
- 4.15 The Committee receives regular updates on recruitment, including data on consultant recruitment (including those specialities with particular challenges) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. The annual report on Medical Appraisal and Revalidation for 2020/21 was considered by the Committee in October 2021, giving assurance that doctors within NHS Fife are practising to the appropriate professional standards. A complementary report on the wider NHS Fife registered workforce was reviewed by members in March 2022, with the Committee taking assurance from the revalidation and appraisal processes described therein. Further information on Personal Development plans for this group will also be captured on an ongoing basis in the Workforce Information report.
- 4.16 In October 2021, a detailed report on the workforce implications of the General Practice Memorandum of Understanding 2 (MoU2) was discussed, noting the requirement of an enhanced multi-disciplinary, multi-professional team built around GP practices, which will be primarily composed from the nursing, AHP and Pharmacy workforce. The risks of this, in light of the existing pressures on Nursing and Advanced Health Care Practitioners numbers, are well recognised, and are being monitored on an ongoing basis via the Workforce Sustainability BAF. A further update was considered by the Committee in March 2022, with members advised that confirmation of additional Scottish Government funding of £1.02 million has allowed further progression of MoU2 implementation across all three key workstreams. Two thirds of the Community Treatment and Care (CTAC) workforce are in place and substantive Vaccination workforce recruitment is currently underway. The Committee took assurance from the report that there has been progression in the recruitment of the workforce and noted the ongoing progress of all priority areas and the mitigating actions being taken in relation to the risks identified.
- 4.17 An Annual Report on Volunteering has also been reviewed by the Committee, with members welcoming the selfless commitment of over 250 individual volunteers who have offered much needed input to a number of services, including helping stock patient comfort packs for use when visiting was restricted and the ongoing help and support of volunteer staffing of the Community Listening Service. Volunteering activity has had to adapt due to Covid restrictions, but it has been heartening for members to learn of the positive input from volunteers, many of whom wish to give back to their local health services.
- 4.18 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including the introduction of a new Promoting

Attendance policy, training for which has been rolled out across the organisation, supported by staff-side colleagues. In October 2021, the Committee noted the successful launch of Phase One of the nationally-authored policies, representing six individual areas including bullying & harassment, capability, conduct, grievance and a single workforce Investigation Process. The next stage in the programme will focus upon the Supporting Work / Life Balance suite of policies. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement.

- 4.19 At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework (BAF) on Workforce Sustainability, and also receive regular updates on Absence Management performance and Well at Work activities. In October 2021 there was a detailed review of the BAF and the updated content was agreed by Committee. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory for 2021/2022. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, challenging a sustainable positive improvement for this measure.
- 4.20 Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. The Committee has been supportive of additional measures relating to Staff Governance being added to the IPQR, particularly those that provide a more rounded representation of workforce performance than absence statistics alone provide. Members are in agreement of the merits of including supplementary quantitative and qualitative data, to be more reflective of the broader Staff Governance agenda and to include further metrics relevant to staff health and wellbeing.
- 4.21 The Committee has considered during the year a newly-formatted regular Workforce Information Overview report, containing enhanced data, which is intended to provide added context to the Committee in support of their role. The first few iterations of the report have been considered, utilising the Tableau visualisation tool, to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis for future reports. In March 2022, it was reported that work to identify the "establishment gap" was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards, though remains key to understanding the quantum of the workforce challenge. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.
- 4.22 Members considered the annual Staff Governance Monitoring Return draft submission for 2020/21 at the Committee's meetings in April and July 2021, the national template for which is constructed around the five Staff Governance strands and seeks to gather information on staff experience and culture. The Committee noted the helpful information contained therein on rates of appraisals delivered during the pandemic, remobilisation of staff, partnership working, equality-focused work with the introduction of a Black, Asian, Minority Ethnic (BAME) networking group and the implementation of the new national Whistleblowing Standards. Close engagement with a variety of stakeholder groups and staff-side had helped gather the information and data used to populate the return, prior to its formal submission to Scottish Government in September 2021.
- 4.23 Work has continued to ensure that over the year's meeting schedule full coverage of the five strands of the Staff Governance standard are reviewed. The Committee received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in

an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. In discussion of the Annual Internal Audit Report for 2020/21, the Committee has agreed to enhancing the sign-posting on papers and agenda items, to make clear which strand of the Standards is being addressed, to ensure full coverage across the Committee's yearly workplan.

- 4.24 During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) South East Payroll Services Consortia Business Case; (ii) East Region Recruitment Transformation; (iii) an outline of the Staff Governance Standards; (iv) the Redesign of Urgent Care, with a focus on collaborative working across teams; and (v) a summary of the NHS Fife Health & Safety function. The Committee were grateful to those invitees who took time to attend meetings to present, noting the usefulness of these sessions.
- 4.25 In October 2020, the Committee originally considered the South East Payroll Consortium Business Case, which has also had input from the Area Partnership Forum and Finance, Performance & Resources Committee. The proposal outlined the ambition to build as a single employer, with multiple bases, to ensure the resilience of payroll on a regional basis in the future, given long-standing capacity challenges across boards. Members supported the proposal in principle, noting the criticality of the service to the Health Board and the need to support the resilience and wellbeing of local payroll staff, but recommended discussions take place about a more phased approach than the draft timeline suggested. An update outlining this phasing was delivered to the Committee in July 2021.
- 4.26 A further update was given in January 2022, where an addendum to the original Business Case was given to address previously submitted feedback, particularly around the staff TUPE process and phasing of the implementation. Given that staffing levels in the local payroll team continue to represent a significant risk to the organisation, and recognising the criticality of the function, members welcomed the resilience the consortium approach would provide. It was also recognised that the matter needed to be concluded, to provide local payroll staff with a structured and definitive way forward, with opportunities for progression and promotion within the consortium model. The Committee have thus supported the implementation of the regional solution as soon as practically possible.
- 4.27 In reference to the East Region Recruitment Transformation project, which aims to implement a shared services recruitment model (a single employer, with multiple locations and Lothian as the host Board), the Committee has received detailed updates on progress in its design and eventual delivery implementation. The ambition of the programme is to enhance the recruitment service offered to existing staff and applicants, removing some of the limiting aspects of continuing with many local teams delivering the same tasks in each individual Board. Members have noted the requirement for any new service to remain responsive to the specific needs of NHS Fife, ensuring that the successful engagement that presently takes places with local schools and colleges continues and that it supports improvements in the length of time taken to hire new staff. It was noted that being part of a larger grouping will however have benefits to staff in respect of mentoring, coaching, development opportunities and promotions, not always available in a smaller team. NHS Fife recruitment staff have now transferred to NHS Lothian in line with the Transfer of Undertakings Protection of Employment legislation, (TUPE), prior to the Shared Services Agreement taking formal effect. Members welcomed the updates given and noted the staff-side assistance in helping take forward this project with the Fife staff affected.

## **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 2021/22.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF). Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to rating of the workforce sustainability risks reported to the Committee within the BAF, these have been updated to include Covid-19 related workforce challenges and to reflect developments therein. Two new linked high rated workforce operational risks were added. In January 2021 the first of these, (Lack of Medical Capacity in Community Paediatrics), and updates have been provided on this throughout the year as the recruitment process for new posts in that service have progressed. The second, a risk related to nurse and midwifery recruitment has been developed, to ensure that national workforce pressures for nursing & midwifery in particular are appropriately reflected as a separate operational high-level risk. The wording for this was approved by the Committee at its October 2021 meeting, at which members held a very helpful discussion on the escalation process for reporting critical staffing levels within the Board's management structures. A presentation on nursing & midwifery staffing levels was delivered to the Committee in March 2022, with members scrutinising vacancy levels, the potential for upskilling the existing workforce, possible pension changes influencing uptake of early retirement, and options to reduce reliance on temporary 'bank' nursing staff. The Committee took assurance that this risk is being actively managed, though noting the national pressures overall on the nursing & midwifery workforce.
- 6.3 The Committee has supported a more fundamental review of the BAF as part of the Board-wide Risk Management Framework refresh, to enhance its focus on staff recruitment, vacancy levels and retention issues. Extant linked operational high risks are closely reviewed with the presentation of the BAF to the Committee and also used to inform the development of the Committee's workplan for the following year. The Committee has received updates on these as requested, including, in September 2021, a report on ongoing workforce pressures with Radiology Services and the actions underway to mitigate the risk the situation represents. In October 2021, the Committee took assurance from the actions underway to address workforce pressures in the Community Hospitals Medical workforce, noting the importance of transformation activities within this setting to ensure that more appropriate models of care are introduced, particularly for patients requiring rehabilitation support, best delivered in a more homely setting.

## **7. Self Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2021/22 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2022 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

## **8. Conclusion**

- 8.1 As Chair of the Staff Governance Committee during financial year 2021/22, 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 Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, set against the ongoing backdrop of the Coronavirus pandemic. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff, at what continues to be a difficult period of exceptional demand on our Acute and H&SCP services. We all remain in their debt.



Signed:

Date: 12 May 2022

**Sinead Braiden, Chair**

On behalf of the Staff Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS FIFE STAFF GOVERNANCE COMMITTEE  
ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2022**

<b>Present</b>	<b>29/04/21</b>	<b>01/07/21</b>	<b>02/09/21</b>	<b>28/10/21</b>	<b>12/01/22</b>	<b>03/03/22</b>
<b>M Wells</b> , Non-Executive Member (Chair)	✓	✓				
<b>S Braiden</b> , Non-Executive Member (Chair)			✓	✓	✓	✓
<b>W Brown</b> , Employee Director	✓	✓	✓	✓	x	✓
<b>C Cooper</b> , Non-Executive Member	✓	✓	✓			
<b>S Fevre</b> , Co-Chair, H&SCP Local Partnership Forum	✓	✓	✓	✓	✓	✓
<b>K Macdonald</b> , Non-Executive Member	✓ Observer	✓	✓ Items 1 – 5.1	✓	✓	✓
<b>M Mahmood</b> , Non-Executive Member				✓	✓	✓
<b>A Morris</b> , Non-Executive Member	x	✓	✓	✓	✓	x
<b>J Owens</b> , Director of Nursing	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	x	✓	✓	✓	✓	✓
<b>A Verrecchia</b> , Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	✓	x	x	✓
<b>In attendance</b>						
<b>L Barker</b> , Associate Director Nursing, H&SCP	✓					
<b>K Berchtenbreiter</b> , Head of Workforce Development	✓	✓	x	✓	✓	✓
<b>K Booth, Head of Financial Services &amp; Procurement</b>					✓	
<b>N Connor</b> , Director of Health & Social Care	x	✓	x	✓	✓	x
<b>B Davis</b> , Head of Primary & Preventative Care						✓
<b>H Denholm, Head of Payroll Services</b>		✓ Item 6.4				
<b>C Dobson</b> , Director of Acute Services	✓	✓	✓	✓	✓	✓
<b>L Douglas</b> , Director of Workforce (Exec Lead)	✓	✓	✓	✓	✓	✓
<b>S Fraser</b> , Associate Director of Planning & Performance	✓	✓	✓ Item 6.2 & 6.3			
<b>Dr H Hellewell</b> , Associate Medical Director						✓ Item 6.4
<b>N McCormick, Director of Property &amp; Asset Management</b>						✓ Item 5.5
<b>M McGurk</b> , Director of Finance & Strategy and Deputy Chief Executive	x	x	x	✓	✓	✓
<b>F McKay</b> , Head of Strategic Planning, Performance & Commissioning			✓			

	29/04/21	01/07/21	02/09/21	28/10/21	12/01/22	03/03/22
<b>Dr C McKenna</b> , Medical Director				✓		
<b>Dr G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>M Michie</b> , Deputy Director of Finance			✓			
<b>S Raynor</b> , Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	✓
<b>K Reith</b> , Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
<b>R Waugh</b> , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

**Best Value Framework**

**Vision and Leadership**

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>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.</p>	<p>Whistleblowing Policy Code of Corporate Governance</p>	<p><b>BOARD</b> <b>STAFF GOVERNANCE COMMITTEE</b></p>	<p>Annual</p>	<p>Whistleblowing Champion appointed as a Board member and a member of this Committee</p> <p>Regular quarterly reporting on Whistleblowing activity and discussion on how this reporting can be enhanced and expanded</p> <p>Model Code of Conduct included in annually reviewed Code of Corporate Governance</p>

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

**GOVERNANCE AND ACCOUNTABILITY**

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

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 organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

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

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

**USE OF RESOURCES**

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

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.

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

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

**PERFORMANCE MANAGEMENT**

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

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.

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

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

**CROSS-CUTTING THEME – SUSTAINABILITY**

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

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.

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

**CROSS-CUTTING THEME – EQUALITY**

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

**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.

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

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