Fife NHS Board

NHS Fife

AGENDA

A meeting of Fife NHS Board will be held on TUESDAY 24 JUNE 2025 at 10.00 AM in the BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY

PAT KILPATRICK
Chair

10:00	**1.**	**CHAIRPERSON'S WELCOME**	PK	
	2.	**DECLARATION OF MEMBERS' INTERESTS**	PK	
	3.	**APOLOGIES FOR ABSENCE –** A Grant, J Keenan, N Robertson and attendee N McCormick	PK	
10:05	**4.**	**BOARD COMMITTEE ANNUAL ASSURANCE STATEMENTS 2024/25**		(enclosed)
		Audit & Risk Committee	AW	
		Clinical Governance Committee	AW	
		Finance, Performance & Resources Committee	AM	
		Public Health & Wellbeing Committee	JK	
		Remuneration Committee	PK	
		Staff Governance Committee	CG	
10:15	**5.**	**ANNUAL ACCOUNTS PROCESS** *Under the terms of the Public Finance & 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 (section 5) are therefore not included in this pack.*		
	5.1.	External Annual Audit Report (including ISA 260) 2024/25	Ext Auditor	
	5.2.	Letter of Representation	Ext Auditor	

	5.3.	Fife NHS Board Annual Accounts for the Year Ended 31 March 2025	CP/SD	
	5.4.	Annual Assurance Statement from the Audit & Risk Committee	AW	
		Patients' Private Funds Accounts 2024/25		
	5.5.	Patients' Private Funds – Receipts and Payments Accounts 2024/25	SD/KB	
10:50	**6.**	**ANNUAL DELIVERY PLAN 2025/26**	BH	(enclosed)
10:55	**7.**	**CORPORATE OBJECTIVES 2025/26**	CP	(enclosed)
11:00	**8.**	**ANY OTHER BUSINESS**		
	9.	**DATE OF NEXT MEETING: Tuesday 12 August 2025 at 10:00 am in the Boardroom, Victoria Hospital, Kirkcaldy**		

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**24 June 2025**
Title:	**Board Standing Committee Annual Assurances for 2024/25**
Responsible Executive:	**Respective Executive Directors**
Report Author:	**Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary**

Executive Summary:

- All formal committees of the NHS Board are required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.
- Each committee have commented on and approved their own statement during the last meeting cycle.
- Members are asked to take a "significant" level of assurance that each of the Board committees have delivered on their remit during the 2024/25 reporting year.

1 Purpose

This is presented 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, for consideration as part of the overall annual accounts and assurance process for 2024/25.

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, Public Health & Wellbeing Committee, Remuneration Committee and Staff Governance Committee are attached for consideration by members. Each statement has been discussed and approved by the respective Committee at their May and June 2025 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 their year-end report, and they have also been made available to External Audit.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	x			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

A significant level of assurance is suggested, to reflect the fact that each committee has considered all relevant items of business delegated to it during 2024/25, escalating directly to the Board any matters of concern. No matters for disclosure in the Governance Statement of the Annual Accounts have been identified within any of the committee statements.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

Related content is detailed within a number of the individual statements, including the Public Health & Wellbeing Committee and the Staff Governance Committee, where further information is given on how each committee has considered related issues across the 2024-25 year.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from content of this report, though detail is included within the Public Health & Wellbeing Committee's Annual Statement on their consideration of related matters during the year.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

- Audit & Risk Committee, 15 May & 19 June 2025
- Clinical Governance Committee, 2 May 2025
- Finance, Performance & Resource Committee, 8 May 2025
- Public Health & Wellbeing Committee, 12 May 2025
- Remuneration Committee, 26 May 2025
- Staff Governance Committee, 13 May 2025

The collated statements have been reviewed by Internal and External Audit, as part of their year-end work.

2.4 Recommendation

The paper is provided for:
- **Assurance**

3 List of appendices

The following appendix is included with this report:

- Appendix No.1 – Standing Committee Annual Statements of Assurance

Report Contact
Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE
FOR THE AUDIT & RISK COMMITTEE 2024/25

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 February 2023.

2. Membership of Committee

2.1 During the financial year to 31 March 2025, membership of the Audit & Risk Committee comprised:

Alastair Grant	Chair / Non-Executive Member
Cllr Graeme Downie	Non-Executive Stakeholder Member, Fife Council (to July 2024)
Anne Haston	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member, Area Clinical Forum (to February 2025)
Cllr Mary Lockhart	Non-Executive Stakeholder Member, Fife Council (from January 2025)
Kirstie MacDonald	Non-Executive Member (Whistleblowing Champion) (to December 2024)
Nicola Robertson	Non-Executive Stakeholder Member, Area Clinical Forum (from March 2025)

2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Chief Executive, Director of Finance & Strategy (the Executive lead for risk during 2024-25), Head of Financial Services & Procurement, Associate Director of Risk & Professional Standards, Board Secretary, Chief Internal Auditor, senior Internal Audit colleagues 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 five occasions during the year to 31 March 2025, on the undernoted dates:

- 16 May 2024
- 20 June 2024 (approval of Annual Accounts)
- 12 September 2024
- 12 December 2024
- 13 March 2025

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The range of business covered at meetings held throughout the year, as further detailed below, demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, reviewed annually (the last occasion in May 2025), the Committee has considered standing agenda items concerned with the undernoted aspects:

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

4.2 The Audit & Risk Committee's first meeting of the 2024/25 reporting year took place in May 2024, where a number of papers related to preparations for the approval of the 2023/24 statutory accounts process were considered. The Committee scrutinised a timeline for the Board's annual accounts preparation, for members' awareness around key deadlines to be met, noting that the full set of annual accounts had been submitted to the External Auditors at that date and review was proceeding to schedule. The draft Governance Statement was reviewed, including the background to a disclosure to be made relating to an Information Governance & Security breach, and comments given prior to its final consideration as part of the July 2024 annual accounts meeting. An initial draft of the Risk Management Annual Report for 2023/24 was considered by members, with a number of comments made on the draft content and reflection on the newly introduced levels of assurance, supported also by consideration of the Risk Management Key Performance Indicators for 2023/24 (a final version was subsequently approved in September 2024, following completion of the risk appetite refresh work). An update on internal audit progress against delivery of the 2023/24 Internal Audit Plan was also discussed, with members noting the final outstanding areas of work as conclusion of the year-end process approached and arrangements made to address capacity challenges due to recent staff turnover.

4.3 The meeting in June 2024 scrutinised in full the governance-related year-end documentation, auditor reports and statutory financial statements for 2023/24. This included the Board's annual accounts, internal and external audit annual reports, plus the Patients' Private Funds and Service Auditor Reports on Third Party Services provided on behalf of NHS Fife by NHS National Services Scotland (NSS) and NHS Ayrshire & Arran. Each of the auditor reports gave an unqualified opinion. The Annual Internal Audit Report for 2023/24 concluded that there were adequate and effective internal controls in place and that the 2023/24 Internal Audit Plan has been delivered in line with Public Sector Internal Audit Standards. In reference to External Audit, the annual audit report from Azets on 2023/24 summarised their audit of the annual financial statements, as well as their comment on financial sustainability, governance and best value (a follow-up report on how these recommendations have been addressed in year was also considered by members in March 2025). The Committee took significant assurance from these reports as part of the portfolio of evidence provided in support of its evaluation of the internal environment and the approval of the Governance Statement. The Committee was pleased to endorse to the Board the formal signing of the 2023/24 annual accounts and the Board approved the 2023/24 financial statements at their meeting on 25 June 2024.

2

4.4   In relation to the year-end position, the late notification of an unexpected deterioration in the Integration Joint Board (IJB) financial position impacted negatively on the level of brokerage NHS Fife had to request from Scottish Government. As discussed in detail at the June 2024 meeting, it was agreed that an independent review was required for the Committee to take adequate assurance around the IJB internal systems of financial control, due to members' concerns that the IJB position had compromised the Board's financial arrangements. Further scrutiny was thought necessary to ensure that effective systems and processes were in place within the IJB. The Lessons Learned review reported formally to the Committee in December 2024. A root cause analysis was undertaken, supported by independent scrutiny, to provide an understanding of the reasons why there was significant movement between the financial projection and the actual expenditure incurred at year-end. The review identified a number of improvement actions that will further strengthen the controls that are already in place. Assurance was also provided that there is regular reporting to the IJB Finance, Performance & Scrutiny Committee and the IJB full Board, and that the frequency of meetings between the Directors of Finance, from both the IJB and NHS Fife, has been increased to consider the in-year position as it develops.

4.5   Drafts of the Internal Audit Strategic Plan for 2024-27 and the Operational Internal Audit Annual Plan for 2023/24 were considered at the Committee's September 2024 meeting, noting alignment to the strategic planning process, risk management developments and implementation of the Board's new Population Health & Wellbeing Strategy. A stand-alone review of the Year One performance of the Board's new Re-form, Perform, Transform (RTP) programme of work has been commissioned, this being NHS Fife's initiative to make the changes needed to maintain patient safety and quality of care, in line with the Board's values, while managing current financial challenges.

4.6   In relation generally to internal audit, members have reviewed and discussed in detail at meetings report summaries from the internal auditors covering a range of service areas and have considered management's progress in completing audit actions raised, through regular follow-up reporting. The interim evaluation of the internal control framework supplied at the mid-year point (December 2024) gave useful reference to any potential issues to be addressed before year-end. The largely positive findings gave a reasonable level of assurance to members. A further discussion on available resource within the Internal Audit team took place in December 2024, noting that two audit reviews (Supplementary Staffing and Digital & Information Strategy) would be deferred in consequence to 2025/26 (the Committee being assured with the risk-based approach taken to determine priority of resource), and welcoming the intention for a full-strength audit team to be in place from early 2025.

4.7   In relation to internal audit follow-up work, review dates have been considered for actions that have remained open longer than one year, and extensions were routinely reviewed to consider how likely it is that actions will be implemented by the revised implementation date. To provide greater assurance to the Committee, Internal Audit reports were agreed to be initially considered by the Executive Directors' Group, Chief Executive, Director of Finance and individual audit colleagues to help with oversight over outstanding action points. The Audit Follow up Protocol has been updated during the year to ensure this remains effective.

4.8   At the Committee's March 2025 meeting, the Committee considered a briefing on the introduction of the Global Internal Accounting Standards, applicable across public sector organisations from 1 April 2025. To ensure Internal Audit's compliance with the new Standards, an improvement plan has been developed for implementation over 2025/26. The Plan will also encompass recommendations from the recently undertaken External Quality Assessment of the internal audit service, to bring both strands of improvement work into the one plan. The Committee's Terms of Reference review has also incorporated the new Global Internal Account Standards guidance in its recent refresh.

3

4.9   The Committee has approved the planning memorandum for the 2024/25 statutory accounts cycle, as also for the Patients' Private Funds from the respective External Auditor. Members have noted the approval by the Board of Trustees of the planning memorandum for the audit of Endowment Funds held by Fife Health Charity. Regular updates on the current 2024/25 accounts approval timeline have been reported to the Committee, with input from both the internal and external auditor, noting the intention to seek Board approval for the annual accounts in late June 2025, meeting the relevant Scottish Government deadlines.

4.10   A summary self-assessment against the various requirements of the NHS Scotland *Blueprint for Good Governance* was carried out by Board members in late 2023, following which an action plan was approved by the full NHS Fife Board in March 2024. This is being monitored to completion by the Committee. Updates on progress with delivering the action plan has been given to meetings in September 2024 and March 2025, with two actions currently open, both of which are tied to national timeframes / work. The Committee will continue to monitor both to closure.

4.11   The Committee has also considered national reviews undertaken by Audit Scotland, including the findings of their report 'NHS in Scotland 2024 – Finance & Performance' at the December 2024 meeting, with consideration of its recommendations locally. Noting that the report's conclusions set out that Boards should be setting a balanced financial position over the next three years, identifying realistic recurring savings targets and reducing reliance on non-recurring savings by considering fundamental changes to service delivery, further discussion has subsequently taken place at Board Development Sessions on the proposed approach in Fife. The Committee also considers the content of Audit Scotland Technical Bulletins on a regular basis, noting the areas therein of relevance to public sector bodies and health boards specifically.

4.12   In year, an update to the Standing Financial Instructions was made in May 2024, to amend levels of authorisation for financial spend and authorisation of orders, as part of the Board's Grip & Control processes. The Committee was pleased to approve the changes for immediate effect, to support the annual Code of Corporate Governance review undertaken each May.

4.13   For assurance purposes, the Audit & Risk Committee has considered the annual assurance statements of each of the governance committees of the Board, namely: the Clinical Governance Committee; the Finance, Performance & Resources Committee; the Public Health & Wellbeing Committee; the Remuneration Committee; and the Staff Governance Committee. These detail the activity of each committee during the year, the business they have considered in discharging their respective remits and an outline of what assurance the Board can take on key matters delegated to them. No significant issues were identified from these reports for disclosure in the financial statements, as per the related content of the 2024/25 Governance Statement.

4.14   Appropriate assurance has been provided that each Committee has fulfilled their key remit areas on behalf of the Board during the reporting year. The Clinical Governance Committee report has provided due reflection on the assurance that can be taken around matters of clinical quality and safety, information security & governance, digital & information, resilience and Health & Safety. The Finance, Performance & Resources Committee has closely monitored the position in relation to the Board's year-end position, financial targets and delivery progress thereon, and has also considered key performance targets around waiting times and delivery of clinical services. The Public Health & Wellbeing Committee has responsibility for oversight of the Board's immunisation delivery programme and delegated community-based services such as children's mental health services, plus scrutiny of progression of the Board's organisational Population Health & Wellbeing

Strategy and related work around health inequalities. The Staff Governance Committee has received regular updates on recruitment to support key programmes and staff development activities, in addition to ongoing detail on staff well-being initiatives and work underway to reduce sickness absence and improve mandatory training and appraisal compliance. The Remuneration Committee has completed its usual business of Executive cohort performance appraisal and objective setting. Further detail on all these areas can be found within the individual Committee reports mentioned above. In addition to the Committee reports, the individual Executive Directors' Assurance letters have provided helpful detail on the internal control mechanisms and mitigation of risks within individual portfolios and Directorates.

4.15   In reference to the Fife Integration Joint Board, due to its own year-end accounts approval timeline, it is not possible for the NHS Fife Board to receive a final version of an assurance statement from the IJB prior to the Board's approval of its own statutory financial accounts in June 2025. The Committee has, however, taken assurance from a formal letter received from the Chief Officer of the Fife Integration Joint Board providing assurance on the adequacy of the governance and internal control environment of that body. As part of the usual information-sharing exercise, the Committee will consider the final IJB Internal Audit report at its forthcoming meeting in September 2025.

4.16   During the year, members of the Committee engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. In April 2025, to support the onboarding of a new Committee Chair and new members, a session was held outlining the key functions of internal and external audit, with discussion also of the remit of the Committee. A training session with the Internal and External Auditors was held in May 2025 outlining the year-end processes each undertake as part of the review of the financial statements, responsibilities of the Audit & Risk Committee in reference to scrutiny of these, and details on the systems of internal control, in preparation for the review and scrutiny of the annual accounts, prior to the Committee's formal consideration of the 2024/25 financial statements. The presentation slides were usefully adapted to be used as a helpful checklist by members, when the accounts are tabled for formal approval in June 2025.

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, on relevant cases and investigations; 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. These reports also detail the counter fraud training delivered to staff, including the roll-out of the NHS Fraud Awareness module. This has provided the Committee with the assurance that the risk of fraud is being proactively managed across NHS Fife. In May 2024, the Committee took reasonable assurance from the Counter Fraud Standards Assessment report for 2023/24, noting the anticipated position that NHS Fife did not assess itself as fully meeting all the Standards by the end of 2023/24, with three remaining partially met, and that the aim is for all the Standards to be met fully by the end of the three-year partnership agreement, which is line with other NHS Boards. The Committee were assured from the Fraud Annual Action Plan for 2024/25, which was developed between all NHS Scotland Health Boards and Counter Fraud Services, and in addition has been tailored locally to support the delivery of the Counter Fraud Standards. This was considered by members at the September 2024 meeting. Additionally, the bi-annual match checking via the National Fraud Initiative has been undertaken in the reporting year, with work underway to review higher risk matches and follow up internally as might be required.

4.18   Regular reporting on losses and special payments is factored into the Committee's workplan on a quarterly basis, to help support the annual accounts reconciliation process generally and, in support of Counter Fraud Standards, to increase the Committee's oversight. Work in-year has been undertaken to relate this audit reporting to ongoing work

around organisational learning, with an annual Legal Claims report scheduled for submission to the Clinical Governance Committee in Q3 of 2025/26. The Legal Team have now moved within the portfolio of the Office of the Medical Director and this is creating valuable linkages with the Adverse Events Team. Further work is required to ensure effective closure of the learning for all legal claims. The Committee is also provided with regular updates on the application of any Procurement Waivers of Competitive Tender to provide assurance that the process is being correctly applied and therefore the risk to the Board of non-compliance is effectively managed.

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

5. Best Value

5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2024/25.

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. In year, the Board has, via the Committee, approved a new Risk Management Strategy Framework, ensuring a streamline approach, updated to reflect key processes and controls in the Board's management of risk.

6.2 All of the key areas within the organisation maintain a risk register. All risk registers are held on Datix, the Risk Management digital information system. Training and support for all Datix modules, including risk registers, is 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 has considered risk through a range of reports and scrutiny, including review of the 19 risks within the Corporate Risk Register. During 2024/25, 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 Corporate Risk Register to the governance committees, and subsequently to the Audit & Risk Committee and the Board.

6.4 The corporate risks collectively outline the organisational risks associated with the delivery of the Board's Population Health & Wellbeing Strategy. It is recognised that all risks on the corporate risk register are impacted by and are aligned to the Strategy. All corporate risks are reviewed regularly and reported bi-monthly to the governance committees and twice a year to the Board. During Financial Year 2024/25, developments of note in relation to corporate risks include the following:

<u>Risks Closed</u>
Optimal Clinical Outcomes: Following consideration of an updated deep dive review at the Clinical Governance Committee's meeting in March 2024, there was further discussion through the Risks and Opportunities Group on whether it was appropriate to close the risk and develop a revised risk or risks. Following this, and further discussion at the Clinical Governance Oversight Group, the recommendation was made to the Executive Directors' Group in September 2024 to close the risk and reframe a new risk.

Offsite area Sterilisation and Disinfection Unit Service: This risk was removed from the Corporate Risk Register in November 2024 and moved onto an operational risk register held by Acute Services and the Director of Property & Asset Management.

<u>Risks Opened</u>
Pandemic Preparedness / Biological Threats: A report and an initial deep dive review were progressed through the Public Health Assurance Committee and the Executive Directors' Group in March / April 2024. This review was agreed at the May 2024 Board and the risk now sits under the Director of Public Health and the Board's Public Health & Wellbeing Committee.

Capital Funding - Service Sustainability: The creation of a new risk in this area was approved by the Executive Directors' Group in May 2024 and this has now been included on the Corporate Risk Register, aligned to Finance, Performance & Resources Committee.

<u>Potential Risks</u>
A number of new potential corporate risks have been discussed for adoption:

Hospital Acquired Harm: Hospital Acquired Harm is a new risk intended to replace the closed Optimal Clinical Outcomes Risk. A draft deep dive was presented for consideration to the Clinical Governance Committee in March 2025.

Substance Related Morbidity and Mortality: Following a direction by the Public Health & Wellbeing Committee, a deep dive was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from drugs use. This aims to identify aspects of strategy, policy and delivery within the Board where there is a relevance pertaining to the prevention of drug-related deaths and to recommend actions that reduce the likelihood and consequence. The deep dive has progressed through the Risks & Opportunities Group, the Public Health Assurance Committee and the Public Health & Wellbeing Committee.

Access to General Dentistry: The Board's Public Health & Wellbeing Committee has suggested that a specific high-level corporate risk be considered regarding access to general dentistry across Fife. This risk has recently been created, is under review by the Primary Care Governance & Strategy Oversight Group and will be considered by the Public Health & Wellbeing Committee in May 2025.

6.5 Operationally, the Risks & Opportunities Group supports and embeds an effective risk management framework and culture across the organisation. The Group meet bi-monthly to support the continued development of an effective and consistent approach to the management of operational risk, as well as the ongoing consideration of enhancements to the Corporate risk management approach. The Group has reviewed and updated its Terms of Reference, with the most recent iteration approved in August 2024. At each meeting the Risks & Opportunities Group reviews progress against its Annual Workplan, considers issues for escalation, and receives reports on any other relevant business. The Risks & Opportunities Group has reported on its work to the Audit & Risk Committee in September 2024 and in March 2025, via a detailed progress report. An Annual Assurance Statement from the Risk & Opportunities Group was also considered by Audit & Risk in May 2025.

6.6 During 2024/25, the Group's work has included:
- Supporting the development and updates of the Risk Management Framework;
- Continuing to inform and support the developments and improvements in relation to the Corporate Risk Register, recommendations on changes or additions to the corporate risks and the broader organisational risk profile, assurance levels and deep dive reviews;
- Contributing to the development of a Risk Summary Dashboard and guidance to support and enhance our operational risk management approach and maintain alignment to the principles outlined within the Risk Management Framework;
- Reviewing the Risk Assessment Matrix and considering the need for updates to descriptors and terminology, taking account of similar work nationally;
- Considered the development of meaningful Key Performance Indicators that could be implemented to demonstrate active risk management.

6.7 The Group has undertaken a self-assessment of its own effectiveness, which has been considered at its meeting in April 2025 and thereafter reported to the Audit & Risk Committee in May 2025. The assessment covers elements including membership and group dynamics, role clarity and expectations, effectiveness of the scrutiny and challenge function, management of the agenda and impact of the Group in terms of outputs, as well as suggested actions to further improve the Group's effectiveness in respect of delivering its remit.

6.8 The Board began reassessing its risk appetite at a dedicated Development Session held in April 2024 and this has been completed in year, following a second Board Development Session in June 2024. This provided opportunity to discuss and reflect on the Board's appetite and consider the changes required in terms of both the risk appetite descriptors, and the levels of risk the Board is prepared to tolerate in the pursuit of its strategic priorities, especially delivery of the Population Health & Wellbeing Strategy. This was particularly relevant as the Board responded and adapted to the challenging financial outlook with new Re-form, Transform, Perform Framework. The new risk appetite statement was agreed by the Board at its meeting in November 2024, with a supporting paper considered by the Committee in December 2024..
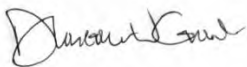
7. Self-Assessment

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 2025 meeting, and action points are being taken forward at both Committee and Board level.

8. Conclusion

8.1 As Chair of the Audit & Risk Committee during financial year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. 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

8.2   I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

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

Signed: Date: 30 May 2025

Alastair Grant, Chair
On behalf of the Audit & Risk Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

AUDIT & RISK COMMITTEE - ATTENDANCE RECORD
1 April 2024 – 31 March 2025

	16.05.24	20.06.24	12.09.24	12.12.24	13.03.25
Members					
A Grant, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓
Cllr G Downie, Stakeholder Member, Fife Council	X	✓			
A Haston, Non-Executive Member	✓	✓	✓	✓	✓
A Lawrie, Area Clinical Forum Representative	✓	✓	X	✓	
Cllr M Lockhart, Stakeholder Member, Fife Council					✓
K Macdonald, Non-Executive Member	✓	✓	✓		
N Robertson, Area Clinical Forum Representative					X
In attendance					
K Booth, Head of Financial Services	✓	✓	✓	✓	✓
A Brown, Principal Auditor	✓	X	✓		X
C Brown, Head of Public Sector Audit (UK), Azets	✓	✓	X	✓	✓
P Cumming, Risk Manager	X				
S Dunsmuir, Incoming Director of Finance					✓ observing
B Hudson, Regional Audit Manager	✓	✓	X	✓	✓
A Ferguson, Senior Audit Manager, Azets		✓		✓	✓
P Kilpatrick, Board Chair		✓ observing			✓ part
J Lyall, Chief Internal Auditor	✓	✓	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓
C MacKenzie, Senior, Azets				✓	✓
M McGurk, Director of Finance & Strategy **(Exec Lead)**	✓	✓	X	✓ part	X
M Michie, Deputy Director of Finance			✓ deputising	✓ deputising	✓ deputising
A Mitchell, Thomson Cooper		✓			
C Potter, Chief Executive	✓	✓	✓	X	✓ part
SA Savage, Associate Director of Quality & Clinical Governance	✓	✓	✓	X	X
A Valente, Chief Financial Officer, HSCP				✓ deputising	

10

	16.05.24	20.06.24	12.09.24	12.12.24	13.03.25
A Wood, Non-Executive Member					✓ observing

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.	**COMMITTEES** **AUDIT & RISK COMMITTEE** **BOARD**	Bi-monthly 5 times per year 2 times per year	Corporate Risk Register (to CG/FP&R/PH&W/SG Committees) Corporate Risk Register (to A&R Committee) Board

12

GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	**BOARD** **COMMITTEES**	On going	Meetings publicly accessible 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.	**BOARD** **COMMITTEES**	Ongoing	SBAR reports EQIA forms

13

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has a robust framework of corporate governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	Explicitly detailed in the Governance Statement.	**AUDIT & RISK COMMITTEE** **BOARD**	Annual Annual Ongoing	Code of Corporate Governance review Annual Assurance statements Compliance with NHS Scotland Blueprint for Good Governance

14

USE OF RESOURCES

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

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

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

15

PERFORMANCE MANAGEMENT

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

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

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

16

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

17

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
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.	Corporate Risk Register	**AUDIT & RISK COMMITTEE** **BOARD**	Ongoing	Corporate Risk Register Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

19

CROSS-CUTTING THEME – EQUALITY

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidence of equality considerations in Board's decision-making structure	**BOARD** **COMMITTEES**	Ongoing	Annual Assurance Statement from the Equality & Human Rights Steering Group EQIA completion for strategic projects and 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.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on SBAR Community Engagement Policy approved in-year
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	Population Health & Wellbeing Strategy has specific EQIA associated with its ambitions EQIA section on SBARs Equality & Diversity Board Champion appointed in-year

20

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.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on SBARs Regular reporting to Public Health & Wellbeing Committee and Staff Governance Committee on equality-related issues

NHS Fife

ANNUAL STATEMENT OF ASSURANCE FOR THE
CLINICAL GOVERNANCE COMMITTEE 2024/25

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, includes related activities around planning, maintaining and improving quality.

2.   Membership

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

Arlene Wood	Chair / Non-Executive Member
Jo Bennett	Non-Executive Member (from August 2024)
Sinead Braiden	Non-Executive Member (to July 2024)
Colin Grieve	Non-Executive Member
Anne Haston	Non-Executive Member
Janette Keenan	Director of Nursing
Aileen Lawrie	Area Clinical Forum Representative (to February 2025)
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion (to December 2024)
Dr Christopher McKenna	Medical Director
Liam Mackie	Area Partnership Forum Representative (to August 2024)
Lynne Parsons	Interim Area Partnership Forum Representative (from September 2024)
Carol Potter	Chief Executive
Nicola Robertson	Area Clinical Forum Representative (from March 2025)
Dr Joy Tomlinson	Director of Public Health

2.2   The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Finance & Strategy, Director of Health & Social Care, Director of Digital & Information, Director of Pharmacy & Medicines, Director of Reform & Transformation, Deputy Medical Director (Acute Services Division), Deputy Medical Director (Fife Health & Social Care Partnership), Associate Director of Quality & Clinical Governance, Associate Director of Risk & Professional Standards and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3.   Meetings

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

- 3 May 2024
- 7 May 2024 (Development Session)
- 12 July 2024
- 6 September 2024

- 1 November 2024
- 22 November 2024 (Development Session)
- 17 January 2025
- 7 March 2025

3.2   The meeting attendance schedule is attached at Appendix 1.

4.   Business

4.1   In May 2024, the Committee held its first scheduled meeting of the year, reviewing the annual reports from each of the Clinical Governance Committee sub-groups (including the Clinical Governance Oversight Group), to gain assurance that each body had delivered on its delegated business, and approving the Committee's own assurance statement to the Board for 2023/24. The Clinical Governance Oversight Group also brings to each meeting a regular assurance summary to the Committee on its business, to give confidence that the group is fulfilling its remit, scrutinising in depth proposals and reports prior to their consideration at the Board-level Committee, and dealing with emerging issues as appropriate. Further detail on the Oversight Group's activities is given within the Group's own annual assurance statement, reviewed separately by the Committee. The Area Clinical Forum has in the reporting year provided its first annual statement of assurance, which has been helpful initiative in improving the visibility of the Forum and its work, with the Committee supporting further engagement and discussion with clinicians via the Forum on key strategic proposals of the Board.

4.2   A second meeting was held in May 2024, taking the form of a dedicated Development Session for members, with the topic of 'Clinical Governance in Action' being covered in depth by the operational teams in attendance. Members had the opportunity to discuss the principles of clinical governance, reflect on the work and effectiveness of the Clinical Governance Oversight Group and delivery actions of the Clinical Governance Framework, and hear from operational teams in relation to Adverse Events and the Deteriorating Patient Improvement Programme. This was the first of two dedicated Development Sessions throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. A further Development Session was held in November 2024, exploring the 'Patient Rights (Feedback, Comments, Concerns & Complaints) (Scotland) Directions' and how these impact on the Board's internal feedback mechanisms, building upon the related report considered at the September meeting. Each of these sessions picked up on common themes or areas covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.3   During the year, the Committee has received a number of updates concerning the clinical workforce and initiatives underway to enhance recruitment and role development opportunities for staff, thereby ensuring NHS Fife remains able to deliver safe and high quality treatment to the Kingdom's patients whilst minimising unfilled staff vacancies. In September 2024, the development of Advanced Nurse Practitioner roles was discussed, with members noting the requirement for protected non-clinical time being set aside for staff to progress their skills and knowledge and for adequate clinical supervision to be in place to help staff achieve the Four Pillars of Advanced Practice. Due to the complexities of the role, it was noted that the Nursing & Midwifery Council are due to approve recommendations to develop an approach to regulate advanced practice. At the same meeting, a report on the Allied Health Professional Assurance Framework was given to members, noting similar issues with regard to the provision of protected time for learning. To replace the previous Medical Appraisal & Validation Group, a new Medical & Dental Professional Standards Oversight Group has been established, and its

2

first report was considered by the Committee in November 2024. The Group's remit includes Appraisal and Revalidation; Consultant and speciality doctor job planning; oversight of all aspects of undergraduate and postgraduate medical and dental education; and Medical Workforce strategic planning. Members welcomed the establishment of the Group, noting its minutes and any points of escalation would henceforth come to the Committee, in addition to the Staff Governance Committee.

4.4   In support of the dedicated Cancer Framework launched in 2023, a review of progress against the Years 1 and 2 delivery plans was considered at the November 2024 Committee meeting, for assurance on the effectiveness of actions and milestone targets. Eight overarching commitments have been identified, supported by key actions aligned to each, with the ambition to achieve these by the end of 2025. A refresh of the Framework is intended to extend the life of the strategy beyond 2025. Also in November 2024, the Committee received an update on the development of the rapid cancer diagnostic service and how the success of the model has been evidenced over time. The report summarised an evaluation undertaken by the University of Strathclyde in relation to the pilot, which concluded that the service has both been highly cost-effective and has caused a reduction in patients going down other consultant-led pathways. The important patient benefits of the service were recognised, including the support around navigating pathways, the emotional support provided by staff on a diagnosis, and the work around health inequalities via targeted preventative work within areas of deprivation. In January 2025, significant assurance was taken from the initial evaluation of the effectiveness of the Single Point of Contact hub for cancer patients, noting the plan to quantify the impact of the hub on patients to secure future funding.

4.5   The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy and Re-form, Transform, Perform (RTP) Portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission. Feedback from Scottish Government was considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about delivery of all actions due to the continuing challenging financial situation. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those quality and safety risks that had fallen behind schedule or were not expected to be delivered. Assurance was taken from the fact that outstanding actions would be carried forward, with appropriate reflection in the Committee's performance and risk reports. In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A performance report on the delivery of the various Quarter 1 improvement actions was considered at the Committee's September meeting. Of the eight actions marked as red (unlikely to complete on time or to meet the intended target), two fell within the remit of the Clinical Governance Committee. These were related to improved complaints handling performance and development of a new outpatients specialist gynaecology unit, and detail was provided on the work in train to deliver both at an extended timescale. The Quarter 2 update was considered at the November 2024 meeting. 10 actions had fallen behind their target delivery at the point of reporting, but the Committee took assurance from the fact that risks from non-delivery of these programmes of work would be captured in local risk registers and escalated to the Committee as appropriate. The Quarter 3 report received scrutiny at the Committee's March 2025 meeting, with a focus on the actions within the 'Improving Quality & Care' workstreams, with further information to be added on rheumatology transformation before consideration of the report at the Board.

4.6   The Board's RTP portfolio of work introduced in 2024/25 aims to make the changes needed to maintain patient safety and quality of care, in line with the Board's values, whilst managing financial challenges. In May 2024, the Committee received an update on the 13 planned

3

schemes and the measures in place to ensure that quality and safety of services would be protected. In September 2024, details on Phase 1 of the Acute Services Redesign Programme was considered by members, noting the work to prioritise three areas, namely the formation of an Integrated Acute Respiratory Unit, establishment of a Same Day Emergency Care model, and the redesign of surgical admissions pathways. Assurance was taken from the fact that the process has been clinically driven and multi-disciplinary, with quality indicators to be closely monitored through the change process. Within the September 2024 private session of the Committee, members considered the initial approach for transforming urgent care services, taking assurance from the consideration given to quality and safety matters and endorsing the planned communication and engagement plan with local communities.

4.7   As part of the organisational strategy development, a Clinical Governance Strategic Framework and Delivery Plan was originally approved in 2023, which is fundamental to the Board's aim to be an organisation that listens, learns and improves on a continuous basis. The Framework outlines the key clinical governance activities linked to the attainment of the Board's strategic ambitions and the enablers put in place to ensure effective delivery. The supporting governance structures underneath the Clinical Governance Committee, to ensure operationally effective scrutiny of performance with meaningful measures in place to assess quality and safety of services, is detailed fully in the Framework, and the Committee has had input to ensure that routes of escalation to itself as the key governance body are clear and unambiguous. In July 2024, the Delivery Plan for 2024/25 activities in support of implementation of the Framework was reviewed by the Committee, detailing the timings of each strand of work. The Clinical Governance Oversight Group has supported the regular review and scrutiny of these actions, supported by mid- and year-end reporting to the Clinical Governance Committee. In November 2024, the mid-year report confirmed the high-level status of the 11 workstreams within the delivery plan for 2024/24. Highlights included the work completed in relation to staff support in relation to adverse events, and this was also linked to the Duty of Candour workstream. A refresh of the Framework commenced in September 2024, involving a range of engagement activities across the organisation.

4.8   A new assurance summary from the Mental Health Oversight Group has been added to the Committee's regular business, to support improved visibility of the work underway in this area to enhance services, alongside regular performance metrics. Members considered the first report in January 2025, with a focus on the quality and safety aspects of the actions underway to manage demand, detailing as part of the report new service flash card reporting. Information on the development of a revised Mental Health Strategy and redesign of services to address estates-related requirements was welcomed by members, noting that the content of assurance reports will evolve as the Group continues its work. A further update was considered in March 2025, with members noting the plans in place to ensure that there is joint governance and oversight, in partnership with Health & Social Care colleagues, for the new Mental Health Strategy currently in the final stages of development.

4.9   The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities, in addition to the current Re-form, Transform, Perform portfolio programme. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

4

4.10   The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints responses and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). A dedicated report on Healthcare Associated Infection (HAIs) is also provided on a quarterly basis, to give assurance around the effectiveness of infection prevention, control and surveillance. Following a Board-wide review of the IPQR, reflecting the establishment of the Public Health & Wellbeing Committee and a stand-alone IPRQ review, a set of performance-related metrics specific to the Committee has been refined, to allow for appropriate, regular scrutiny of these at each meeting. The Committee has during the reporting year taken responsibility for scrutiny of a number of metrics around mental health performance related to the quality and safety aspects, such as incidents of unwanted behaviours, ligature and self-harm. Also included, from January 2025, has been data on the stroke care bundle, with an annual report to follow in the next year to improve oversight in this area. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes.

4.11   In addition to the IPQR, a number of stand-alone updates on areas of operational performance have been given to the Committee, to provide further context to the cyclical data given in the regular performance reporting. In July 2024, members received an initial update on the current process for adverse events reviews in relation to drugs-related deaths, noting the multi-disciplinary approach to ensure that lessons learned are rolled out across agencies. A more detailed paper was considered by the Committee in November 2024, detailing a new improvement plan for the adverse events process, to bring this in line with the trigger list developed by Healthcare Improvement Scotland. The Committee took a moderate level of assurance from the early stages of delivery, commending the approach to create effective structures and governance to allow learning in a professional and collaborative way, and welcomed further detail from the Clinical Governance Oversight Group in their January 2025 report in relation the implementation of the new approach, as also detailed within the IPQR summary. A briefing on drugs-death cluster reviews was also reviewed in January, in support of a more detailed paper considered at the Public Health & Wellbeing Committee the same month, and this gave further assurance around the management of case reviews across multi-agencies and the preventative work being undertaken across the whole system.

4.12   The Fife Winter Preparedness Plan for 2024/25 was considered by members at the January 2025 meeting, noting this had been jointly prepared by NHS Fife and Fife Health & Social Care Partnership, structured around the four priorities set by Government. The plan outlined how quality and care would be maintained, despite significant service pressure during the winter period. Detail was given on the commitments made to allow both urgent care and GP services protected time to prepare for the winter months, the cost of surge capacity and overall impact on the Board's financial performance, and efforts in place to mobilise the workforce to ensure appropriate staffing was in place. The Committee warmly welcomed the strong commitment from teams to work collaboratively to address the service pressure challenges during winter and took a moderate level of assurance from the actions detailed within the Plan.

4.13   In September 2024, members received a detailed update on the Deteriorating Patient Improvement Project, which aims to address an increase since 2020 in the number of patients experiencing cardiac arrest (which is one of the measures used to track deteriorating patients). The project brings together work underway locally to enhance the observation of patients, linkages to realistic medicine and conversations with patients about their end-of-life care, and alignment with the recommendations of the Scottish Patient Safety Programme. Members have welcomed the information given to the Committee on this important work (reflected also in the Clinical Governance Strategic Framework mid-year report in November 2024), noting the importance of measurement and analysis of actions, as the work progresses into 2025/26.

5

4.14　In November 2024, the Committee considered the findings of a recent Orthopaedic Hip Fracture Audit, undertaken since NHS Fife had been an outlier against the Scottish mean figure, for the fifth consecutive year, for length of time to theatre for patients presenting with a hip fracture. Extensive review had been undertaken of the current trauma pathways and the recommendations therefrom are being followed up to enhance theatre efficiency, improve access to emergency trauma theatre capacity, balance the demand for emergency vs elective treatment, and look at ways to create further capacity within the system. Members expressed some concern about the prioritisation of orthopaedic trauma and the impact upon equitable treatment, given instances of hip fracture occur most frequently in the older population and that mortality can increase following delay in treatment. In January 2025, the Committee's briefing addressed queries raised by members in earlier discussions, giving further detail on the improvement work planned. Further detail has been requested on mortality themes, and further consideration is to be taken of fragility fracture prevention in the Board's messaging and educational communications. A further brief, including an action plan to address the full detail of the recent internal audit, will be considered by the Committee in May 2025, with the March 2025 committee meeting noting that further discussion if first required at the Executive Directors' Group to review operational issues.

4.15　In March 2025, members considered a report describing the clinical outcomes of closed loop system insulin therapy and members supported the reasons to continue to invest in the technology for patients, noting the cost pressures of doing so. It was recognised that the introduction of this technology, as an early intervention measure for diabetic patients in the short / medium term, provides a significant reduction in longer-term consequences associated with the condition. Members welcomed the further detail provided in the paper, and took assurance from the measures in place to manage the demand against strict criteria. Also in March, a detailed report provided assurance on NHS Scotland's Excellence in Care Programme and Quality of Care Review process, initiatives designed to continuously improve patient care standards, noting the timeframe for implementation in Fife.

4.16　Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting that the backdrop of an increase in complaints as treatment delays increased after the pandemic continue to influence recovery performance. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback, including further levels of detail around the introduction of an internal complexity categorisation tool to triage and identify those most complex to deliver against timescale and ensure that patients are given realistic information on likely response times. Operational pressures on clinical staff continue to impact heavily on the investigation and sign-off of individual complaint responses. In May 2024, the Committee heard detail on the many positive stories submitted by patients via Care Opinion and the importance of the tool to staff for direct patient feedback. Linkages between thematic categorisation of complaints and work to enhance organisational learning processes were also discussed. The report and action plan from a recent Scottish Public Services Ombudsman investigation was considered also at the May 2024 meeting, with scrutiny of progress in meetings the actions being undertaken via the Clinical Governance Oversight Group. The report in July 2024 noted the effectiveness of the new patient experience dashboard, complexity scoring tool and weekly reporting tool in providing a deeper level of detail of cases, to help services manage the complaints process. In September 2024, the Committee considered the Care Opinion Annual Report, noting the positive stories from patients on NHS Fife services and areas for action. In January 2025, an improved position for Stage 1 complaints was discussed, with a recent focus on timely communication with patients, with continued work to improve the Stage 2 position, including automation of some overly bureaucratic actions in Datix.

4.17　The patient voice has been captured in presentation to each meeting of the Committee patient stories, allowing members to reflect on individual patient experience as part of the Committee's

6

overall schedule of business. In May 2024, members considered the impact of a patient's ectopic pregnancy, wherein was highlighted the work around deteriorating patients and the importance of a rapid response. At the following meeting, in July 2024, a patient's story in relation to the subject of organ donation was explored. In September 2024, members heard detail about the power of an apology to resolve a complaint, whereas, in November 2024, a patient story in relation to the autism assessment pathway was considered. In March 2025, members heard detail of the important work done by peer supporters in the area of breastfeeding. Each of these stories have highlighted examples of good practice or helped identify areas where we need to improve the quality of services and transform patient and carer experience, through listening and learning from the patient voice.

4.18   The final Organisational Duty of Candour 2023/24 report, outlining the Board's compliance with the relevant legislation and detailing the number of cases that had triggered Duty of Candour processes for the period ending March 2024, was tabled to the Committee at its March 2025 meeting, prior to its formal approval by the Board. There were 29 adverse events detailed within the report, with the most common outcome (for 17 patients) being an increase in their treatment. It has been agreed that Boards should seek to report on Duty of Candour each January, capturing the data from the previous financial year. In addition to the historic data, the Committee heard that currently for 2024/25 there are 4 confirmed adverse events. The Committee took assurance from the learning processes in place to reflect on each adverse event, as discussed frequently throughout the year in relation to the overall adverse events process.

4.19   The Committee receives detailed reports and action plans arising from any regulatory inspection or external investigation, to ensure that learning take places. During the year, a Healthcare Improvement Scotland (HIS) review has been undertaken on the subject of neonatal mortality, with detailed discussion on its conclusions at the September 2024 meeting. In support, a local review of births during 2022 was initially considered by the Committee at its July 2024 meeting, noting the conclusions that NHS Fife's data was in line, or lower than, the average of similar sized Board areas. The Board's response to the findings of the HIS report was considered in September 2024, with the Committee able to take a moderate level of assurance from the work underway to implement the recommendations locally, noting the linkages to adverse events reviews and quality controls for grading outcomes. In November 2024, members discussed the proposed new model for East Region Neonatal Services, reflecting the conclusions of a May 2024 Scottish Government-commissioned report on the Demand and Capacity Modelling of Neonatal ICU services. Concerns were raised about the accuracy of the data on which the modelling exercise had been based on, in addition to other assumptions within. The Committee welcomed the decision that further strategic planning work be undertaken to enable a safe, effective and efficient level of capacity, supported by the correct establishment level of staffing. The Committee were supportive of further work being undertaken at a national level, the result of which was support for the current status quo to be maintained and a full understanding created to mitigate any unintended consequences of a change to the current model on the wider neonatal intensive care facility within Fife. In July 2024, the report on a recent Healthcare Improvement Scotland inspection of the Board's nuclear medicine facilities was considered. The Ionising Radiation (Medical Exposure) Regulations Inspection Report 2024 noted that the facilities assessed were of extremely high quality and the general conclusions were positive. Detail was given on the two recommendations within the report and the governance route for ensuring these are addressed in a robust and timely manner. The Clinical Governance Oversight Group has, throughout the year, reviewed the findings of regulatory investigations in other Boards, as described in the Group's assurance report to the Committee in November 2024. Learning from Mental Welfare Commission investigations are being reviewed through the Organisational Learning Group, with a view to cascading actions through Senior Leadership teams in both Acute and the Health & Social Care Partnership.

7

4.20 A Safe Delivery of Care Inspection was undertaken by HIS in the Victoria Hospital in December 2024, in follow up to an unannounced inspection undertaken in July to August 2023, as detailed in last year's Committee's assurance report. A verbal update on the inspection was provided at the Committee's January 2025 meeting, in advance of the report being published in March 2025. This follow-up inspection resulted in nine areas of good practice being identified, one recommendation and 13 requirements for the Board to implement. Further detail on the Board's action plan to address the report's findings will be considered at the Committee's May 2025 meeting.

4.21 The Committee considers new and emergent issues at each meeting, seeking assurance around any actions underway to mitigate risks and to ensure patient and staff safety. In January 2024, the Committee originally received a detailed assurance report highlighting that the risk to patients, staff and visitors from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation were not in high footfall areas or are generally accessible, and would be subject to ongoing condition monitoring and inspection. A follow-up report was received by the Committee in September 2024, detailing the final survey results undertaken across the full estate. In addition to the seven blocks originally identified where RAAC was present, two additional areas were subsequently discovered. Assurance was given that there remained no risk to patients and existing service continuity plans were addressing any other risk aspects. In September 2024, under the topic of emergent issues, the Committee also received a briefing on the backlog of alcohol and drug death reviews within Fife, and plans in place to improve the resources available across multiple agencies to recover the position.

4.22 After initial consideration by the Board's Audit & Risk Committee, the Committee considered the findings of the annual Internal Audit Report 2023/24, with particular reference to the section on Clinical Governance matters. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care and management of risk. The specific clinical governance elements of the report have been cross-referenced with the Committee's own workplan and that of the Clinical Governance Oversight Group, to ensure all clinical governance actions are incorporated in the work of both groups over the reporting year. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including Clinical Governance, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. There were two recommendations relative to Clinical Governance, the first in relation to enhancing the process of the delivery plan for the Clinical Governance Strategy Framework and the second referencing review of workplans and remits of the Oversight Group and the Committee itself, to ensure no duplication in reporting and to ensure priorities are clear in focussed agendas. These actions have been completed by year end.

4.23 In September 2024, the Committee considered an update report on Medical Devices, reflecting the national guidance that has widened the definition of medical devices to include a broad range of instruments, apparatus, appliances, software, materials and other articles used in the process of delivering healthcare. A clinically-led Medical Devices Group was established in 2023, to support the national changes and to implement the related Scan for Safety programme in Fife, and the Committee were pleased to take assurance from the processes being followed, as described in the briefing. Any matters of escalation will be reported directly to the Committee. In September 2024, members also took assurance from the local measures and governance groups put in place to implement the Scottish Healthcare Associated Infection

8

Strategy for 2023 to 2025 and the Infection Protection Workforce Strategic Plan, each supporting the reduction of healthcare-associated infections and supporting the quality and safety of patient care.

4.24 Annual reports were received on the subjects of: Adult Support & Protection (submission delayed to May 2025); Radiation Protection; the work of the Clinical Advisory Panel in managing exceptional, high cost and very specialist referrals; the Director of Public Health Annual Report 2023; Fife Child Protection 2023/24; Medicines Safety Review and Improvement; Medical Education; Medical Appraisal & Revalidation; Infection Prevention & Control; Management of Controlled Drugs; Hospital Standardised Mortality Ratio; Research, Innovation & Knowledge Strategy Review; and the Research, Innovation & Knowledge Annual Report. Two internal audit reports have also been reviewed by the Committee for assurance purposes, namely a report on Transport of Medicines and another on Medicines Assurance Audit Programme Short Life Working Group.

4.25 The Committee has received minutes and assurance reports from its core sub-groups, namely the Clinical Governance Oversight Group, Digital & Information Board, Health & Safety Sub-Committee, the Information Governance & Security Steering Group and Resilience Forum, detailing their business during the reporting year. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2025 meeting.

4.26 In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group provided further detail on efforts to improve staff-side attendance at meetings, the key areas of focus and risks managed by the group during the reporting period. Business considered during the year included redesign of manual handling training provision, with a resulting high compliance rate of 93% against the Scottish Manual Handling Passport successfully achieved within NHS Fife; the creation of a dedicated MS Teams channel to provide peer-to-peer support for managers trained in health and safety and those trained in face fit testing; the recruitment of a new Violence & Aggression Physical Interventions Trainer, to standardise techniques across services, including mental health; and ongoing face fit refresher testing for staff. In relation to risk management, sharp incidents are reported regularly through local performance reporting routes, including to the Local Partnership Fora, and are the subject of regular audits. There has been no further degradation of the previously identified Reinforced autoclaved aerated concrete on the NHS Fife estate, and it remains in the same condition as it did one year ago, with no signs of water ingress or further decomposition. Therefore, as a result, there is no additional risk to patients, staff or visitors. There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife. Noting the detail of the Health & Safety Sub-Committee's activities, the Clinical Governance Committee can take broad assurance from the work undertaken on its behalf during the reporting year.

4.27 The Digital & Information (D&I) Board has continued to develop the governance, process and controls necessary to assure the organisation about the progress of the Digital & Information Strategy 2019 to 2024, which is now in its last year of delivery. Linkages between this and the Population Health & Wellbeing Strategy and the Health Board's Annual Delivery Plan has also been considered. In September 2024, the Committee considered an update on the planned refresh of the Strategy, noting that a short-term digital framework has instead been adopted, as agreed by the D&I Board and defined within the Corporate Objectives. The purpose of the framework is to improve alignment with the developing RTP portfolio of work and the proposals within the Medium-Term Financial Plan. The features of the framework sit within the associated D&I corporate risk, updates on which are detailed in Section 6. The Committee was pleased to endorse the report to the Board, to formally record the completion of the original Strategy and

9

the next steps aligned to broader strategic aims. In November 2024, members considered a briefing on the development of the new digital framework being established for 2025-28, detailing new emerging requirements in the areas of modernising the patient journey, informatics technology and infrastructure, workforce and business systems.

4.28 The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities across the year, as considered by the Committee at its May 2025 meeting. During 2024/25, of the 51 risks routinely monitored by the D&I Board, 15 risks had improved their rating, 12 moved to the target risk rating and to a status of monitor, and 17 risks were closed during the period. In relation to other workstreams considered by the Group, members were updated and took assurance from the learning and action plans undertaken following the NHS Dumfries & Galloway Cyber Incident, subsequently escalated to the Clinical Governance Committee in November 2024. In July 2024, the Board approved a revised and documented approach for the management of digital devices and equipment provided to users and services, to enhance the grip and control measures necessary to support a reduction in spending, through the recovery of unused or additional digital equipment and the redistribution of equipment to offset cost spending. The D&I Board has had initial input into the final review of NHS Fife's Digital Strategy 2019-2024 and the new Digital Framework, both of which have been considered by the Committee directly. In operational matters, the group has received updates on the pilot of an electronic observation monitoring project, which integrates medical devices into PatientTrak for two ward areas, and implementation of waiting list validation functionality that will allow patients to interact with a digital hub. Quarterly updates on D&I performance metrics have also been scrutinised, along with regular updates on key strategic projects, such as Digital Medicines, eRostering, Laboratory Information Management System and the Electronic Health Record. No significant issues have been escalated for disclosure in the Governance Statement and the Clinical Governance Committee can take broad assurance from the work undertaken by the Digital & Information Board over 2024/25.

4.29 Members noted a separate update on the implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA), via a standalone report to the Committee's September 2024 meeting. Noting that HEPMA has been renamed to Digital Medicines Programme, to reflect the three distinct areas of HEPMA, pharmacy stock control and electronic discharge documentation, supplier and delivery issues were highlighted to the Committee. Risk mitigation was also detailed. In November 2024, the Committee took moderate assurance from a comprehensive briefing provided detailing NHS Fife's response to a ransomware cyber incident impacting NHS Dumfries & Galloway, noting the continuing approach of communication, education and awareness to staff to reduce the likelihood of unauthorised access to confidential data within Fife. Noting that the focus was on ensuring current systems remain reliable and secure, members nevertheless noted the ongoing risk of cyber-attack across large scale organisations.

4.30 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2024 and March 2025) detailing the current baseline of performance and controls within the remit of Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. Assurance was provided that the Group's work aligns appropriately to the Information Commissioner's Office audit and the Board's commitment to the public sector cyber assurance framework, as audited by NES annually. In relation to the latter, an improved outcome for this year's audit was highlighted. An overview was provided on key priorities, which are aligned to the current risk profile. In September 2024, the Committee also considered a stand-alone paper outlining the action plan to address findings from the investigation undertaken after a security breach at St Andrews Community Hospital (as

10

detailed in last year's report and highlighted as a disclosure in the Board Annual Accounts for 2023/24). Linkages to overall mandatory training compliance was highlighted, but the Committee took a moderate level of assurance from the then-completion of outstanding actions to reduce the likelihood of such an incident recurring.

4.31   The Steering Group has exercised regular scrutiny across the ten categories outlined in the Information Governance & Security Accountability and Assurance Framework, as outlined further in their annual report to the Committee. As such, at March 2025, an improved level of assurance was being reported from the Group. Across the year, the Group have adopted a set of performance measures and a defined workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Key measures reviewed throughout the year included: monthly Subject Access Request data; point-in-time Information Asset Register figures; Information Governance training compliance tracked through the year; monthly Freedom of Information request compliance performance; current policy and procedure review information; Cyber Resilience Framework compliance at the time of audit; monthly event reporting; and summary information on reportable incidents to either the Information Commissioner's Office (ICO) or Competent Authority. Standalone reports on the Records Management project and emerging risks around the GP IT system supplier administration process and improvement work identified as necessary for the Community Electronic Patient Records System, Morse, were also scrutinised. The Network & Information System (NIS) audit cycle report outlined an improvement to 93% total compliance over the reporting year, an increase of 16% from the 2023 report, which was commended by the Group.

4.32   Throughout the year, the Information Governance & Security Steering 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. Unlike previous years, the Steering Group saw the complete listing of Digital and Information risks, in a more comprehensive risk report, which mirrored the approach taken with the Digital & Information Board. Visualisation of the risk profile, which averaged 51 in number in the year (as detailed further in 4.28 above), supported the critique and assurance the Steering Group were able to offer.

4.33   There was one outstanding personal data-related incident / data protection breach from Financial Year 2022/23 concluded in this reporting year. The Information Commissioner's Office (ICO) issued a Reprimand to the Board for an incident that occurred in February 2023, in which an unauthorised person gained access to a ward at St Andrews Community Hospital. This has been reported in depth to the Clinical Governance Committee and was subsequently categorised as a disclosure in the Board's Annual Accounts for 2023/24. An update on all actions undertaken by the Board in response to the Reprimand was submitted to the ICO in June 2024 and confirmation was subsequently received from the ICO that the case was closed.

4.34   For Financial Year 2024/25, there was a total of 14 incidents (an increase on the 12 last year) reported to the competent authorities, the ICO and/or the Scottish Government. Three incidents were reported to the Scottish Government only, as they fell under Network & Information Systems reporting obligations. There was one incident, reported January 2025, which, after investigation, was subsequently found not to meet the threshold for reporting (which the ICO has confirmed). There have been seven breaches reported between January and March 2025 and, at the time of writing, we await a response from the ICO regarding four of these. The ICO have confirmed they are taking no further action on all other incidents.

4.35   To support reporting around resilience and emergency planning, the Committee has received an annual assurance statement from the Resilience Forum, to provide members with greater

11

detail around the further development of business continuity planning within NHS Fife. The Civil Contingencies Act and supporting regulations require NHS Fife to have an established and clear set of roles and responsibilities for those involved in emergency preparation and response at the local level. The Resilience Forum has led and supported key areas of activity, risk mitigation and strategic development and reporting to ensure preparedness across NHS Fife. The Resilience Forum's annual statement concludes that assurance can be given to the Committee on the areas under its remit, reflecting the work-in-progress underway to strengthen arrangements for resilience planning, business continuity and CONTEST portfolios across NHS Fife and with its contracted partners. These various workstreams are detailed in the annual report, including review of the Incident Management Framework; the enhancements provided via a Business Continuity Management System, including the launch of a new dashboard utilising information from Datix; data on the Business Continuity Plan Testing, Training and Exercises undertaken over the last year, including those with external agencies; and details of training and awareness raising delivered to staff. Work has been undertaken to fully address the recommendation of two recent internal audit reports on business continuity arrangements, which have been subject to separate reporting to the Audit & Risk Committee, with the action plans resulting therefrom monitored via existing Audit Follow Up protocols. The Board has been able to improve its compliance against NHS Scotland's core standards for Emergency Preparedness, Resilience & Response (EPRR) and is now substantially compliant with the standards. The Committee can take assurance that work will continue over the year ahead to further develop an annual EPRR work programme with key partners in primary, secondary & acute care service areas.

4.36   The Clinical Governance Oversight Group has brought its year-end reporting into line with the other sub-groups and its 2024/25 annual statement was considered by the Committee at the May 2025 meeting. The report has provided assurance on the Group's activities, principally its operational oversight of the quality and safety of care provided across the Fife health system and how this impacts on the patient / user experience. The Group has extended its membership in the reporting year, to include enhanced representation from Acute, Health & Social Care Partnership, Medical Education and Digital Information, seeking to advance the clinical governance agenda. The Group has also maintained an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife, and has had a role in identifying key learning points from a range of activities, ensuring these are communicated and embedded where appropriate across primary and secondary care and the Health & Social Care Partnership. Regular reports outlining performance and improvement actions in areas such as patient experience, organisational learning, and escalation reporting from Acute and Health & Social Care Partnership clinical governance groups. The Group maintains rolling supervision of clinical policy update compliance and performance monitoring, particularly with regard to the timely completion of adverse event reviews, Children and Young Persons' Death Review (the subject of a separate report to the Committee in September 2024) and Duty of Candour processes. The Clinical Governance Committee was able to take robust assurance from the supporting clinical governance activities carried out by the Group over the course of the reporting year.

4.37   An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board (IJB). This report aims to provide assurance to the IJB that adequate governance arrangements relating to the Quality & Communities Committee are in place, allowing the IJB to discharge its duties in line with the Good Governance Framework, and it is subsequently shared with NHS Fife for similar assurance purposes. The format of the report has been changed this year, to list all business transacted as an appendix, in preference to a textual report reflecting on the assurance provided by the Committee's work.

12

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

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2024/25.

6.   Risk Management

6.1   In line with the Board's agreed risk management arrangements, 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 its aligned risks assigned to it under the Corporate Risk Register. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to active and emerging issues have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care and service delivery, particularly during challenging periods of activity.

6.2   Regular review of the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board. The Board has reassessed its risk appetite as a whole during sessions in April and November 2024, and this is reflected in ongoing updates to the individual risk metrics.

6.3   During the year, in relation to Quality & Safety matters, the Committee has reviewed a refresh of the dedicated risk around Optimal Clinical Outcomes, following detailed discussion at the Risk & Opportunities Group. This was initially written to be relatively broad in its coverage and thus members have undertaken a deep dive into the risk, to seek to understand the make-up of the risk and the drivers that influence its rating. It has been agreed that the risk requires more focus, A subsequent Development Session has helped refine this risk further, both to reflect members' queries and to aid understanding. A further review was taken in July and September 2024, detailing the aspects of the risk mitigation actions that were on track and those that were experiencing challenge, with further review on the fundamentals of this risk undertaken via the Risk & Opportunities Group. This has sought to consider how effective the larger programmes of work are in mitigating the risk and how some of the Board's performance metrics, such as waiting times, impact upon patient safety. Additionally, reflecting the Board's agreed Risk Appetite statement has been required. In January 2025, a proposal to replace the Optimal

13

Clinical Outcomes risk with a new wording related to hospital-acquired harm was discussed by members, and this was recommended to the Board, along with the revision of wording to three corporate risks (to ensure a focus on patient safety and outcome) aligned to the Director of Acute Services. A deep dive on the new risk, and further discussion about how the effectiveness of the mitigation actions would be measured, was undertaken by members in March 2025.

6.4   An update on the Quality & Safety risk has been undertaken during the year, in relation to how the risk can better reflect the Board's approach to Organisational Learning and indicate what assurances the Committee can take from the work of the Organisational Learning Group. This has built upon a full Board Development Session held to discuss Organisational Learning principles. The Committee was pleased to consider a stand-alone update on work to enhance Organisational Learning at its September 2024 meeting, building in feedback from the Board session, noting that 2024/25 has principally been a year to focus on laying the foundations for this important work and ensure broad uptake amongst services.

6.5   The Off-Site Area Sterilisation and Disinfection Unit Service risk, detailing some quality-related concerns with the provision of sterile instrument trays from the current supplier, which has the potential to impact on the safe delivery of critical surgical interventions and procedures, has been reviewed during the year. Members were content to recommend to the Board the removal of this from the Corporate Risk Register, to be henceforth managed as an operational risk, reflecting its day-to-day management by Executive officers. The Board subsequently approved this change, noting that any changes or proposals to off-site sterilisation arrangements would be managed through the RTP programme of work.

6.6   In relation to Digital & Information risks, further detail is provided in Section 4.1 in reference to the supporting work of the Digital & Information Board. The risk review associated with the Corporate Risk 17 (Cyber Resilience) has been given additional consideration by the D&I Board and the Clinical Governance Committee, via the scrutiny of a deep dive of the risk descriptor and the mitigating actions.

7.   Self-Assessment

7.1   The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2025 meeting, and action points are being taken forward at both Committee and Board level, reflecting a number of common themes across committees. The Committee has held a dedicated Development Session in May 2024 to refresh members' knowledge about the Principles of Clinical Governance and ensure there is appropriate coverage of these through the Committee's own local work.

8.   Conclusion

8.1   As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

8.2   I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

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

Signed: *Arlene Wood*   Date: 22 April 2025

Arlene Wood, Chair, 2023-24
On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

NHS Fife Clinical Governance Committee Attendance Record
1 April 2024 to 31 March 2025

	03.05.24	12.07.24	06.09.24	01.11.24	17.01.25	07.03.25
Members						
A Wood, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓	✓
J Bennett, Non-Executive Member		✓ observing	✓	✓	✓	✓
S Braiden, Non-Executive Member	X	X				
C Grieve, Non-Executive Member	✓	✓	✓	X	✓	✓
A Haston, Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie, Area Clinical Forum Representative	✓	X	X	✓	✓	
K MacDonald, Non-Executive Whistleblowing Champion	✓	X	X	✓		
L Mackie, Area Partnership Forum Representative	✓	X				
C McKenna, Medical Director **(Exec Lead)**	✓	✓	✓	✓	✓	✓
J Keenan, Director of Nursing	✓	✓	✓	✓	✓	✓
L Parsons, Interim Area Partnership Forum Rep			✓	X	✓	✓
C Potter, Chief Executive	✓	X	✓	✓	✓	✓
N Robertson, Area Clinical Forum Representative						✓
J Tomlinson, Director of Public Health	X	✓	X	X	✓	✓
In Attendance						
B Archibald, Planning & Performance Manager						✓ Items 8.1 – 9.1
L Barker, Director of Nursing, Health & Social Care Partnership			X	X	X	X
N Beveridge, Director of Nursing, Acute			X	X	X	X
N Connor, Director of H&SC	✓	X				
G Couser, Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	X
L Cooper, Head of Primary & Preventative Care						✓ deputising
C Dobson, Director of Acute Services	✓	X	✓	✓	X	✓
J Doyle, Head of Nursing			✓ deputising			

16

	03.05.24	12.07.24	06.09.24	01.11.24	17.01.25	07.03.25
F Forrest, Acting Director of Pharmacy & Medicines	✓	X	✓	✓	✓	✓
S Fraser, Associate Director of Planning & Performance	✓	✓	✓	X	✓	X
L Garvey, Director of Health & Social Care					✓	X
A Graham, Director of Digital & Information	✓	X	✓	✓	✓	✓
B Hannan, Director of Planning & Transformation	✓	✓	✓	✓	✓	X
H Hellewell, Associate Medical Director, H&SCP	✓	✓	✓	✓	X	X
B Hudson, Regional Audit Manager					✓	
P Kilpatrick, Board Chair	✓					
J Lyall, Chief Internal Auditor		✓ Items 1 – 5				
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
I MacLeod, Deputy Medical Director	✓	✓	✓	✓	X	X
N McCormick, Director of Property & Asset Management	X	X	✓	X	X	X
M McGurk, Director of Finance & Strategy	X	X	X	✓	X	X
F McKay, Interim Director of Health & Social Care		✓ deputising	✓	✓		
B Morrison, Interim Area Partnership Forum Representative				✓ deputising		
N Robertson, Director of Nursing, Corporate			✓	✓		
S A Savage, Interim Associate Director of Quality & Clinical Governance / Associate Director of Risk & Professional Standards	✓	X	✓	✓	✓	X
G Simpson, Anaesthetics Consultant			✓ Item 9.5			
M Watts, General Manager, Surgical Directorate					✓	
A Wong, Director of Allied Health Professionals			✓	✓	✓	X

Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan Winter Preparedness Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Annual Delivery Plan NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Clinical Governance Oversight Group • Infection Control Committee • H&SCP Quality & Communities Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

Governance and Accountability

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	**BOARD** **COMMITTEES**	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.	**BOARD** **COMMITTEES**	Ongoing	SBAR reports on common template 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.	**CLINICAL GOVERNANCE COMMTTEE**	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, in addition to stand-alone reports each quarter.
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	**CLINICAL GOVERNANCE COMMITTEE**	Ongoing Bi-monthly	Regular update on Patient Experience considered by the Committee. NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints and compliments are monitored through the report.

20

Use of Resources

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife's activities.	Information & Security Governance Steering Group Annual Report Digital & Information Board Annual Report Digital & Information Board minutes	**CLINICAL GOVERNANCE COMMITTEE**	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.	Risk Deep Dives Integrated Performance & Quality Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting. Particular review of performance in relation to pressure ulcers and falls undertaken in current year.

21

Performance Management

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes from Linked Committees e.g. • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Digital & Information Board • Infection Control Committee • Information Governance & Security Steering Group
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format and content is being undertaken in reporting year.
Reports are honest and balanced and subject to	Committee Minutes show scrutiny and challenge when performance	**COMMITTEES**	Every meeting	Integrated Performance & Quality Report considered at

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
proportionate and appropriate scrutiny and challenge from the Board and its Committees.	is poor as well as good; with escalation of issues to the Board as required	**BOARD**		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.	**COMMITTEES** **BOARD**	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	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes of Linked Committees • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee

23

Cross-Cutting Theme – Equality

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	Ongoing	Strategy updates regularly considered, along with Planning with People 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.	**BOARD** **COMMITTEES**	Ongoing	Strategy updates regularly considered All strategies have a completed EQIA
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the website

24

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.	**BOARD** **COMMITTEES**	Ongoing	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

25

**ANNUAL STATEMENT OF ASSURANCE FOR THE
FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2024/25**

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 2025, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member (until February 2025)
Cllr Mary Lockhart	Non-Executive Stakeholder Member (from January 2025)
John Kemp	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

3. Meetings

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

- 7 May 2024
- 16 July 2024
- 10 September 2024
- 12 November 2024
- 14 January 2025
- 11 March 2025

3.2 The attendance schedule is attached at Appendix 1.

1

4.   Business

4.1   At each meeting, the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the significant financial pressures facing the Board, noting the need for £14.005m of brokerage for 2023/24 and ongoing financial challenges for 2024/25. The in-year savings against plan, and consideration of ongoing financial challenges within the period, which continued to impact on achieving financial sustainability over the medium term, has been a large focus of discussion. The risk score for delivery of a balanced in-year financial position has remained high throughout the year, with the matter under regular review at an operational level by the Executive Directors' Group.

4.2   The Medium-Term Financial Plan 2024/27, approved at the NHS Fife Board meeting on 26 March 2024, set out an underlying deficit for the Board of £33.3m. However, after taking account of the implications of the Scottish Government's Budget settlement announcement in December 2023, and the impact of both national and local cost pressures, along with directions issued by Scottish Government in relation to New Medicines Funding, the projected residual funding gap was estimated to be £54.8m. The Committee received an update on the Plan at its first meeting of the year, in May 2024, where it was reported that the Scottish Government had not approved the Plan, instead requiring NHS Fife to deliver an improved forecast position. In terms of next steps, the Board were not asked by Scottish Government to resubmit the Plan but to work on a number of key actions and aim to improve the forecast position in 2024/25. These actions included:

- progressing delivery of a minimum of 3% recurring savings in 2024/25 and developing options to meet any unidentified or high-risk savings balances;
- continuing to progress with the areas of focus set out in the '15 Box Grid' (a national tool to highlight saving opportunities and share good practice);
- engaging and taking proactive involvement in supporting national programmes as they develop in 2024/25;
- developing further measures to reduce the Board's residual financial gap towards the brokerage cap of zero set; and
- providing an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Further discussion with Scottish Government colleagues throughout the year has been reported to the Committee as part of regular Quarterly Review updates, and the Committee has also received information on the Board's self-assessment against the criteria in the NHS Support & Intervention Framework, as detailed further in its September 2024 meeting. A full report on the self-assessment was received at the Committee's November 2024 meeting, with members agreeing that the ratings accurately reflected the Board's current position, appropriately reflecting the Scottish Government more detailed questions, given in an updated framework, in relation to financial performance. The Committee was content to take a moderate level of assurance that the process for responding to the framework had been satisfied, noting nevertheless the ongoing limited level of assurance in regard to delivery of the in-year financial plan.

4.3   Also at their May 2024 meeting, members considered the approach taken to confirm the opening 2024/25 revenue budgets to budget holders, noting also the Grip & Control

information provided to managers and the information provided with regards to a minimum 3% savings being achieved. There has been discussion throughout the year on the proposed allocation of NRAC monies (£7.2m), with the Committee considering options at their September and November 2024 meetings. Assessment of areas where enabling finance could be provided to commence some aspects of transformation were also considered. The proposal detailed those areas where the assessment is that NRAC allocation was deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing a number of cost reduction enabling investments. A prioritised higher level of non-recurring support to some areas (to be revisited as part of the 2025/26 financial planning process) has been approved, which facilitates greater flexibility in the utilisation of part of this funding in 2025/26.

4.4   In response to the challenging financial outlook in the reporting year, the Board has responded with a new 'Re-form, Transform, Perform' (RTP) Framework, initially approved by the Board in March 2024. The framework was established to support delivery of the Board's savings plans at pace and includes a performance framework to report progress against the outcomes of each scheme and savings made. The Board's Population Health & Wellbeing Strategy remains the foundation of strategic intent and priorities for NHS Fife through to 2028, whilst the RTP serves as a tactical plan to support delivery of these strategic aims, supported by our annual planning mechanisms. The Framework sets out the intention to implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future for NHS Fife, whilst meeting our statutory responsibility to contain spend within our allocated resources. Delivering Value and Sustainability is one of the Board's strategic priorities and our financial improvement plan is being supported by RTP, working collaboratively across the system. The framework is also in support of direction from Scottish Government on reforming services and the way the NHS works, as detailed in a briefing paper to the July 2024 Committee meeting.

4.5   As highlighted in the first of a regular performance report to the Committee in May 2024, RTP prioritised four primary workstreams: Medicines; Service Design and Delivery; Infrastructure; and Workforce, each under Executive leadership. These workstreams are designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress and effective monitoring, all under Executive oversight to align with strategic goals. Combined, these activities seek to deliver the required level of financial savings, to move towards delivery of a sustainable and recurring balanced financial position, whilst fostering new and innovative ways of addressing the healthcare challenges facing our local population.

4.6   Regular, stand-alone reporting on progress with delivery of the RTP schemes has received regular scrutiny at the Committee. In September 2024, members reviewed further detail on delivery actions for the individual schemes, with a separate report on the Infrastructure & Change workstream, highlighting options appraisal work ongoing with the estates portfolio and initial bed modelling data. A further briefing on the clinical and financial implications of the bed modelling work was considered by members at the November 2024 meeting, noting the benefit of the tool in informing plans for future capacity changes across the local health and social care system. Various scenarios have been modelled, suggesting a range of opportunities to reduce the required bed base from the current baseline, while acknowledging and informing plans for future change in local demographics and clinical requirements. Members have welcomed the development of the tool, noting its planned finalisation by year end and usage in planning from 2025/26 onwards. In March 2025, the Financial Performance report provided confidence that planned savings target of £25m would be achieved, with £17m on a recurring basis, and members commended the significant work undertaken by staff in achieving this level of savings.

4.7   The three-year Medium-Term Financial Plan for 2025/28, and the high level assumptions within, was scrutinised in March 2025, prior to approval by the Board, with the Committee

3

noting that the financial challenge over the next three years remains significant, requiring a focused whole system response to achieve financial sustainability. Brokerage will no longer be available in 2025/26 and historic outstanding brokerage is required to be re-paid when NHS Fife returns to financial balance. The Plan accounts for late notification of sustainability allocations for 2025/26, which include a £17.08m allocation on a non-recurring basis and £4.78m allocation on a recurring basis. Members were advised of a forecast funding gap before savings for 2025/26 of £37.782m. £28.573m of savings have been identified, leaving a residual funding gap of £9.209m in 2025/26. The Committee endorsed the Medium-Term Financial Plan for Board approval, noting that further discussion with Scottish Government would continue on the achievability of the targets within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, where the financial plan has been considered and then formally approved.

4.8   The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy and RTP Portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission. Feedback from Scottish Government was then considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about full delivery of all actions due to the continuing challenging financial situation. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those actions that had fallen behind schedule or were not expected to be delivered. Assurance was taken from the fact that outstanding actions would be carried forward, with appropriate reflection in the Committee's performance and risk reports. In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A number of actions under the auspices of the Committee were, however, being reported as unlikely to be completed or meet target during the year, including completion of delivery of a new Laboratory Management system and full rollout of the business transformation programme and associated impact. The Quarter 2 update was considered at the November 2024 meeting, noting that of the 60 deliverables relevant to the FP&R Committee listed under the 'Deliver Value and Sustainability' strategic priority, 12 were at risk and 6 are unlikely to be delivered in this reporting year. Members focused on progress with the business transformation workstream, noting that a number of bridging actions (such as a recruitment pause within administrative job families) had been put in place to improve the position. Further discussion took place at the November 2024 Board meeting, following escalation of the issue from the Staff Governance Committee. In March 2025, members noted an updated position, with 14 deliverables now at risk and 3 unlikely to be delivered, and thus a moderate level of assurance could be taken from the update.

4.9   The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities, in addition to the current Re-form, Transform, Perform portfolio programme. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective, with FP&R noting especially the three objectives related to improving value for money and sustainability. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval. New Corporate Objectives for 2025/26 are due to be adopted by the Board for the start of the financial year.

4

4.10   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 (related to financial reporting and waiting times targets). Linkages to the Annual Delivery Plan trajectories have also been included. The enduring impact of the Covid pandemic on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, efforts to tackle the resultant backlog from the pausing of services during the height of the pandemic remains an area of focus for the Committee.

4.11   In addition to the reporting within the IPQR, a separate Financial Performance & Sustainability Report has been produced, to allow for detailed scrutiny on the monthly financial position throughout the year. This report was considered in detail at each committee meeting.

4.12   The Committee has considered an update (in May 2024) on the status of General Policies & Procedures, noting that ongoing efforts to improve the follow-up processes (including regular parallel reporting and escalation to EDG for persistently outstanding reviews) have resulted in an improved position. Dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and tackle a historic backlog of reviews. This led the Committee to agree to an annual (rather than bi-annual report) being submitted going forward. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review.

4.13   At the Committee's May 2024 meeting, an update was given in relation to the delivery of Hospital Electronic Prescribing & Medicines Administration (HEPMA), including Pharmacy Stock Control and Integrated Discharge Letter, outlining progress to date and next steps for Fife. It was reported that NHS Fife has been working with the suppliers to validate timelines, to ensure compliance to contractual milestones and delivery dates are achieved as soon as possible. Detail on the establishment of the HEPMA Implementation Group (HIG) was highlighted, with representation thereon for all key areas of NHS Fife and linkage into the HEPMA Programme Board. This group has been actively involved in the planning and design of the product, to ensure NHS Fife maximises utilisation for the benefit of the organisation, staff and patients. Members considered a further update at the September 2024 meeting. Noting that HEPMA has been renamed to Digital Medicines Programme, to better reflect the three distinct areas of HEPMA, pharmacy stock control and electronic discharge documentation, supplier and delivery issues were highlighted to the Committee. Risk mitigation was also detailed. An overview was provided on progress for each of the three areas and the associated risks, in terms of running a legacy system for a period of time whilst the Board transitioned to the new software, was discussed.

4.14   Regular reports on the work of the Fife Capital Investment Group have been considered at Committee meetings, with the updates detailing the anticipated allocations in addition to core funding. These largely relate to several Digital & Information Projects, including HEPMA, Laboratory Information Management System replacement and other ongoing projects.

4.15   Related to the PFI estate, the annual Public Private Partnership Monitoring Report for 2023/24, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2024, with members also gaining assurance from the positive content detailed therein, including detail on the debt refinancing undertaken during the reporting year Members welcomed confirmation that all contractual obligations have been delivered appropriately throughout the year, with no issues to highlight. Also in reference to Phase 3 of the Victoria, an update on progress in delivering Project Hydra (involving the replacement of Medium Temperature Hot Water pipes at the site) was given to

5

members in September 2024, noting that the work was progressing well and with little or no impact on clinical services in the vicinity of the works.

4.16 Members reviewed refreshed Whole System Infrastructure Planning guidance for 2024/25 at its September 2024 meeting, with members noting this superseded the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report and an annual Property & Asset Management Strategy. The new planning guidance allows for the opportunity to aligned and fully embedded estates-related proposals as an integral part of the organisational Population Health & Wellbeing Strategy, describing how the NHS Fife estate will help deliver and support strategic ambitions. This provides the strategic context in which to develop the estates infrastructure. This Programme Initial Agreement, which is to set out a deliverable whole-system service and infrastructure plan for the next 20 to 30 years, is due for submission is January 2026. Meantime, and in recognition of the scale of the task, Scottish Government have asked for an interim Business Continuity investment plan focussing on the "do minimum" option, for submission by January 2025. Members had initial discussions on areas of priority and issues with backlog maintenance across the estate. In January 2025, the Committee considered the draft Business Continuity & Essential Investment Infrastructure Plan, noting its initial progress through the Fife Capital Investment Group and the Executive Directors' Group. The Plan detailed priorities for a spend of c.£10.4m per annum, in areas such as backlog maintenance, medical and digital equipment, enabling demolition works at sites such as Stratheden and Cameron, and a number of small projects to refurbish / improve existing clinical areas. The Committee endorsed the plan for subsequent Board approval and onward submission to Scottish Government.

4.17 Within the Board's Population Health & Wellbeing Strategy, detailed plans are described on how the Board expects to meet the challenge to reduce our carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine or the Board's sites have been created, with a further three in progress at the time of writing. In addition, decarbonisation scheme funding has been secured to complete a number of projects. In March 2025, members considered a briefing detailing progress in decarbonising the NHS Fife fleet of small and light commercial vehicles, in advance of a mandatory deadline for full compliance by December 2025. Good progress was reported, with 79% compliance reported at end of November 2024. Members welcomed the strong direction of travel, noting the plans in place to meet 100% compliance over the remainder of the year. Related funding to increase the number of charging points across the NHS estate was also welcomed.

4.18 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In September 2024, a report on the tender process for two 2C Board-managed GP practices in Fife was considered by members. The external procurement process was detailed and discussions with the Staff Governance Committee on the staff-related aspects summarised. In January 2025, the Committee was pleased to endorse the award of the contract to the successful bidder, taking assurance from the procurement process undertaken and the scoring of the successful tender bid.

4.19 In September 2024, the Committee took assurance from a detailed briefing on delivery of Year 1 of the Primary Care Strategy, welcoming the significant work that has been progressed. An update on premises improvement work underway in Primary Care was discussed, noting that government financial constraints have put on hold investment in new premises in Kincardine and Lochgelly, though some smaller refurbishment works have progressed. In November 2024, the Committee considered recovery process actions to progress a backlog of applications of new pharmacy contracts across Fife, noting linkages to the Public Health & Wellbeing Committee's overall discussions on adequate provision of primary care services.

6

Members welcomed the progress made in reducing the number of live applications. In July 2024, members considered the contract renewal for the Urgent Care Transport Services within Fife, and endorsed the proposal to the Board for formal approval.

4.20 At its May 2024 meeting, the Committee received an update on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. An appeal against the Board's earlier refusal of the application subsequently concluded in favour of the charity body, overruling the Board's previous decision, as described in a briefing to the Committee in May 2023. The formal negotiations for a lease of the requested land has taken place over 2024/25, with regular update reporting to the Committee. In November 2024, members considered a progress update, noting ongoing discussions with Lucky Ewe regarding access, infection control mitigations, service (gas, electricity etc.) provision and any implications to NHS services provided at the site.

4.21 The Committee receives a quarterly report on the twelve Key Performance Indicators for the Procurement service, agreed as part of the extant Procurement Strategy, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. As of 31 March 2024, the overall validated procurement saving for 2023/24 for Health Board retained spend was £807k, comprising £667k for direct cash-releasing cost savings and £140k for cost avoidance. It was noted that these savings were offset by the significant cost pressures being experienced as a direct result of the impact of the higher inflation rate across the marketplace. As of 31 March 2024, the cost pressure was -£559k, resulting in a net cost saving of £248k. This is an improvement on the final net position last financial year of £49k. Performance against all twelve KPIs is reviewed in detail by the Procurement Governance Board and the general trend across the reporting year confirms the majority, if not all, KPIs present in a positive and consistent position. At March 2025 Committee, efficiency savings to December 2024 (Quarter 3) were reported totalling £0.793m, comprised of £0.624m cash releasing savings and £0.169m of cost avoidance savings across the NHS Fife health and care system.

4.22 In-Year monitoring of Procurement performance is undertaken by the Procurement Governance Board, and work is ongoing to review all opportunities to deliver a financial cost reduction in our procurement spend. A further update on the new Procurement Strategy for 2024 to 2029 was discussed in September 2024, with members taking a significant level from assurance from the priorities reported. Members have also taken account of the Annual Procurement Report for 2023, considered at the Committee's same meeting, taking significant assurance from enhanced capability within the team overall, delivering a significantly improved position on procurement activity compared to the previous year. In March 2025, the Committee considered a report on the service's self-assessment exercise for the Procurement & Commercial Improvement Programme, with NHS Fife being rated as advanced for 8 of the 11 measures, with 2 ranked as good and 1 as improving. Members were able to take moderate assurance from the report, noting the conclusions of the exercise.

4.23 After initial consideration by the Board's Audit & Risk Committee, at their meeting in July 2024, the Committee considered the findings of the Annual Internal Audit report, with particular reference to the section on Financial Governance matters and the national challenges across NHS Scotland Boards in deliverability of financial and performance targets. Progress and improvements in the Board's internal governance processes were welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care, corporate governance and management of risk. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including coverage of financial sustainability, and sought to provide early warning of any issues that might impact

7

the Board's governance statement and would need to be addressed by year-end. The financial challenges facing NHS Scotland overall were fully highlighted within the report, as were ongoing challenges in managing the Integrated Joint Board's overspend position and possible slippages in their recovery plan.

4.24 In November 2024, the Committee received the annual report on the Laboratories Managed Service Contract, focused on performance, noting that 13 out of 16 key performance areas have been met in the reporting year, which have been carefully scrutinised via the regular operational governance and financial monitoring in place.

4.25 The Finance, Performance & Resources Committee is the standing governance committee that has oversight of the Board's performance in delivering any Directions formally issued by the Fife Integration Joint Board (IJB). In September 2024, discussion took place on the Direction issued by the IJB to NHS Fife to transfer £4.1m to Fife Council for social care services, with subsequent agreement to work jointly with Council colleagues on the totality of the financial challenge shared between the Board and the local authority.

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

5 Best Value

5.1 The RTP Programme in operation for 2024/25 builds 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 2024/25 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.

5.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2024/25.

6 Risk Management

6.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Corporate Risk Register covering the seven delegated risks to the Committee in the areas of: Delivery of a Balanced In-Year Financial Position; Delivery of Recurring Financial Balance over the Medium-Term; Prioritisation & Management of Capital Funding; Whole System Capacity; Access to Outpatient, Diagnostic and Treatment Services; and Cancer Waiting Times Progress, and appropriate actions were noted. The creation of a new risk in this area of Capital Funding - Service Sustainability was approved by the Executive Directors' Group in May 2024 and, as detailed at the July 2024 meeting, this has now been included on the Corporate Risk Register, aligned to Finance, Performance & Resources Committee. Some changes to the risk descriptors and mitigating actions have been agreed during the year, to reflect reference to RTP savings proposals. The finance-related risks have been refreshed,

8

with new descriptions to redefine the risks and to highlight mitigating actions. Six risks remained rated as 'high' throughout the year, with no in-year movement. One (Prioritisation & Management of Capital Funding) has remained rated as moderate. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time. The Board has reassessed its risk appetite as a whole during sessions in April and November 2024, and this is reflected in ongoing updates to the individual risk metrics from January 2025 onwards.

6.2   In addition to the summary presentation of the aligned risks at all meetings during the reporting year, members have received deep-dive information on their assigned risks. In July 2024, an update was given on discussions regarding the Whole System Capacity risk and consideration as to whether it should transition to an issue, as per business as usual practice when a risk is enduring. Members were also updated about a similar review of the Optimal Clinical Outcomes risk being undertaken with the input of the Clinical Governance Committee. Further discussion has been undertaken on what capacity-related risks will replace this.

6.3   In July 2024, further detail on the Scheduled Care Plan for 2024/25 sought to give members assurance that there were a range of activities underway to address diagnostic waiting times, given the ongoing risk in this area. In July 2024, the Committee noted that the risk levels both for capacity and access to outpatient diagnostic and treatment services had been raised from moderate to high, to reflect ongoing pressures in demand. Receipt of additional funding to increase capacity for supporting Diagnostics, Cancer Waiting Times and increased capacity in National Treatment Centres has been welcomed. Key priorities were explained, including work to address long waits; protecting diagnostic capacity, to support urgent suspicion of cancer referrals; and productive opportunities to transform services, utilising waiting list monies to address activity targets across Outpatients, Inpatient and Day Case procedures and working with the Centre for Sustainable Delivery to maximise the use of local capacity. Relationship with the Re-form, Transform, Perform workstreams was also considered. Nevertheless, the risk of not being able to deliver the full waiting times activity remained high at the time of reporting, and members carefully scrutinised the reasons for that. In September 2024, the Committee considered a comprehensive report on the Integrated Planned Care Programme, noting the achievements delivered to improve pathways and ensure our capacity is being fully utilised, taking a significant level of assurance from the work described.

7   Self-Assessment

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

8.   Conclusion

8.1   As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.

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

Signed: *Alistair L. Morris*   Date: 16 April 2025

Alistair Morris, Chair
On behalf of the Finance, Performance & Resources Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

FINANCE, PERFORMANCE & RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2024/25

	07.05.24	16.07.24	10.09.24	12.11.24	14.01.25	11.03.25
Members						
A Morris, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓	✓
J Bennett, Non-Executive Member		✓ Observing	✓	✓	✓	✓
S Braiden, Non-Executive Member	✓	✓	✓	✓	✓	✓
A Grant, Non-Executive Member	✓	X	✓	✓	✓	✓
J Kemp, Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie, Area Clinical Forum Representative	✓	✓	✓	X	✓	
Cllr M Lockhart, Local Authority Member					X	✓
M McGurk, Director of Finance & Strategy (Exec Lead)	✓	✓	✓	✓	✓	✓
C McKenna, Medical Director	✓	✓	X	✓	✓	✓
J Keenan, Director of Nursing	X	X	✓	✓	✓	✓
L Parsons, Non-Executive Stakeholder Member	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	X	✓	✓	✓	✓
J Tomlinson, Director of Public Health	X	✓	X	✓	✓	✓
In attendance						
J Anderson, Interim General Manager of Women, Children & Clinical Services		✓ item 6.5				
Lynn Barker, Director of Nursing HSCP	✓ deputising					
K Booth, Head of Financial Services & Procurement				✓ item 8.5		
N Connor, Director of H&SC	✓	X				
L Cooper, Head of Primary & Preventative Care Services			✓ deputising			
C Dobson, Director of Acute Services	✓	X	✓	✓		✓
S Dunsmuir, Incoming Director of Finance						✓ observing
F Forrest, Acting Director of Pharmacy & Medicine	✓	✓	✓	✓	✓	✓
S Fraser, Associate Director of Planning & Performance	✓ item 6.4	✓ items 6.2 & 6.3	✓ item 7.1	X		✓ Item 7.1
L Garvey, Director of Health & Social Care				✓	✓	✓

11

	07.05.24	16.07.24	10.09.24	12.11.24	14.01.25	11.03.25
Members						
A Graham, Director of Digital & Information		✓	✓	✓	✓	
B Hannan, Director of Planning & Transformation	✓	✓	✓	✓	✓	✓
B Johnston, Head of Capital Planning & Project Director			✓		✓ item 7.1	
J Jones, Associate Director of Culture, Development & Wellbeing	✓ observing					
P Kilpatrick, Board Chair		✓ observing	✓	✓		
P Lee, Head of Procurement						✓ items 8.3 & 8.4
J Lyall, Chief Internal Auditor		✓ item 5.1			✓ item 6.2	
G MacIntosh, Head of Corporate Governance & Board Secretary	X	✓	✓	✓	✓	✓
N McCormick, Director of Property & Asset Management	✓	✓	✓	✓	✓	✓
F McKay, Interim Director of Health & Social Care		✓ deputising	X			
M Michie, Deputy Director of Finance	✓	✓	✓	X	✓	✓
B Morgan, Emergency Care General Manager					✓	
E O'Keefe, Consultant in Dental Health	✓ deputising					
H Thomson, Board Committee Support Officer	✓ item 5.3					
J Torrance, Head of Complex & Critical Care			✓ item 8.1			
M Watts, Surgical Directorate General Manager		✓ deputising				

12

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 Whole System Infrastructure Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **STAFF GOVERNANCE COMMITTEE** **BOARD**	Annual Annual Annual Bi-annual Bi-monthly	Annual Delivery Plan Financial Plan Workforce Plan Whole System Infrastructure Plan Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Annual Delivery Plan Minutes of Committees Integrated Performance & Quality Report

13

GOVERNANCE AND ACCOUNTABILITY

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	**BOARD** **COMMITTEES**	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.	**BOARD** **COMMITTEES**	Ongoing	SBAR reports EQIA section on all reports

14

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

15

USE OF RESOURCES

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	**BOARD** **FINANCE, PERFORMANCE & RESOURCES COMMITTEE**	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	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **BOARD**	Annual Bi-monthly Ongoing	Financial Plan Integrated Performance & Quality Report Financial overview presentations

16

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Delivery Plan Integrated Performance & Quality Report	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**	Bi-monthly	Integrated Performance & Quality Report Grip & Control 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	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**	Reviewed annually	Code of Corporate Governance Financial Operating Procedures Procurement Quarterly and Annual Reports
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan Integrated Performance & Quality Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report

17

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	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**	Bi-annual Ongoing Bi-monthly Monthly	Whole System Infrastructure Plan Report on asset disposals Integrated Performance & Quality Report Minutes of NHS Fife Capital Investment Group

18

PERFORMANCE MANAGEMENT

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

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

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

19

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

20

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

21

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:
- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

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

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

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

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

23

CROSS-CUTTING THEME – EQUALITY

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	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.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on all reports
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	Development of new Strategy EQIA section on reports

24

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.	**BOARD** **COMMITTEES**	Ongoing	EQIA section on reports

25

**ANNUAL STATEMENT OF ASSURANCE FOR THE
PUBLIC HEALTH & WELLBEING COMMITTEE 2024/25**

1.   Purpose

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

2.   Membership

2.1   During the financial year to 31 March 2025, membership of the Public Health & Wellbeing Committee comprised: -

John Kemp	Committee Chair (from July 2024) / Non-Executive Member
Pat Kilpatrick	Committee Chair (to July 2024) / Board Chair
Jo Bennett	Non-Executive Member (from September 2024)
Alistair Morris	Non-Executive Member
Arlene Wood	Non-Executive Member
Lynne Parsons	Employee Director
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

2.2   The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Communications & Engagement, Director of Health & Social Care, Director of Pharmacy & Medicines, Director of Property & Asset Management, Director of Reform & Transformation, 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.

2.3   The Committee has consciously encouraged attendance and contribution into agenda items from a number of staff, to widen staff insight into the work of the Committee and also to ensure that the Committee is seen to welcome input from a broad range of contributors.

3.   Meetings

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

- 13 May 2024
- 1 July 2024
- 9 September 2024
- 18 October 2024 (Development Session)
- 11 November 2024
- 13 January 2025
- 3 March 2025

1

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   The Public Health & Wellbeing Committee was established by the Board in October 2021 and the areas of focus of the group's remit and annual workplan has now matured, ensuring the Committee is making appropriate impact and exercising scrutiny across a range of measures and services aligned to the Board's public health responsibilities, inequalities work and preventative strategies, as detailed in this report.

4.2   The Committee has the lead responsibility for review of activity linked to the Board's Population Health & Wellbeing Strategy, approved in March 2023. The Committee has had earlier input to plans created to help capture public, staff and partner feedback on strategy content, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services. The importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the delivery of the organisational strategy remains a focus, as members' roles have changed from development of strategic priorities to scrutinising the progress of implementation. In May 2024, the Committee considered the first annual report detailing the work taken forward in the first year of the implementation of the strategy. Building on the mid-year report reviewed by members in January 2024, the annual report included a summary of key metrics that have been monitored, benchmarking local performance against national indicators, and a progress update against the key actions outlined in the strategy. Updates have been structured around the 'what we will do' statements outlined in the strategy, as aligned to the four overall strategic priorities. Two case studies have been included, which show how services are being redesigned in practice. The first described the impact of the Rapid Cancer Diagnostic Service in enhancing patient pathways. The second outlined how admissions to hospital for the frailest patients have been reduced through collaborative working across the admissions team and the Hospital at Home Service. Members suggested a number of enhancements to the draft report, before it was endorsed for subsequent Board approval. An additional mid-year update was considered in November 2024, where examples of service improvement were celebrated by members. A moderate level of assurance was taken from the impact thus far of the strategy described in the report, noting the challenges in measuring outcomes in a way that is consistent with other performance reporting at the Committee and the Board.

4.3   Also in May 2024, members considered a draft Public Participation & Community Engagement Strategy 2024/28, outlining the Board's strategic approach to engagement in line with the ambitions within the Population Health & Wellbeing Strategy. Agreeing with the principles of the initial draft, members agreed that further work was required to enhance operational and delivery detail, particularly to make the document more specific to the Health Board's area and to recognise the priorities of a range of community-focused services and Fife Health & Social Care Partnership's ambitions. An amended document has subsequently secured Board approval.

4.4   Related to the Committee's specific role in supporting the Board's strategy implementation, the Committee has also received updates (in May and November 2024) on the Board's progress in developing its Anchor Institution ambitions (this supporting strategy has a lifespan in line with the organisational strategy). After approval of the Anchor Strategic Plan in early 2024, further guidance has been received from Scottish Government in relation to the metrics to be used to establish a baseline for all Heath Boards to measure their progress in implementing the plans. Baseline metrics covering the areas of Workforce, Procurement and environmental sustainability were considered by the Committee in May 2024, with the report detailing narrative on all three areas and work therein by the Anchor Operational Group. The Anchor Operational Group has started making links to bring in corporate and civic dimensions, such as volunteering and enhancing links with veterans' charities and organisations. In November 2024, members heard of the positive feedback from Scottish Government on progress in Fife, after a benchmarking exercise had been carried out. Work to enhance activities around the area of employability, following the feedback, were in the

2

process of being progressed, building on the early experience of young people who had undertaken the EMERGE placements with NHS Fife. In March 2025, the Committee considered a report on performance against the key Anchor metrics, with detail on a number of successful initiatives undertaken by colleagues in recruitment / employability, procurement and estates, evidencing a number of new working relationships with local partners, communities and stakeholders. Opportunities for future work with the Private sector has been highlighted, and members took a moderate level of assurance from report, noting the positive improvement for the majority of the indicators.

4.5   The Board's Re-form, Transform, Perform (RTP) portfolio of work introduced in 2024/25 aims to make the changes needed to maintain patient safety and quality of care, in line with the Board's values, whilst managing the current financial challenges. In May 2024, the Committee received an update on the 13 planned schemes and the measures in place to ensure that due cognisance has been taken of the need to address inequalities and ensure public health measures are protected. The framework is also in support of a direction from Scottish Government on reforming services and the way the NHS works, as detailed further in a briefing paper to the July 2024 Committee meeting.

4.6   The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities, in addition to the current Re-form, Transform, Perform portfolio programme. Each Board Committee has had a role in reviewing the objective from their own specific perspective, though challenges in linking the 'Improve Health & Wellbeing' high-level corporate objectives to the Committee's areas of focus were highlighted. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

4.7   Members have also discussed the Board's role in addressing the global Climate Emergency and ensuring that sustainability is at the forefront of NHS Fife's future activities, particularly those related to our estate and physical assets. In November 2024, an update report on sustainability and Greenspace activities was considered by members, noting that two new Sustainability Officer roles had recently been created to ensure pace of delivery. Work has moved to identifying areas of collaboration across teams, to identify wider challenges and opportunities in the sustainability agenda outwith the core Estates portfolio. Funding challenges around decarbonisation have impacted progress, which remains an area of importance going forward. The presentation to members of the Annual Climate Emergency & Sustainability Report 2023/24, discussed at the Committee's January 2025 meeting, highlighted key data around reduction in usage of polluting gases and energy. Members noted the work underway to reduce greenhouse gas emissions, waste and building energy use, with challenges ahead in meeting the more challenging targets coming into force in 2030.

4.8   The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's Population Health & Wellbeing Strategy and Re-form, Transform, Perform portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission, noting the importance of linkages to local strategic priorities. Feedback from Scottish Government was considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about delivery of all actions due to the continuing challenging financial situation. National pressures overall on Child & Adolescent Mental Health services were also highlighted, including work with schools and third-sector partners to offer support to those on the lower levels of the waiting lists. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those prevention and early intervention actions that had fallen behind

3

schedule or were not expected to be delivered. Moderate assurance was taken from the fact that outstanding actions would be carried forward, with appropriate ongoing reflection in the Committee's performance and risk reports. In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A performance report on the delivery of the various Quarter 1 improvement actions was considered at the Committee's September meeting. Of the eight actions marked as red (unlikely to complete on time or to meet the intended target), one fell within the remit of the Public Health & Wellbeing Committee. This was related to increasing local capacity for providing in-hours routine and urgent dental care. The Quarter 2 update was considered at the November 2024 meeting, noting that seven actions had fallen behind their target delivery at the point of reporting, but the Committee took assurance from the fact that risks from non-delivery of these programmes of work would be captured in local risk registers and escalated to the Committee as appropriate. At the point of reporting, challenges were being experienced with releasing nursing capacity to encourage uptake of vaccinations. Capacity issues in general dental services, and difficulties in progressing the children's speech, language and communications development plan, were discussed by members. The challenges in prioritising the large number of deliverables within the ADP was also recognised, noting the linkages to triangulating this report with other performance reporting metrics. The Quarter 3 report received scrutiny at the Committee's March 2025 meeting, with a number of suggestions made to aid clarity around the measurement of deliverables as the next year's plan was in the process of being finalised.

4.9   In July 2024, members considered briefing updates in relation to community planning, setting out progress in delivery of the ten-year Plan for Fife (the life cycle of which covers 2017 to 2027). Building on the last review undertaken in 2021, the latest review has focused on the three priorities of economic recovery, tackling poverty and addressing the climate emergency. There has also been consideration given to exploring further how to embed an approach to health equity through adoption of the Marmot Place principles, which has been supported across partners. At the same meeting, members also reviewed the Food4Fife Strategy and Action Plan 2024/29, which is a complementary strategy to the Plan For Fife and also highlights the benefit of collaborative working. In response to the Good Food Nation (Scotland) Act 2022, there has been a requirement for public bodies to create plans to address food poverty. The Food4Fife Strategy addresses this requirement and members were pleased to take significant assurance from the work done to create the strategy, noting that delivery will be followed up via a separate implementation plan.

4.10   In July 2024, the Committee took a significant level of assurance from the Fife Suicide Prevention Action Plan, in support of the national strategy 'Creating Hope Together'. Oversight of the plan's implementation will be undertaken as part of the Mental Health Strategy delivery assessment process, on a whole-system basis. Noting the efforts of the Health Promotion Team, who have led on this work locally, members recognised the importance of the plan and the need to ensure successful completion of the actions within. Members also noted the intention to ensure the suicide prevention workstream will continue to be strategically located within the new Mental Health strategy, as part of Prevention and Early Intervention workstreams and the requirement to deliver a local 30-point action plan to meet the national suicide prevention strategic requirements.

4.11   In November 2024, the Committee took assurance from a briefing outlining the delivery activities of 'The Promise' national strategy. The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland, advising what organisations such as Health Boards need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now - or have been - looked after at some point in their lives. A comprehensive overview of the work being delivered across NHS Fife and the Health & Social Care Partnership was detailed, giving members a moderate level of assurance around Fife's compliance with the nationally-led work. The Committee were advised it is anticipated an updated progress framework will be published by Scottish Government in future. Further

4

enhancements are needed with regards to strengthening the governance and assurance processes across the wider NHS Fife / Fife Integration Joint Board reporting structures for this area, to improve regular reporting and escalations, hence the moderate assurance level agreed by members.

4.12   In May 2024, members considered the Fife Alcohol & Drug Partnership Strategy 2024/27, which has been developed by colleagues in Fife Health & Social Care Partnership. The Committee noted that the redevelopment of the Alcohol & Drug Partnership Strategy is aligned to other local strategies, including the Health & Social Care Strategic Plan, NHS Fife's Population Health & Wellbeing Strategy and The Plan for Fife. An overview of priorities was considered by the Committee. Future reporting to the Committee will focus on delivery progress against targets. Also in May 2024, a complementary report was considered on progress made in implementing the Medication Assisted Training (MAT) Standards. These cover areas such as same-day prescribing, medication choice, harm reduction and psychological interventions, and a trauma-informed approach, with improvements seen across all these targets. As such, the Committee was able to take assurance on the delivery impact of these as part of the Alcohol & Drug Partnership's strategic aims. In September 2024, a further update was given to members, covering the annual report of the service and a survey detailing activity progressed against national priorities. In January 2025, a further update on the delivery progress with the Alcohol & Drug Partnership Strategy 2024/25 and compliance with the MAT Standards, was considered, with discussion focusing on the broader linkages to work to address health inequalities and what further actions can be taken to tackle deprivation and poverty through Anchor Institution activities. These updates, in addition to a Board members' visit to meet staff and clients of Addiction Services in February 2025, have helped inform members about the important work being undertaken in this area and the significance to improving population health.

4.13   In September 2024, the annual report and action plan of the Tackling Poverty and Preventing Crisis Board was tabled. This report incorporates the legal requirement to report on Child Poverty on an annual basis. The Tackling Poverty and Preventing Crisis Board leads and manages the delivery of the actions within Plan For Fife that address tackling poverty and it is part of Fife Partnership. The report presented all the activities taking place across Fife in relation to reducing poverty, which remains challenging due to external factors such as the ongoing cost of living crisis. Members took a moderate level of assurance from the activities described therein, recognising that 23.6% of children in Fife are presently living in relative poverty, slightly above the national level of 21.3%, and that ongoing work and effort is required to continue to mitigate the impact on the health and wellbeing of young people in the Kingdom. In September 2024, the Committee received an update on the development of the Prevention & Early Intervention Strategy, which has been approved by the Fife Integration Joint Board in the reporting year. A comprehensive outline of the activities undertaken in development of the strategy, across all life stages, from pre-conception / pregnancy to older adults, was discussed with members, in addition to the conclusions of 'discovery and design' engagement with communities and stakeholders. As one of the nine key enabling strategies of the Health & Social Care Partnership, the criticality of the strategic ambitions within to the Board's own Population Health & Wellbeing Strategy has been recognised by the Committee. Members welcomed the reach of the document, noting the high-level delivery plan and the future annual reporting to the Committee on progress in implementing the various actions.

4.14   As one of the workstreams within the Population Health & Wellbeing Strategy, the Committee received an update on the End of Year Two activities of the High Risk Pain Medicines Patient Safety Programme in September 2024, taking a high level of assurance from the work undertaken since 2022 to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. When the programme commenced, NHS Fife had higher rates of prescribing of these medicines compared to other health boards, as measured by National Therapeutic Indicators, as well as a higher-than-average involvement of prescribed medicines in drug-related deaths. A successful conclusion to the programme was reported, noting that the initiative has completed a year ahead of schedule, with the bulk of activity now transitioning to business-as-usual operations with regular

5

monitoring via a new Patient Safety Group, to manage the ongoing operational risk in this area. Years 1 and 2 of the programme were delivered on time and within budget, with early programme benefits recognised. Members commended the achievements of the dedicated programme, noting that work will continue to ensure prescribing of these medicines in Fife meets the national average baseline.

4.15   The Committee received a number of detailed updates on Child & Adolescent Mental Health Services (CAMHS) performance (particularly focused on addressing a backlog of demand and longest waits, impacted by various recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered both in the format of regular IPQR reviews and in discussion relating to specific papers. . In May 2024, update papers were considered for both services, noting the work underway to meet 18-week referral to treatment targets, actions to address those waiting the longest and mitigating factors, in addition to the PT indicators set out in the Annual Delivery Plan. Both services have seen improvements in performance throughout the year, and the Committee were appreciative of staff efforts to tackle the backlog of referrals. In November 2024, the Committee received a standalone update on the performance of both CAMHS and PT, to complement the routine IPQR data. For Psychological Therapies, as detailed in a paper to the Committee in January 2025, an Improvement Plan has been created, levering enhanced support from the Scottish Government's Mental Health Directorate (in place from August 2024). Regular monthly meetings, service re-modelling and the use of various national tools have been beneficial in improving performance indicators. Both the Waiting Times RTT and reduction in waits over 52 weeks have seen improvement, despite increasing demand for PT. The Committee noted the Psychology Service faces challenges in achieving sustained improvement and they discussed the impacts on capacity due to challenges in recruitment of staff. Members noted that the service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways and that plans for redesign are under consideration. The Committee took a limited level of assurance from the plan due to the stated recruitment challenges.

4.16   A comprehensive briefing on Dental Services and Oral Health Improvement work was given to members at the January 2025 meeting. Members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally, especially workforce capacity and access issues impacting dental services in Fife. The report covered the challenges resulting from reduced activity levels within independent dental practices, impacting on the workload of the public dental service, with the reduction in access also contributing to the high level of untreated decay in children within Fife. A number of such issues were highlighted, particularly in Primary Care general dental services, but the briefing provided a moderate level of assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

4.17   The Committee held a dedicated Development Session in October 2024, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. The subject of the October session was oral health improvement, providing both the national and local context and areas of success and challenge within dental services in Fife. Discussion focused on improving child health dental outcomes, outreach to marginalised groups, and challenges in managing demand for both the emergency and public dental services. This session picked up on common themes covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.18   A set of performance-related metrics specific to the Committee are published in the monthly Integrated Performance & Quality Report (IPQR), to allow for appropriate, regular scrutiny of these at each meeting. Enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes, to enhance

6

linkages between risk and performance. Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) sit within the Committee's remit. Since the Committee's establishment, work has been ongoing in identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the IPQR. These include areas such as immunisation (including child vaccination and seasonal vaccination performance), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting. There have been some challenges in the reporting of some metrics (such as smoking cessation), which have been impacted by a lag in the publication of national data. A lack of up-to-date information has been countered by standalone reporting, such as via annual reports on subjects such as smoking cessation and a deep-dive on performance in this area at the November 2024 meeting (the latter highlighting challenges in the prevalence of vaping in a non-cessation context, particularly amongst young people). In September 2024, members considered a stand-alone report on the further development of public health-related indicators for the IPQR, noting the challenges in the availability of up-to-date and timely data for some national screening metrics. Additional performance data on breast, bowel and AAA screening has been added during the reporting year (augmented by an annual public screening report in November 2024), with consideration as to the inclusion of cervical screening. A number of new mental health quality indicators, covering instances of ligature, self-harm and restraint, have been included in the IPQR, with regular scrutiny via the Clinical Governance Committee as part of the quality and safety aspects of their remit. The routes of reporting remain under review at the time of writing, as a wholescale evaluation of performance reporting to the Board is undertaken.

4.19   In November 2024, members reviewed the learning from the second-stage of a national investigation into the incorrect exclusion of some women from routine cervical screening in Scotland (background details of which are available in last year's report), with significant assurance taken from Fife's local response to the issues raised by this incident and the audit work completed, noting the fact that no harm to patients had been identified. Feedback has been provided to the national team from local boards on the investigation process and the Committee looks forward to sight of the national audit report in due course, following its anticipated publication later in 2025.

4.20   As Covid activity has transitioned into business-as-usual activities for the Board, performance tracking for immunisation continues to be reviewed via the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Members, however, did receive an update paper in May 2024 on the Spring Booster campaign, noting the information provided on plans to actively focus on health inequalities to address any barriers for individuals that might negatively affect uptake. In July 2024, members considered the Immunisation Annual Report 2024 and review of a refreshed Immunisation Strategic Framework for 2024/27, tacking account of workforce and funding pressures and activities to ensure strong levels of uptake amongst targeted groups. General 'Winter' performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan and IPQR targets, with the Committee taking assurance from that separate stream of performance reporting. In March 2025, members considered a briefing on the delivery of the Winter Covid / Flu vaccination programme, and members were pleased to take a significant level of assurance, reflecting the fact that vaccine uptake had exceeded the patient targets set by the Chief Medical Officer. However, staff uptake had declined, in common with the trend across Scotland and members supported the plan to undertake a lesson learned exercise to reflect on this aspect of the programme.

4.21   In January 2025, a briefing was received on Post Diagnostic Support for individuals diagnosed with dementia, outlining the 12-months of ongoing specialist provision made available to patients and their families. The enduring impact of suspending the service during the Covid pandemic has meant that waiting lists for the service have grown whilst the service remobilised to full capacity. There has also been learning that delivery of support via telephone or virtual means (such as Teams) is not suitable for all individuals. Noting the importance of support being offered to those affected by a dementia diagnosis, members

7

recognised the challenges in recruitment and resource within the mental health team to provide the two models of care. The Committee was able to take a moderate level of assurance from the utilisation of the available funding from the Scottish Government and the work continuing to reduce the waiting time for support.

4.22   In March 2025, the Committee received a report detailing progress in delivery of the Equality Outcomes Plan 2021/2025. Boards have a legal duty under the Equality Act to develop and publish equality outcomes at least every four years, with a progress report after two years, with reports being central to showing how NHS Fife is meeting its statutory duties. The Interim Equality Outcomes Plan 2025/29 set out the next phase of priorities for promoting equality and embedding inclusive practices across the organisation, building on previous learning, with a sharper focus on measurable actions and accountability. Members noted that these new equality outcomes have been aligned with key national priorities such as the Anti Racism Directive. An overview was provided on the outcomes. The Plan was deliberately interim to allow a review and refresh up to the Autumn to reflect any further learning considerations and members noted the final version would be submitted through the Public Health & Wellbeing and Staff Governance Committees and the Board in Autumn 2025.

4.23   The Committee has received updates in private session on both the ongoing Scottish and UK Covid Inquiries and the Crown investigation that is reviewing Covid-related deaths in care homes. The ask of Health Boards has been explained and assurance has been taken from the NHS Scotland approach and the support available to Boards from the Central Legal Office, whilst the preliminary inquiries have been underway. As detailed to the Committee's private session in September 2024, the Module One report of the UK Inquiry has been published, focussed on resilience and preparedness, and ten recommendations have been made. Health inequalities has been a key focus of the UK Covid Inquiry thus far, and it is anticipated this will continue to be a point of emphasis in the ongoing hearings. The opportunity for learning from each of the Inquiries' conclusions has been welcomed by the Committee, particularly in enhancing future pandemic planning and the new corporate-level risk in this area. A further update was considered by members in March 2025, noting the completion of hearings for Modules Three and Four of the UK Inquiry and preparations for the next round of hearings are underway. There still remains some uncertainty about the scope of information requests that might be made of the Board, and thus a moderate level of assurance was taken from the work to support the various inquiries thus far.

4.24   After initial consideration by the Board's Audit & Risk Committee, in July 2024 the Committee considered the findings of the annual Internal Audit report, with particular reference to the sections considering strategy development and implementation and the focus on public health measures. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around corporate governance and management of risk. Members were supportive of future reports containing a specific Public Health & Wellbeing Committee section, to bring this in line with the Board's other standing committees. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including planning and risk, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. Members welcomed the plan to undertake an audit in the forthcoming year of governance arrangements for population health and wellbeing and implementation of the organisational strategy.

4.25   During the year, the Committee has also received subject-specific reports on i) preparations for statutory compliance with the UN Convention on the Rights of the Child (Implementation) (Scotland) Act 2024; ii) the Director of Public Health's Annual Report 2024 (which was focused on the topics of healthy diet and physical activity); iii) Fife Child Protection Annual Report 2023/24; iv) Joint Health Protection Plan (with Fife Council); v) Immunisation Annual Report 2024 and review of a refreshed Immunisation Strategic Framework for 2024/27; vi) the Alcohol & Drugs Partnership Annual Report 2023/24; vii) Tackling Poverty & Preventing

8

Crisis Annual Report 2023/24; viii) Health Promoting Health Service Annual Report 2023/24; ix) Pharmaceutical Care Services Report 2023/24 (which summarises provision and gaps across Fife); x) Public Health Screening Programmes; xi) an update on the resilience activities undertaken during Storm Eowyn; xii) Fife Violence Against Women Partnership Annual Report 2023/24; and xiii) Sexual Health and Blood Borne Virus Update 2024. Members have welcomed the comprehensive detail provided in each and the various assurances provided therein.

4.26   At the Committee's meeting in May 2025, annual assurance statements from the Committee's sub-groups, the Public Health Assurance Committee and the Equality & Human Rights Steering Group, were considered by members, detailing the work undertaken by both bodies over the 2024/25 reporting period. Summaries of the risk-focused business of the Public Health Assurance Committee, related to resilience arrangements, pandemic planning, immunisation delivery, screening programmes and lessons learned from any incidents during the year, were outlined within the report, which gave assurance that the Committee had delivered on its remit during the year. The Assurance Committee has reviewed in depth sixteen risks, including three corporate risks, and has had detailed discussion on potential new risks, as part of their horizon-scanning work. In the reporting year, the group have had input to monitoring the public health elements of the Annual Delivery Plan and have received assurance reports from their own sub-groups (mainly related to screening activities), which has enabled deeper understanding of progress within these respective areas of responsibility. In relation to the Equality & Human Rights Steering Group, its statement likewise gave assurance that NHS Fife has complied with its legal and ethical obligations in regard to the promotion of equality and human rights throughout all aspects of healthcare service delivery. The Group's work in mainstreaming equality-related work, promoting workplace diversity and tackling discrimination, policy updates, supporting the establishment and development of staff networks, was detailed within the report, which also detailed highlights from the year. The Group will review in detail any learning from an ongoing employment tribunal that is underway at the time of writing, when it makes its recommendations later in the year. Members welcomed the information given in both reports, noting the assurance provided via the work being undertaken by each group.

4.27   In addition to the report above, in May 2024 members considered a paper outlining the equality and health inequalities impact of financial decisions, in support of the RTP programme of work. Recognising the importance that the Board considers the impact any proposed changes may have on Protected Characteristic groups and other vulnerable groups that may experience more negative impacts in terms of equality and health inequalities, the paper provided a detailed checklist for decision makers to ensure that equality matters are appropriately considered in any decision-making process, to complement the more formal Equality Impact Assessment (EQIA) that remains a legislative requirement for matters of policy and strategy.

4.28   In November 2024, an update paper on the East Region Health Protection Service was considered, noting the plans to move to a single-employer approach, with consideration being given for NHS Fife acting as the host board. The paper has also been considered at the Staff Governance Committee for consideration of the aspects relevant to their remit. Members discussed the impact upon service delivery, noting the importance of being able to respond to new variants and mutations of communicable diseases such as Covid. Further updates will follow, as the plans require a coordinated approach across the four participating Board areas. The proposal will be further developed before progressing towards formal NHS Board sign-off.

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

due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2025/26 was approved at the Committee's March 2025 meeting.

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2024/25.

6.   Risk Management

6.1   At each Committee meeting, members consider in detail the individual risks aligned to the Public Health & Wellbeing Committee, as presented in the Corporate Risk Register format. The four risks regularly scrutinised by the Committee relate to: the likelihood of the Board's organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to create sustainable, quality services. Two risks have remained rated as high throughout the year (those related to health inequalities and primary care services) and two rated as moderate (strategy implementation and climate sustainability). Two new risks have been formalised during the year, the first related to pandemic preparedness (scrutinised from November 2024 onwards) and the second to substance-related morbidity and mortality (to be introduced in 2025/26); the Committee has had input to the design and content of both. A third new risk, related to access to general dentistry services, has been suggested and, at the time of writing, work is currently underway on formulating its content.

6.2   Regular review of the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels, and deep dives have been undertaken for all the risks aligned to the Committee. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board. The Board has reassessed its risk appetite as a whole during sessions in April and November 2024, and this is reflected in ongoing updates to the individual risk metrics.

6.3   In relation to the Primary Care risk, in July 2024, members have discussed the broad issues that impact across all of Primary Care services including General Practice, Community Pharmacy, Dentistry and Optometry, relating to increased levels of demand and unmet need from the pandemic period, workforce and finance availability, and contractual issues specific to each speciality. Root causes that have increased the core risk are also related to broader issues such as overall health of the population and socioeconomic inequalities which are more marked in some localities. Combined, this has increased the risk rating from moderate to high. The Committee has nevertheless been able to take assurance from the current Primary Care Strategy and the related delivery plan, which receives operational scrutiny from the Primary Care Governance & Oversight Board. The Strategy provides a focus on recovery actions, aiming to improve the quality of primary care services and seeking to make primary care systems sustainable. Actions from Year One delivery of the Strategy are on track, as detailed further in the report considered by the Committee in September 2024. 60% of actions have been completed in Year One, with the remainder carried over to Year Two activities. Members have supported the creation of a Performance Framework, including quality indicators, to monitor the effective implementation of the strategy. Noting that pressures on

10

the availability of dentistry continue to impact in Fife, there has been consideration as to whether the Primary Care risk should be strengthened to reflect this or whether a new stand-alone risk is required. This is currently under consideration at the time of writing.

6.4   During the year, the Committee has undertaken review into the risks aligned to delivery of the Board's Population Health & Wellbeing Strategy, noting in July 2024 that, in light of the RTP programme of work, linkages to the delivery of the Strategy and its transformation work require to be reflected in the risk and the mitigating actions thereof. Members also noted the increased likelihood that workforce and financial challenges may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.

6.5   In relation to the risk on health and inequalities, members have been able to take a robust level of assurance on the management of this risk, noting the establishment of the Committee as part of this work and publication of the Board's Population Health & Wellbeing Strategy, Anchor Strategic Plan and related progress updates. In-year, the Committee has welcomed the approval by the Integration Joint Board of a new Prevention & Early Intervention Strategy, as detailed in a report to the Committee in September 2024. Work has also been underway to develop an Inclusion Health Network that will seek to provide a focal point for a range of partners, including the Third Sector, and the network will advocate for the resolution of issues faced by inclusion health groups such as those who are homeless. Funding has been confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. The approach will focus on support for families with children who have a potential disability or long-term condition, and, if successful, funding may continue into future years. Although Fife Partnership was unsuccessful in its application to be selected as one of three initial Marmot sites in Scotland (as reported to the Committee's November 2024 meeting), the commitment to address health inequalities remains strong and is a regular focus of the Committee's discussions. In January 2025, members considered an update on policies and actions underway to reduce the risk, noting the external factors outwith the Board's control that impact thereupon, and the need for articulation of risk appetite in this area to focus discussion on future opportunities.

6.6   A new risk on the subject of pandemic preparedness has been discussed at the Committee, with a deep dive undertaken on the key drivers at the September 2024 meeting. With oversight from the Executive Directors' Group and input from the Clinical Governance Committee, the risk has been developed in line with the approach recommended by the World Health Organisation, to ensure that all areas of threat are covered. As the Scottish and UK Covid Inquiries progress and their recommendations are published, the risk will be reviewed and updated accordingly, to reflect learning from the recent pandemic handling. The Committee first began scrutinising the risk from their November 2024 meeting, noting that further detail on mitigating actions will develop as this specific risk is established.

6.7   The development of a second new risk, to cover substance-related morbidity and mortality, has begun during the year, as described to the Committee's January 2025 meeting and subsequently supported by the Audit & Risk Committee and the Board. The risk reflects the fact that deaths by drug use in Fife have doubled from 36 deaths in 2009 to 73 in 2023. Following an earlier request from the Public Health & Wellbeing Committee, a 'deep dive' was assigned to a small team to ascertain the need for a specific NHS Fife risk with regards to deaths from problem substance use. The aim is to identify aspects of strategy, policy and delivery within the Board to aid the prevention of drug-related deaths and recommend actions that reduce the likelihood and consequence. The initial stage of framing the risk has begun, and further work will continue to complete the assessment of broader management actions in this area, prior to seeking Board approval in May 2025.

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 2025 meeting, and action points are being taken forward at both Committee and Board level in the year ahead.

8.   Conclusion

8.1   As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has considered its remit twice during the year, and has made enhancements to clarify areas of responsibility, particularly as regards delegated services. 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.

8.2   I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

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

Signed: *[signature]*   Date: 22 April 2025

John Kemp, Chair
On behalf of the Public Health & Wellbeing Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

Public Health & Wellbeing Committee Attendance Record
1 April 2024 to 31 March 2025

	13.05.24	01.07.24	09.09.24	11.11.24	13.01.25	03.03.25
Members						
J Kemp, Non-Executive Member **(Chair)**		✓ Observing	✓	✓	✓	✓
J Bennett, Non-Executive Member			✓	✓	✓	✓
A Morris, Non-Executive Member	✓	X	X	✓	X	✓
A Wood, Non-Executive Member	✓	✓	✓	✓	✓	✓
M McGurk, Director of Finance & Strategy	X	✓	✓	✓	✓	X
C McKenna, Medical Director	✓	X	X	X	✓	✓
J Keenan, Director of Nursing	✓	X	✓	✓	✓	✓
L Parsons, Employee Director	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	✓	✓	✓	✓	X
J Tomlinson, Director of Public Health **(Exec Lead)**	✓	✓	X	✓	✓	✓
In Attendance						
E Butters, Fife ADP Service Manager			✓ Item 10.1		✓ Items 6.1 & 6.2.1	
N Connor, Director of Health & Social Care	✓	X				
C Cooke, Public Health Scientist				✓ Observing		
S Cooke, Public Health Registrar, NHS Borders				✓ Observing		
C Conroy, Clinical Services Manager		✓ Item 8.2				
L Cooper, Head of Primary & Preventative Care Services		✓ Deputising	✓ Deputising			✓ Deputising
S Crabb, Public Health Service Manager				✓ Item 7.3		
E Curnock, Consultant in Public Health Medicine		✓ Item 8.2	✓ Deputising			
L Denvir, Consultant in Public Health		✓ Observing & Item 6.5				
G Docherty, Consultant in Public Health					✓	
T Donaldson, Public Health Registrar			✓ Observing			
F Forrest, Acting Director of Pharmacy & Medicines	✓	✓	✓	✓	✓	✓
S Fraser, Associate Director of Planning & Performance	✓	✓	✓	X	✓	✓

13

	13.05.24	01.07.24	09.09.24	11.11.24	13.01.25	03.03.25
L Garvey, Director of Health & Social Care				✓	X	X
B Hannan, Director of Planning & Transformation			✓	X	X	✓
J Lyall, Chief Internal Auditor		✓ Items 1 – 5.1			✓	
P Kilpatrick, Board Chair	X	✓ Items 5.2.1 onwards	✓	✓	X	x
K MacGregor, Director of Communications & Engagement	✓	X	✓	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	X
N McCormick, Director of Property & Asset Management	X	✓	✓	✓	✓	✓
F McKay, Interim Director of Health & Social Care		✓ Deputising	X			
M McClung, NHS Forth Valley					✓ Observing	
J Ramsay, Head of Sustainability				✓ From item 7.4		
F Richmond, Executive Officer to the Chair & Chief Executive	✓	✓				
N Robertson, Director of Nursing, Corporate		✓ Deputising				
S A Savage, Associate Director for Risk & Professional Standards			✓ Item 6			
L Thomson, Employability Officer				✓ Item 7.3		
J Torrens, Head of Complex & Critical Care					✓ Deputising	
J Valentine, Public Health Manager					✓ Item 7.2	
L Watson, Consultant in Public Health Medicine	✓ Item 8.1					
D Fortescue-Webb, Consultant for Public Health			✓ Item 6.1.1	✓ Item 8.2		
T McCarthy-Wilson, Portfolio Manager				✓ Item 7.1		

14

BEST VALUE FRAMEWORK

Vision and Leadership

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

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

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. The Corporate Risk Register contains the overarching strategic risks related to the strategic plan.	**ALL BOARD COMMITTEES** **BOARD**	Bi-monthly Twice per year	Corporate Risk Register

16

Effective Partnerships

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

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

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

17

Governance and Accountability

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

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

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

18

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

19

Performance Management

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

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

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

20

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.	**ALL BOARD COMMITTEES** **BOARD** **PUBLIC HEALTH & WELLBEING COMMITTEE**	Every meeting Monthly Annual	Integrated Performance & Quality Report Outcome of IPQR review process / new PH&WC measures
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.	**ALL BOARD COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**ALL BOARD COMMITTEES** **BOARD**	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts process, including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	**COMMITTEES** **ALL BOARD COMMITTEES**	Every meeting	Integrated Performance & Quality Report Minutes of Committees

Cross-Cutting Theme – Sustainability

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

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

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:
- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
needed for life are unimpaired and remain so for future generations.	Greenspace Strategy development over current year			

23

Cross-Cutting Theme – Equality

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidenced via formal reporting to the Board on compliance.	**BOARD** **ALL BOARD COMMITTEES**	Ongoing	EQIA section on all reports Bi-annual Report on Equality Outcomes & Mainstreaming Plan Annual Statement of Assurance from Equality & Human Rights Steering Group

24

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **ALL BOARD COMMITTEES**	Ongoing	EQIA section on all reports Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines)
NHS Fife's policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **ALL BOARD COMMITTEES**	Ongoing	Population Health & Wellbeing Strategy and related EQIA Focus of Committee on health inequalities more generally
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 collect this information to inform future decisions.	**BOARD** **ALL BOARD COMMITTEES**	Ongoing	Annual progress reporting on equality issues Evaluation of programme outcomes against EQIA priorities

25

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE REMUNERATION COMMITTEE FOR 2024/25

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 2025, membership of the Remuneration Committee comprised:

Pat Kilpatrick	Chair
Alistair Morris	Vice Chair & Non-Executive Board Member
Alastair Grant	Non-Executive Board Member
John Kemp	Non-Executive Board Member
Lynne Parsons	Employee Director

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

3.   Meetings

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

- 10 April 2024
- 29 May 2024
- 24 June 2024 (Extraordinary Meeting)
- 08 August 2024
- 21 October 2024 (Extraordinary Meeting)
- 13 November 2024
- 10 February 2025 (Extraordinary Meeting)
- 18 March 2025

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   The Committee met throughout 2024/25 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.

1

4.2 The Remuneration Committee's first meeting of the 2024/25 reporting year was in April 2024, where the Committee noted the application of relevant adjustments to pay for the ESM cohort for 2022/23 in accordance with circular PCS(ESM)2024/1 and the NPMC Letter of Assurance. The Committee Self-Assessment Report for 2023/24 was discussed and it was noted that overall, the Committee was operating as per its Terms of Reference and its mode of operation during the 2023/24 period had received a positive assessment from members and attendees that had participated in the Committee Self-Assessment exercise. The Committee's Terms of Reference were approved and the 2023/24 draft Annual Statement of Assurance was considered and approved noting that a final version would be tabled at the May meeting. The Committee noted the verbal update provided in relation to the 2024/25 Corporate Objectives and that a draft would be presented for consideration at the meeting in May. It was also noted that the Chief Executives Personal Objectives would be tabled at the May meeting. The Committee's 2024/25 Annual Workplan was approved. The Committee endorsed amendments to the Executive Team including the roles of Director of Digital & Information and Director of Communications & Engagement with effect from 1 April 2024, noting that any further information on job descriptions and grading would be brought back for consideration as appropriate.

4.3 At the meeting in May 2024 the Committee approved the 2023/24 Annual Statement of Assurance. A draft of the 2024/25 Corporate Objectives was considered and it was agreed that an updated version with the amendments discussed would be brought back for consideration to an Extraordinary meeting, to be scheduled for June 2024. The Chief Executive's Personal Objectives were also considered, and it was agreed that an updated version would be tabled at the June meeting. The Committee considered and approved the performance management outcomes for the Executive Cohort for 2023/24, subject to the amendments discussed. The Committee noted the application of the performance management arrangements and provisional ratings for the Senior Management Cohort for 2023/24 and that all provisional ratings would be submitted to the NPMC by the 26 July deadline. The Employment Contract & Secondment agreement in relation to the appointment of the Director of Reform & Transformation was approved.

4.4 At the Extraordinary meeting held in June 2024, the Committee approved the 2024/25 Corporate Objectives subject to the amendments discussed. The Committee also approved the Chief Executive's Objectives for 2024/25.

4.5 At the August 2024 meeting the Committee discussed the 2024/25 Objectives for the ESM Cohort and agreed that an updated version incorporating the feedback discussed would be brought back for consideration to an Extraordinary meeting of the Remuneration Committee. Members agreed that David Garbutt, Chair, NES would deliver a training on the role and remit of the Remuneration Committee at the November meeting.

4.6 At the Extraordinary meeting held in October 2024, the Committee discussed and agreed the 2024/25 Objectives for the ESM Cohort. The proposed changes to the Director of Finance role and revised Job Description were agreed. Additionally, the establishment of a new substantive role of Director of Planning & Transformation and the Job Description for this role were also agreed. The Committee agreed the commencement of the recruitment process for both roles, in parallel from 1 November 2024.

4.7 At the November 2024 Meeting, the Committee noted that the NPMC Letter of Assurance confirming completion of the governance process in relation to appraisal outcomes for 2023/24 ESM Performance Management had not as yet been issued. It was also noted that 2024/25 Mid-Year Performance Reviews for the Executive Cohort were underway and were expected to be concluded by the end of the month. The Committee agreed that an Extraordinary meeting would be scheduled to consider Mid-Year Appraisal activity once completed. The Committee approved the recommendations of the Discretionary Points

Committee in the matter of awarding Discretionary Points to Consultants for 2023/24 performance.

4.8 At the Extraordinary meeting in February 2025, the Committee noted that the National Performance Management Committee (NPMC) Letter of Assurance confirming completion of the governance process in relation to appraisal outcomes for 2023/24 ESM Performance Management had been received and would be circulated post-meeting. It was also noted that relevant adjustments to pay for staff in the ESM Cohort would be implemented by the Director of Workforce. The Committee formally recorded its approval of the Commencing Salary for the Director of Planning & Transformation and the Director of Finance. Proposed changes to the to the Director of Nursing role, Job Description and the commencement of the recruitment process for this post were agreed by the Committee, noting that the current post holder had notified the Board of her intention to retire at the end of July 2025. Proposed amendments to the pay arrangements for Locum General Practitioners in Health Board Managed (2c) practices were considered by the Committee and the decision to implement the revised GP Locum levels and rates was agreed. The Committee considered the request from Fife Local Medical Committee (LMC) Office Bearers, for an overall increase in fees to meet the demand of costs of GP Locums who provide a backfill cover for the LMC Office Bearers to attend meetings. The recommendation to increase fees to £280 per session with effect from 1 April 2024 was supported, noting that NHS Fife will uplift the level of reimbursement on an annual basis in future, in line with the nationally agreed pay awards for Medical & Dental staff.

4.9 At the March 2025 Meeting, outcomes of the 2024/25 Committee Self-Assessment exercise were considered. It was noted that overall, the Committee's current mode of operation had received a positive assessment from members and attendees. Feedback detailed within the report was discussed including adhering to a defined schedule of meetings, improving members' understanding of their role in the annual appraisal process, particularly in relation to Executive Directors' objectives and how these align with the Board's Corporate Objectives and ensuring that discussions and papers at meetings were focussed on strategic rather than operational matters. As part of the Board's overall annual governance process the Committee's Terms of Reference were considered and endorsed for presentation to the NHS Fife Board. The Committee also considered the Draft 2025/26 Corporate Objectives and subject to the amendments discussed endorsed an updated version to be presented to NHS Fife Board for approval. The 2025/26 Annual Workplan of the Committee was approved. A training on the Role and Remit of the Remuneration Committee was delivered by David Garbutt, Chair, National Education for Scotland, immediately after the meeting.

4.10 Throughout the year the Remuneration Committee has considered and where appropriate approved the decisions relating to Executive and Senior Management performance management arrangements.

4.11 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 Board Secretary. Attendees were also invited to participate in the self assessment, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its meeting in March 2025, and action points are being taken forward.

3

6.   Conclusion

6.1   As Chair of the Remuneration Committee during the financial year 2024/25, I am satisfied that the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.

6.2   I continue to pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee, during what has been a very challenging year.

Signed:

Date: 31.03.25

Pat Kilpatrick, Committee Chair for 2024-25
On behalf of the Remuneration Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

NHS FIFE REMUNERATION COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2024 – 31 MARCH 2025

Members	10.04.24	29.05.24	24.06.24	08.08.24	21.10.24	13.11.24	10.02.25	18.03.25
Pat Kilpatrick, Chair	✓	✓	✓	✓	✓	✓	✓	✓
Alistair Morris, Vice Chair & Non-Executive Board Member	✓	✓	✓	✓	x	✓	✓	x
Alastair Grant, Non-Executive Board Member	✓	✓	✓	✓	✓	✓	x	✓
John Kemp, Non-Executive Board Member	✓	✓	✓	x	x	✓	✓	✓
Lynne Parsons, Employee Director	✓	✓	✓	✓	✓	✓	✓	✓

In Attendance

	10.04.24	29.05.24	24.06.24	08.08.24	21.10.24	13.11.24	10.02.25	18.03.25
David Miller, Director of Workforce	✓	✓	✓	✓	✓	✓	✓	✓
Carol Potter, Chief Executive	✓	✓	✓	✓	✓	x	✓	✓

5

Best Value

Vision and Leadership

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

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

6

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				

7

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.	**BOARD** **COMMITTEES**	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.	**BOARD** **COMMITTEES**	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 Delivery Plan Integrated Performance & Quality Report.	**BOARD** **COMMITTEES**	Annual Bi-monthly	Annual Delivery Plan Integrated Performance & Quality Report
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	Executive and Senior Manager (ESM) performance reporting.	**REMUNERATION COMMITTEE**	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.	**REMUNERATION COMMITTEE**	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.

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.	**COMMITTEES** **BOARD**	Every meeting	Minutes of Committees

10

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				

11

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.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **COMMITTEES**	Ongoing	EQIA form on all appropriate reports

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

1. Purpose

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

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

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

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

2. Membership

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

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

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

3. Meetings

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

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

3.2 The attendance schedule is attached at Appendix 1.

4. Business

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

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

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

2

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

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

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

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

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

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

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

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

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

4

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

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

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

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

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

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

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

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

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

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

6

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

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

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

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

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

7

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

10

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

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

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

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

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

11

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

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

5.   Best Value

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

6.   Risk Management

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

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

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

12

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

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

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

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

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

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

13

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

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

7.   Self Assessment

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

8.   Conclusion

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

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

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

14

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

Signed: Date: 26 April 2025

Colin Grieve, Staff Governance Chair
On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

15

NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2024 – 31 MARCH 2025

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

16

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

Best Value Framework

Vision and Leadership

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

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

18

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

19

GOVERNANCE AND ACCOUNTABILITY

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

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

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

20

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

21

USE OF RESOURCES

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

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

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

22

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

23

PERFORMANCE MANAGEMENT

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

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

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

24

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

25

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

26

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

27

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

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**24 June 2025**
Title:	**Annual Delivery Plan 2025/26**
Responsible Executive:	**Ben Hannan, Director of Planning & Transformation**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

Executive Summary

- NHS Board Delivery Plans provide an overarching commitment at a Board-wide level to the key service outcomes that will be delivered, reflecting both national and local priorities

- The plan has been aligned to individual Unscheduled Care, Planned Care and Mental Health plans requested by Scottish Government Policy Departments.

- There are actions described against the 11 Delivery Areas of the Annual Delivery Plan (ADP). Ongoing monitoring of the actions will be supported through a revised Fife performance framework in 2025/26.

- The Corporate Objectives for 2025/26 have been incorporated into the Delivery Area sections of the ADP and supporting ADP objectives have been identified from each section.

- The simplification and alignment of the Corporate Objectives and ADP objectives will enable more effective focus on delivery by the Board and its committees.

- The Board approved this Annual Delivery Plan in private in March 2025, prior to submission to Scottish Government

- Following a previous draft submission to Scottish Government and updated national guidance received on 9 June 2025, formal endorsement by Scottish Government is no longer required.

- The finalised Annual Delivery Plan is now presented in public to provide transparency and assurance of NHS Fife's delivery priorities, in line with national strategy and local accountability.

- The Board is now asked to take **moderate assurance** regarding the development and delivery of the Annual Delivery Plan for 2025/26.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

A core function of an NHS Board is to develop and approve an annual delivery plan that clearly outlines organisational priorities, strategic objectives, performance measures, and actions required to effectively deliver healthcare services aligned to national policy, local population needs, and financial sustainability requirements. The guidance for Annual Delivery Plan (ADP) 2025/26 was distributed to NHS Board Chief Executives, Directors of Finance and Directors of Planning on 29 November 2024. While Board delivery plans for 2025/26 were initially expected to follow the traditional submission and approval process, Scottish Government has since issued revised guidance indicating a move away from central approval and reporting. The focus is now on Board-level ownership and alignment with wider strategic frameworks, including the Operational Improvement Plan (OIP), Service Renewal Framework (SRF), and Population Health Plan (PHP).

2.2   Background

The Annual Delivery Plan (ADP) is a core component of NHS Fife's Strategic Planning and Commissioning System. It translates strategic priorities into a defined set of measurable actions, ensuring the organisation can deliver high-quality services while maintaining alignment with national expectations and local needs. The ADP outlines what NHS Fife will deliver in-year across key delivery areas, setting clear outcomes and performance measures that underpin accountability and governance.

Functioning as the operational bridge between strategic ambition and frontline delivery, the ADP enables the Board to monitor progress, allocate resources, and guide system improvements in a structured and coherent way. It incorporates service transformation goals, workforce planning, and financial sustainability within an integrated planning framework.

Aligned to the principles set out in NHS Scotland's Blueprint for Good Governance, the ADP provides the necessary focus for NHS Fife to implement policy priorities, demonstrate impact, and support continuous improvement across services. It ensures that Board-level decision-making is supported by clear delivery intentions and robust performance oversight.

The guidance provided by Scottish Government for 2025/26 supports this by setting out the national context and specific priorities which should be reflected in these plans. Delivery Plans are to be developed in conjunction with Board financial and workforce planning and ensure that relevant trajectories for performance and outcomes take account of available resources and the need to maintain quality and safety.

'Drivers of Recovery' are now known as 'Delivery Areas' with the guidance incorporating both territorial and National Boards for the first time. Within each Delivery Area, there are a number of planning priorities to be described in the ADP. Delivery Areas in full are listed below:

Territorial Boards
1. Planned Care
2. Urgent and Unscheduled
3. Cancer Care
4. Mental Health
5. Primary and Community Care
6. Women and Children's Health
7. Population Health and Reducing Health Inequalities

All Boards
8. *Finance, Infrastructure and Value Based Health and Care*
9. *Workforce*
10. *Digital and Innovation*
11. *Climate*

Overarching aims/objectives aligned to ADP planning priorities have been collated including outcomes and metrics to monitor impact. The Corporate Risk Register has been aligned to each Delivery Areas, and these will describe the strategic risks to delivery of these priorities.

Work has been undertaken to align the Corporate Objectives for 2025/26 with the ADP Delivery Area.

A draft plan was submitted on 7 February 2025 and a feedback meeting took place on 18 February 2025 with Scottish Government Planning Department representatives. Positive feedback was received on the draft ADP.

A draft of the Annual Delivery Plan was submitted to Scottish Government on 26 March 2025, and positive feedback was received during review. However, formal endorsement will no longer be provided, as per national guidance issued on 9 June 2025. This guidance confirmed that the approval process is being superseded by a more streamlined, Board-led approach to accountability and delivery.

The ADP has been aligned to individual Unscheduled Care, Planned Care and Mental Health plans requested by Scottish Government Policy Departments.

The Corporate Objectives for 2025/26 have been aligned to each Delivery area within the ADP with supporting ADP objectives being identified from each section.

The timetable for ADP development and submission for 2025/26 is detailed below, with milestones since the ADP was last presented to the Board noted:

29 Nov 2024	Guidance received for ADP 2025/26
Jan/Feb 2024	Discussions with Corporate/Acute/HSCP
6 Feb 2025	First draft - Executive Directors Group
7 Feb 2025	Submission of draft to Scottish Government
18 Feb 2025	First draft feedback meeting with Scottish Government
27 Feb 2025	Second draft - Executive Directors' Group
6 Mar 2025	Third draft at Executive Directors Group
11 Mar 2025	Finance Resources & Performance Committee
20 Mar 2025	Fourth draft at Executive Directors Group
25 Mar 2025	NHS Fife Board – approval of draft plan in private
26 Mar 2025	Submission of draft ADP to Scottish Government
Apr 2025	Planned ratification of plan by Scottish Government
May 2025	Planned ratification of ADP by NHS Fife Board in public.
09 Jun 2025	Communication from Scottish Government – no central endorsement of plans
24 Jun 2025	Presentation of ADP in public to NHS Fife Board

A revised performance and assurance framework developed in 2025/26 will support the ongoing monitoring of the ADP actions, Corporate Objectives and other key performance metrics.

The draft ADP was submitted to the Scottish Government on 26 March 2025, following approval from the NHS Fife Board. Following the shift in national position, the ADP is now presented to the Board in public for assurance and transparency in line with NHS Fife's governance framework.

2.3 Assessment

NHS Scotland's Blueprint for Good Governance outlines the Strategic Planning and Commissioning System as a critical framework for aligning national priorities, Board-level strategic direction, and operational delivery. This system ensures that NHS Boards have a

structured approach to decision-making, resource allocation, and performance oversight, enabling efficient, high-quality service provision while maintaining financial sustainability.

For NHS Fife, this means embedding our plans in a clear strategic framework that aligns:

- The **NHS Fife Population Health and Wellbeing Strategy** – our overarching long-term vision for population health, service sustainability, and workforce resilience, which is underpinned by the quadruple aim, ensuring that all actions contribute to better health outcomes, improved patient experience, enhanced workforce wellbeing, and system efficiency.
- Our **Medium-Term Financial Plan** underpins NHS Fife's strategy, ensuring that strategic priorities and transformation efforts are delivered within a sustainable financial framework, balancing efficiency, investment, and long-term service resilience.
- **Corporate Objectives** – defining the headline priorities for the organisation, ensuring Board-level oversight and strategic alignment for the year ahead.
- The **ADP (Annual Delivery Plan)** – detailing the specific, measurable actions required in 2025/26 to advance strategic objectives and deliver best value in year.
- Our **Transformation Plan (*RTP - Shaping our Future Together*)** – a key enabler for structural and service change, ensuring long-term sustainability, with transformation increasingly embedded into ongoing delivery.

Given the scale of change required, it is recognised that delivery and transformation plans are interdependent. However, the end state remains that transformation will become a core part of ongoing delivery, and NHS Fife is now closer than ever before to achieving this integration. The 2025/26 ADP represents a critical step in this transition, ensuring that the organisation continues to move towards a more sustainable, high-performing health and care system while delivering immediate improvements for patients and staff.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

Justification for proposed assurance level:

A moderate level of assurance is proposed for NHS Fife's Annual Delivery Plan 2025/26, reflecting the strength of local planning processes and alignment with strategic priorities, while also recognising the shift in national oversight and the need to further develop delivery monitoring arrangements.

In this context, NHS Fife has taken steps to strengthen internal governance, including clearer alignment between the Corporate Objectives, ADP delivery areas, and performance frameworks. However, given the transitional nature of national planning arrangements and the ongoing development of revised local monitoring and reporting mechanisms, a moderate level of assurance reflects that some delivery processes are still evolving and will require continued refinement over the year ahead.

2.3.1   Quality, Patient and Value-Based Health & Care

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

2.3.2   Workforce

The ADP sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2025/26. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

2.3.3   Financial

The ADP and Financial Plan for 2025/26 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

2.3.4   Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2025/26 appendix, supporting robust governance and accountability.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Directors Group
    - 6 February 2025
    - 27 February 2025
    - 6 March 2025
    - 20 March 2025
- Finance Resources & Performance Committee, 11 March 2025
- NHS Fife Board (Private Session), 25 March 2025

2.4 Recommendation

The Board is asked to take **moderate assurance** that the Annual Delivery Plan 2025/26 has been developed in line with NHS Fife's strategic priorities and national expectations, reflects the updated Scottish Government position on Delivery Plan oversight, and provides a sound basis for in-year delivery, local accountability, and ongoing performance monitoring.

3   List of appendices

The following appendices are included with this report:

- Appendix No. 1, Annual Delivery Plan 2025/26

Report Contact

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

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

RTP

SHAPING OUR FUTURE TOGETHER

Annual Delivery Plan

2025-2026

NHS Fife

March 2025   **nhsfife.org**

Contents

Planning Context

This Annual Delivery Plan 2025/26 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, *Living Well, Working Well, and Flourishing in Fife*, and other local strategics and is aligned to Scottish Government Delivery Areas for 2025/26.

The plan has been developed in the context of the significant financial challenge set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 28 November 2024 and the forthcoming Improvement Plan about improving public services and NHS renewal announced by the First Minister on 27 January 2025. We recognise that our plans over the coming year and beyond, will remain subject to adaption and change.

This plan is closely connected across the NHS Fife Population Health and Wellbeing Strategy, Re-form, Transform, Perform (RTP) Framework and assumptions set out in our Medium-Term Financial Plan and describe the Board's Tactical Plan for 2025/26. Our aim is to achieve longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

The planning assumptions for NHS Fife's Annual Delivery Plan include several key priorities and strategies:

1. **Strategic Context:** The plan aligns with the First Minister's vision for Scotland, focusing on "Equality, Opportunity, Community: New Leadership - A fresh start" and aims to achieve specific outcomes by 2026.
2. **Efficiency and Productivity through Transformation**: We will continue to make improvements through our RTP transformation work.
3. **Access to Care**: Priority will be given to reducing elective care waiting times, emergency access waiting times and enhancing access to general practice
4. **Innovation and Reform**: Continued focus on innovation, reform, and investment in technology, data, and new capacity to improve services
5. **Workforce**: Efforts to improve sustainability of workforce and support staff in delivering quality health and care

Population Health and Wellbeing Strategy

The Annual Delivery Plan 2025/26 has been developed within our strategic context of the *NHS Fife Population Health and Wellbeing Strategy 2023–2028* and our current *Re-form, Transform, Perform (RTP) Framework*, ensuring alignment with Scottish Government planning priorities for 2025/26.

The focus of our strategy is to improve the population health and wellbeing of Fife by recognising where an impact can be made on the social determinants of health and address health inequalities.

Our approach supports closer whole system working with our strategic partners across the Fife health and care system. The RTP Framework is firmly rooted in the ambitions laid out in the NHS Fife Population Health and Wellbeing Strategy and will accelerate progress of Fife's transformation journey.

Progress of the Population Health and Wellbeing Strategy has been regularly reported to NHS Fife Board through annual and mid-year reporting with a focus of NHS Fife's strategic priorities outcomes.

Re-form, Transform and Perform Framework

The evolving healthcare landscape and increasing financial pressures have necessitated a structured and long-term approach to transformation. Our Re-form, Transform, Perform (RTP) programme was established in March 2024 and laid the groundwork for strategic transformation within Fife's healthcare system. The initial 13 schemes have successfully been implemented, driving forward key improvements and efficiencies. NHS Fife has now established a strategic portfolio with a co-ordinated collection of initiatives, programmes and projects that align with our Population Health and Wellbeing Strategy and long-term corporate objectives.

The strategic portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value and sustainability.

Through **People and Change**, NHS Fife will drive workforce transformation to ensure long-term sustainability while maintaining high-quality care. Priorities for 2025/26 include a strategic shift from vacancy management to a "request to recruit" approach, leveraging natural workforce turnover for system redesign. Key actions will focus on reducing supplementary staffing, managing vacancies more effectively, and implementing a structured approach to workforce transitions, particularly in response to national financial and workforce planning assumptions.

Changes to **Infrastructure** will continue to optimise NHS Fife's estate and ensure its alignment with future service needs. 2025/26 will see the completion of a whole-system bed modelling exercise, supporting site consolidation and long-term estate planning. The Business Continuity and Essential Infrastructure Investment Plan will further enable strategic reductions in inpatient sites while ensuring facilities are fit for purpose. These actions will contribute to a more sustainable and integrated service model.

Across our **Clinical Service Redesign**, NHS Fife will implement whole-system improvements to enhance quality, efficiency, and patient outcomes. Key areas of focus include expanding Same Day Emergency Care (SDEC), reviewing surgical and minor injuries pathways, and advancing frailty assessment services. Additionally, the review of Haematology and Oncology services will address workforce and cost pressures, while continued integration with the Integration Joint Board (IJB) will drive further efficiencies in health and social care.

Out **Business Transformation** agenda will modernise NHS Fife's administrative functions, streamlining processes through digital enablement, centralisation, and structural redesign. With a significant proportion of the workforce nearing retirement and an annual turnover of 15%, there is a clear opportunity to reshape roles and enhance efficiencies while maintaining service quality. The focus will be on leveraging technology, optimising resources, and delivering long-term financial sustainability while ensuring a future-ready workforce.

Corporate Objectives

NHS Fife's Corporate Objectives for 2025/26 are a key component of NHS Fife's Strategic Planning and Commissioning System, ensuring that long-term priorities are effectively translated into operational delivery. This approach is aligned with NHS Scotland's Blueprint for Good Governance, embedding strategic planning, accountability, and system-wide collaboration into NHS Fife's corporate governance framework.

The Annual Delivery Plan (ADP) serves as the mechanism through which these objectives are realised, detailing the specific, measurable actions required to achieve NHS Fife's strategic ambitions.

Each Corporate Objective is mapped to corresponding ADP Delivery Areas, providing a structured approach to implementation, monitoring, and evaluation within our commissioning framework. This ensures that every strategic ambition is supported by clear, accountable, and time-bound actions.

By integrating Corporate Objectives with the ADP and our Strategic Planning and Commissioning System, we ensure a clear line of sight from strategic ambition to frontline delivery. This enables effective performance monitoring, risk management, and governance oversight, ensuring NHS Fife remains focused on delivering high-quality, sustainable healthcare while meeting national policy commitments.

4

NHS Fife's Corporate Objectives 2025/26 by ADP Delivery Area

Planned Care:
By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.
Urgent and Unscheduled Care:
By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow and Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.
Cancer Care:
By March 2026, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways.
Mental Health:
By March 2026, fully implement the National Mental Health Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.
Primary and Community Care:
By March 2026, increase the reach and impact of primary care services in NHS Fife by strengthening our integrated workforce to build capacity and capability, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, and expanding the use of digital technologies, including the digital dermatology pathway, in routine primary care practice.
Women and Children's Health:
By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion.
By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.

5

Health Inequalities and Population Health:

By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.

Finance, Infrastructure and Value Based Health and Care:

By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.

By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.

Workforce:

By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising WTE in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.

Digital and Innovation:

By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.

Climate:

By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.

Equality, Diversity & Inclusion:

By March 2026, deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029, embedding anti-racism, supporting workforce equality, and advancing NHS Fife's UNCRC commitments to ensure inclusive and equitable service delivery.

Financial Planning

The Medium-Term Financial Plan (MTFP) provides an overview of the financial position for the three-year period 2025/26 to 2027/28. The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024.

The plan has been developed through engagement from Executive Directors, staff side and clinical representatives. Wider engagement with all staff on the financial position continues to be progressed through the RTP briefings and the System Leadership Group. Although the financial settlement advised by Scottish Government is an improved position on what was initially anticipated, the financial pressures being experienced across the entire health and care system remain extremely challenging.

Both delegated and retained services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity challenges. This requires collaboratively working across the health and care system to ensure the best possible use of resources and capacity, address variation and improve productivity and efficiency.

We will need to consider more innovative and radical actions across our sites and service configurations to reduce our cost base and move us closer to operating within the resources available to us.

Our approach to change

As an organisation, NHS Fife has already begun on its transformation journey with many changes already underway across the organisation. Looking ahead into 2025/26, the intention is to accelerate the pace of change, to support this, the NHS Fife Change Model has been developed.

This shared approach to change will support NHS Fife to deliver on its strategic ambitions. The Change Model has been developed with input of staff and will ensure the organisation has a shared approach to change. The model is underpinned by the following principles:

1. The Change Model supports all types of change from relatively simple changes to improve a service, to a much more complex change affecting many stakeholders.
2. Staff experiences inform the development and implementation of the model.
3. Consideration will be given to both the technical approaches to change as well as the importance of creating the conditions where change can be successful. This work has paid close cognisance to the development of Our Leadership Way.
4. Building on what already exists, where this is already working well.
5. The national context and the need to work across organisational boundaries.
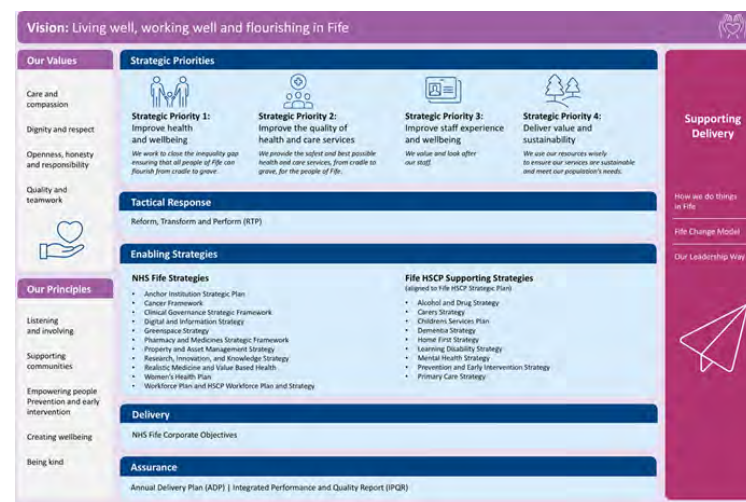
During 2025/26, we will develop the Change Hub and support staff to utilise the Hub. This brings together a range of resources and tools for staff delivering change across NHS Fife. A training and development programme will also be delivered to ensure that NHS Fife staff can develop the necessary skills and capability to deliver change.

Our Leadership Way

Quality care requires skilled, confident leadership at all levels. Evidence shows that leadership quality directly affects care quality and organisational performance. During 2024/25 we have been developing NHS Fife's Leadership Framework: *Our Leadership Way*. In April 2025, we will publish and promote Our Leadership Way, further reinforcing our long-standing commitment to placing our people and workplace culture at the heart of everything we do.

We chose to co-design *Our Leadership Way* with our staff, the people who matter, and have benefited from lots of inquiry, engagement and interest from across the whole NHS Fife health and care system in the process. Supporting this work was a collaborative volunteers' group who are actively creating ways to engage, inquire, and inform.

8
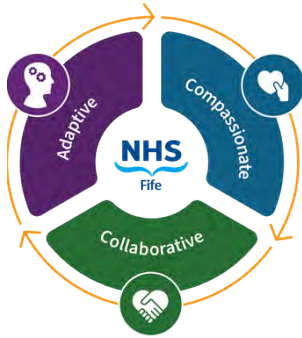
Our resulting leadership framework identifies 3 key behaviours that matter: collaborative, compassionate and adaptive. Bringing this to life as 'the head, heart and hands of leadership', the things we must consciously think about, the things we and others feel, and the things we should do.

Looking to 2025/26, we will begin to align key people related activities to support the framework's adoption, including how we attract and recruit to leadership roles, our corporate welcome and induction, the establishment of a leadership learning community and the development of a wide range of resources.

Successful adoption of the framework will require every leader, at every level to recognise, reflect and bring to life their own leadership practices aligned to *Our Leadership Way*.

Risk Management

NHS Fife has approved a new Risk Management Framework and has also refreshed its risk appetite to align with the strategic ambitions of the RTP portfolio, recognising the need to embrace a measured approach to risk to drive innovation and long-term sustainability. This revised stance acknowledges that achieving meaningful transformation requires a balanced acceptance of risk, particularly in areas such as service redesign, workforce planning, and infrastructure optimisation. The Board remains committed to actively managing and reassessing risks, ensuring a responsive and proportionate approach as circumstances evolve.

A key consideration in this approach is the planned evolution of the workforce, which brings inherent challenges and risks. These include potential disruptions to service delivery, maintaining staff morale, and navigating the complexities of a leaner workforce. Managing these risks effectively will be central to ensuring that the long-term benefits of transformation—including a more efficient, adaptable, and sustainable organisation—are realised, while mitigating any short-term impacts on staff and service users.

Corporate risks are managed at a strategic level within the organisation and have been summarised in a table at the end of the document with alignment to the ADP Delivery Areas.

Population Based Planning

Collaborative Planning and Regional Delivery in NHS Scotland East

The three NHS Boards in the East of Scotland (NHS Fife, NHS Lothian, and NHS Borders) are committed to a collaborative, population-based approach to regional planning and service delivery. Our collective aim is to maintain and enhance quality, efficiency, and sustainability across the region while ensuring equitable access to high-quality care. This partnership will drive

transformational change, aligning with the Scottish Government's renewed approach to regional and national service planning, ensuring a cohesive strategy that supports system-wide resilience rather than creating individual Board pressures.

Recognising the dual responsibilities of each NHS Board: to maintain financial balance and deliver the highest quality care to those in greatest need, we will establish a joint planning process for 2025/26 and beyond. This will identify and assess opportunities where regional service models could improve outcomes, optimise resources, and enhance long-term sustainability. This approach will integrate with national approaches on to non-sustainable services, ensuring alignment with emerging single national service plans where appropriate. Through our NHS Scotland East Core Group, we will provide strategic leadership, developing business cases for service transformation in areas of mutual benefit across the region.

Positioning the National Treatment Centre – Fife Orthopaedics as a Centre of Excellence

The National Treatment Centre (NTC) – Fife Orthopaedics, as part of the national network of NTCs, presents a significant opportunity to improve orthopaedic access and outcomes across NHS Scotland East. With its state-of-the-art facilities and dedicated orthopaedic expertise, the NTC is uniquely positioned to become a national centre of excellence, reducing waiting times and increasing surgical capacity for hip, knee, and other musculoskeletal procedures. By leveraging its high-volume, high-efficiency model, the centre can play a pivotal role in regional and national service planning, offering a sustainable solution to the growing demand for elective orthopaedic care.

A coordinated approach across Scotland will ensure that the full potential of this investment is realised, providing equitable access to advanced orthopaedic treatments while reducing the reliance on short-term external capacity solutions.

Maximising Cataract Surgical Capacity at Queen Margaret Hospital

Alongside developments in orthopaedics, NHS Scotland has an opportunity to significantly enhance ophthalmology capacity through the expansion of cataract services at Queen Margaret Hospital. With a well-established theatre infrastructure and an experienced ophthalmology team, Queen Margaret Hospital has the potential to become a regional hub for cataract surgery, increasing access for patients regionally and nationally. Additional investment in theatre sessions and workforce expansion could more than double surgical output, drastically reducing waiting times while improving patient experience.

This approach aligns with the regional planning ethos, ensuring that all Boards benefit from increased elective capacity, particularly in specialties where demand is high, and service fragility is a recognised challenge.

Delivery Areas

1   Planned Care

Corporate Objective:
By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.

ADP Objectives:
By March 2026, we will • reduce waiting times for inpatients, day cases, and outpatients across ENT, Gynaecology, Urology, Neurology, and Gastroenterology, ensuring sustained improvements in access to treatment. • expand elective surgery capacity by fostering regional and national collaborations, enabling the delivery of over 600 surgeries for NHS Lothian patients through the National Treatment Centre, while optimising demand management across the system. • optimise theatre utilisation at Queen Margaret Hospital with a dedicated focus on ophthalmology services, improving both efficiency and patient throughput. • introduce pre-assessment for surgical patients up to six months ahead of their procedures, thereby broadening the patient cohort eligible for listing, as per the CfSD agreement. • improve engagement and reduce DNAs by strengthening communication with long-wait patients for outpatient appointments and hospital admissions through the Digital Patient Hub. • implement key digital solutions, including Open Eyes EPR, Infix for theatre scheduling, and Digital Dermatology systems, to support service delivery and innovation.

1.1 Tackling long waits and backlogs focusing on key specialities

NHS Fife will focus on continued improvement across all clinical areas, and in addition to the areas noted nationally, will drive reduction in waiting times across ENT, Gynaecology, Urology, Neurology and Gastroenterology.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on unscheduled care cases and long waits. In 2025/26, a refreshed approach to organisational performance management and assurance will be developed and oversight of this process will be strengthened at an executive level.

The Planned Care Plan has been submitted describing our predicted elective and cancer activity for 2025/26 based on our funding allocation. We will continue to focus on the efficiency and high impact programmes being undertaken by the team as we work closely with the Centre for Sustainable Delivery (CfSD) and the associated programmes with this section aligned directly to the Planned Care Plan.

For routine waiting patients, priority will be given to those waiting over 52 weeks in line with Scottish Government strategy which is projected as below. Projections were originally based on core capacity but have been updated following successful bids for additional funding through the Planned Care, Unscheduled Care and National Imaging Plans.

1.2 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

As part of this strategy, NHS Fife will continue expanding its NTC offering, with over 600 surgeries planned for NHS Lothian patients over the next 12 months. Further development of the NTC's scope remains a priority, with a focus on positioning the NTC – Fife Orthopaedics as a centre of excellence. By leveraging its specialist expertise and dedicated facilities, the NTC is well-placed to support regional and national demand, reducing waiting times and ensuring sustained improvements in orthopaedic access across NHS Scotland.

By aligning orthopaedic and ophthalmology services with the broader national planning approach, NHS Fife will ensure that the full potential of regional assets is realised, supporting sustainable service delivery while maintaining a consistent focus on quality, efficiency, and patient-centred care.

1.3 Increase productivity and optimise theatre utilisation

There is a wide range of work ongoing within surgical services to enhance productivity and efficiency. Seasonal planning and focussed management of specialty demand and capacity will ensure theatre utilisation remains above 85% throughout the year.

Monthly utilisation data is reviewed, and service level discussions and challenges raised through departmental meetings, directorate oversight groups and daily monitoring. NHS Fife will align with CfSD agreement that pre-assessment of patients can take place up to six months in advance of surgery, which will increase patient cohort available to be listed.

1.4 Implementation of digital solutions

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed three validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams

NHS Fife will progress the implementation of the electronic patient record (EPR), Open Eyes during 2025/26. This will include the Community Glaucoma pathway in support of Primary Care.

Theatre Scheduling, through the Infix system, will be progressed in the latter half of 2025/26 once OpenEyes has commenced.

2   Urgent and Unscheduled Care

Corporate Objective:
By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.
ADP Objectives:

By March 2026, we will
 	
• Implement the Discharge without Delay (DwD) programme to achieve the following:
    o a reduction in the Length of Stay (LoS) for Acute Geriatric and for Community Hospital/Step-down on trajectory for December 2026 (target of 20%)
    o a reduction in the Community Delayed Discharges on trajectory for December 2026 (reduction of 20%)
 	
• reduce unplanned attendances and admissions of residents from Care Homes by 20%
 	
• develop and embed the Same Day Emergency Care pathway to enhance service efficiency.
 	
• redesign community respiratory pathways to strengthen the ability to manage respiratory patients outside acute hospital settings.
 	
• implement a revised frailty model, aiming for 90% occupancy rate in both acute hospital geriatric services and community hospitals.
 	
• modernise and optimise the community bed base to ensure frailty pathways are responsive, fit for purpose, and aligned with current needs.

2.1   Continue to support mission to reduce delayed discharges

NHS Fife is collaborating closely with national work on Discharge without Delay (DwD) programme. This is linked to frailty standards and alongside discharge, includes changes to the front door of the acute hospital.

With a timeline targeting full implementation by December 2026 and initial actions as part of Scotland's Winter Plan in December 2025, the DwD programme has already initiated collaborative efforts in NHS Tayside, Fife, and Lanarkshire. These regions have

14

reached an agreement through the co-chairs of the Group and are locally seeking approval to continue the next steps which would be to undergo a needs assessment to tailor the approach to their specific contexts.

The success of the DwD initiative hinges on continued stakeholder engagement, completion of the needs assessment, development of the workstreams, establishment of monitoring and evaluation metrics, and effective communication strategies to ensure transparency and involvement throughout the implementation process.

The re-launch of the DwD Group aims to effectively achieve the performance targets as listed below on completion of the needs assessment:

1. **Reduce Acute Geriatric Length of Stay (LoS)**: Implement standardised discharge protocols and early assessments to achieve a reduction of acute geriatric LOS by over 20% by December 2026.
2. **Minimise Community Hospital/Step-down LoS**: Enhance community support services and streamline discharge processes to ensure that the length of stay in community hospitals and step-down units is less than 28 days by December 2026.
3. **Decrease Community Delayed Discharges**: Establish robust monitoring systems and interdisciplinary collaboration to target a reduction of total delayed discharges by over 20% by December 2026.
4. **Limit Delayed Discharges in Acute Hospitals**: Focus on community capacity building and timely patient transfers to ensure that less than 25% of delayed discharges occur in acute hospitals by December 2025.
5. **Achieve Optimal Hospital Occupancy Rates**: Implement strategies to optimise resource utilisation, aiming for a 90% occupancy rate in both acute hospital geriatric services and community hospitals by December 2026.

By adopting these recommendations, the DwD programme can enhance discharge processes, improve patient outcomes, and create a more efficient healthcare system across Scotland. Regular evaluation and adaptation of these actions will be essential for sustained success.

2.2   Provide the Right Care, in the Right Place by optimising Flow Navigation Centres

The implementation of the Flow Navigation Centre continues to be a priority for NHS Fife and the whole system programme of work is overseen by an Unscheduled Care Programme Board.

The projected impact will be to support an increase in redirection, to enable a joint review and development of new pathways to alternative teams including Mental Health & Addictions, Distress Brief Intervention, discharge hub / community hospital & social

15

care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

In 2025/26, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 80%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

Plans are in place to further develop and enhance the Care Home advice line with Emergency Department (ED)/Geriatrician of Day optimising redirection to Hospital @ Home (H@H) and Care Home Advanced Nurse Practitioners (ANPs) to reduce admission rates for care home residents especially those within their last 100 days of life, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

Work to support a reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

2.3 Reduce hospital admissions by improving urgent care in the community and increasing Hospital at Home pathways

Future care planning is a key area to support the reduction of admissions. A new Anticipatory Care Plan (ACP) is in the process of being developed. A multidisciplinary team has been convened develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working to evolve the service delivered by our front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with health and care services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes continue to be driven forward and aligns with the Prevention of Admission and Early Intervention and Anticipatory Care Planning work within Fife.

2.4 Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas

NHS Fife will develop and embed their Same Day Emergency Care (SDEC) pathway by March 2026 with tests of change already underway.

2.5 People are discharged as soon as they are medically safe, promoting robust and responsive operational management

In 2025/26, in conjunction with Fife Council will continue to collaborate and commit to optimise productive patient flow by ensuring key services adopt a "home first" approach. Key tests of change are planned to aim to ensure lengths of stay are minimised, building on existing strong performance and expertise that support the delivery plan of the Discharge without Delay programme. The key component of success will be a system wide approach.

Community respiratory pathways will be redeveloped during 2025/26, with a view to enhancing the ability to care for respiratory patients out with the acute hospital. A test of change that will enable Community In-Reach Respiratory Practitioners to be co-located in the acute hospital to support an in-reach model.

2.6 Development of Frailty Model

NHS Fife will move towards a "frailty forward" approach to clinical management, ensuring patients are well supported through their care journey and discharged to home or community services at a safe and efficient pace. We will review and revise our frailty model at the front door, with resource identified to deliver this change, acknowledging that there is scope for improvement locally. HIS guidance on frailty will be implemented as a priority.

As a priority, NHS Fife will reassess and redesign our model of care for frailty. Significant work is ongoing, including redesign of associated services to support.

A comprehensive review of the frailty workforce is underway, with a focus on optimising skill mix to support whole-system pathway redesign. Given the projected downward trend in the availability of Medicine of the Elderly Consultants, NHS Fife is exploring innovative approaches to maximise the impact of specialist expertise. This includes the development of advanced practice nursing roles and Allied Health Professional (AHP) teams, designed to integrate seamlessly with clinical teams across care settings.

In parallel, a review of the community bed base is being conducted to ensure our pathways are modern, fit for purpose and responsive. This will also ensure that the deployment of geriatricians is optimised, enabling them to work effectively alongside advanced practice teams. This integrated model aims to enhance the delivery of frailty services, support more efficient use of resources, and improve patient outcomes through strengthened multidisciplinary collaboration across both acute and community care pathways.

The Integrated Community Teams plan for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to a community-based service. This service is a prevention and early intervention model which will focus on admission avoidance and will be delivered Fife wide covering all seven localities. This will be delivered with current resources.

3 Cancer Care

Corporate Objective:
By March 2026, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways.
ADP Objectives:
By March 2026, we will • optimise cancer pathways to ensure clear timelines for appointments, diagnostics, decisions and treatments. • ensure that women referred with Post Menopausal Bleeding (PMB) following USC vetting are seen within 28 days for their first outpatient appointment. • ensure all patients with urgent suspected cancer have access to the Single Point of Contact Hub (SPOCH), with the potential to expand SPOCH support into additional services. • implement redesign of the haematology service to ensure it remains sustainable and deliverable within Fife through conducting a comprehensive service review.

3.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually and is well positioned to implement the revised framework, when this becomes available. Weekly monitoring is in place through waiting times groups.

Lung cancer pathways have been improved over the last two years, and the local working group continues to identify and implement opportunities to improve.

The revised framework will be of support in implementing improvement in Urology services. NHS Fife will aim to learn from the NHS Lanarkshire's model, working collaboratively with all cancer management teams to ensure NHS Fife is equipped with the tools to embed this model into the cancer management processes to improve performance.

NHS Fife will embed the optimal colorectal pathway, once published, while aiming to work regionally with clinical teams through multidisciplinary teams (MDT) to implement the clinical management pathways.

There are local plans in place which will improve Fife's position in 2025/26 that include detailed consideration of expanding robotic surgery.

3.2 Increasing diagnostic capacity and maintain a Rapid Cancer Diagnostic Service (RCDS)

NHS Fife performs strongly on diagnostic services, with pathways well established and robust operational delivery standards in place.

Reprovisioning of the PACs system will be a high priority, ensuring effective care and service management.

There is a longer-term requirement to undertake transformation within the radiology service towards a twelve-hour model, in support of wider change within the acute hospital, including SDEC.

Improvement to waits to first post-menopausal bleeding outpatient appointment for patients referred urgent suspected endometrial cancer to ensure earlier diagnosis.

Complementary to this, the role of laboratory services is critical to care delivery. NHS Fife will ensure this robust local service remains well provisioned in the context of increasing workload. The digital pathology system will be a key component of sustainability and efficient models of working.

3.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

Regular review of optimal cancer pathways will ensure clear timelines for appointments, diagnostics, decisions and treatments, including direct patient navigation for the most complex patient pathways from initial referral through to palliative and end of life care.

A review of the cervical cancer diagnostic and treatment pathway will be undertaken as planned.

Revision of the Post Menopausal Bleeding (PMB) pathway is complete. The aim for referrals vetted to Urgent Suspicion of Cancer is for the women to be seen within 28 days of referral for a 1st outpatient appointment. Across gynaecology oncology there is a model of clinical prioritisation, with a focus on those at highest risk of cancer.

Cancer diagnostic pathways including the Rapid Cancer Diagnostic Centre (RCDC) pathway, and the Head & Neck and Lung pathway will be imbedded in the Radiology diagnostic delivery plan in two ways: Firstly, they will retain priority based on their urgency, where they should be completed within the nationally agreed two-week timeframe. Secondly, so long as the necessary funding is agreed, any optimisation of these pathways will be incorporated in the plan.

There is an acknowledgement that the optimisation of pathways will require diagnostic support from Radiology and Laboratories. Workforce and resource planning will continue in partnership.

3.4 Delivering single point of contact services for cancer patients and integrating 'Improving the Cancer Journey' into pathways of care

NHS Fife will aim to introduce the Single Point of Contact Hub (SPOCH) leaflet to all patients referred urgent suspected cancer. We will also explore expansion of SPOCH into other services including supporting patients with normal investigations, of 'good news'. In addition, we will explore supporting all patients referred urgent suspected cancer offering the full SPOCH support and take on specific tasks as required to aid clinical services

3.5 Configuring services in line with national guidance and frameworks

We work to the framework for effective cancer management, and the local action plan and framework complement local delivery within this context. We are well placed to implement the refreshed national framework, when this becomes available, with an established group in place.

We are committed to an integrated approach across all Fife health and care services particularly around rehabilitation.

3.6 Sustainable services for Oncology and proposed Target Operating Model

We are well placed to implement the target operating model for oncology should this become approved. There is a substantial level of integrated working between NHS Fife and NHS Lothian, which will be a key context for delivery. This will include review of the current haematology provision alongside NHS Lothian – a service review and redesign will take place on 2025/26 with recommendations to make the haematology service sustainable and deliverable in Fife.

3.7   Refresh of the NHS Fife Cancer Framework 2022-2025 to ensure it aligns with local and national strategy

A refresh of the Cancer Framework is underway with commitments reviewed. Cancer priorities will be refreshed and updated with a delivery plan developed to support deliver of the 10-year Cancer Strategy. Once agreed, monitoring of the commitments will be delivered through action plans which will be regularly reviewed to ensure they remain relevant and up to date.

4   Mental Health

Corporate Objective:
By March 2026, fully implement the National Mental Health Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.
ADP Objectives:
By March 2026, we will

- maintain the performance standard for CAMHS, ensuring 18-week waiting times are consistently met.

- implement a sustainable workforce plan for psychology services to secure the long-term viability of the service.

- redesign the Mental Health unscheduled and urgent care service to provide timely access to psychiatric assessments and care, available 24/7/365.

- complete the phased programme of ligature improvement works, ensuring all inpatient environments in Fife Mental Health services are both safe and therapeutic.

- develop a second pathway for individuals aged 16+ with learning disabilities, focusing on supporting those not currently engaging with local services. This will include collaboration with teams such as Community Treatment and Care (CTAC) to facilitate health checks.

4.1   Building capacity to deliver and maintain the CAMHS 18-week waiting times standard

We currently meet the standard and have sustained this performance in the medium term through enhanced support via Scottish Government, which is expected to remain in place until June 2025. Plans are in place to ensure this is a long-term sustainable position. The staffing position and referral management processes have been improved, and resilience of the workforce model enhanced to better manage periods of challenge.

4.2   Implementing National Standards for Mental Health services

We have an established plan within the CAMHS service towards meeting the standards by March 2026. Progress to date includes revisions and modernisations to the neurodevelopment service. A specification around eating disorders, particularly regarding the

23

local tier 4 service and separation of this clinical area from others, will drive an enhanced focus on ensuring people stay out of hospital wherever possible.

Fife is a national pathfinder within the Psychology service, including work on audit-based capacity planning and trajectory modelling to support delivery of the National Specification for Psychological Therapies and Psychological Interventions. Waiting times for psychology services have been subject to enhanced support from Scottish Government – it will be a goal in 2025/26 to ensure the workforce is robust and sustainable for the future. The team will continue to work with Scottish Government colleagues to drive improvement.

Fife Mental Health Services has undertaken local assessment against the National Core Mental Health Standards across all adult and older adult inpatient and community teams. Alongside Healthcare Improvement Scotland, key priority areas will be identified from the assessment to form a local improvement plan for ongoing implementation of the National Standards.

4.3   Improve unplanned and urgent mental health care, including for those in mental distress

Fife Mental Health Services has undertaken an extensive programme of review and options appraisal project to improve the current unscheduled and urgent Mental Health provision across Fife to ensure timely access to psychiatric assessment and care on a 24/7/365 basis. The redesign of Mental Health unscheduled and urgent care service is a key priority for Fife Mental Health Services and will be overseen by the Mental Health Programme Board.

Work is underway delivering local redesign, with the psychiatric emergency plan having been reviewed and aligned to the national template. A Fife-wide Distress Brief Intervention service has been established, improving access to crisis support through a wide range of pathways, and currently seeking funding to mainstream this service and bring Fife in line with other health boards – while this initiative is not new, there is a need to ensure the service is on a sustainable footing for the future, during 2025/26.

4.4   Collaborating and cooperating across Health Boards and with the Forensic Network to address the governance, capacity and placement issues in Forensic Mental Health services

We participate fully in the forensic network and is aligned to all relevant developments.

4.5   Ensure the mental health-built estate enables the delivery of high quality, person centred and safe care, with a focus on implementing the national Mental Health Built Environment Quality and Safety toolkit.

We were a pilot site for assessments and patient engagement. Local work is ongoing in partnership with Healthcare Improvement Scotland. This includes review of the existing estate, aiming to maximise benefits derived.

Fife Mental Health inpatient services has undertaken a significant programme of ligature improvement works to ensure all inpatient environments are safe and therapeutic. Work commenced in 2024 with a phased programme of work planned to continue into 2026.

4.6 Improving data input quality and completeness of mental health data returns

We will continue to drive implementation of the TrakCare system within psychology, which will have a significant positive impact on data availability. Local work to improve accuracy of data is ongoing, including enhanced scrutiny and oversight – this will continue over 2025/26. Links with Public Health Scotland analytical services are well established.

4.7 Mental Health services priorities under the Public Sector Equality Duty

The public sector equality duty underpins all workstreams within NHS Fife mental health services.

4.8 Delivering annual health checks for all people 16+ with a learning disability

We have established two pathways to ensure delivery of annual health checks. The first focusses on people known to local services and who are currently engaging with them – 2025/26 will be the second year of delivery for this group and we will continue to embed and enhance the approach where possible.

The second pathway aims to support people not currently engaging with local services, and teams including CTAC will collaborate to facilitate checks across 2025/26. Underpinning this work, is development of a local register of people with a learning disability – this will facilitate completeness and assurance.

5 Primary and Community Care

Corporate Objective:
By March 2026, increase the reach and impact of primary care services in NHS Fife by strengthening our integrated workforce to build capacity and capability, embedding preventative approaches such as proactive engagement with patients at risk of frailty and CVD, and expanding the use of digital technologies, including the digital dermatology pathway, in routine primary care practice.
ADP Objectives:
By March 2026, we will   - evaluate and refine the strategic model for urgent and unscheduled care across Fife, prioritising quality, resilience, sustainability, and best value.   - explore innovative solutions to enhance access to dental services, aiming to improve and sustain availability despite anticipated workforce challenges.   - transition glaucoma patients to the national Community Glaucoma Service to enhance care delivery and efficiency.

5.1 Clear executive oversight of planning and delivery of General Practice

Focused work has been undertaken to improve the sustainability of General Practice, which includes the completion of the transition of 4 Board Managed 2C practices to independent 17j status by September 2025. We will continue targeted and proportionate support to all independently contracted GP Practices across Fife. From September 2025, we project there will be one remaining 2C practices. An options appraisal will support recommendations regarding future planning for this practice with assurance current management approaches will continue ensuring safe, consistent and accessible care.

The local primary care governance and strategic oversight group is now well established chaired by a director with robust governance routes for assurance, reporting and escalation to relevant committees and boards.

5.2 Improving interface working across secondary and primary care

We are committed to whole system working across Fife and to achieve this, an Interface Group between primary and secondary care is now established. This was initially convened early in 2024 as an output from the interface work required to enable specific aspects of the planned care programme.

We already have positive collaboration in place between primary care and secondary care teams with the objective that the Interface group will focus on planning for improved and strengthened service delivery across the whole system, improve and enhance seamless pathways of care, enable prevention and early intervention, ensure a continuous quality improvement approach and reduce health inequalities for the people of Fife.

A weekly System Flow Operational Group meets weekly where we review a range of whole system information in our System Flow Scorecard and focussing on planning redirection or prevention of admission, flow, navigation and scheduling. The ongoing direction is towards enhanced joint working and responsibility across the whole system including acute hospital, community care, hospital at home, primary care and the ambulance service.

In addition to interface working, we are working to improve the electronic communications between primary and secondary care with exploring the development of our OrderComms system to link between primary care and radiology services.

5.3 Improving the use of multi-disciplinary working

We will continue to deliver in this area through the established Primary Care Improvement Plan, overseen by the GMS Implementation Group. This group will ensure learnings from national improvement site are reviewed and implemented locally, where appropriate. The current primary care improvement plan has an end date of March 2026 – review and development of a plan for 2026/27 and beyond will be undertaken in the coming months.

5.4 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

In 2025 in line with the ongoing redesign of unscheduled care, we will review and continue to transform our strategic model for urgent and unscheduled care across Fife focused on quality, resilience, sustainability and best value. Any plans will be progressed in line with the principles of Planning with People and ensure our teams and services are engaged throughout in design and delivery of any models of change.

Reporting and governance channels are well established through the Unscheduled Care Programme Board.

5.5 Working with independent contractor general practices to identify mitigate and reduce health inequalities

General practice workforce sustainability is a key deliverable within the established three-year strategy for primary care development in Fife, going into year two in 2025/26 with the strategic focus on quality and sustainability. We will continue to work directly with GP clusters.

27

Every effort continues to be made to proactively identify health inequalities and ensure access as best as possible to relevant stakeholders thereby improving patient centred care. Our GP practices engage via the Fife wide Clinical Quality Leads (CQL) meetings and Local Medical Committee (LMC) to raise and improve health inequalities and best practice.

5.6 Preventative And Proactive Care Programme

A key aim of our Preventative and Proactive Strategy is to address inequalities by making the best use of our resources and working in partnership with organisations, communities and people to live well and live well for longer.

Locality groups are in place focusing on preventative work and links with GPs and others in the community with the aim to join up services. Multi-agency work is well embedded in health and care services in Fife, for instance with the Children's Services Planning Partnership, demonstrating a commitment to this approach.

5.7 *General Dental Services:* Board-delivered oral health services including the Public Dental Service, and early intervention programmes such as Childsmile

We will continue to work collaboratively on ensuring access to care for urgent dental problems, promote prevention through national OHI programmes and local initiatives, targeting resources/using resources wisely.

Our priority areas for 2025/26 will be:

- Continue to work collaboratively to recover and ensure ongoing improvement in access to and build sustainability in NHS dentistry.
- Continue to develop a quality and assurance programme for dentistry to provide a clear mechanism to identify assess and ensure effective mitigation and management of risk.
- Continue to take proactive approaches to alleviate issues related to access, including supporting uptake of Scottish Dental Access Initiative.
- Continue work to improve oral health and address inequalities in oral health.

Anticipated actions will include:

- Use National Dental Inspection Programme data to target resources e.g. extend toothbrushing initiatives.
- Work with partner organisations and third sector to reach priority groups.
- Focus on dental registration and participation for 0-2 year olds.

28

We are working on the Scottish dental access initiative – grants are available to General Dental Practitioners in the areas of greatest need and we meet frequently with the Chief Dental Officer to discuss ongoing improving actions within powers available and support required nationally.

5.8 *General Ophthalmic Services:* Continuing to roll out new initiatives such as the Community Glaucoma Service

The rollout of the national glaucoma service continues to be delayed due to the issues surrounding the implementation of the Electronic Patient Record system (OpenEyes). Digital colleagues are leading work to progress this and are seeking further detail on the plan for a regional implementation model.

With regards to the current glaucoma shared care scheme setup with around 750 patients being monitored in one of your 4 treatment centres across Fife (Dunfermline, Glenrothes, Leven and Cupar). We are hoping that once the national scheme is setup that roughly 40% of these patients will be able to be transferred to the national glaucoma scheme.

5.9 Community Pharmacy

We will continue to work closely with community pharmacy contractors to deliver local and national services, including Pharmacy First, Pharmacy First Plus and Medicines: Care and Review. Relationships between Fife health and care services and Community Pharmacy contractors are well established with regular updates and an approach to education and training.

6 Women and Children's Health

Corporate Objectives:
By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion. By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.
ADP Objectives:
By March 2026, we will • a locally agreed finalised implementation plan for neonatal redesign based on national and regional priorities. • develop and implement an improvement plan for Maternity Care to foster more inclusive practices and drive continuous progress addressing racialised inequalities in maternity care. • complete a comprehensive review of paediatric audiology services to identify opportunities for service enhancement. • enhance access to income maximisation support for families with children who have diagnosed or undiagnosed disabilities.

6.1 *Women's Health:* Taking forward the relevant actions set out in the Women's Health Plan

We have delivered the majority of hospital-based actions, as set out in the national Women's Health Plan (WHP) and are piloting an approach to widening access to community based long-acting reversible contraception (LARC) provision. The Gynaecology Ambulatory Unit at Queen Margaret Hospital will improve the experience for patients and staff through the development of a bespoke area, enhancing care in the course of 2025/26.

The local feedback and communications approach is well embedded and has shown generally positive responses. Services will continue to develop data and knowledge to identify where local sex-based health outcomes require an improvement focus and to work together as the national WHP moves into Phase two in the course of 2025.

6.2 Best Start

We continue with the delivery of the Best Start policy, with three streams of work underway and progressing enhancement of care. To date, milestones have been met and the local approach to data development and interpretation is robust.

6.3 New pathways for maternity care

We are closely following development of national work on new pathways for maternity care and will deliver a plan for local implementation during 2025/26.

A GAP analysis is required to determine the level of resource required to meet the target of all booking women receiving a wellbeing assessment.

6.4 Model of Neonatal Intensive Care

The national pathway will be implemented. National modelling has highlighted the need for a review into our intensive care capacity requirements. Work is currently underway, with external support, to model this locally, ensuring a safe transition to a model that aligns with national recommendations while maintaining local safety and service resilience. Although the national model suggested a requirement of 0.5 ICU cots, it was acknowledged that Boards must make decisions based on practical and safety considerations specific to their local context.

Given the importance of safety and sustainability, full implementation of the proposed models may not be achievable within 2025/26. However, a detailed delivery plan will be developed, with the ongoing whole-system bed modelling work playing a key role in shaping the final approach.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

6.5 Improvements to Miscarriage Care

We have contributed to input to national developments within this area, and a significant amount of change has taken place within Fife, including enhancement of the physical environment. Changes to eligibility criteria have enabled greater access to miscarriage services, and women are being seen more quickly and treated with effective medication. Our performance standards and model are now in line with national standards. A gap analysis will be undertaken for 2025/26 to understand further areas for improvement.

6.6 Racialised inequalities in maternity care

Significant progress has been made through collaboration with our local inclusivity leaders, supporting the development of more inclusive practices. Building on this foundation, a gap analysis will be conducted in 2025/26 to identify areas for further improvement and to drive continuous progress. Close partnership with local communications experts will also continue, with a focus on enhancing language accessibility and improving access to services for all communities.

This work will be embedded within our anti-racism strategy, which is currently in development and will be launched alongside a comprehensive action plan in 2025/26. To support this, data on clinical adverse events and complaints will continue to be regularly reviewed, ensuring that insights from this analysis inform targeted improvement actions and contribute to the delivery of safer, more equitable care.

6.7 Child Health Services: Delivering high quality paediatric audiology services

We are highly conscious of the need to enhance the local infrastructure and model around audiology services, ensuring compliance with national direction and robust, sustainable care. There are well established challenges around both local and national capital funding, and this has been documented within our risk register. A further review of the service and longer-term position will be undertaken in 2025/26 with the aim of developing a coherent, funded plan for enhancement

6.8 Child Health reviews

Our Health Visiting Service will continue to deliver all the agreed pathway visits under the Universal Health Visiting Pathway, prioritising families who are most in need to ensure they get the right interventions at the right time. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including statutory and third sector, overseen by the multi-agency child health management team, where all services who work with children and young people are able to scrutinise the data, learn and share joint improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the Children in Fife Group to look at multiagency response to the challenges children and young people are facing.

The refocused School Nursing role is working closely with education and statutory partners to support child health and wellbeing needs assessments, ensuring targeted support for children most in need. This collaborative approach will help identify vulnerabilities early and provide timely interventions to improve outcomes.

6.9 Local Child Poverty Action Report

We have an ongoing commitment to take forward the actions set out in the Local Child Poverty Action Report and are committed to working with our partner organisations through the Fife Partnership, (Community Planning Partnership in Fife). The Partnership has established a Tackling Poverty and Preventing Crisis (TPPC) Board and planning and reporting encompasses local child poverty action reports. The TPPC Board work with Children in Fife, the governance group for children's services planning in Fife.

Funding has been confirmed from the Child Poverty Practice Accelerator Fund for a 12-month post, to support improved access to income maximisation when there is a child with a diagnosed or undiagnosed disability. This work will build on the long-established income maximisation service for 2024/25.

The Child Poverty Actions that we will take forward relate to:

- Workforce Development - training staff via Health Promotion Training programme suite of poverty awareness training
- Income Maximisation work - supporting pregnant women, families with young children (focusing on 6 protected characteristics) we work in partnership with Citizens Advice and Rights Fife (CARF) on this.
- New project – 12 month funded Child Poverty Accelerator funding - Income Maximisation work focusing on families who have a disability, health care professionals promoting and supporting the referral pathway.

6.10 Commitment to United Nations Conventions for the Rights for the Child (UNCRC)

In 2025/26, NHS Fife will strengthen its commitment to children's rights and early intervention by embedding the UNCRC into service planning and delivery, ensuring alignment with national priorities. Key actions include increasing child immunisation uptake in the most deprived areas, enhancing early years support, and integrating a rights-based approach into policies, workforce training, and engagement with children, young people, and families.

NHS Fife will also continue to develop a child-friendly complaints process, improve service accessibility, and advance partnership working to reduce health inequalities and promote better long-term outcomes for children and young people.

7   Health Inequalities and Population Health

Corporate Objective:
By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.

ADP Objectives:
By March 2026, we will • increase cancer screening uptake through targeted actions addressing health inequalities in line with the National Cancer Screening Inequalities Plan. • focus on the development of specific MAT standards pathways tailored for individuals with mental health challenges, experiences in the criminal justice system, women, young people, and veterans. • improve delivery of smoking cessation initiatives to achieve standards for successful quits. • ensure weight management services are developed and delivered effectively during the transition to recurring baseline funding including exploring the role of GLP-1 receptor agonist medicines within weight management pathways, aligned with national consensus statements and NICE guidelines, to assess implications for patients, services, and resources. • implement the agreed actions to foster equity and inclusivity in line with the Racialised Inequalities and Anti-Racism Plan. • collaborate with partners, including Fife Council, to enhance local transport arrangements focused on improvements in patient access.

7.1   Population Health Framework

We welcome the development of the new Population Health Framework for Scotland and look forward to the publication of the Framework. Our Public Health department have contributed to the joint position statements commissioned in support of the Framework. Engagement has already taken place with Fife Partnership and also with our Executive Directors' Group. The Director of Public Health's Annual report for 2024 is aligned with priority areas within the Framework and will provide an additional mechanism to build cross-sector response and support implementation.

Our next iteration of the Plan for Fife will be developed by a range of our local partners.

7.2 Vaccination Services

Our transformation priorities are set out within the recently refreshed Fife Immunisation Strategic Framework 2024 – 27. The aims and priorities identified within the Fife framework align with Scotland's 5-year Vaccination and Immunisation Framework and Delivery Plan (published November 2024) and we have assessed the progress made within the Fife immunisation framework 2021 – 24 against the new interim national standards for vaccination services and identified areas for action.

We have two high-level planning and transformation priorities for 2025/26:

- Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.
- Ensure implementation of Fife Immunisation Strategic Framework priorities 2024 – 27, and progress actions identified from local assessment against the interim national standards for vaccinations.

Key milestones for 2025/26 under these priorities will include:

- Establish and progress our refreshed Quality Improvement and Inclusion workplan under the newly formed Immunisation Transformation Oversight Group
- Implementation of a locality-based service delivery model
- Submission of the Fife Annual Immunisation Report (monitors and provide scrutiny of vaccine preventable disease activity and vaccine update rates across all programmes)
- Recruit Public Health Practitioner to support progression of inequalities and inclusion workplan

The risk of Vaccine Preventable Disease incidence in relation to vaccine uptake is monitored and reviewed regularly through immunisation and Public Health governance structures.

Sexual Health Services continue to offer immunisations against Hepatitis A and B, HPV, and Mpox to at risk groups and contribute to the strategic frameworks and action plans.

7.3 High consequence infectious diseases (HCID) pathways

We are well placed through established governance structures to respond to anticipated national developments around Personal Protective Equipment (PPE).

35

The East Region Health Protection Service (ERHPS) provides the Health Protection function for four NHS Boards (NHS Borders, Fife, Forth Valley, and Lothian).

Initial drafts of action cards for all staff and areas are in place and continue to be developed. ERHPS continues to act as a conduit for discussion, agreement, and sharing of good practice across the four Boards and links through the Directors of Public Health with colleagues in Scottish Government taking forward this work.

7.4 Cancer Screening Uptake

Our Screening Team has recently recruited a Screening Inequalities Outreach Support Officer to prioritise reducing inequalities in the uptake of cancer screening programmes between people living in the most and least deprived quintiles. This will be guided by our Screening Inequalities Action Plan.

We are developing multiple interventions including working in partnership to promote screening and a telephone intervention for patients invited for their first breast screening, which if successful may be rolled out to other screening programmes.

As the causes of inequalities in screening in Fife are understood better, opportunities are developed to address them.

7.5 Working with partners to maintain the progress achieved by the National Mission on Drugs

Work is underway to enhance the approach to residential rehabilitation, with goals of improving access and outcomes.

In response to drug related deaths and alcohol specific deaths, Fife Alcohol and Drug Partnership (A&DP) and its partners will further implement the MAT Standards and widen the application to third sector delivery and alcohol/other drugs system of care. Integral to this is the use of the FAIR self-assessment (human right-based approach) and responding in partnership with people with lived and living experience to improve access, treatment, support and recovery communities. Integration of care specifically improving communication and coordination of A&DP services (including NHS Addictions) with mental health and primary care services remain a priority. Fife A&DP will continue to measure progress using numerical and experiential data (from those in and not in treatment, families and staff) informing our improvement plan with partners being agile in their response.

Locality based responses including the one stop shops (KY Clubs) and assertive outreach, harm reduction and active linkage into treatment and support from custody suites, liberation from prison, and hospital will all be strengthened in the next year.

From 2025/26, a two-year plan will commence, focussing on specific pathways for those with mental health problems, experience of the criminal justice system, women, young people and veterans. Work continues to understand the current demand for this

36

provision, identify and remove barriers and widen choice within our own local framework. Furthermore, an Equality Impact Assessment (EQIA) will be conducted with support from members of the Lived Experience Panel to ensure equity of this provision.

We have developed and added a strategic risk in relation to deaths from drugs use to our Corporate Risk Register. This identifies aspects of strategy, policy and delivery within Fife where there is a relevance pertaining to the prevention of drug related deaths, the opportunities across Fife to manage the risk of drug related death. This risk is in the process of being ratified by our Board and has been included in the Strategic Risks at the end of this document.

7.6   Sexual Health and Blood Borne Virus (BBV) action plan

Actions for Sexual Health Services in the Sexual Health & BBV action plan are being implemented locally, for example increasing local clinical capacity and in particular increasing capacity for Long-Acting Reversible Contraception (LARC) in the priority population and improving access to treatment and care for young people.

A Sexual Health and BBV oversight group is being established to ensure review, scrutiny and reporting of quality, performance and improvement. This will include a wide range of partners responsible for sexual health in Fife.

Fife has recently nominated a HIV transmission elimination champion and approaches to support the workforce in relation to detection and early intervention of HIV are being trialled.

7.7   Viral Hepatitis Elimination Goals

Meeting the Hepatitis C Virus (HCV) treatment elimination target for this 2024/2025 is challenging for financial and workforce reasons. The RECAST lookback collaboration between Sexual Health Fife and Public Health Scotland is identifying new patients, as well as the intelligent liver function testing regime introduced in NHS Fife. It is expected both these initiatives will increase treatment numbers in 2025/26 as will increasing targeted testing in priority populations such as people who inject drugs and people engaged in Opiate Substitute Therapy in line with MAT standard 4.

7.8   Actions to support improvements to access to long-acting reversible contraception (LARC)

This work will be led in close partnership with our GP clusters through enhanced service arrangements and our specialist sexual health services prioritise access to LARC for women post abortion and within a year postpartum.

Enhanced training for our midwives is in place but this will be reviewed in 2025/26. Sexual Health Fife continue to offer training in LARC to Primary and Secondary care staff. We have supported the development of a pilot primary care LARC hub in North East Fife, with an evaluation and recommendations scheduled for 2025, and consideration of a further hub approach to follow.

7.9 Improved population health: smoking cessation and weight management.

7.9.1 Smoking Cessation

To work towards achieving the standard for Fife of 473 successful quits in 2025/26 the service has a development and communication plan that includes the following –

- Increased outreach work in all 7 localities to ensure there is no wrong door for support. Use of service mobile unit, in targeted local community venues, to raise visibility and accessibility, supporting local groups or events and working alongside appropriate networks from across the Fife health and care services.
- Maintain referral pathway with NHS Fife maternity services to receive as early as possible, referrals for pregnant smokers at first point of contact with a midwife. Women to be referred on an opt out basis to the specialist service.
- Regular Very Brief Advice (VBA) information stands within hospital sites, GP practice or health centre locations. To engage with people who are smoking and raise awareness of the temporary abstinence model and/or to provide smoking cessation support on site.
- Specialist clinic provision to increase by 15% from 2024/25 numbers, concentrating in our most deprived areas, working in collaboration with community assets and key stakeholders already providing services in the area.
- Increase awareness relating to information about vaping and increase knowledge of sources of support to stop smoking and/or vaping.
- Delivery of tobacco and vaping related training sessions for professionals across Fife, through the Health Promotion Training Programme and bespoke training to specific staff groups, for example paediatric respiratory staff.

Also in 2025/26, the Service will plan and deliver a campaign to raise awareness of referral options for smoking cessation, relaunching the updated smoking cessation services referral pathways.

NHS Fife will also update its tobacco and smoke free grounds policy in 2025/26, supporting the local approach and ensuring clear messaging for all.

7.9.2 *Weight Management*

We are committed to delivering a comprehensive, sustainable, and person-centred approach to weight management, in line with the Scottish Government's Type 2 Diabetes Prevention Framework and the national commitment to improving population health through preventative care.

Our Nutrition and Dietetic Service leads a well-established, multidisciplinary Weight Management Service, with a strong emphasis on prevention, early intervention, and equitable access for all eligible individuals across the lifespan. This service is delivered in collaboration with a range of key partners, including Fife Sport and Leisure Trust and Second Nature, ensuring a blended model of in-person, community-based, online and digital support to maximise accessibility and flexibility for service users.

The Child Healthy Weight Team is fully integrated within our Maternal and Infant Nutrition Steering Group, ensuring that early years and family-based approaches to healthy weight are embedded in wider public health and maternity strategies. This team also leads on several ongoing quality improvement projects, including collaborative work with the Public Health Dental Service, Health Visiting teams, and schools to promote healthy weight from infancy through to adolescence.

In 2025/26, we will focus on ensuring that weight management services are developed and delivered in the context of the transition to recurring baseline funding, while recognising the impact of reduced board allocation. The service will prioritise sustainability, ensuring robust service delivery despite ongoing financial and workforce challenges.

We will focus on the role of GLP-1 receptor agonist medicines within weight management pathways, considering their place in care and the implications for patients, services and resources. We will carry out in alignment with national consensus statements and NICE guidelines and will be shaped by the workforce and financial resources available.

7.10 Tackling local health inequalities and reflecting population needs and local joint Strategic Needs Assessment

We have an established strategy to tackle local health inequalities and the joint strategic needs assessment. 2025/26 will see an ongoing focus and continued delivery of established workstreams. We will undertake work to deepen the strategic relationship with other local and regional institutions, ensuring complementary strategy and initiatives.

7.11 Racialised inequalities and anti-racism plan

We have developed a draft plan, based on national guidance, which will be supplemented by input from our diverse ethnicity colleagues, along with feedback from our cohort of International Recruits, Patient Experience feedback, Local and Area Partnership Fora, FRAE (Fairness, Race Awareness and Equality) Fife and Fife Centre for Equalities.

Our plan is aligned to our strategic priorities with a number of agreed actions:

1. Form an anti-racism taskforce, establish goals and ensure regular reporting, embed anti-racism in policies and strategies
2. Create career progression pathways for diverse ethnic staff, focussing on leadership roles; implement reverse mentoring programmes, enhancing cultural awareness among senior leaders; deliver mandatory anti-racism training.
3. Enhance patient ethnicity data collection processes to identify and address health disparities; pilot equity-focussed interventions in priority areas such as maternity and neonatal, diabetes and cardiovascular disease and mental health.
4. Establish advisory panels with representation from people of diverse ethnicities; conduct regular community consultations for feedback and develop anti-racism public awareness campaigns.
5. Establish accessible channels for minority ethnic patients and families to share their experiences and feedback. This could include anonymous surveys, suggestions boxes, or dedicated hotlines that allow open and honest communication.

We have started work with our maternity and neonatal services with the development of a training programme for all Midwives for the assessment of ethnically diverse neonates. Patient experience surveys will begin shortly and exploration of complaints and clinical incident reporting in relation to ethnicity will begin in early 2025.

7.12 Redirecting wealth back into their local community through the Anchor Strategic Plan

We will continue to deliver our Anchor plan, with particular focus on employability. Innovative approaches will be required within this context, given challenges in capital funding. There will be close engagement with other established local and regional anchor institutions, driving a collegiate approach making best use of resources.

Through the creation of our Anchor Strategic Plan and by evaluating our progress through self-assessment, we are steadily progressing engagement with our local partners. Our employability team have continued with ongoing focused work aiming to widen employment access, building a more inclusive and diverse workforce by engaging with priority groups and areas of multiple deprivation within Fife.

Our next steps are to continue to work to expand employment initiatives to meet the aims of our Anchor objectives. We will keep working with the Local Employability Partnership; Opportunities Fife, with a particular focus on offering placements to lone parents with support to help them transition into permanents posts.

We are finalising next year's objectives, and these will be submitted along with the wider information on Anchor activity as set out in the national guidance.

7.13 Integration of transport into wider health planning and reform

The development of a local transport hub, working closely with partners including Fife Council, will be the cornerstone of strategy in this area which will extend to regional partnerships. There is a need to move from a service led approach to a strategic one, focussed on transformative work on patient transport access. The importance of carefully considered engagement, with representatives across Fife health and care services including public health is clear. We will closely consider national directives and embed in these in local plans.

7.14 How NHS Fife will embed the GIRFE toolkit

The principles of Getting It Right for Every Child (GIRFEC) are woven throughout all our work. It is our commitment to ensure that all children and young people are seen at the right time, by the right support and in the right place and underpins practice for everyone. Our services are involved in Child Wellbeing Pathways, partnership working and development of resources and share information to ensure we meet GIRFEC guiding principles. GIRFEC has introduced a common language which is used in professional discussions to enable collaborative approaches.

8 Finance, Infrastructure and Value Based Health and Care

Corporate Objectives:
By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures. By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.
ADP Objective:
By March 2026, we will • implement a range of actions to embed and advance the Realistic Medicine Programme within NHS Fife, ensuring a patient-centred approach that enhances healthcare quality, efficiency, and patient outcomes.

8.1 Finance

The financial plan for 2025/26 presents:

- a clear programme of work and supporting actions to achieve 3% recurring savings on baseline budgets over the three-year period,
- an improved forecast outturn position in 2025/26 compared to the forecast outturn position reported at the start of 2024/25, with improvements in the financial position being achieved in each of the years to 2027/28 and
- trajectories for improvement in the financial position supported by detailed plans as to how this would be achieved and the arrangements that will be implemented by the Board to oversee delivery.

The MTFP details the financial position for the next 3 years, which will require a focussed whole system response to recover the deficit position.

8.2 Infrastructure

We have submitted our risk-based essential infrastructure investment plan in January 2025 in line with the requirements set out in DL(2024)02. Following receipt of capital from Scottish Government, we will deliver against the plan as agreed.

Our plan sets out essential infrastructure requirements to ensure safety and operational continuity of our facilities. Key funding priorities for 2025/26 include:

- Refurbishment of our mental health estate to mitigate patient safety risks
- Refurbishment of VHK Phase 2 facility (windows and cladding) to mitigate safety risks

A summary of the complete plan is outlined below by category and by site.

Category	2025/26	Total
Maintenance	10.1	43.4
Equipment	1.9	5.7
Digital	1.0	5.0
GP Premises	2.2	2.2
Sustainability	0.2	4.2
Resources	0.1	0.3
Grand Total	**15.5**	**60.7**

Hospital Site	2025/26	Total
Mental Health Estate	5.0	11.5
Victoria Hospital	3.3	25.8
Queen Margaret Hospital	0.3	6.4
Stratheden Hospital	2.0	0.0
Cameron Hospital	1.0	1.8
Lynebank Hospital		0.7
RWMH		0.4
Non site specific	3.8	14.1
Grand Total	**15.5**	**60.7**

We will work with Scottish Government to develop a plan around the second phase concerning whole system planning once guidance and timescales are confirmed. The plan will need to align with national and local strategies and objectives concerning the clinical model and service sustainability. Local known priorities include:

- A new central inpatient mental health facility on a single site
- Community Hospital Facilities in line with a revised clinical model across east, west and central Fife
- Primary Care investment in infrastructure to meet future housing demand and general asset lifecycle
- Pharmacy robotics and automation
- Evolution of our acute estate to meet clinical demand and general asset lifecycle
- Supporting national strategies like decontamination services to improve system resilience

8.3 Value Based Health and Care

We will develop a delivery plan for 2025/26, to embed and deliver the Realistic Medicine Programme in NHS Fife.

- Training and education for staff including TURAS modules (e.g. Shared Decision Making & Value Based Healthcare (VBHC))
- Explore the expansion of secondary care outpatient letters being written to patients and cc to primary care colleagues (with Patient Experience Team)
- Continue to promote Questions that Matter (Fife's version of BRAN questions) to improve Shared Decision Making.
- Link with colleagues to support patients throughout their journey to improve self-management/care/prevention (e.g. Waiting Well, Community Link Workers/Practice Coordinators)
- Working with NHS Fife Laboratory colleagues, Scottish Government and other NHS Boards through GP Realistic Medicine – demand optimisation tool to see if it is helpful in respect to variation in blood test requests within and across clusters.

9 Workforce

Corporate Objective:
By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising WTE in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.

ADP Objectives:
By March 2026, we will • deliver savings by reducing supplementary staffing through effective management of sickness absence and AHP supplementary staffing. • achieve and maintain 90% compliance with the Direct Engagement model. • implement an attendance management recovery plan, achieving an improvement in the sickness absence rate. • support employees through the Personal Development and Performance Review (PDPR) process, aiming for an improved position by March 2026. • roll out eRostering to all priority areas to improve scheduling and resource management. • ensure all relevant staff are face fit tested to meet national standards. • progress the development of *Our Leadership Way* into its next phase by aligning and embedding our key people-related activities to help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact of leadership at every level.

9.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

Within the context of wider change through the Re-form, Transform, Perform programme, the staff bank will be consolidated to include medical locums and AHP staff over the course of 2025/26. This will enhance oversight and governance.

9.1.1 Supplementary Staffing

We are on track to achieve our savings target of £5million on supplementary staffing for 2024/25 achieved through introducing recommendations from the Supplementary Staffing Task and Finish group. These measures included more stringent escalation processes, removal of block and far in advance bookings, and removal of agency unless by exception. In addition, a ready reckoner was circulated to assist with decision making on the most cost-efficient way to fill nursing shifts, staff bank reason codes were rationalised and reviews of areas which were consistently reporting high use were undertaken.

In line with Supplementary Staffing Task and Finish Group letter of 17 January 2025, activity will be undertaken to deliver the recommendations against set timelines to reduce AHP agency use through introducing increased grip and control measures and ensuring AHP agency use is by exception only. This work, along with all supplementary staffing reporting, will continue to be overseen by the People & Change Programme Board who will provide scrutiny and assurance on delivery of 2025/26 savings target.

9.1.2 Staff Bank

Plans are in place for our Staff Bank to manage Nursing/Midwifery Staff, Chaplaincy, some individuals in non-clinical roles and Medical Locums by March 2025. Recruitment has commenced for non-nursing roles (AHPs, Catering, Support services etc) in preparation for amalgamating these banks and other job families with the Staff Bank over the next 12 to 18 months. Recruitment to bank nursing and midwifery positions continues at regular intervals with a streamlined/fast track process for Student Nurses and Student Midwives. Staff Bank works closely with our Nursing Workforce Planning Group and engages with Recruitment Fairs, University Open days and Newly Qualified Practitioners (NQP) sessions. There is ongoing work to reduce the financial burden of Bank costs by reducing overtime costs, ongoing grip and control at a senior level within the Directorates and liaising with Staff Bank continues to support the reduction of Agency use.

9.2 Achieve reductions in medical locum spend

Work continues to address current medical locum spend including the adoption of Direct Engagement (DE) and review of medical workforce requirement. We will develop a Medical Staffing Strategic Framework to further develop our sustainability and value for money from medical staffing, while maintaining quality and safety.

We introduced a DE model in August 2024 to support a reduction in our supplementary staffing costs. At present, the in-month compliance via DE stands at 79% as of January 2025 across the organisation, with the cumulative YTD compliance standing at 51%. Our total savings as a result of DE as of January 2025 is £451,656.

In addition to direct savings as a result of DE, we have also introduced a number of initiatives to support spend reductions in relation to supplementary staffing including ceasing travel expenses, introducing commission caps in line with framework rates and accommodation allowances are limited to exceptional circumstances.

We aim to have a 90% DE compliance rating by the end of the financial year and we are monitoring rates across the organisation with strict approval routes before any vacancies can be cascaded to agencies. We have also reduced non-framework locums from 11 to 3 and locums are only permitted maximum 3-month placements at any given time to ensure recruitment strategies to fill vacancies substantively continue.

9.3 Increasing efficiencies across administration and support sectors

We will continue to drive actions to ensure optimal efficiency of administrative and support services through our Business Transformation programme. To date, revised recruitment protocols have been embedded and a range of work begun to modernise systems and make best use of available technology. We are engaged in the national work on the corporate services review. In early 2025, targets for the medium term will be established around reducing the scale of this workforce and progressed over 2025/26.

9.4 Encourage attendance and support employees

Working in partnership, we will review the implementation of Once for Scotland (OfS) policy to ensure a more robust application of the OfS Attendance policy. Attendance management training will be updated reflecting the review of the OfS implementation and this will be incorporated into NHS Fife's Leadership Framework.

Revised attendance management training will be delivered across the system to those managing staff providing skills, leadership styles and behaviours that support the culture of the organisation and embed the principles of managing attendance. We will continue to identify areas of good practice to develop shared learning, to identify absence hot spots and carry out a deep dive with a solutions-based focus.

Further analysis of attendance multifactorial review to implement recommendations:

- Establish and embed an effective Sub-Group with a positive focus on attendance rates with definitive roles, responsibility, and accountability.
- Create Team Building, Trust, and Wellbeing by building positive relationships and authenticity to support best practice and shared learning in a safe space, encourage networking and supportive platforms for discussion.

47

- Improve Knowledge and Understanding of Attendance Management by developing resources and enhance access to information.
- Encourage growth within Leadership by incorporating NHS Fife's Leadership Framework.
- Measure Impacts Coaching
- Courageous conversations
- TURAS Resources

Work is underway to develop an Attendance Management Recovery Plan for 2025/26 through the Attendance Management Oversight Group and will go through the governance routes early into the new financial year.

We will also support employees through the Personal Development and Performance Review (PDPR) by March 2026.

9.5 An implementation plan for eRostering in 2025/26 with a view to implementing across all services and professions by March 2026.

We are currently undertaking a deep dive review of implementation of eRostering to date and ensuring that our teams who have moved across are maximising the benefit of the system. It is unlikely that we will complete a full rollout by March 2026, but we have undertaken a prioritisation exercise focussing on clinical areas.

9.6 Working with Further and Higher Education

We will continue to develop our collaborative relationship with a range of education partners. This includes extant work with St Andrews University, Heriot Watt University, Dundee University (specifically around internship opportunities) and the EMERGE programme. Many components of this are complementary to our Anchor Institution plan.

We continue to develop a collaborative relationship with St Andrews University, focussed particularly on development of ScotCOM, innovation partnerships, and broader educational links.

A coherent national approach to educational planning is critical, and we are well placed to contribute to this agenda.

9.7 FFP 3 respirator provision

We will ensure plans are delivered to meet national standards. A gap analysis will be undertaken as a priority to ensure staff are appropriately protected.

We have an FWP-RESP-01 Respiratory Protection Procedure which places the responsibility won Line Managers to identify through risk assessment those staff who may be required to use a tight fit face mask and ensuring all staff who require to wear masks are fit tested. Staff who have not been face fit tested are excluded from the relevant patient contact or relevant task.

Qualitative face fit testing is carried out by local face fit testers and should anyone not pass this method of testing, quantitative face fit testing is undertaken by the Health & Safety (H&S) department. The H&S department also offer face fit tester training for staff to increase the number of local face fit testers within the organisation and hold a list of those who have previously been attended the training.

Where there is a requirement for FFP3 masks to be worn due to a patient's condition, and no local face fit tester has been identified, the H&S team provide support. Staff are reminded that if required to wear FFP3 or work in or with a clinical service identified as an area of high risk, they must ensure they are face fit tested for appropriate FFP3 protection and use of the respiratory mask with which they have been fit tested.

9.8 Our NHS Fife Leadership Framework

The value of creating direction, alignment and commitment to our shared leadership philosophy is everyone's opportunity, indeed responsibility here in NHS Fife. The co-creation of *Our Leadership Way* work across 2024/25 has welcomed leaders at every level, from the 'ward to the board' bringing their perspectives and experiences to the fore to help us create a framework that has meaning, reach and relevance across our whole health and care system here in Fife.

We will progress the development of *Our Leadership Way* into its next phase by aligning and embedding it in our key people-related activities. This will help embed and sustain our ongoing commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level.   Our suite of activities focuses on how we attract, recruit, onboard, nurture/develop and reward and recognise the leadership behaviours we believe make all the difference.

10 Digital and Innovation

Corporate Objective:
By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.
ADP Objectives:
By March 2026, we will • implement Open Eyes EPR, Infix for theatre scheduling, Digital Dermatology, HEPMA and other prioritised systems as per business needs. • continue to support growth in clinical research in partnership with regional colleagues. • increase the availability of technology enabled care solutions to demonstrate improve patient access, service efficiency, and remote care delivery.

10.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term in which AI approach to lung cancer pathways should be a local priority for action:

e-Rostering	We continue its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing.
Hospital Electronic Prescribing and Medicines Administration (HEPMA)	We will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.

50

GP IT	We will progress the migration, once the impact to the National GP IT Programme is known, following the administration of INPS
OpenEyes	We will progress the implementation of the Open Eyes EPR during 2025/26. This will include the Community Glaucoma pathway in support of Primary Care.
Infix	Theatre Scheduling will be progress in the latter half of 2025/26 once OpenEyes has commenced.
Child Health	This programme continues to support the local implementation of the replacement for Child Health Systems. We continue to finance and resource the team supporting the local implementation of this national programme.
Scottish Wide Area Network 2 (SWAN2)	We continue to support the transition of Networks to SWAN2, work that will continue in 2025/26.
Microsoft 365	The new re-procurement of associated licences will require us to be able to progress the utilisation of a number of products within the M365 offering, in support of cost reduction as per its cost saving programmes.
Laboratory Information Management System (LIMS)	As one of the accelerated Boards within the programme, we will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.
Digital Dermatology	We are committed to implementation of digital dermatology and will progress a project plan in 2025/26.
Infix eScheduling	We are closely monitoring developments on this system and have given detailed consideration to implementation. There are concerns locally regarding functionality when compared to the existing system, alongside resource to implement. Theatre Scheduling will be progress in the latter half of 2025/26 once OpenEyes has commenced.
eTrauma	We do not currently have access to the eTrauma system used in a number of other NHS boards. However, there is an understanding of the potential benefits of this

system which could provide enhanced visibility and reduce reliance on manual processes. Due consideration and prioritisation will be undertaken during 2025/26.

10.2 Improving cyber resilience and compliance

Our approach to improving the cyber resilience and compliance level is linked to one of risk management and mitigation planning. As a corporate risk the associated action plans and governance are established through executive support and commitment.

We will undergo an annual audit under the NIS Directive, with the most recent report being made available in September 2024.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress the Cyber Resilience Framework action plan providing regular updates to the Information Governance and Security Steering Group

Progress specific risk mitigation activity relating to Manage, Protect, Detect and Respond and Recover. The key items for 2025/26 include

- Continued adoption, through the local Architecture Review Board of national infrastructure standards technical assessment and for legislative requirements of all new and existing technologies introduced and operated by NHS Fife, including Software as a Medical Device.
- Continued improvement to supplier management through introduction of performance management frameworks.
- Work with NSS to create a HEAT map of the current national system and supplier landscape.
- Conduct and implement action plan derived from the NIS Audit 2024.
- Improved ability to respond to an incident by contracting with response specialists available to NHS Fife 24x7, following lessons learnt from another NHS Board
- Testing of developed Business Continuity and Disaster Recovery plans including executive awareness exercises

10.3 Executive support and commitment to optimising use of digital & data technologies

10.3.1 Executive Support and Commitment

The governance of Digital activities and programmes is aligned to two key leadership groups, chaired by Executive roles.

The Digital & Information Board is focused on the development and implementation of our Digital and Information Framework and supporting delivery plan.

It is a key purpose of Digital & Information Board to provide the assurance that Digital & Information mechanisms and controls are in place and effective throughout the whole of NHS Fife's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

The Information Governance & Security Steering (IG&S) Group refers to the structures, policies and practice in place to ensure the confidentiality, availability and integrity of the information processed by or on behalf of NHS Fife, including patient records and all corporate records which are pertinent to regulations, and to enable the ethical and safe use of them for the benefit of individual patients and the public good.

Information Assurance refers to the practice of assuring information and managing risks related to the use, processing, storage, and transmission of information or data and the systems and processes used for those purposes.

It is the key purpose of the IG&S Steering Group to provide whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate

10.3.2 Digital Skills

We will plan our delivery for both our service users and those who utilise digital, but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking this through our Corporate Objectives.

The Digital and Data Capabilities Framework along with an adapted Digital Engagement model, will form the basis for a refreshed approach to ensuring improvements to our digital adoption capability.

10.4 Working collaboratively with other organisations to scale and adopt innovation

We are committed to working with a range of partners in support of our commitment to generating and supporting innovation and to be able to consider and adopt new technologies and innovations at scale. Formal arrangements are established with University of St Andrews and Fife College which will support existing programmes and develop new innovations for consideration.

We are the lead organisation supporting the UK-wide, £5.35 million Small Business Research Initiative (SBRI) innovation challenge for Reducing Drug Deaths, funded by Scottish Governments Chief Scientist Office and UK Governments Office for Life Sciences. Managed by NHS Fife the challenge continues in 2025/26 and aims to tackle the critical issue of drug-related deaths across the United Kingdom. Seven innovative projects have been selected to progress, each receiving up to £500,000 in funding over the 12 months of phase 2. This challenge aligns with the Scottish Government's National Mission on Drugs, reinforcing the commitment to reducing drug deaths and improving lives across Scotland and the UK.

As a member Board of the Health Innovation South East Scotland (HISES) we continue our work in the context of the East Region collaborating to pilot, scale and adopt innovations.

To facilitate review of high impact innovations coming to the Board from ANIA, we will develop a review group, separate from the Innovation Project Oversight Group to review and support ANIA projects. As the number of ANIA projects grows an efficient and streamlined review by the Board will be essential, allowing projects to be reviewed and assessed by relevant Board members before providing endorsement.

The ANIA review group will act as a 'landing zone' for high impact innovations from ANIA. Implementation of ANIA innovations will be the responsibility of the identified service and/or directorate.

Projects led locally in NHS Fife will continue to be reviewed by Fife's Innovation Project Review Group and follow the NHS Fife Innovation Governance framework. Projects to be elevated to ANIA are alerted to ANIA and IDA via the Horizon Scanning work led by Health Improvement Scotland. Projects to be elevated to ANIA will have endorsement from the relevant NHS Fife governance groups.

We will link into the national ANIA pathway for AI Assisted Endoscopy which aims to improve biopsy accuracy, increase the detection of polyps and cancers, assist with endoscopist workload and potential to improve the patient experience and pathway

We will continue to deliver and develop its approach to supporting growth in clinical research and partnership working. There will be a local role in the activity related to the development of the Commercial Clinical Trials Delivery Centres funded through the Voluntary Scheme for Branded Medicine Pricing, Access and Growth (VPAG). This 5-year UK wide investment aims to boost

<div align="center">54</div>

recruitment to commercial clinical trials and associated commercial clinical trials infrastructure. We will work in partnership with regional colleagues particularly NHS Tayside. Planning in this area will be a focus in 2025/26 with delivery beginning in 2026/27.

10.5 Digital Maturity Assessment

We last reviewed the Digital Maturity Assessment in 2023, where the outcomes and learning were developed into the ongoing requirements of Digital and Information teams and our wider approach to digital improvement.

There is no current plan to reassess in 2025/26.

10.6 Local D&I programmes

10.6.1 Electronic Health Record project

The Electronic Health Record project remains a local priority for us at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information, which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

Examples of Key deliverables are:

- Focus remains on the digitisation of processes where paper is used and moved round the organisation or to our patients.
- We will continue to extend the automated sending of correspondence, including appointment letters to patients via digital means.
- Ongoing assessment is being made as to the unification of our approach to Health Record management and supporting our patients on their pathway of care in a consistent and effective manner.
- Digital Front Door (DFD) – we will extend its digital front door through the extended us of digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services using digital exchange including modern telephony solutions. NHS Fife have also continued to assess the value derived from digital preassessment.

- We continue the financial investment in Digital Front Door technologies while we await clarity on the national DFD programme.

10.6.2 Upgrades and Lifecyle Plans

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2025/26 period. The large number of systems and digital information assets run and operated requires continued focus.

A range of technologies are considered legacy and require an upgrade, replacement or decommissioning process to be undertaken. Many of the candidates identified have functionality offered by key cornerstone systems and users are being migrated to these cornerstone systems to be able to decommission the legacy products.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of the product. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Planning activities have also identified a number of existing manual process that could be better supported through automation or existing systems. Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10.6.3 Digital sustainability support

Our sustainability programmes place a heavy reliance on digital technologies to support effective ways of working, especially for our administrative job family.

We are planning an extended adoption of SharePoint Online, Staff Engagement tools, automation of processes and improvements to data capture requirements throughout 2025/26.

11 Climate

Corporate Objective:
By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.

ADP Objectives:
By March 2026, we will • achieve full fleet electrification for small and light commercial vehicles, aligning with the 2030 target. • ensure that 70% of all domestic waste is recycled or composted. • establish an electric vehicle salary sacrifice scheme. • implement all bundles provided by the National Green Theatre Programme from CfSD. • adhere to the National Quality Prescribing Guide for respiratory medicines by reducing the use of Salbutamol inhalers.

11.1 Greenhouse gas emissions reductions in line with national targets

We have a Building Energy Transition Strategy that aligns with our Property and Asset Maintenance Strategy. This targets the most inefficient buildings and ensures no investment in buildings that will not be part of our portfolio in the long term. The strategy balances reducing use of electricity while increasing the proportion of green sourced power. We note challenges around decreasing use of natural gas and will address its position over the coming year.

We will continue to develop strategy around our capital estate, particularly in rationalisation of the estate. This has close links to ongoing work on bed modelling, patient flow and balance of care. Reconfiguration of sites will continue, with our initial focus on the Stratheden and Cameron hospital areas.

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. Use of nitrous is at the lowest level since reporting began, and in the coming year monitoring will continue, alongside introduction of an alternative product into our Emergency Department and there will be an established approach to nature-based solutions more broadly. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

In 2025, our plans to deliver full fleet electrification for small and light commercial vehicles, building on the considerable progress and transition in 2024. Beyond this, there will be progress on heavy commercial vehicles across 2026 and beyond, ahead of the 2030 target.

11.2 Adapting to the impacts of climate change

We are currently reviewing risks through public sector collaborations (public sector adaptation network) and establishing a path forward for monitoring, evaluation and making recommendations for climate adaptations to be undertaken within the organisation based on current priorities and future predictions of climate scenarios. Our main adaptations will focus on retrofit and nature-based solutions to flooding and overheating.

This being achieved through the ACE (Addressing the Climate Emergency) board with Fife Council, we have agreed several place-based priorities. We will continue working closely with the council's climate team on adaptation.

We are looking to develop a climate model to identify assets at risk for different climate events.

We are working closely with the Lead for National Adaptation to establish a framework to approach adaptation.

11.3 The achievement of national waste targets, and local targets for clinical waste

We met commitments in the 2024/25 ADP to reduce domestic waste by 15%, demonstrating strong delivery in this area.

As of 2025, we have met 3 out of 4 waste segregation and recovery targets. We are currently still working towards the final target that asks that 70% of all domestic waste is recycled or composted. Our target is to recycle 949 tonnes of all domestic waste. Currently, we are only recycling 640 tonnes meaning a 309-tonne reduction is required before this target will be met. The below table highlights our waste performance summary for 2024/25.

Audit work will be delivered through the local waste management team. This will capture information on ward level disposal, refuse setups and staff knowledge on appropriate ways of working. We have delivered significant work on recycling facilities and will progress cultural change across staff groups to ensure uptake is maximised.

Reduce domestic waste by a minimum of 15%, and greater where possible, compared to 2012/2013 - by 2025	
Target | reduce domestic waste by	307 (t)
Performance | domestic waste reduced by	reduction in waste 693 (t)
Outcome	TARGET MET
Further reduction required	0 (t)

Reduce the food waste produced by 33% compared to 2015/16 - by 2025	
Target | reduce food waste by	80 (t)
Performance | food waste reduced by	204 (t)
Outcome	TARGET MET
Further reduction required	0 (t)

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill - by 2025	
Target | reduce waste sent to landfill by	1792 (t)
Performance | waste sent to landfill reduced by	1886 (t)
Outcome	TARGET MET
Further reduction required	0 (t)

Ensure that 70% of all domestic waste is recycled or composted	
Target | recycle or compost	949 (t)
Performance | recycle or composted	640
Outcome	TARGET MISSED
Further reduction required	310 (t)

11.4 Sustainable travel approach

We have an established plan delivering the cycle to work scheme and active travel initiatives. Delivery will continue through 2025 and beyond with targets established such as the delivery of an electric vehicle salary sacrifice scheme.

We are going to work with relevant stakeholders such as Public Health to integrate established active travel plans with a patient travel strategy. The Board has received national guidance on the approach to travel strategy and will carefully consider this in context of local planning, with detailed delivery plans to follow.

11.5 Environmental management, including increasing biodiversity and improving greenspace

We are currently undertaking environmental impact assessments of departments of interest such as laundry and laboratories to assess any significant environmental risks. Following these assessments, adaptations or recommendations are provided to encourage action to reduce environmental impact where possible. We have a full Environmental Management System (EMS) policy and have started working on our legal register. We are also beginning to create the main procedural documents to establish how the EMS will function to work towards a full system across the organisation.

We are working closely with Fife Coast and Countryside Trust (FCCT) on gardens and grounds maintenance and development – this leads to enhanced biodiversity consideration and a generally more rounded approach.

59

We will continue working to develop site plans in anticipation of national funding for developing our greenspaces in line with our greenspace strategy. As of March 2025, designs will be completed for the creation of a Pain Management Garden at Queen Margaret Hospital and a full landscape design for the greenspaces at Lynebank Hospital. The design work will be complete in March however we are yet to secure funding to carry out the project works.

11.6 Producing the environmental impact of healthcare through adopting the National Green Theatre Programme actions

11.6.1 National Green Theatre Programme
In 2025/26, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed, however at time of writing the bulk of actions have been completed and savings achieved, and plastic waste reduced. Culture and action around green theatres is now well embedded with a regular review cycle adopted.

11.6.2 Quality Prescribing guides and sustainability in quality improvement approach
As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory Managed Clinical Network (MCN) is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife will continue to drive progress on the recommendations within The National Quality Prescribing Guide for respiratory medicines, utilising the quality of available data with an experienced and established team in place to support patients and make clinical adjustments.

Appendix 1: NHS Fife Strategic Risks by Delivery Area

Risk Title and Description	Risk Appetite and Status	Delivery Areas
Population Health and Wellbeing Strategy There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife	Hungry / Below	Population Health and Reducing Inequalities
Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	Hungry / Within	Population Health and Reducing Inequalities
Policy obligations in relation to environmental management and climate change There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	Hungry / Below	Climate
Whole System Capacity There is a risk that NHS Fife may be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.	Hungry / Above	Urgent and Unscheduled Care
Access to outpatient, diagnostic and treatment services There is a risk that patient outcomes may be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing unscheduled care pressures and demand exceeding current capacity.	Hungry / Above	Planned Care
Cancer Waiting Times (CWT) There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.	Hungry / Within	Cancer Care

61

Risk Title and Description	Risk Appetite /Status	Delivery Areas
Quality & Safety There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.	Hungry / Within	Planned Care Urgent and Unscheduled Care Cancer Care Mental Health Primary and Community Care Women and Children's Health
Primary Care Services There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.	Hungry / Above	Primary and Community Care
Workforce Planning and Delivery There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated whole system capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery	Hungry / Above	Workforce
Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Hungry / Above	Workforce
Delivery of a balanced in-year financial position There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.	Hungry / Above	Finance
Delivery of recurring financial balance over the medium-term There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.	Hungry / Above	Finance
Prioritisation & Management of Capital funding There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to manage and mitigate risk and to support the developing Population Health and Wellbeing Strategy.	Hungry / Within	Infrastructure

Risk Title and Description	Risk Appetite /Status	Delivery Areas
Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber-attack that may impact the availability and / or integrity of digital and information required to operate a full health service.	Hungry / Above	Digital and Innovation
Digital & Information There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.	Hungry / Within	Digital and Innovation
Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.	Hungry / Below	Workforce
Reduced Capital Funding There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes	Hungry / Above	Population Health and Reducing Inequalities Infrastructure Digital and Innovation
Pandemic Risk There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity, and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.	Hungry / Within	Population Health and Reducing Inequalities

63

Additional risks to be added and subject to approval by Board governance committees:

Risk Title and Description	Risk Appetite /Status	Delivery Areas
Hospital Acquired Harm There is a risk that patients may come to hospital acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of workforce and whole system pressures.	TBC	Planned Care Urgent and Unscheduled Care
Substance Related Morbidity and Mortality There is a risk that people experiencing problem substance use may have a poor patient experience and increased morbidity and mortality due to NHS Fife being unable to provide rapid and appropriate access to all treatment and care due to lack of funding and capacity.	TBC	Population Health and Reducing Inequalities

64

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NHS Fife
Queen Margaret Hospital,
Dunfermline, KY12 0SU

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Meeting:	**Fife NHS Board**
Meeting date:	**24 June 2025**
Title:	**NHS Fife Corporate Objectives 2025/26**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Ben Hannan, Director of Planning and Transformation**

Executive Summary

The Corporate Objectives for 2025/26 are designed to provide clear strategic alignment with the Annual Delivery Plan (ADP), ensuring a direct link between strategy, action, and performance management.

These objectives support financial sustainability, service transformation, and system collaboration, embedding national priorities within NHS Fife's governance and operational frameworks.

Process as followed in previous years involves Board approval of corporate objectives, and annual delivery plan in Board private session, followed by Scottish Government endorsement, and subsequent presentation in public for assurance. On 9 June 2025, the Scottish Government issued updated guidance confirming a move away from central approval and national reporting of Delivery Plans for 2025/26, with an increased focus on the Operational Improvement Plan (OIP), Service Renewal Framework (SRF), and Population Health Plan (PHP).

NHS Fife's Corporate Objectives and Annual Delivery Plan were previously reviewed and approved in private session (March 2025), with public tabling originally intended following Scottish Government endorsement. Considering the revised national position, these are now presented in public to provide assurance NHS Fife is meeting it's transparency, confirm alignment with national priorities, and support local accountability for delivery.

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The NHS Fife Corporate Objectives for 2025/26 (Appendix 1) have been developed to provide clear strategic alignment between the Annual Delivery Plan (ADP) and executive objectives, ensuring streamlined reporting, reduction in duplication, and a direct link between strategy and action.

The Corporate Objectives provide the headline commitments, with detailed actions, including specific deliverables, timelines, and responsible leads, outlined in the ADP and Executive Directors' personal objectives. Performance will be monitored against defined measures within existing governance structures, ensuring accountability and continuous improvement.

This approach represents the first phase of establishing a focused and strategic framework, enabling NHS Fife to concentrate on core system-wide challenges, drive measurable improvements, and align with national collaboration priorities.

Each corporate objective is linked to a key Annual Delivery Plan priority, ensuring focus on the overarching impact and outcomes required for sustainable improvement across NHS Fife. These objectives will also be reflected in Executive Team performance objectives, ensuring alignment with both national policy shifts and local service transformation goals.

2.2   Background

NHS Fife's Corporate Objectives for 2025/26 are a key component of the Board's Strategic Planning and Commissioning System, ensuring that long-term priorities are effectively translated into operational delivery. This approach is aligned with NHS Scotland's Blueprint for Good Governance, embedding strategic planning, accountability, and system-wide collaboration into NHS Fife's corporate governance framework.

As part of the Strategic Planning and Commissioning System, the Corporate Objectives provide the high-level direction for NHS Fife's service transformation, financial sustainability, and

workforce development. These objectives shape decision-making at a Board level, guiding resource allocation, service redesign, and system improvements. The ADP serves as the mechanism through which these objectives are realised, detailing the specific, measurable actions required to achieve NHS Fife's strategic ambitions.

Each Corporate Objective is mapped to corresponding ADP objectives, providing a structured approach to implementation, monitoring, and evaluation within the Board's commissioning framework. This ensures that every strategic ambition is supported by clear, accountable, and time-bound actions. For example:

- The Corporate Objective to enhance patient care quality is reflected in ADP objectives focused on reducing waiting times and improving patient experience through service transformation and pathway redesign.
- The Corporate Objective on workforce sustainability is embedded in ADP commitments to optimise staffing models, invest in professional development, and strengthen workforce planning to meet future demand.
- The Corporate Objective on financial sustainability aligns with ADP actions focused on cost containment, efficiency savings, and value-based care transformation to ensure the long-term viability of services.

By integrating Corporate Objectives with the ADP as the Board's Strategic Planning and Commissioning System, NHS Fife ensures a clear line of sight from strategic ambition to frontline delivery. This enables effective performance monitoring, risk management, and governance oversight, ensuring NHS Fife remains focused on delivering high-quality, sustainable healthcare while meeting national policy commitments.

Our annual delivery plan's key focus areas are aligned to:

- **Planned Care** – Reducing waiting times, increasing service capacity, and strengthening regional collaboration to meet national treatment time targets.
- **Unscheduled Care** – Improving emergency department performance and ambulance response times through whole-system flow improvements and enhanced community alternatives.
- **Cancer Care** – Optimising cancer pathways, increasing diagnostic capacity, and reducing inequalities in screening uptake.
- **Mental Health** – Implementing the National Mental Health Standards to improve access, quality, and crisis response services.
- **Primary and Community Care** – Enhancing referral pathways and communication between primary and secondary care to improve patient transitions and reduce system pressures.
- **Health Inequalities & Population Health** – Embedding the Anchor framework and Marmot principles to address inequalities through progressive recruitment and targeted public health interventions.
- **Workforce** – Strengthening workforce planning to ensure sustainable staffing models and reduce reliance on agency and locum staff.

- **Digital & Innovation** – Expanding digital patient services and improving digital infrastructure to enhance access and operational efficiency.
- **Financial Sustainability** – Delivering financial balance in line with the **Medium-Term Financial Plan**, ensuring efficiency, value-based care, and long-term service resilience.
- **Climate & Sustainability** – Establishing an evidence-based trajectory toward NHS Scotland's **2030 carbon reduction targets**, embedding the Environmental Management System across NHS Fife facilities.

These objectives support NHS Fife's dual responsibility to deliver high-quality, person-centred care to its local population and contribute to Scotland-wide system improvements through enhanced collaboration with other NHS Boards, Scottish Government, and wider health and care partners.

2.3 Assessment

The Corporate Objectives for 2025/26 have been designed to:

- Drive measurable improvement through clear key performance measures.
- Support financial sustainability in line with NHS Scotland's efficiency and productivity goals.
- Enhance system collaboration by aligning NHS Fife's strategic role with national health planning requirements.
- Provide a foundation for integrated performance management, ensuring executive accountability and robust governance.

Each objective is structured to focus on clear impact and key measures required for success. The final objectives will be embedded into Executive Director performance objectives, reinforcing their collective accountability for delivery.

The Remuneration Committee considered the proposed Corporate Objectives for 2025/26 in March 2025 to provide feedback on their alignment with Board priorities and endorse them for final approval by the NHS Fife Board. This is due to the remit of the Remuneration Committee to "agree performance objectives and appraisals directly for the Executive cohort" – and there is direct correlation between the content of the Corporate Objectives and performance objectives for the Executive Cohort. Feedback from the Remuneration Committee was that it could be more explicit how objectives were Specific, Measurable, Achievable, Relevant and Time-Bound – to this end, a SMART grid was developed and presented to the Board and Remuneration Committee.

The NHS Fife Board approved these objectives in private in March 2025. The only amendment since then has been the unscheduled care trajectory for ED performance, which given the availability of unscheduled care funding, has been reduced to 82%.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1   Quality, Patient and Value-Based Health & Care

These corporate objectives will be delivered with an unwavering commitment to quality, safety, and value-based care, ensuring that every action taken aligns with NHS Scotland's national quality ambitions. By embedding continuous quality improvement and robust safety measures, NHS Fife will drive measurable enhancements in patient experience, clinical outcomes, and system sustainability.

2.3.2   Workforce

The objectives reflect NHS Fife's commitment to improving staff experience, retention, and workforce planning, ensuring a resilient and adaptable workforce that meets future service demands.

2.3.3   Financial

Delivering financial sustainability is a key priority, with objectives designed to ensure cost-effective service delivery, efficiency improvements, and long-term financial resilience in alignment with the Medium-Term Financial Plan.

2.3.4   Risk Assessment / Management

Each section of the ADP aligns with NHS Fife's corporate risk management framework, ensuring that risks related to service delivery, financial sustainability, and workforce planning are actively identified, mitigated, and monitored.

2.3.5   Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions.

The objectives embed NHS Fife's Anchor framework and Marmot Place commitments, ensuring a targeted approach to reducing health inequalities, advancing equality, and delivering inclusive recruitment strategies.

In addition, an objective reflecting the work required to be delivered organisationally regarding Equality, Diversity and Inclusion has been included to ensure appropriate focus on delivery of this work. Further, explicit reference to our important role as a Corporate Parent, and our key role in

upholding the UNCRC has been made in two objectives. Individual EQIAs will be completed for pieces of work which require this in line with our public sector equality duty.

2.3.6 Climate Emergency & Sustainability Impact

These objectives contribute to system-wide collaboration, improving NHS Fife's ability to engage with regional and national partners in delivering shared health and care priorities. Our collaborative impact to address the Climate Emergency is appropriately referenced in our ADP and objectives.

2.3.7 Communication, involvement, engagement, and consultation

The corporate objectives have been developed in consultation with Executive Directors, ensuring alignment with strategic priorities and national expectations for improved governance and performance management.

2.3.8 Route to the Meeting

This paper has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

This paper has been developed through Executive Team discussions, aligning with NHS Fife's governance structures.

- 9th December 2024 - Executive Director's Group Development Session
- December 2024 – January 2025 – Virtual Collaboration to Refine Objectives
- January 2025-March 2025 – Co-development with Executives and key senior leaders in development of the Annual Delivery Plan.
- 18th March 2025 – Remuneration Committee
- 25th March 2025 – NHS Fife Board (Private)
- 26th May 2025 – Remuneration Committee

2.4 Recommendation

The Board is asked to take a **significant level of assurance** that the development of these objectives enables the Board to ensure accountability and system-wide alignment of priorities for 2025/26.

3 List of appendices

The following appendix is included with this report:
- Appendix No. 1, NHS Fife Corporate Objectives 2025/26

Report Contact
Ben Hannan
Director of Planning and Transformation
Email benjamin.hannan2@nhs.scot

APPENDIX 1 – NHS FIFE CORPORATE OBJECTIVES, 2025/26

Planned Care:
By March 2026, actively contribute to the national waiting time recovery programme by reducing the number of patients waiting over 52 weeks for inpatient/day case procedures and outpatient appointments, while collaborating with other NHS Boards where challenges remain.

Urgent and Unscheduled Care:
By March 2026, improve A&E waiting times compared to 2024/25, with a minimum of 82% of patients seen within 4 hours, through whole-system improvements including utilisation of virtual beds (Hospital @ Home) optimising patient flow, enhancing the Flow and Navigation Centre, expanding Same-Day Emergency Care pathways, and strengthening community-based alternatives to hospital admission.

Cancer Care:
By March 2026, improve compliance with the 62-day referral-to-treatment standard by optimising treatment pathways.

Mental Health:
By March 2026, fully implement the National Mental Health Standards through the delivery of the Fife Mental Health Strategy, embedding the Mental Health Built Environment Quality and Safety Toolkit to ensure consistent, high-quality, person-centred care across all services, with a focus on a new model of mental health delivered closer to people's homes.

Primary and Community Care:
By March 2026, we will enhance collaboration between primary and secondary care by formalising interface arrangements that prioritise prevention, early intervention, quality, and reducing health inequalities, while ensuring smoother patient transitions and better coordination through digital solutions and structured engagement.

Women's Health:
By March 2026, successfully open, embed, and demonstrate impact of the new Women's Health Unit at Queen Margaret Hospital, ensuring implementation of the refreshed Women's Health Plan, improved access to specialist care, measurable service improvements, and a clear return on investment through enhanced patient outcomes and service expansion.

Child Health:
By March 2026, advance NHS Fife's commitment to the UNCRC by embedding children's rights into service planning and delivery, ensuring alignment with national priorities and strengthening early intervention approaches, including increasing infant immunisation uptake at 12 months to 93% or higher in the most deprived areas of Fife, in line with NHS Scotland's national vaccination strategy.

Health Inequalities and Population Health:
By March 2026, evidence NHS Fife's progress in implementing Marmot Principles through the Anchor Progression Framework, while advancing progressive recruitment for priority groups and delivering the ambitions of our Anchor Strategic Plan.

Finance:
By March 2026, deliver financial sustainability in line with NHS Fife's Medium-Term Financial Plan, ensuring in-year financial balance through cost containment, efficiency improvements of at least 3%, and value-based healthcare approaches, while progressing long-term financial recovery and sustainability measures.

Infrastructure:
By March 2026, deliver Phase 1 of the risk-based essential infrastructure investment plan (capital depending), prioritising mental health estate refurbishment and critical safety upgrades at Victoria Hospital, ensuring improved patient safety and service resilience.
Workforce:
By March 2026, implement enhanced workforce planning measures to optimise recruitment, retention, and skill mix, ensuring a sustainable and adaptable workforce that meets future service demands. This will include rationalising WTE in central function job families in line with NHS Scotland guidance, incorporating effective vacancy panels, skills mix assessments, grade profile reviews, automation opportunities, and shared service models between Boards, while ensuring alignment with national employment terms and conditions.
Digital and Innovation:
By March 2026, we will enable our workforce to work more efficiently using digital tools by designing and delivering a training and education programme which will demonstrate an increase in digital adoption within functions and service areas by a minimum of 10%, enhancing both capacity and efficiency. This will include the expansion of technology-enabled care solutions to improve patient access, service efficiency, and remote care delivery.
Climate:
By March 2026, we will establish an evidence-based trajectory towards achieving NHS Scotland's 2030 carbon reduction targets by implementing sustainable estate management practices, reducing energy consumption, and embedding the Environmental Management System across NHS Fife facilities.
Equality, Diversity & Inclusion:
By March 2026, deliver key actions from NHS Fife's interim Equality Outcomes and Mainstreaming Plan 2025-2029, embedding anti-racism, supporting workforce equality, and advancing NHS Fife's UNCRC commitments to ensure inclusive and equitable service delivery.