



# Induction Pack

## NHS Fife

### Non-Executive Board Members

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## Section 1

# NHS in Scotland

National induction and orientation to the legislation, policies and oversight arrangements between Scottish Government and Health Boards complements the local Induction. The new National Induction approach involves completing a digital training programme which has four components:

1. **Context** - how NHS fits together and arrangements that enable the integration of health and social care.
2. [Blueprint for Good Governance](#) - how the “Enablers” help Board Members take up their leadership role and fulfils the “Functions” of good governance.
3. **Creating conditions** - for health system quality governance for healthy organisational culture.
4. **Reflexivity** - an approach to capture understanding and learning about the Scottish Health and Social Care system (National and Local) during your six months induction period. This will enable the newly appointed Non-Executive Board Members to appreciate and demonstrate their capabilities in corporate governance at the six-month performance review with their Board Chair.

The new National Induction package is under construction and can be accessed on [Turas Learn](#).

This package will include learning modules on the following topics:

1. Brief History of the NHS
2. Structure of NHS in Scotland
3. NHS Scotland and the Scottish Government
4. National Strategies
5. NHS Values
6. Performance Initiatives
7. Integration of health and social care
8. The 6 Leadership Capabilities for Health and Social Care.

## Section 2

# Introduction to NHS Fife

Welcome to NHS Fife as a new Non-Executive Board Member. I hope you find this pack helpful as you begin your role. The most up-to-date version of this document is always available online at <https://www.nhsfife.org/about-us/nhs-fife-board/board-members-induction-pack/>.

NHS Fife provides healthcare to over 370,000 residents of Fife and currently employs around 8,700 staff. We work in close partnership with our local population, our patients, our staff, the Health & Social Care Partnership, our colleagues in Fife Council and the third sector. For a number of specialist services, we rely on regional arrangements with neighbouring Health Boards. We have strong links with local educational providers such as the University of St Andrews, in particular with its Medical School, with Fife College and other Scottish universities.

NHS Scotland is strengthening its focus on empowering citizens to improve their own health, and we are working through the Government's Quality Strategy and the Scottish Patient Safety Programme, to ensure our services are of the highest quality.

Over recent years NHS Fife has seen significant changes in the delivery of healthcare. The pace of change continues to accelerate as our committed staff adopt new ways of working, fit for the challenging years ahead.

A new community hospital in St Andrews was opened in September 2009; a re-development of Adamson Hospital was completed in October 2012; and the new wing at Victoria Hospital was completed and opened in January 2012. More recently a new Glenwood Health Centre has been provided and was officially opened in April 2014. A new intensive psychiatric unit, Hollyview Ward, was opened at Stratheden in 2016. We are currently working through an ambitious programme of Site Optimisation at Victoria Hospital, in support of the delivery of our Clinical Strategy, and we also continue to progress other major capital schemes, such as the National Treatment Centre for Orthopaedics, opened in 2023. These developments - in addition to the provision of new units for people with mental health problems and people with learning difficulties, investment in health centres and new dental access centres - allow us to drive forward service improvement with confidence.

In fulfilling its role as an organisation responsible for the promotion of health and the provision of healthcare services, it is important that NHS Fife clearly articulates its strategic direction, vision, mission and objectives. In doing so, we need to take account of a number of considerations. The population we serve is changing, as is the pattern and nature of health and disease. The clinical workforce is ageing and the current model of healthcare provision is unsustainable going forward. It is therefore critical that we are clear on the strategic direction of NHS Fife and the Board's articulates its key priorities, to ensure the quality of service delivered to patients meets all aspirations and addresses current challenges in improving healthcare.

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### Demographic and Social Profile of Fife

The Kingdom of Fife is a peninsula in eastern Scotland with a coastline of 170 kilometres (105 miles) bounded by the Firth of Forth to the South and the Firth of Tay to the North. It is the third largest local authority area in Scotland with a population of over 371,781. This represents 7% of the total population of Scotland. 96% of Fife residents live in 134 settlements, the largest of these being Kirkcaldy, Dunfermline and Glenrothes. 59% of residents feel they have access to quality green space, from award winning beaches to historic town parks.

Fife shares inland boundaries with Perth & Kinross and Clackmannanshire, and is divided into seven administrative or business areas:

- Cowdenbeath
- Dunfermline
- Glenrothes
- Kirkcaldy
- Levenmouth
- North East Fife
- South West Fife



By 2039, the population of Fife is expected to increase by 5.4% to 386,963. The 16 to 19 age group is expected to reduce by 6.9% against the 2016 base year, and those aged 75+ are expected to see the greatest increase (35.1%). This may be attributed to a declining birth rate and increased life expectancy in Fife, which is currently greater than the Scottish average for both males and females.

The baseline for the minority ethnic population in Fife is still the 2011 Census. This estimated that approximately 1.6% of Fife's population were from an ethnic minority group, with the highest percentage categorised as Asian Pakistani.

The extent of deprivation in Fife is fairly evenly spread across the different datazone bands from most to least deprived. The 2016 Scottish Index of Multiple Deprivation (SIMD) indicates that Fife has the eleventh highest local authority share of the 20% most deprived datazones in Scotland. In absolute terms, 11% of the working age population are employment deprived in Fife (10.8% for Scotland). 12.4% of the population are income deprived in Fife (12.3% for Scotland). Since 2004, Fife has generally seen an increasing share of Scotland's most deprived datazones but consistent with its share of Scotland's population and datazones. Fife now has 11.9% of its 494 datazones in the 15% most deprived for Scotland (down slightly from 12.8% SIMD12). 19.2% of Fife's datazones are in the 20% most deprived for Scotland

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(unchanged from SIMD12). The 2016 data also confirms enduring deprivation in geographical specific areas of Fife, concentrated largely in Central Fife.

The proportion of young people not in education, employment or training in Fife is higher than for Scotland overall. The proportion of the working age population with no qualifications is 10.4 per 100,000 of the population, which is also below the Scottish average. Physical health data is however positive and among the best in Scotland. This shows evidence of good general health and nurture, and the emergency hospital admission rate is lower than the Scottish average.

In recent years Fife's economy has moved away from traditional manufacturing industries towards the service sector.

### **NHS Fife**

NHS Fife provides healthcare to over 370,000 residents of Fife. As a large rural area with varied geography and several centres of population, there are particular challenges to meet the health needs of the people of Fife.

Fife is home to two large hospitals - the Victoria Hospital, located in Kirkcaldy in the centre of the Kingdom, where the majority of services are provided, and Queen Margaret Hospital in West Fife. The Victoria Hospital underwent significant remodelling ahead of the opening of its new wing in 2012, which brought together acute services with maternity and children's services to purpose-built facilities on a single site. The Queen Margaret Hospital in Dunfermline is home to a considerable number of community and therapy services, alongside a minor injuries unit and a state-of-the-art diagnostic and treatment centre.

In addition, Fife is home to a further eight community hospitals spread across the Kingdom: Lynebank Hospital in Dunfermline; Glenrothes Hospital; Whyteman's Brae Hospital in Kirkcaldy, Cameron Hospital in Windyates, Randolph Wemyss Memorial Hospital in Buckhaven, Stratheden Hospital in Springfield, Adamson Hospital in Cupar, and St Andrews Community Hospital.

NHS Fife is directly responsible for acute hospital services at Victoria Hospital in Kirkcaldy and Queen Margaret Hospital in Dunfermline. The Fife Health & Social Care Partnership, overseen by the Fife Integration Joint Board, has delegated responsibility for the health and well-being of the local population and to provide primary and community health services within these areas, including community hospitals.

The following Directorates provide Fife-wide services:

- Public Health (including Emergency Planning);
- Medical Directorate (including Clinical Governance, Service Redesign and Quality Improvement);
- Nursing & Engagement (including Public and Patient Involvement and Legal Services);
- People & Culture (including Staff Governance);

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- Communications & Engagement;
- Digital & Information;
- Finance (including Strategy & Planning, Procurement, Performance Reporting, Risk Management and Corporate Governance)
- Estates & Facilities (including Health & Safety).

### **Population Health & Wellbeing Strategy**

In April 2021, the NHS Fife Board agreed to the development of a new organisational strategy, focused on reducing health and inequalities, delivering excellence in clinical care and improving population health and wellbeing for the people of Fife. The development of the new strategy was paused due to the ongoing impact of the pandemic pressures on our services, however a transitional one-year Annual Delivery Plan with specific objectives for 2022/23, including a proposed financial plan, was created via our annual Strategic Planning & Resource Allocation (SPRA) process and implemented during the reporting year.

A high-level milestone plan was agreed with the NHS Fife Board in March 2022, which has guided the subsequent development of the strategy. A core team has co-ordinated implementation of this plan, via which the following pieces of work have been delivered:

- An assessment of Fife's population health and wellbeing, led by the NHS Fife Public Health Team.
- Identification of key opportunities for NHS Fife from public and staff to make a positive impact on population health and wellbeing.
- A review of the 2016-21 Clinical Strategy and its outcomes, which has involved extensive engagement with operational and management teams across NHS Fife.
- Wide-ranging engagement has been undertaken with members of the public in Fife, community groups and our workforce. An external company, Progressive, was commissioned to support this work, undertaking a survey that received 1,300 responses. Further work was commissioned with Progressive to follow up with a range of dedicated focus groups, allowing for interviews to explore the findings of the questionnaire in more detail. The final report has been received summarising the findings of this engagement work and key points and themes have been included in the strategy.
- Staff engagement has continued with presentation at two Grand Rounds, where staff were invited to share their ideas on how we can improve population health and wellbeing across Fife communities. Regular updates and continued engagement has also been undertaken with a wide range of colleagues across the organisation.
- The enabling strategies are presently in development that will support the implementation of the Population Health and Wellbeing Strategy and include the plans across Property & Asset Management, Digital and Information (D&I), Workforce and Finance.

Development of the strategy has been underpinned by a strategic framework that includes the overall vision Living Well, Working Well and Flourishing in Fife. This is supported by four strategic priorities: (i) improving health and wellbeing; (ii) improving the quality of health and care services; (iii) improving staff experience and wellbeing;

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and (iv) delivering value and sustainability. For each of the four priorities we have identified key ambitions, summarised what we were told through the engagement work, and given examples of what we plan to do to deliver each. Each priority is supported with stories to make our work relatable to our public and our staff. The strategy will be enabled by supporting workstreams in the distinct areas of digital and information, property and asset management, finance and workforce.

This new strategy sets out the proposed strategic ambitions for NHS Fife for the next 5 years, focusing on our key strategic priorities and how we will take forward plans to deliver these. The strategy is intended to be dynamic and to allow NHS Fife to be agile to respond to future emergent pressures and changing priorities on an ongoing basis. The strategy candidly acknowledges the legacy of the pandemic on our population, our staff and our services. A key driver for change within the strategy is NHS Fife's ongoing recovery from the pandemic. We know that across our healthcare system, performance on a range of metrics (for example, waiting times) is not to the standard that we want it to be. Addressing this is a theme running throughout the strategy, in line with national policy. It is important to acknowledge this strategy does not simply seek to rebuild what was in place before March 2020. Many of the challenges captured within the strategy predate the pandemic. For example, changing demographics and our ageing population mean that services are no longer sustainable and able to be delivered as in the past. The strategy seeks to find new ways of doing things, building on our learning from the pandemic, to ensure we have a health service fit for the future.

The Strategy describes NHS Fife's role in improving population health and wellbeing, but also recognises that we cannot deliver this on our own. The outcomes of the strategy are therefore closely aligned to the Fife Health & Social Care Partnership's Strategic Plan.

NHS Fife Board formally approved the new [Population Health & Wellbeing Strategy](#) at its meeting on 28 March 2023.

### **Improving services**

NHS Fife works with and on behalf of the citizens of Fife to improve their health and their healthcare. NHS Fife, along with help from its partners, the public, other NHS Boards, Fife Council and voluntary agencies, is working on an ongoing basis to improve its services.

The Health & Social Care Partnership, utilising staff with a mixed skill-base, can strive to ensure that more problems can be dealt with in the community, taking away the need for onward referral to other departments. This has been possible due to the continuous development of services within NHS Fife.

NHS Fife recognises the importance in health promotion and has recently been tackling the issue of smoking. Smoking and the cessation of it has been heavily promoted to encourage smokers to quit and to work on prevention to stop people from starting in the first instance. This has been done simultaneously with addressing

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issues such as alcohol abuse, the importance of maintaining a healthy lifestyle and improving sexual health.

All NHS Boards work together for the benefit of the people of Scotland. NHS Fife works principally with NHS Lothian and NHS Tayside, to maintain and improve healthcare arrangements in the east of Scotland.

### **Annual Review**

The most recent Annual Review took place in September 2024 and further details are available [online](#). The next review is scheduled for December 2025.

## Section 3

# Health & Social Care Integration

The aim of this reform is to meet the challenges of Scotland's ageing population by shifting resources to community-based and preventative care at home, or in a homely setting.

To achieve this, the *Public Bodies (Joint Working) (Scotland) Act 2014* requires councils and NHS Boards to work together to form new partnerships, known as integration authorities (IAs). The aim is to ensure services are well integrated and that people receive the care they need at the right time, and in the right place.

IAs across Scotland are very different in terms of their size, resources and local context. But all IAs are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults. Some areas have also integrated additional services including children's services, social work, criminal justice services and all acute hospital services. Integration authorities manage the budget for providing all integrated services.

Audit Scotland published a helpful guide '*What is Integration? A short guide to the integration of health and social care services in Scotland*' in April 2018. This [guide](#) summarises some key information on the background of health and social care integration in Scotland, and outlines how IAs are structured and function.

### **Fife Health & Social Care Partnership**

Across Scotland partnerships between Health Board and Local Authorities have been set up to meet this aim and to provide services that support people to live safely at home, with a good quality of life.

In Fife, a vast range of functions previously delivered separately by NHS Fife and Fife Council's Social Work Services were delegated to Fife's Health & Social Care Partnership. Integrated services the Partnership is now responsible for include:

- All adult and older people Social Work Services;
- Community Health Services, e.g. District Nursing, Physiotherapy and Mental Health Services;
- Children's Community Health Services, e.g. Health Visiting;
- Housing Services, which provide support services to vulnerable adults and disability adaptations; and
- the planning of some services provided in hospital, e.g. Medical Care of the Elderly.

The Fife Health & Social Care Partnership works with around 300 organisations across the voluntary and independent sectors and they are a vital part of the Partnership in delivering services. Fife is one of the largest Health & Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with around 5,000 staff and a joint budget of around £470 million.

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The present iteration of the [Fife Health & Social Care Strategic Plan](#) sets out a vision for the transformation of health and social care from 2019-2022. This includes widening the skills of teams, changing the way we commission services, strengthening partnerships and leveraging new technology. This document is the blueprint for change.

The [Health & Social Care Integration Scheme](#) is a legal document setting out how NHS Fife and Fife Council have established integrated partnership arrangements in line with the *Public Bodies (Joint Working) Scotland Act 2014*. Integration Schemes have been submitted to the Scottish Government by all NHS Boards and Local Authorities. The Fife Integrated Health & Social Care Partnership has been established as a Body Corporate. This means that it is a separate legal entity from either Fife Council or NHS Fife. The current Integration Scheme has recently been revised, with approval by partners in March 2022.

Responsibility for the governance of the Health & Social Care Partnership rests with an Integration Joint Board (IJB), which is responsible for the planning and delivery of Integrated Services. The arrangements for appointing membership of the IJB are such that Fife Council appoints eight voting members from Elected Members of the Council and NHS Fife appoints eight voting members from the Health Board. The Board members appointed by the Partners hold office for a maximum period of three years. The responsibility for nominating the Chair and Vice-Chair alternates between the Parties and appointments to these roles are also made for a period of three years. At present, the Chair role is held by Fife Council and the Vice-Chair by NHS Fife. In addition to the voting members described above, the IJB also comprises of a number of non-voting individuals. These range from professional advisers, representatives from carers and the independent sector to members of the public.

The IJB meets bimonthly in public. On the alternate month the IJB holds a Development Session, which explores specific topics requested by the Board Members. The IJB is supported by three standing governance Committees:

- Audit & Risk Committee
- Clinical & Care Governance Committee
- Finance & Performance Committee

The Senior Leadership Team of the Health & Social Care Partnership is managed by the Director of Health & Social Care, who is jointly responsible to the Chief Executives of Fife Council and NHS Fife for the services delivered by the Partnership. Services are split into three Divisions (East, West & Fife-Wide Divisions), each managed by a Divisional General Managers. The Senior Leadership Team also comprises a Chief Finance Officer, Head of Strategic Planning, Performance & Commissioning, Associate Director of Nursing (Fifewide), Associate Medical Director, Head of Corporate Services and the Communications Officer.

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Further details on the work of the Health & Social Care Partnership can be found [online](#).

## Section 4

# Introductory Meetings for New Non-Executive Board Members

It is important for new Non-Executive Board Members to understand the particulars of their Board. Introductory meetings are a key way to get to understand how your role interacts with those within your Board.

The following introductory meetings should be used to enhance your understanding of how the organisation directs and manages services for quality health care through its operational structures. By the end of each meeting you should understand:

- who they are, their role and how that role relates to the Board and Scottish Government;
- strategic actions, policies and initiatives relating to that specific area and how these connect through the assurance routes for corporate governance; and
- the issues affecting that specific area and the implications of these issues when considered together with the issues gathered from each and all the specific areas you have met with. This will enable you to appreciate the challenges and opportunities across the whole governance system and the consequences of the decisions made at Board to drive quality and improvements across the Board.

Meetings to be arranged and topics to be covered therein are detailed below.

Welcome Letter	Completed
<p><b>Board Secretary</b> writes to the new Non-Executive Board Member welcoming them to the Board, inviting them to get in touch and arrange an initial introductory meeting with the Chairperson and Board Secretary.</p>	

Introductory Meeting	Completed
<p><b>Chairperson with Board Secretary</b></p> <p>Overview of the Board's role in strategy, finance, quality of care and public health; roles and responsibilities of Board Members, including Executive and Stakeholder; appraisal processes and Board evaluation.</p> <p>A copy of the Induction Pack should be given to the new Non-Executive Board Member at this meeting.</p>	

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Induction Pack	Completed
<b>Board Secretary</b>	
<p>The Board Secretary will prepare the Induction Pack and tailor this following discussion at the Introductory meeting, to be sent to the Non-Executive Board Member within one week of the meeting.</p>	

As part of the Induction Pack finalisation the Board Secretary will arrange introductory meetings with the following people:

Introductory Meetings with Executives & Board Members		Completed
<b>Chief Executive</b>	Date of Meeting:	
<p>The Executive Team structure and priorities; the roles of Executives on the Board and its committees; the national and local position on health care delivery and integration.</p>		
<b>Director of Acute Services</b>	Date of Meeting:	
<p>Priorities in the Acute service; performance; transformation programmes.</p>		
<b>Medical Director</b>	Date of Meeting:	
<p>Patient safety and quality of care reporting; clinical governance; medical education and training; research and development; quality improvement assurance mechanisms and public / population health.</p>		
<b>Director of People &amp; Culture</b>	Date of Meeting:	
<p>Workforce strategy; iMatter/employee engagement; staff governance and partnership working.</p>		
<b>Employee Director</b>	Date of Meeting:	
<p>The staff governance standard (what the five strands mean for staff); the internal partnership structure and how it works; values and behaviours; the role of the Employee Director.</p>		
<b>Director of Finance</b>	Date of Meeting:	
<p>Financial governance and stewardship principles; the financial and reporting framework; strategic planning; risk management and corporate risk register reporting.</p>		

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Introductory Meetings with Executives & Board Members		Completed
<b>Director of Nursing</b>	Date of Meeting:	
Infection prevention and control; community / patient participation and engagement; child and adult protection.		
<b>Director of Public Health</b>	Date of Meeting:	
The population of Fife and its health needs; Health Inequalities and work with Partnership Board; the domains of public health and the work of the department.		
<b>Director of Property &amp; Asset Management</b>	Date of Meeting:	
Property and services overview; current estates and facilities issues; health and safety responsibilities; sustainability and climate emergency.		
<b>Director of Pharmacy &amp; Medicines</b>	Date of Meeting:	
Medicines (in acute and primary care); the management and contribution of Pharmacy services, including Community Pharmacy; Medicines governance.		
<b>Director of Communications &amp; Engagement</b>	Date of Meeting:	
Internal communications and external engagement strategies; social media training; organisational structure.		
<b>Director of Digital &amp; Information</b>	Date of Meeting:	
Overview of business areas including Health Records; Operations; Strategy and Programmes; Information Management; Information Governance and Business and Resource.		
<b>Director of Planning &amp; Transformation</b>	Date of Meeting:	
Overview of the Reform and Transformation framework; progress to date on delivery of a cost reduction programme from 1 April 2024.		
<b>Chair / Chief Officer of the Integration Joint Boards</b>	Date of Meeting:	
Overview of services devolved to Fife H&SCP; the governance structure of the Integration Joint Board; local healthcare challenges.		

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Introductory Meetings with Executives & Board Members		Completed
<b>Board Committee Chairs</b>	Date of Meeting:	
Committee roles, remits and workplans; reporting mechanisms in the governance structure; links to H&SC Partnerships etc.		
<b>Head of Corporate Governance &amp; Board Secretary</b>	Date of Meeting:	
The governance structure of NHS Fife; arrangements and schedules for Board meetings; Code of Corporate Governance, Members' Conduct and Register of Interests; IT set-up; expenses; ongoing training and development.		
<b>Charity Director</b>	Date of Meeting:	
Introduction to the Fife Health Charity (the Board's endowment fund); the charity's governance and the distinct role and responsibilities of a Trustee.		

Non-Executive Board Member Core Training (on Turas Learn)	Completed
<a href="#">Fire safety awareness</a>	
<a href="#">Equality and diversity</a>	
<a href="#">Health &amp; Safety</a>	
<a href="#">Information Governance</a>	
<a href="#">Safe information handling</a>	

Relevant Documents	Received
<a href="#">NHS Fife Code of Corporate Governance</a>	
<a href="#">Annual Delivery Plan</a>	
<a href="#">Population Health &amp; Wellbeing Strategy</a> and <a href="#">Health &amp; Social Care Strategic Plan</a>	
<a href="#">On Board: Scottish Gov Guide for Members of Statutory Bodies</a>	
<a href="#">CIPFA: Good Governance Standard for Public Services</a>	

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Relevant Documents	Received
<a href="#">Governance for Quality Healthcare in Scotland – an Agreement</a>	
<a href="#">Audit Scotland – Reports related to Health</a>	
<a href="#">Turas Learn</a>	

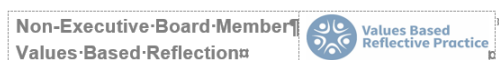
Other activities available to new members:	Completed
Site visits: acute facility and community-based facility	

## Section 5

# Self-Reflection Tool

An important part of the learning process is having the chance to reflect. This section details a reflective questionnaire/tool for new Non-Executive Board Members to capture their thoughts and reactions throughout the induction process (e.g. key messages they took away from the introductory meetings; insights gained from the Welcome On Board workshop, and their perspective on the absorption of National policy into local practical action). This tool will be helpful during the six-month initial appraisal conversations to confirm capability and how to best take up your role to strengthen leadership and governance of the Board.

Blank versions of the reflective questionnaire are available from your Board Secretary or to [download](#) from TURAS Learn.



### Tools from 'Values-based reflective practice' (VBRP®)

During your first few months in role your induction will introduce and orientate you to the work and ambition of your Board in the delivery of quality health and social care services to the people of Scotland.

During this time, it is imperative that you take the time to reflect on how you take up your role so that you can be an effective Non-Executive Board Member and advocate of the NHS Scotland Values.

#### The NHS Scotland Values



Values are at the core of belief systems. They shape how you think, act and impact your daily interactions with those around you.

The NHS Scotland Values are embedded across Scotland's health Service and support in the delivery of safe, effective, person-centred care.

Values based reflective practice is not only a model that links thought and action with reflection, it involves clinically analysing one's actions with the goal of improving one's professional practice. It also prompts further thinking on, whose needs are being met? What does this situation say about abilities and capabilities? Who or what has a voice in this situation? What is being valued here? What does it say about me and you as professionals?

This resource has been created using the VBRP® principles to capture your initial reflections from your meetings with key stakeholders and during your visits to work sites throughout your induction. This will enable you to consider the values and manner your Board delivers quality services and draw attention to your own personal values and motivation for being a Non-Executive in your Health Board. This will enable you to determine actions and behaviours you might adopt to influence culture and enable good governance.

Reflections and learning captured here will form part of your six-month review discussion with your Chair to support your development and provide an important opportunity to discuss the "health" of your Board's culture.

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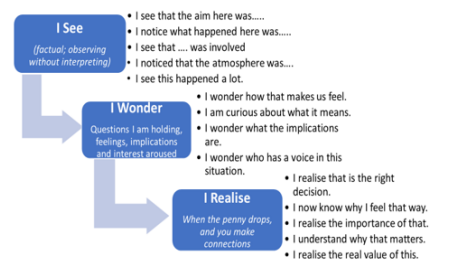
### Values-Based Reflective Practice®

#### 3 Levels of Seeing

In VBRP® we use these '3 levels of seeing' to offer perspective on a situation, to speak from the first person and to be mindful of the language of our intervention.

We use, 'I see', then 'I wonder' and 'I realise', in that order and giving proper time and space for 'seeing' and 'wondering' before reaching any 'realisation'.

#### 3 Levels of Seeing



1

For further information on VBRP visit

<http://www.knowledge.scot.nhs.uk/vbrp/vbrp-in-detail/what-is-vbrp.aspx>

1

The next three pages set out space for you to reflect using the questions from VBRP® as a guide, with space for addition reflection on actions to be taken from the meeting and any development opportunities that may arise from the discussion.

Page Break

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## Section 6

# Board Membership & Biographies

### **The Role and Remit of NHS Fife Board**

NHS Fife is the common name for Fife Health Board, which was established in 1974 under the National Health Service (Scotland) Act 1972. Fife Health Board is responsible for commissioning and delivering health care services for the c. 370,000 residents of Fife.

NHS Boards form a local health system, with single governing bodies responsible for improving the health of their local populations and delivering the healthcare they require. The overall purpose of the Board is to ensure the efficient, effective and accountable governance of NHS Fife and to provide strategic leadership and direction for the system as a whole, focusing on agreed outcomes.

The role of the Board is specifically to:

- improve and protect the health of local people;
- improve health services for local people;
- focus clearly on health outcomes and people's experience of their local health system;
- promote integrated health and community planning by working closely with other local organisations; and
- provide a single focus of accountability for the performance of the local NHS system.

The functions of the NHS Board comprise:

- strategy development;
- resource allocations;
- implementation of an annual delivery plan; and
- performance review and management.

### **Members of NHS Fife Board**

The Board comprises 19 members, as follows:

- a Chairperson (appointed by the Cabinet Secretary for Health & Social Care);
- nine Non-Executive members, including the designated Whistleblowing Champion (appointed by the Cabinet Secretary for Health & Social Care);
- two Stakeholder members (Staff co-chairperson of the Area Partnership Forum and chairperson of the Area Clinical Forum);
- A member of Fife Council (nominated by Fife Council and appointed by Scottish Ministers);
- A member of the University of St Andrews (nominated by the University and appointed by Scottish Ministers);
- the Chief Executive of NHS Fife;
- four Executive Directors (Director of Finance, Medical Director, Director of Nursing and Director of Public Health).

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### NHS Fife Board Members

<i>Role</i>	<i>Name</i>	<i>Term of Membership</i>
<b>Chair</b>	Patricia Kilpatrick	1 Feb 2024 to 31 Jan 2028
<b>Chief Executive</b>	Carol Potter	<i>ex officio</i>
<b>Non-Executive Members:</b>	Jo Bennett	1 Jul 2024 to 30 June 2028
	Sinead Braiden*	1 Aug 2018 to 31 Jul 2026
	Colin Grieve	1 Oct 2022 to 30 Sep 2026
	Anne Haston	1 Aug 2022 to 31 Jul 2026
	John Kemp	1 Oct 2022 to 30 Sep 2026
	Alistair Morris*	1 Aug 2019 to 31 Jul 2027
	Arlene Wood	13 Sep 2021 to 12 Sep 2025
	Vacancy	
	Vacancy <sup>†</sup>	
<b>Stakeholder Members:</b>		
Employee Director	Lynne Parsons	1 Oct 2023 to 30 Sep 2027
Chair of Area Clinical Forum	Nicola Robertson	1 Mar 2025 to 28 Feb 2029
Fife Council Nominee	Cllr Mary Lockhart	1 Nov 2024 to 31 Oct 2028
University Member	Prof Deborah Williamson	From 7 July 2025
<b>Executive Members:</b>		
Medical Director	Prof Chris McKenna	<i>ex officio</i>
Director of Public Health	Dr Joy Tomlinson	<i>ex officio</i>
Director of Finance	Susan Dunsmuir	<i>ex officio</i>
Director of Nursing	Gillian McAuley	<i>ex officio</i>

\* serving second term

<sup>†</sup> Whistleblowing Champion

### Other Executive Directors (normally in attendance at Board meetings)

Director of Acute Services	Claire Dobson
Director of Property & Asset Management	Neil McCormick
Director of Health & Social Care	Lynne Garvey
Director of People & Culture	David Miller
Director of Planning & Transformation	Ben Hannan
Director of Communication & Engagement	Kirsty MacGregor
Acting Director of Pharmacy & Medicine	Fiona Forrest

## Section 6



**Pat Kilpatrick**  
Chair



**Carol Potter**  
Chief Executive



**Susan Dunsmuir**  
Director of Finance



**Prof Christopher McKenna**  
Medical Director



**Dr Joy Tomlinson**  
Director of Public Health



**Gillian McAuley**  
Director of Nursing



**Lynne Parsons**  
Employee Director



**Cllr Mary Lockhart**  
Fife Council Representative



**Nicola Robertson**  
Chair of Area Clinical Forum



**Prof Deborah Williamson**  
University Stakeholder Member



**Jo Bennett**  
Non-Executive Member



**Sinead Braiden**  
Non-Executive Member



**Colin Grieve**  
Non-Executive Member



**Anne Haston**  
Non-Executive Member



**John Kemp**  
Non-Executive Member



**Alistair Morris**  
Non-Executive Member



**Arlene Wood**  
Non-Executive Member



**Vacancy**  
Non-Executive Member



**Vacancy**  
Whistleblowing Champion &  
Non-Executive Member

### EXECUTIVES IN ATTENDANCE



**Claire Dobson**  
Director of Acute Services



**Fiona Forrest**  
Acting Director  
of Pharmacy



**Lynne Garvey**  
Director of Health  
and Social Care



**Alistair Graham**  
Director of Digital  
& Information



**Ben Hannan**  
Director of Planning  
and Transformation



**Kirsty MacGregor**  
Director of Communications  
and Engagement



**Neil McCormick**  
Director of Property and  
Asset Management



**David Miller**  
Director of Workforce

## Section 6

### Board Members Biographies

**Jo Bennett** - Jo Bennett's experience includes a variety of roles in the health and voluntary sector in Scotland. She has been involved in designing, initiating and evaluating a wide range of services across Scotland, working in partnership with voluntary and statutory sectors to improve patient and service user experience and care outcomes. She has a background in improvement science and health and care governance.

**Carol Potter** - took up her role as Chief Executive in January 2020. Carol was previously Director of Finance from May 2017 and, prior to that, Assistant Director of Finance, having joined NHS Fife in March 2014, following a short spell in the higher education sector. Her NHS career started in 1993 with the then Kirkcaldy Acute Hospitals NHS Trust, as a National Finance Graduate Trainee. During the intervening period, Carol has held senior NHS finance roles in Forth Valley, Lanarkshire and Lothian. In 2004 Carol spent a short period with the Scottish Government leading a review of training and development within the finance function across NHS Scotland. She has a broad portfolio of experience across strategic financial planning, operational financial performance management and major capital investment projects. She is presently a trustee of the Healthcare Financial Management Association (HFMA), the representative body for finance staff in healthcare.

**Sinead Braiden** - is a graduate of Duncan of Jordanstone College of Art and Design in Dundee. She went on to train as an Art Psychotherapist, having previously studied Psychology at Glasgow University. She found employment as an Art Therapist in the NHS and voluntary sector in the areas of adult mental health and children and young people in residential/foster care. Most of her post-qualifying training has centred around attachment-informed therapeutic practices and Mindfulness. Sinead is around half-way through a Professional Doctorate at Queen Margaret University, Edinburgh. Her research interests have mainly focused on the role of early attachment in the promotion of positive mental health outcomes. Sinead continues to provide training on art therapy to nursing and medical students in her NHS role.

**Susan Dunsmuir** - Susan joined NHS Fife on 1 April 2025. With over 20 years within finance roles Susan brings a wealth of experience from the private, public and third sector. Having started her financial career within Financial Services, Susan then moved to Fife College holding a number of posts over 12 years, culminating in Deputy Principal and Chief Finance Officer. Most recently Susan held the role of Director of Finance and Corporate Services at the Scottish Society for the Prevention of Cruelty to Animals (SSPCA). Susan is an accountancy graduate of Napier University and Fellow member of the Association of Chartered Certified Accountants (ACCA). Susan is committed to delivering robust financial strategies and working collaboratively to ensure organisational values and strategic objectives remain at the heart of everything we do.

## Section 6

**Colin Grieve** - holds an Executive MBA and has 30 years' experience in the Public Sector. He served for 25 years in Fife Fire and Rescue Service, where he was the Head of Community Safety. Prior to retirement he was the Scottish Fire and Rescue Service Area Commander (Local Senior Officer) in Tayside, responsible for delivery of services and engagement with partners across the three Local Authority Areas. He brings significant change management and service redesign experience, along with strong people and partnership skills. He is an advocate of the benefit of good health outcome benefits for non-health public services, and the wider societal benefits a focus on public health can deliver.

**Anne Haston** – is a general dental practitioner with 14 years' experience in delivering NHS care. She has also participated in the delivery of the Covid vaccination programme. From Fife originally, she has lived and worked across Glasgow, Lanarkshire and West Lothian. She has a wealth of experience in treating patients from a wide variety of backgrounds and settings, and is proud to be an active volunteer in her local community. Anne is seeking to bring to the Board a strong focus on patient-centred initiatives and will aim to be a link between front-line delivery of care and Board-level strategic decisions.

**John Kemp** - was previously a director of the Scottish Funding Council, the body responsible for funding universities and colleges. During his 20 years at the Council, his roles included responsibility for outcome agreements with colleges and universities; leading a programme of college mergers; interim chief executive between 2016 and 2018; and a secondment to the University of the Highlands and Islands for two years from 2019 to 2021. Before that he had been a councillor and had worked in publishing. He brings extensive experience of linking investment and outcomes in the public sector and knowledge of the education system that supports people into NHS careers.

**Pat Kilpatrick** – joined NHS Fife as Chair of the Board in February 2024. She was previously the Vice Chair at NHS Tayside, having been a Non-Executive board member there since 2018. She has extensive experience in healthcare spanning a career of 40 years. Graduating with an MA Hons in Modern History and Political Science from the University of Dundee in 1979, Pat joined the NHS Scotland Graduate Training Scheme and has held Executive Director roles in planning and performance with a number of Boards including Tayside, Forth Valley, Argyll & Clyde and Greater Glasgow & Clyde, in addition to organisational development roles at a national level promoting and supporting policy changes across the service. She led the MBA Programme in Healthcare Management at the University of Stirling for a number of years, combining academic research with management development within the healthcare sector. In recent years her experience has been in advisory services within management consultancy, working extensively with the Department of Health in NHS England, NHS London and a number of NHS Trusts and Health Authorities across the UK and Northern Ireland. Much of her consultancy experience has been in planning, service improvement, re-configuration and financial turnaround.

## Section 6

**Gillian McAuley** - was appointed Nurse Director at NHS Fife in July 2025, bringing with her a wealth of experience in nursing leadership and healthcare transformation. Prior to this, she served as Acute Nurse Director at NHS Lothian, where she played a pivotal role in reshaping Nursing and Midwifery services. Her leadership was instrumental in developing the Strategic Plan, implementing a robust patient-to-board governance framework, and introducing digital innovations to enhance care delivery. Earlier in her career, Gillian held senior professional leadership roles in NHS Lanarkshire, where she championed the advancement of clinical practice and led the development of advanced practice roles. She began her nursing journey at the Victoria Infirmary in Glasgow. A passionate advocate for person-centred care, Gillian is known for her compassionate leadership style, commitment to innovation, quality improvement and dedication to collaborative working. She actively promotes workforce development through experiential learning and mentorship. Gillian holds an MSc in Advanced Health Studies from the University of Strathclyde, a Diploma in Management, and is a Scottish Quality and Safety Fellow. She also completed the Executive Leadership Programme at the University of Oxford. In addition to her leadership roles, Gillian is engaged in academic research as an Honorary Senior Research Fellow at Queen Margaret University. She was honoured with the Sue Pembrey Award for Person-Centred Leadership, recognising her significant contribution to developing person centred cultures, processes and outcomes.

**Prof Chris McKenna** - started his career in NHS Fife in 2011, when he was employed as one of the first consultants in Acute Medicine. He trained as an Acute Physician in the South East of Scotland and is a Fellow of the Royal College of Physicians Edinburgh. He was appointed as the Clinical Director for Emergency Care within the Acute Division of NHS Fife in 2015 and has played a key role in the improvement of unscheduled care delivery within the Victoria Hospital. Dr McKenna completed the IHI Improvement Advisor training programme in 2012 and has been involved in a number of quality and safety initiatives across the Acute Division. In 2018 Dr McKenna took part in the Leading for the Future programme and he is passionate about the development of Medical Leadership. He took up his position as Medical Director for NHS Fife in March 2019.

**Alistair Morris** - is a Scottish solicitor with over 35 years' experience in private practice acting for individuals, families and owner-managed businesses. Apart from four years attending Aberdeen University, he has lived in West and North East Fife all his life. After serving 24 years as an elected member of the Law Society of Scotland's Council, he was elected President in 2014/15. Alistair was a member of the Judicial Appointments Board for Scotland until January 2019. During that time, he had the opportunity of working in a range of commercial boards and charities contributing to the development of strategies, communication with stakeholders, improving board governance, and the proportionate implementation of regulation. Alistair has served as Vice Chair of NHS Fife from 1 June 2022, and was appointed Acting Chair, to provide interim leadership to the Board, from 1 April 2023.

**Lynne Parsons** - has worked in NHS Fife since qualifying as a Podiatrist in 1987 and has experience working in Acute, Community and Primary Care settings. She has

## Section 6

previously held a Director's role within her own professional body, The Royal College of Podiatry. She has over 20+ years' experience as a Trade Union and Health & Safety representative and has held a Partnership Coordinator role and Local Partnership Forum Co-Chair role within NHS Fife. Lynne has actively been involved with many key projects and staff-side initiatives, as well as a range of policy making groups, workforce planning, job evaluation and governance groups. She took up the role of Employee Director in October 2023.

**Nicola Robertson** - initially commenced her nursing career in NHS Fife and went on to work with Oxford University Hospitals NHS Trust where the majority of her clinical career was spent within Cardiology. Nicola graduated with an MSc (Advanced Practice) in Oxford before returning to NHS Fife. Nicola took up post as Director of Nursing, Corporate, in 2021, having previously worked as a Head of Nursing within the Planned Care Directorate. Nicola is committed to ensuring the nursing workforce is attracted to come to work in Fife and stay in Fife, to ensure the highest quality education and development is provided, and that staff can access a range of tailored support needs.

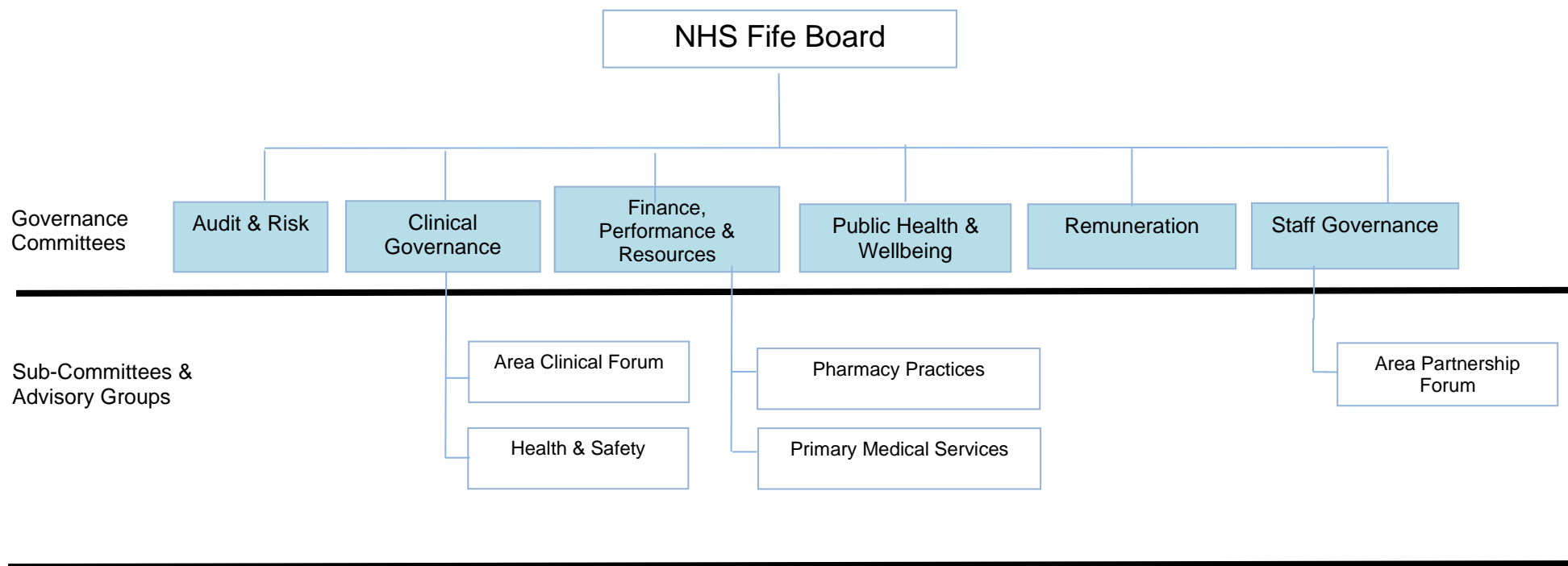
**Joy Tomlinson** – joined NHS Fife in June 2021 from NHS Ayrshire & Arran, where she has served as Interim Director of Public Health (Joint). She has more than 28 years' experience in clinical and Public Health work within the NHS in Scotland. She began her career in Public Health following completion of training in general practice and has worked as a consultant in Public Health since 2009.

**Prof Deborah Williamson** - joined the University of St Andrews in 2024 as Professor in Medicine, whilst also serving as Head of Public Health Microbiology for Public Health Scotland. Professor Williamson has occupied the post of Dean of Medicine and Head of School since 1 February 2025. Before that, she held strategic leadership roles in academia and public health agencies across Australia, New Zealand, and the UK. She is a clinician-scientist with a global network of collaborators and over 300 journal publications. Deborah's work has attracted significant research funding and has been recognised with awards such as the L'Oreal-UNESCO Women in Science Fellowship. Her research focuses on the development and application of innovative technologies, particularly genomics, to address infectious diseases.

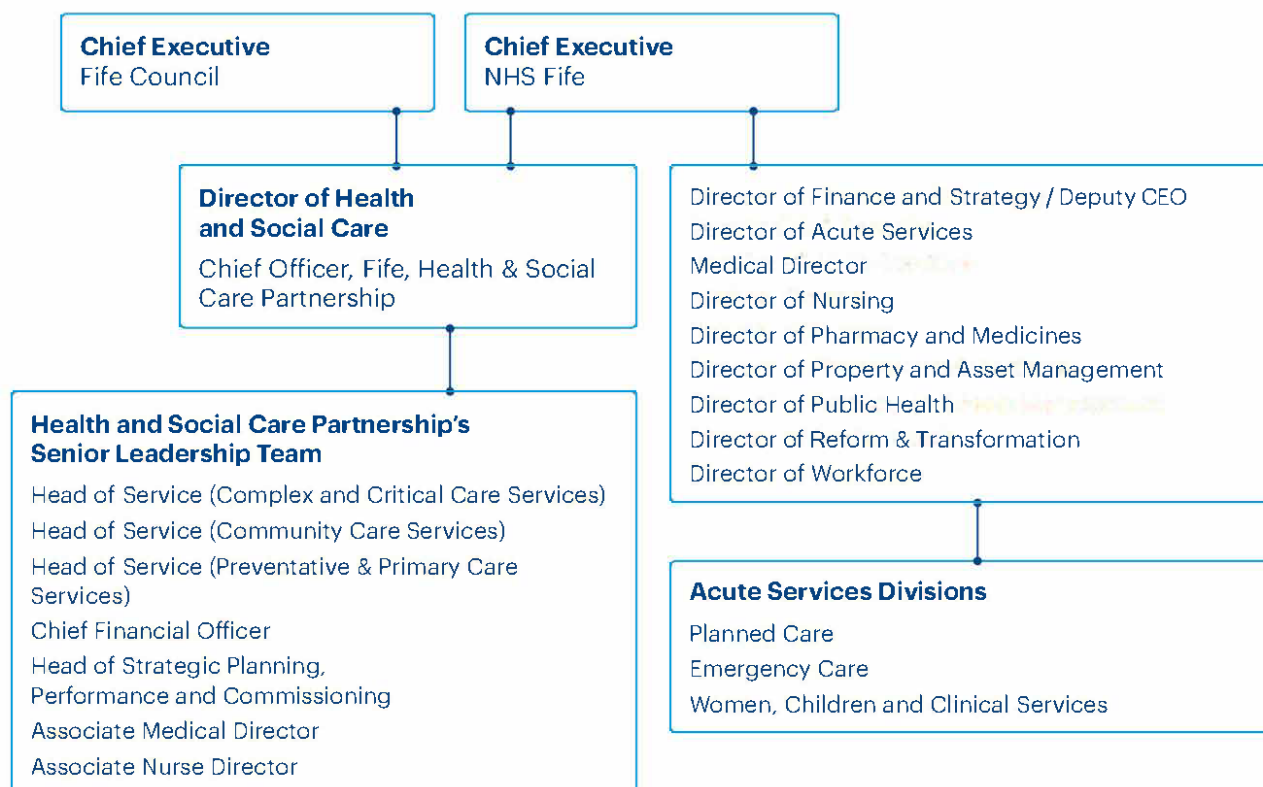
**Arlene Wood** - initially commenced her career in the NHS as a Registered Nurse and went on to graduate with a Bachelor's degree and MSc in Nursing. Retiring from NHS Tayside in May 2021, following a 40+ year career in the NHS, Arlene has held a number of professional and managerial roles. Arlene's portfolio of experience includes a range of services within acute care medicine, Surgery, Critical Care, Theatres, Orthopaedics, Managed Clinical Networks and, prior to her retirement, within Mental Health Services. These roles have provided Arlene with the opportunity to contribute to a range of strategy development and to work with range of people in the continuous development and improvements in service delivery.

Section 7

## Governance & Organisational Structure of NHS Fife



## How NHS Fife is managed



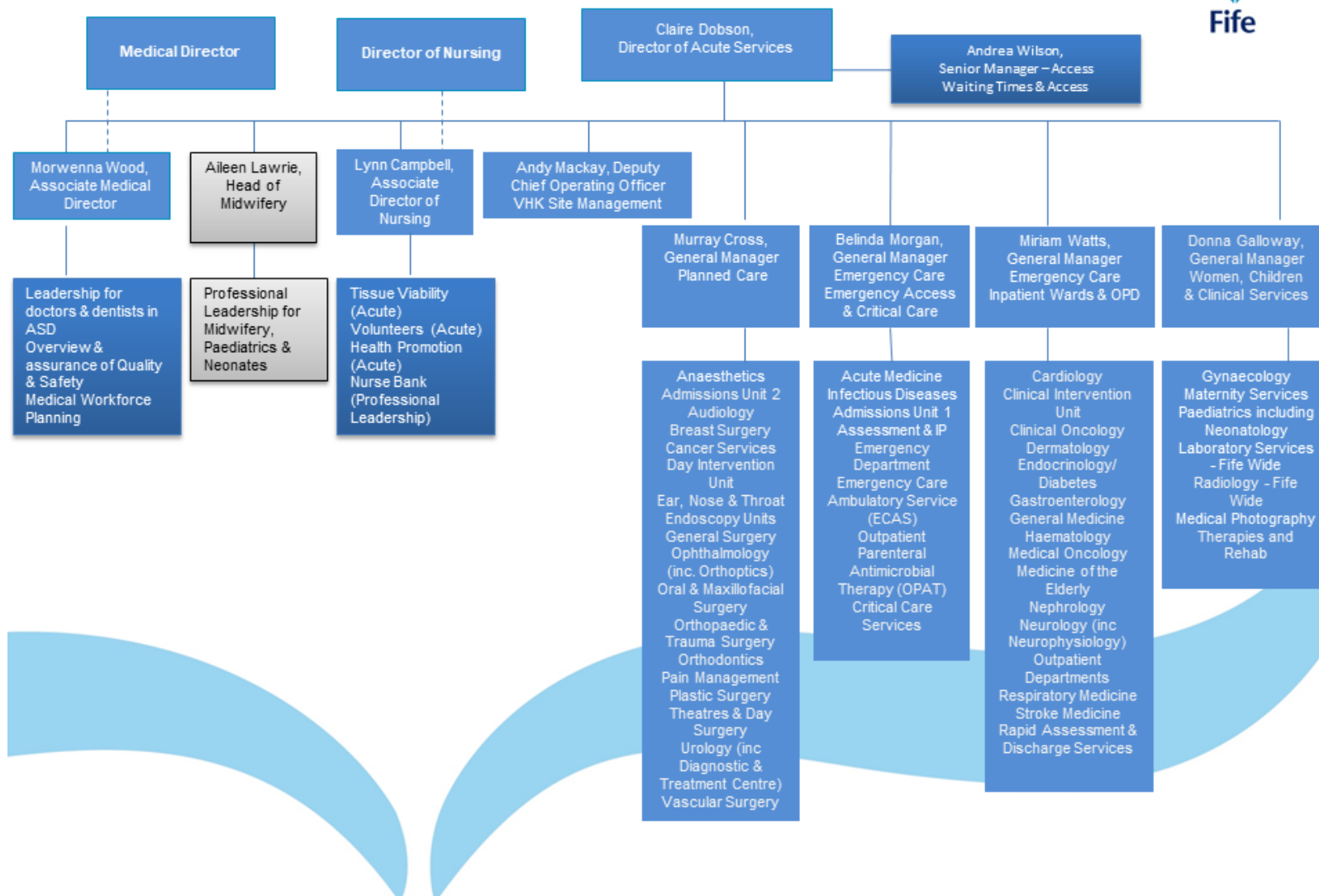
Section 7

# Executive Directors' Portfolios

		CHIEF EXECUTIVE & ACCOUNTABLE OFFICER						Deputy Chief Executive	<ul style="list-style-type: none"> <li>Executive portfolio as below</li> <li>Communications</li> </ul>		
		Director of Nursing	Medical Director	Director of Public Health	Director of Pharmacy & Medicines	Director of Acute Services	Director of Health & Social Care	Director of Property & Asset Management	Director of Finance & Strategy	Director of Workforce	
Core Role	<ul style="list-style-type: none"> <li>Professional nursing, midwifery and AHP advice &amp; leadership (including safe staffing)</li> <li>Person Centred Care</li> <li>PFPI</li> <li>Patient relations</li> <li>Spiritual Care</li> <li>Palliative care</li> <li>Food, Fluid and Nutrition</li> <li>Learning and Development &amp; Practice Development (Nursing, Midwifery and AHP workforce)</li> <li>Child Protection</li> <li>Vulnerable Adult Protection</li> <li>Infection Prevention &amp; Control</li> <li>Criminal Justice</li> <li>Professional lead - Nurses - Midwives - AHPs</li> <li>Equality and Diversity</li> <li>Legal Services</li> <li>Care Home Oversight</li> <li>PREVENT</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice and leadership on medical staffing</li> <li>Clinical Governance</li> <li>Cancer Services Governance &amp; Redesign</li> <li>Responsible Officer for Medical Revalidation</li> <li>Clinical Advisory Panel</li> <li>Research &amp; Development (Medical workforce)</li> <li>Patient Safety</li> <li>Medical Education</li> <li>Caldicott Guardian</li> <li>Quality Improvement</li> <li>Realistic Medicine</li> <li>Primary Care Administration</li> <li>Professional Lead - Dentistry - Optometry - Psychology</li> <li>Digital &amp; information (inc health records, corporate records management and FOIs)</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice and leadership on all public health matters</li> <li>Strategic leadership for Health Improvement</li> <li>Health Protection</li> <li>Immunisation programmes governance</li> <li>Screening programmes governance</li> <li>Health inequalities</li> <li>Community Planning and social determinants of health</li> <li>Business continuity, emergency planning &amp; resilience</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice and leadership on medicines management / optimisation</li> <li>Lead and manage Pharmacy services</li> <li>Lead for Medicines Governance</li> <li>Lead for Medicines Safety</li> <li>Leadership for the development and delivery of the Integrated Pharmacy &amp; Medicines Strategic Framework</li> <li>Controlled Drugs (Accountable Officer)</li> <li>Learning and Development (Pharmacy workforce)</li> <li>Professional lead - Pharmacists - Pharmacy Technicians</li> </ul>	<ul style="list-style-type: none"> <li>Lead and manage Acute Services</li> <li>Leadership to the acute services strategy including transformational change</li> <li>Operational planning of acute services</li> <li>Fife Laboratories</li> <li>Non-Fife activity service level agreements</li> </ul>	<ul style="list-style-type: none"> <li>Chief Officer (Accountable Officer) to the Integration Joint Board</li> <li>Leadership to community and mental health services</li> <li>Immunisation programmes delivery</li> <li>Oversight on all primary care health services</li> <li>Leadership to the health &amp; care strategy including transformational change</li> <li>Operational planning of primary, community and mental health services</li> <li>Children Corporate Parenting</li> <li>Adult Protection</li> <li>Peri-natal Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice on all property and infrastructure related matters</li> <li>Leadership to the ongoing development and review of the Property and Asset Management strategy</li> <li>Leadership to the capital programme including planning, project management, and delivery of projects</li> <li>Expert advice and oversight of the PFI contracts</li> <li>Decontamination</li> <li>Estates management</li> <li>Security services</li> <li>Domestic, catering, portering &amp; laundry services</li> <li>Transport</li> <li>Health &amp; Safety</li> <li>Fire Safety</li> <li>Environmental Sustainability</li> <li>Climate Change</li> <li>Net Zero</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice and leadership on financial matters</li> <li>Leadership to corporate governance</li> <li>Leadership to strategic and operational planning and supporting frameworks</li> <li>Leadership to a medium term Financial Strategy</li> <li>Leadership to the performance management framework</li> <li>Financial Governance</li> <li>Financial management &amp; planning</li> <li>Financial services &amp; accounting</li> <li>Governance of the capital programme</li> <li>Capital accounting</li> <li>Procurement</li> <li>Payroll, expenses &amp; benefits</li> <li>Value and sustainability</li> <li>Learning and development (Finance workforce)</li> <li>Oversight of Charity</li> <li>Senior Information Risk Officer</li> <li>Risk Management</li> <li>Corporate Services</li> </ul>	<ul style="list-style-type: none"> <li>Professional advice and leadership on people management &amp; development matters</li> <li>Leadership to the Workforce Strategy and Strategic Framework</li> <li>Staff Governance</li> <li>People management, including workforce planning and projections (inc. compliance with safe staffing legislation)</li> <li>Culture and Values</li> <li>Workforce oversight of redesign and transformational change</li> <li>Recruitment, inc. Employment Banks</li> <li>Employee relations,</li> <li>Occupational Health</li> <li>Organisational Development</li> <li>Performance Management / Appraisal</li> <li>Learning &amp; Development (Corporate and Leadership)</li> <li>Partnership working with trade unions and professional organisations</li> <li>Whistleblowing</li> <li>Equality and Diversity (Workforce)</li> <li>HR Systems/ Analytics</li> </ul>		
	Programmes & Projects	<ul style="list-style-type: none"> <li>Winter Planning</li> <li>Elective Orthopaedic Centre</li> </ul>	<ul style="list-style-type: none"> <li>Urgent Care Redesign</li> <li>HEPMA</li> <li>Mental Health Redesign</li> </ul>	<ul style="list-style-type: none"> <li>System leadership for the population health &amp; wellbeing strategy and supporting frameworks and contribution to Plan for Fife</li> </ul>			<ul style="list-style-type: none"> <li>Test &amp; Protect</li> <li>Community Health &amp; Wellbeing Centres</li> <li>Anchor Institution development</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 Vaccination Programme</li> </ul>			

Section 7

# Acute Services Division



Section 7

**FIFE HEALTH & SOCIAL CARE PARTNERSHIP STRUCTURE**

Integrated Preventative & Primary Care Services	Integrated Community Care Services	Integrated Complex & Critical Care Services
<ul style="list-style-type: none"> <li>• Children's Services</li> <li>• Urgent Care</li> <li>• Sexual Health</li> <li>• Rheumatology</li> <li>• SALT</li> <li>• Primary Care (GP, Com Pharmacy, Com Dental, Com Ophthalmology)</li> <li>• Podiatry</li> <li>• Physiotherapy</li> <li>• Dietetics</li> <li>• Occupational Therapy</li> <li>• Dental</li> <li>• Health Improvement / Promotion</li> <li>• Locality Workers</li> <li>• Local Area Co-ordinators</li> </ul>	<ul style="list-style-type: none"> <li>• Home Care (inc telecare/link)</li> <li>• Community Hospitals</li> <li>• Residential Care Homes</li> <li>• Day Care</li> <li>• Palliative Care</li> <li>• District Nursing</li> <li>• Integrated Discharge Hub</li> <li>• ICASS</li> <li>• H@H</li> <li>• Specialist Long Term Conditions Management</li> <li>• Rehabilitation &amp; Reablement</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health</li> <li>• Addictions</li> <li>• CAMHS</li> <li>• Learning Disability Services</li> <li>• Psychology</li> <li>• Adult Protection</li> <li>• Adult and Older Adult Social Work</li> <li>• Adult Commissioning and Resources</li> <li>• MH Officers</li> </ul>
<b>Integrated Business enabling and support services</b>		
<ul style="list-style-type: none"> <li>• Business Support</li> <li>• Finance; Change &amp; Transformation</li> <li>• Corporate Functions</li> </ul>	<ul style="list-style-type: none"> <li>• Performance &amp; Assurance</li> <li>• Commissioning</li> <li>• Professional Leadership</li> </ul>	<ul style="list-style-type: none"> <li>• Resilience</li> <li>• Risk</li> <li>• Information Compliance</li> </ul>

## Section 8

# Board Committees - Terms of Reference

There are six governance committees that report directly into NHS Fife Board and their terms of reference are given on the following pages:

- Audit and Risk Committee (A&R)
- Clinical Governance Committee (CG)
- Finance, Performance and Resources Committee (FP&R)
- Public Health & Wellbeing Committee (PH&W)
- Remuneration Committee (RC)
- Staff Governance Committee (SG)

Three of the six governance committees have sub-committees and advisory groups, which regularly report in to each committee, as follows:

- Area Clinical Forum (CG)
- Area Partnership Forum (SGC)
- Health and Safety (CG)
- Pharmacy Practices (FP&R)
- Primary Medical Services (FP&R)

<b>Partnerships and other Committees (which routinely report into the four governance committees or directly to the Board)</b>
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Area Clinical Forum (CGC)
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Area Drug & Therapeutics Committee (CGC)
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Area Medical Committee (CGC)
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Area Radiation Protection Committee (CGC)
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Cancer Strategy & Governance Group (CGC)
--

Clinical Governance Oversight Group (CGC)
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Digital & Information Board (CGC)
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Health & Safety Sub Committee (CGC)
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Infection Control Committee (CGC)
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Information Governance & Security Steering Group (CGC)
--

Integration Joint Board Quality & Communities Committee (CGC)
---

Ionising Radiation Medical Examination Regulations Board (IRMER) (CGC)
--

Medical & Dental Professional Standards Oversight Group (CGC)
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Medical Devices Group (CGC)
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Mental Health Oversight Group (CGC)
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Research, Information & Knowledge Oversight Group (CGC)
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Resilience Forum (CGC)
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Equality and Human Rights Steering Group (PH&WC)
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Public Health Assurance Committee (PH&WC)
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## **Section 8**

### **AUDIT AND RISK COMMITTEE**

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. The duties of the Audit and Risk Committee shall be in accordance with the [Scottish Government Audit & Assurance Handbook](#), dated April 2018.

The full Constitution & Terms of Reference for the Audit & Risk Committee can be found [here](#).

### **CLINICAL GOVERNANCE COMMITTEE**

The purpose of the Clinical Governance Committee is to observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity, and planning are acceptable. The Committee oversees the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.

The full Constitution & Terms of Reference for the Clinical Governance Committee can be found [here](#).

### **FINANCE, PERFORMANCE AND RESOURCES COMMITTEE**

The Finance, Performance and Resources Committee review the financial position and performance against key non-financial targets of the Boards, ensuring that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources and that the arrangements work effectively.

The full Constitution & Terms of Reference for the Finance, Performance & Resources Committee can be found [here](#).

### **PUBLIC HEALTH & WELLBEING COMMITTEE**

The purpose of the Public Health & Wellbeing Committee is to provide 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.

The full Constitution & Terms of Reference for the Public Health & Wellbeing Committee can be found [here](#).

## **Section 8**

### **REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE**

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. The Committee direct the appointment process for the Chief Executive and Executive Members of the Board.

The full Constitution & Terms of Reference for the Remuneration Committee can be found [here](#).

### **STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE**

The Staff Governance Committee supports the development of a culture of delivering the highest standard of staff management possible, which is understood to be the responsibility of everyone working within the system and is built upon partnership and collaboration, with direction provided by the Staff Governance Standard.

The full Constitution & Terms of Reference for the Staff Governance Committee can be found [here](#).

## Section 9

# Standing Orders for NHS Fife Board

## 1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of [Fife] NHS Board, the common name for Fife Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

Healthcare Improvement Scotland and NHS National Services Scotland are constituted under a different legal basis, and are not subject to the above regulations. Consequently, those bodies will have different Standing Orders.

The NHS Scotland Blueprint for Good Governance (issued through [DL 2019 02](#)) has informed these Standing Orders. The Blueprint describes the functions of the Board as:

- Setting the direction, clarifying priorities and defining expectations.
- Holding the executive to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

Further information on the role of the Board, Board members, the Chair, Vice-Chair, and the Chief Executive is available on the [NHS Scotland Board Development website](#).

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be

## Section 9

considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

### Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the Code of Conduct for Members of Fife Health Board. The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however they may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, they must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 The Board's appointed Standards Officer shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders, and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board's appointed Standards Officer who shall make them available

## **Section 9**

for public inspection at all reasonable times at the principal offices of the Board and on the Board's website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations, or cross-refer to where the information is published.

- 1.11 The Board's Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website.

### **2 Chair**

- 2.1 The Scottish Ministers shall appoint the Chair of the Board.

### **3 Vice-Chair**

- 3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a Non-Executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as they remain a member of the Board, continue in office for such a period as the Board may decide.
- 3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.
- 3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board's Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

### **4 Calling and Notice of Board Meetings**

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- 4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.
- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

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Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.
- 4.10 Any individual or group or organisation which wishes to make a deputation to the Board must make an application to the Chair's Office at least 21 working days before the date of the meeting at which the deputation wish to be received. The application will state the subject and the proposed action to be taken.
- 4.11 Any member may put any relevant question to the deputation, but will not express any opinion on the subject matter until the deputation has withdrawn. If the subject matter relates to an item of business on the agenda, no debate or discussion will take place until the item is considered in the order of business.
- 4.12 Any individual or group or organisation which wishes to submit a petition to the Board will deliver the petition to the Chair's Office at least 21 working days before the meeting at which the subject matter may be considered. The Chair will decide whether or not the petition will be discussed at the meeting.

## 5 Conduct of Meetings

### Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are

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absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.

- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.20, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration, and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that

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it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.

- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

### Business of the Meeting

#### *The Agenda*

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, they must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting.

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The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.

- 5.14 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.
- 5.15 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section, or remove it from the agenda altogether.

### *Decision-Making*

- 5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.
- 5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.20 Where the Chair concludes that there is not a consensus on the Board’s position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

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5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.

5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

### *Board Meeting in Private Session*

5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:

- The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the Data Protection Principles.
- The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

### Minutes

5.25 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.

5.26 The Board's Secretary (or his/her authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

## 6 Matters Reserved for the Board

### Introduction

## Section 9

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
  - b) The establishment and terms of reference of all its committees, and appointment of committee members
  - c) Organisational Values
  - d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
  - e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
  - f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
  - g) Risk Management Policy.
  - h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
  - i) Standing Financial Instructions and a Scheme of Delegation.
  - j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts or any information drawn from it before the accounts are laid before the Scottish Parliament. Similarly the Board cannot publish the report of the external auditors of their annual accounts in this period.)
  - k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
  - l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
  - m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit committee should advise the Board on the appointment, and the Board may delegate to the audit committee oversight of the process which leads to a recommendation for appointment.)
  - n) The contribution to Community Planning Partnerships through the associated improvement plans.

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- o) Health & Safety Policy
- p) Arrangements for the approval of all other policies.
- q) The system for responding to any civil actions raised against the Board.
- r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.

6.4 The Board itself may resolve that other items of business be presented to it for approval.

## 7 Delegation of Authority by the Board

7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation.

7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.

7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.

7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

## 8 Execution of Documents

8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.

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- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

## 9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board Development [website](#) will identify the committees which the Board must establish.
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed
- 9.4 Provided there is no Scottish Government instruction to the contrary, any Non-Executive Board member may replace a Committee member who is also a Non-Executive Board member, if such a replacement is necessary to achieve the quorum of the committee.
- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consist of or include all the Board members. Where the committee's members includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.

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- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time, and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Fife NHS Board and is not to be counted when determining the committee's quorum.

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# Code of Conduct for Non-Executive Board Members

### Context

NHS Board members all have a legal duty to follow the NHS Fife Board Code of Conduct. The [Standards Commission for Scotland](#) promotes and enforces the Codes of Conduct for members of devolved public bodies (such as NHS Boards and Integration Joint Boards), and publishes [guidance](#) to help those appointed as members of such bodies.

As a NHS Fife Board Member you are personally responsible for:

- Ensuring that you are familiar with the provisions of the Code; and
- Ensuring that your actions comply with the provisions of the Code.

Some NHS Board Members will also be Councillors and / or members of an Integration Joint Board, and will also have to observe the Code of Conduct of those other bodies. As well as observing certain standards of General Conduct under section 3 of the Code and matters relating to Lobbying and Access to Members of Public Bodies under section 6, you also have to take the following actions:

#### *Maintain your entry on the Register of Interests*

The NHS Board itself has to create and [publish the register](#), and has appointed the Board Secretary as the 'Standards Officer', who advises members on the Code, and keeps the Register up-to-date on the Board's website.

It is your responsibility to register any interest which the Code requires you to register, and keep your entries up-to-date. For example, you have a registerable interest when you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the NHS Board. The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the NHS Board and to the public, or could influence your actions, speeches or decision making.

You may also have to register the interest of close family members, who have, or are likely to have, transactions or business with the Board.

#### *Declare your interests*

Declaration of interests comes under particular public scrutiny, and is commonly featured in complaints to the Standards Commissioner. It is important that the public and other stakeholders are confident that decisions are being made in the public interest and not for any other reason.

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In addition to any registered interests, you may need to declare an interest at a meeting before a particular item is discussed. At the start of every meeting the chair shall invite members to declare any interests. Any interest you declare may or may not already be on the register of interests. When deciding whether or not to declare an interest, you need to consider the Objective Test: "where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making".

You also need to declare any financial or non-financial interests of any people or organisations you are connected with, e.g. spouse, partner, close relative or friend, employer or business partner.

The Standards Commission has granted a [dispensation to NHS Board Members](#) (and a similar one to councillors) who have been appointed as a member of an Integration Joint Board. "This is so members do not have to declare their interests when discussions on general health and social care issues arise and can participate in discussion and voting on these issues".

If you decide you have an interest that requires to be declared, then you must declare it and leave the meeting for the duration of the item under discussion.

You should identify the need to declare such interests as early as possible and notify the chair of the meeting. If you have to leave the room, this may have an impact on whether the meeting will be in quorum when the item is being discussed. If you are the chair of a meeting, you should ensure there are arrangements in place for another member to take on the role of chair while you have left the meeting.

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### SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

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- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

#### My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

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### Enforcement

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

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## SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

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- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

### **Duty**

I have a duty to uphold the law and act in accordance with the law and the public trust placed in me. I have a duty to act in the interests of the public body of which I am a member and in accordance with the core functions and duties of that body.

### **Selflessness**

I have a duty to take decisions solely in terms of public interest. I must not act in order to gain financial or other material benefit for myself, family or friends.

### **Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

### **Objectivity**

I must make decisions solely on merit and in a way that is consistent with the functions of my public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

### **Accountability and Stewardship**

I am accountable to the public for my decisions and actions. I have a duty to consider issues on their merits, taking account of the views of others and I must ensure that my public body uses its resources prudently and in accordance with the law.

### **Openness**

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I have a duty to be as open as possible about my decisions and actions, giving reasons for my decisions and restricting information only when the wider public interest clearly demands.

### Honesty

I have a duty to act honestly. I must declare any private interests relating to my public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

### Leadership

I have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of my public body and its members in conducting public business.

### Respect

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

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## SECTION 3: GENERAL CONDUCT

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### Respect and Courtesy

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
  - a) a one-off incident,
  - b) part of a cumulative course of conduct; or
  - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and

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harassment can be physical, verbal and non-verbal conduct.

- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.
- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
  - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

### Remuneration, Allowances and Expenses

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

### Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services ("gift or hospitality") that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.

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- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
  - b) a gift being offered to my public body;
  - c) hospitality which would reasonably be associated with my duties as a board member; or
  - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.
- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

## Confidentiality

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and

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information which is not yet public or never intended to be public, and information deemed confidential by statute.

- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

### Use of Public Body Resources

- 3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:
- a) imprudently (without thinking about the implications or consequences);
  - b) unlawfully;
  - c) for any political activities or matters relating to these; or
  - d) improperly.

### Dealing with my Public Body and Preferential Treatment

- 3.28 I will not use, or attempt to use, my position or influence as a board member to:
- a) improperly confer on or secure for myself, or others, an advantage;
  - b) avoid a disadvantage for myself, or create a disadvantage for others or
  - c) improperly seek preferential treatment or access for myself or others.
- 3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.
- 3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

### Appointments to Outside Organisations

- 3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that

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body or organisation.

- 3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

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## SECTION 4: REGISTRATION OF INTERESTS

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- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph [4.23](#), I understand it is not necessary to register the interests of my spouse or cohabitee.

### Category One: Remuneration

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
  - b) self-employed;
  - c) the holder of an office;
  - d) a director of an undertaking;
  - e) a partner in a firm;
  - f) appointed or nominated by my public body to another body; or
  - g) engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.
- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.

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- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph [6.8](#) of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

### Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph [4.20](#) below) have made a contract with my public body:
- a) under which goods or services are to be provided, or works are to be executed; and
  - b) which has not been fully discharged.
- 4.16 I will register a description of the contract, including its duration, but excluding

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the value.

### Category Four: Election Expenses

- 4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

### Category Five: Houses, Land and Buildings

- 4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.
- 4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

### Category Six: Interest in Shares and Securities

- 4.20 I have a registerable interest where:
- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
  - b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

### Category Seven: Gifts and Hospitality

- 4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

### Category Eight: Non-Financial Interests

- 4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my

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actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

### Category Nine: Close Family Members

- 4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

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## SECTION 5: DECLARATION OF INTERESTS

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### Stage 1: Connection

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:
- a) The matter being considered by my public body is quasi-judicial or regulatory; or
  - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

### Stage 2: Interest

- 5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

### Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

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- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

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## SECTION 6: LOBBYING AND ACCESS

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- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
  - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
  - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act

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in any way which could bring discredit upon my public body.

- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).
- 6.8 I will not accept any paid work:
- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
  - b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

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### ANNEX A: BREACHES OF THE CODE

#### Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

#### Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

#### Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
  - Do nothing;
  - Direct the ESC to carry out further investigations; or
  - Hold a Hearing.

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9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body's Code of Conduct. The Hearing Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

## Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:
  - **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
  - **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
  - **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

## Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
  - That the further conduct of the ESC's investigation is likely to be

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prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or

- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).
12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

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### ANNEX B: DEFINITIONS

**“Bullying”** is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

**"Chair"** includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

**“Code”** is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

**"Cohabitee"** includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

**“Confidential Information”** includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

**"Election expenses"** means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

**“Employee”** includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

**“Gifts”** a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

**“Harassment”** is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

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**“Hospitality”** includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

**“Relevant Date”** Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

**“Public body”** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

**“Remuneration”** includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

**“Securities”** a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

**“Undertaking”** means:

- a) a body corporate or partnership; or
- b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

## Section 11

# Learning Resources available for Board Members

There are many learning and development resources available that are specifically tailored to the individual needs of NHS Board Members. This section provides some examples of external resources that will be of particular interest to newly-appointed Board Members.

### **Turas Learn**

Turas Learn is NHS Education for Scotland's platform for learning and support resources (<https://learn.nes.nhs.scot/>). It provides all NHS Scotland health and social care staff access to learning and practice support resources produced by NHS Education for Scotland.

Non-Executive Board Members will have a private learning area dedicated to their induction and ongoing development needs. This space is currently being designed and will host interactive e-learning modules, updates on learning and networking events, links and documentation on relevant topics as well as offering access to mentoring and coaching opportunities. Board Members are also able to complete any core or mandatory training otherwise offered to staff, which modules are all easily accessible on Turas Learn.

In addition to Turas Learn all NHS Board Members are eligible to register for an account at the [NHS Knowledge Network](#), which holds a wealth of information on topics related to healthcare management, planning, policy and development. There are, for example, specific resources relevant to [Board Members](#) and aimed at [Executive-level management](#).

### **National Induction**

An overview and orientation for Non-Executive Board Members, giving the national context for Health and Social Care in Scotland is [available](#) on Turas Learn.

### **Workshop for Public Appointees**

In addition to national and local induction the Scottish Government has developed a "Welcome On Board" workshop for Board Members appointed through the Public Appointments route. This workshop builds on the induction process Members receive at their respective Boards and highlight Scottish Ministers' expectations of them while encouraging newly appointed board members to network across Scotland.

Each workshop includes the following speakers; a Scottish Minister, a representative from the office of the Commissioner for Ethical Standards in Public Life in Scotland, and a representative from Audit Scotland.

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The workshops are run up to three times a year, ensuring that every newly appointed board members has the opportunity to participate within six months of their appointment start date. Further information can be found on Board Members page on Turas learn.

You will also have been given access to the 'Governance Portal' which contains an e-learning version of 'On Board' and a discussion forum.

New members of public body boards may wish to familiarise themselves with the following documents:

- [Audit and assurance committee handbook](#)
- [Audit Scotland publication: the role of boards](#)
- [Good governance in the Scottish Government](#)
- [On Board: a guide for members of statutory boards](#)
- [Model code of conduct for members of devolved public bodies](#)
- [Non-Executive Board Member Toolkit](#)
- [Scottish Public Finance Manual \(SPFM\)](#)

### **Scottish Government publications for Non-Executive Members of NHS Boards**

The Scottish Government also publishes a series of booklets targeted specifically at Non-Executive Members of NHS Boards, to assist members in developing an improvement-focussed approach across all domains of governance and supporting their contribution to achieving the Scottish Government's healthcare ambitions. Copies may be found online at the following links:

- [Quality Improvement and Measurement](#)
- [Quality, Efficiency and Value](#)
- [Being Effective](#)
- [Safety Checklist](#)
- [Person-centred Care](#)
- [Improvement Focused Governance](#)

Please note the booklets are currently being updated to reflect the Blueprint for Good Governance.

## Section 12

# Glossary of Selected NHS Terms & Abbreviations

The NHS frequently uses a large amount of acronyms, a selection of which are explained here. Definitions of other commonly used acronyms can be found on the NHS Confederation's [Jargon Buster website](#).

<b>18 Weeks RTT</b>	18 weeks Referral to Treatment
<b>A&amp;E</b>	Accident & Emergency
<b>ABI</b>	Alcohol Brief Intervention
<b>ACF</b>	Area Clinical Forum
<b>ADC</b>	Area Distribution Centre
<b>ADP</b>	Alcohol & Drugs Partnership
<b>ADTC</b>	Area Drug & Therapeutics Committee
<b>AfC</b>	Agenda for Change
<b>AHP</b>	Allied Health Professionals
<b>AMAU</b>	Acute Medical Admission Unit
<b>AMC</b>	Area Medical Committee
<b>APF</b>	Area Partnership Forum
<b>Arbuthnott</b>	Formula for allocating revenue on a national basis being replaced by NRAC (see below)
<b>ASAU</b>	Acute Surgical Admissions Unit
<b>BNF</b>	British National Formulary
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CBT</b>	Cognitive Behaviour Therapies
<b>CCU</b>	Coronary Care Unit
<b>CD</b>	Clinical Director
<b>C.Diff</b>	Clostridium Difficile
<b>CEO</b>	Chief Executive Office
<b>CFS</b>	Counter Fraud Services

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<b>CHD</b>	Chronic Heart Disease
<b>CHI</b>	Community Health Index
<b>CLO</b>	Central Legal Office
<b>CNA</b>	Could Not Attend
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>COPS</b>	Chief Officers Public Safety Group
<b>CPN</b>	Community Psychiatric Nurse
<b>CPP</b>	Community Planning Partnership
<b>CRES</b>	Cash Releasing Efficiency Savings
<b>CRL</b>	Capital Resource Limit
<b>CT (scanner)</b>	Computerised Tomography (scanner)
<b>DOF</b>	Director of Finance
<b>DNA</b>	Did Not Attend
<b>DPA</b>	Data Protection Act 1998
<b>DVT</b>	Deep Vein Thrombosis
<b>EDG</b>	Executive Directors Group
<b>EDISON</b>	An NHS system used to manage delayed discharges
<b>ENT</b>	Ear, Nose & Throat
<b>EQIA</b>	Equality Impact Assessment
<b>EWTD or EWTR</b>	European Working Time Directive or Regulations
<b>FWBA</b>	Fife Health & Wellbeing Alliance
<b>Fife Stat</b>	Performance Management Tool used by the Strategic Management Team
<b>FPEG</b>	Fife Partnership Executive Group
<b>FPH</b>	Forth Park Hospital
<b>FOI</b>	Freedom of Information
<b>FOISA</b>	Freedom of Information (Scotland) Act 2002
<b>FY1/FY2</b>	Foundation Year 1/2 (Medical Trainee)

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<b>GIRFEC</b>	Getting It Right For Every Child
<b>GJNH</b>	Golden Jubilee National Hospital
<b>GMS</b>	General Medical Services
<b>GPwSI</b>	GP with Special Interest
<b>GUM</b>	Genito-Urinary Medicine
<b>H&amp;SCP</b>	Health and Social Care Partnership
<b>HEAT Targets</b>	<b>Health Improvement</b> <b>Efficiency and Governance</b> <b>Access to Services</b> <b>Treatment Appropriate to Individuals</b>
<b>HAI</b>	Healthcare Associated Infection
<b>HDU</b>	High Dependency Unit
<b>HEI</b>	Healthcare Environment Inspectorate
<b>HIS</b>	Healthcare Improvement Scotland
<b>HR</b>	Human Resources
<b>ICASS</b>	Integrated Community Assessment and Support Service
<b>IJB</b>	Integration Joint Board
<b>IMPACT</b>	Improvement, Planning and Change Team
<b>IP</b>	In-Patient
<b>IPR</b>	Integrated Performance Report
<b>IS</b>	Information Services
<b>ISD</b>	Information Services Division
<b>IT</b>	Information Technology
<b>ITU</b>	Intensive Therapy Unit
<b>JHIP</b>	Joint Health Improvement Plan
<b>JIT</b>	Joint Improvement Team
<b>KCND</b>	Keep Childbirth Natural and Dynamic

## Section 12

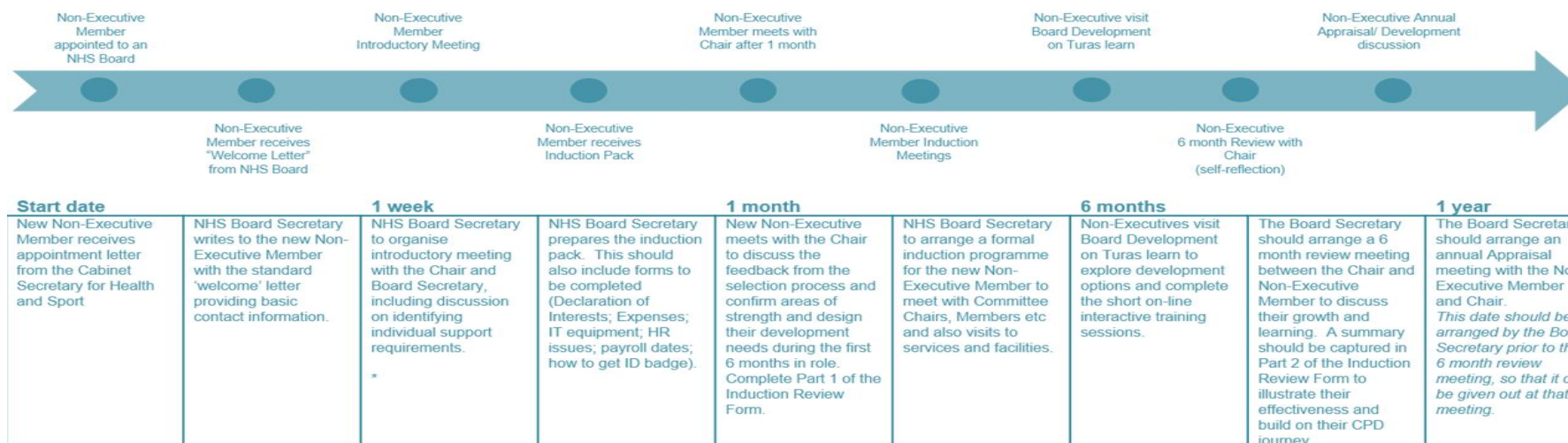
<b>KSF</b>	Knowledge and Skills Framework
<b>LDP</b>	Local Delivery Plan
<b>LMU</b>	Local Management Unit
<b>LoS</b>	Length of Stay
<b>LPF</b>	Local Partnership Forum
<b>LTC</b>	Long Term Conditions
<b>MaxFax</b>	Oral and Maxillofacial Surgery
<b>MCC</b>	Modernising Clinical Careers
<b>MCaN</b>	Managed Care Network
<b>MCN</b>	Managed Clinical Network
<b>MMC</b>	Modernising Medical Careers
<b>MOU</b>	Memorandum of Understanding
<b>MRI</b>	Magnetic Resonance Imaging
<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>MSN</b>	Managed Service Network
<b>NES</b>	NHS Education Scotland (a Special Health Board)
<b>NRAC</b>	National Revenue Allocation Committee
<b>Obs &amp; Gyn</b>	Obstetrics and Gynaecology
<b>OPD</b>	Out-Patients Department
<b>Paeds</b>	Paediatrics
<b>PCES</b>	Primary Care Emergency Service
<b>PDP</b>	Personal Development Plan
<b>PEN</b>	Public Engagement Network
<b>PFB</b>	Patient Focussed Booking
<b>PFPI</b>	Patient Focus and Public Involvement
<b>PIN</b>	Partnership Information Network

## Section 12

<b>PTS</b>	Passenger Transport Service (managed by the Scottish Ambulance Service)
<b>QMH</b>	Queen Margaret Hospital
<b>RHSC</b>	Royal Hospital for Sick Children (Edinburgh or Glasgow)
<b>RRL</b>	Revenue Resource Limit
<b>SAB</b>	Staphylococcus Aureus Bacteraemia
<b>SAS</b>	Scottish Ambulance Service
<b>SCN</b>	Senior Charge Nurse
<b>SEAT</b>	South East and Tayside Regional Planning Group
<b>SGHSCD</b>	Scottish Government Health and Social Care Directorate
<b>SIG</b>	Strategy Implementation Group
<b>SIGN</b>	Scottish Intercollegiate Guidelines Network
<b>SOA</b>	Single Outcome Agreement
<b>SPF</b>	Scottish Partnership Forum
<b>SPSP</b>	Scottish Patient Safety Programme
<b>SWAG</b>	Scottish Workforce and Staff Governance
<b>TTG</b>	Treatment Time Guarantee
<b>VHK</b>	Victoria Hospital
<b>WLI</b>	Waiting List Initiative

# Annex A – Induction Process Timeline

## Induction Process for Board Members – Timeline and Actions



\* if tailored support is required and cannot be provided locally, please contact Sharon Millar, Principal Lead Board Development, NHS Education for Scotland who would be happy to work with the Board on development requirements: E: [sharon.millar@nes.scot.nhs.uk](mailto:sharon.millar@nes.scot.nhs.uk); T: 07769 367635 **Corporate Business Management Team:** [cbmt@gov.scot](mailto:cbmt@gov.scot)