ANNUAL STATEMENT OF ASSURANCE FOR
STAFF GOVERNANCE COMMITTEE FOR 2025/26

1. Purpose

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

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

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

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

2. Membership

2.1 During the financial year to 31 March 2026, membership of the Staff Governance Committee comprised: -

Colin Grieve	Chair / Non-Executive Member
Vicki Bennett	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Sinead Braiden	Non-Executive Member
Anne Haston	Non-Executive Member (to 30 September 2025)
John Kemp	Non-Executive Member
Joni O'Sullivan	Non-Executive Member (from 1 September 2025)
Janette Keenan	Director of Nursing (to 1 June 2025)
Gillian McAuley	Executive Nurse Director (from 1 July 2025)
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of People & Culture, Director of Acute Services, Director of Communications & Engagement, Director of Health & Social Care, Director of Planning & Transformation, Director of Property & Asset Management, Medical Director, Heads of Service for the People & Culture Directorate and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

3.1 The Committee met on nine occasions during the financial year to 31 March 2026, on the undernoted dates:

- 13 May 2025
- 1 July 2025 (Development Session)
- 8 July 2025
- 9 September 2025
- 11 November 2025
- 6 January 2026
- 16 January 2026 (Extraordinary Meeting)
- 17 February 2026 (Development Session)
- 3 March 2026

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 An extract of the Committee's workplan for the year, illustrating the assurance levels agreed for each of the substantive agenda items, is attached as Appendix 2. A summary of the Committee's business over the year is given below.

Strategy

4.2 During the 2025/26 financial year, the Staff Governance Committee maintained sustained oversight of key strategic workforce programmes, with particular emphasis on reform, transformation and delivery of national workforce commitments. From May 2025 onwards, the Committee routinely scrutinised the development and implementation of the People and Change Programme, recognising it as the principal mechanism for delivering workforce modernisation, supplementary staffing reduction, absence management, skill mix review and Agenda for Change reform. Across successive meetings, the Committee consistently concluded that whilst the scale and ambition of the programme were appropriate, the pace of delivery and robustness of evidence underpinning benefits realisation remained variable. As a result, the Committee generally took a moderate level of assurance during the earlier part of the year, moving to limited assurance later in the year where alignment between workforce redesign activity, financial savings and staff engagement had not yet been fully demonstrated.

4.3 A significant strand of strategic scrutiny throughout the year related to implementation of the Reduction in the Working Week as part of the non-pay elements of the 2023/24 Agenda for Change pay deal. In May and July 2025, the Committee noted positive progress in relation to planning, engagement and the initial stages of implementation, concluding that appropriate governance arrangements were in place and taking moderate assurance. By September 2025, as the scale of recruitment and redesign required for the final phase became clearer, the Committee acknowledged the increasing delivery risk associated with workforce availability, financial affordability and operational readiness, but remained satisfied that mitigation plans and oversight structures were being strengthened, allowing moderate assurance to be retained at that stage.

4.4 As the implementation deadline approached, Committee scrutiny intensified. In January 2026, both at the scheduled meeting and the Extraordinary Meeting held on 16 January 2026, the Committee considered detailed progress updates on recruitment, workforce modelling and financial controls. Whilst members acknowledged the significant volume of work undertaken and the establishment of dedicated oversight arrangements, the Committee concluded that delivery risks remained, particularly in relation to recruitment

dependency, data limitations and staff experience. Consequently, the assurance position shifted, with the Extraordinary Meeting recording moderate assurance specifically in relation to planning and governance but recognising the need for ongoing scrutiny. This position was further refined at the March 2026 meeting, where, following extensive discussion on residual risk and evidence gaps, the Committee agreed a limited level of assurance overall, reflecting confidence in intent and governance but recognising continuing delivery uncertainty beyond 1 April 2026.

4.5 The Committee also oversaw strategically significant national and system-wide initiatives, including the Reform, Transform and Perform (RTP) Business Transformation Programme and the Anchor Programme. In both cases, members acknowledged positive progress in administrative redesign, digital enablement and socio-economic contribution, while consistently concluding that benefits realisation, workforce transition risk and capacity constraints limited the level of assurance that could be drawn. As such, assurance in these areas was generally recorded as limited, with an expectation that governance arrangements would continue into the next financial year to allow benefits and impacts to mature.

Performance

4.6 Throughout the year, the Committee maintained detailed oversight of workforce performance, primarily through the Integrated Performance & Quality Report (IPQR) and associated deep-dive reports on sickness absence, recruitment, job planning, training compliance and staff engagement. At the beginning of the financial year, the Committee acknowledged modest improvements in sickness absence and recruitment performance whilst recognising the fragile and inconsistent nature of progress. In May and July 2025, the Committee took moderate assurance from attendance management updates, noting the introduction of recovery plans, strengthened governance through the Attendance Management Oversight Group and emerging examples of good practice, but remained clear that sustained improvement had not yet been achieved.

4.7 As the year progressed, performance scrutiny intensified. By September 2025 and January 2026, the Committee concluded that, despite extensive activity, sickness absence remained persistently high and continued to present a material risk to service sustainability and staff wellbeing. Members consistently highlighted the need for a more integrated approach linking workforce planning, wellbeing support, leadership capability and absence management. Consequently, assurance levels in relation to attendance management and IPQR updates were generally assessed as limited in the latter half of the year, reflecting transparency of reporting but insufficient evidence of sustained improvement.

4.8 The Committee also scrutinised performance in relation to Medical job planning, noting significant progress during 2024/25 and early 2025/26. In July 2025, the Committee welcomed a marked increase in job plan completion rates and took moderate assurance that governance and leadership focus were delivering improvement. By March 2026, however, members acknowledged that progress had slowed due to operational pressures and capacity constraints, and while confidence remained in the direction of travel, assurance was moderated accordingly within the broader performance context.

4.9 Staff engagement and involvement were considered through iMatter reporting. In September 2025, the Committee reviewed NHS Fife's iMatter results indicating strong response rates and the absence of teams in the lowest performance category, concluding that this provided significant assurance in relation to staff involvement and engagement. However, members also noted declining timeliness of action planning and highlighted the need to strengthen evidence of impact at team level, reinforcing the Committee's expectation of ongoing scrutiny rather than complacency.

4.10 Throughout the year, the Committee maintained close oversight of performance in relation to employment-related matters, with particular focus on suspensions, employment tribunals and regulatory referrals. These reports were considered consistently at each meeting, enabling trends and improvements to be tracked over time. From May 2025, the Committee noted enhanced visibility of employment tribunal data and agreed that further refinement of reporting would support organisational learning. Risks associated with lengthy investigation timescales and national policy frameworks were acknowledged throughout the year. The Committee noted that mitigations were being actively applied through strengthened governance, improved oversight and learning from employment relations cases. At successive meetings, the Committee acknowledged improvements in monitoring, welcomed reductions in suspension numbers later in the year, and recognised the efforts made to resolve cases without escalation. Across the year, the Committee consistently concluded that whilst areas for improvement remained, the position warranted a moderate level of assurance.

Governance

4.11 The Committee devoted substantial attention to its own governance effectiveness and assurance framework over the year. In May 2025, the Committee approved the draft Staff Governance Annual Statement of Assurance 2024/25, taking significant assurance that the Committee had fulfilled its remit and provided appropriate assurance to the Board across the previous financial year. This position was reinforced through routine consideration of workplan delivery, with moderate assurance taken at regular intervals that the Committee's programme of work was being delivered largely as planned.

4.12 In March 2026, the Committee undertook formal self-assessment for 2025/26. Members concluded that the Committee continued to function effectively, with strong chairing, improved challenge, constructive partnership working and high-quality administrative support. While areas for improvement were identified, particularly in relation to paper timeliness, escalation clarity and balancing strategic versus operational focus, the Committee was satisfied that the overall governance framework was sound and took moderate assurance from the self-assessment process.

4.13 The Committee also maintained oversight of statutory and regulatory governance requirements, including compliance with the Health & Care (Staffing) (Scotland) Act 2019. Across multiple reports during the year, the Committee acknowledged steady progress in implementation, improvements in eRostering and workforce planning maturity, while recognising ongoing variability between staff groups. At each formal update point, including May 2025, September 2025 and March 2026, the Committee consistently concluded that appropriate governance arrangements were in place and took moderate assurance overall.

4.14 Whistleblowing governance was another key area of focus, with quarterly and annual reports scrutinised throughout the year. The Committee noted increased reporting volumes as a positive indicator of an improving Speak Up culture and consistently took moderate assurance that arrangements complied with national standards and supported organisational learning.

4.15 In May 2025, the Committee considered the commissioning of an Independent Learning Review. This review had been commissioned in response to correspondence from the Equality & Human Rights Commission following a high-profile employment relations matter and was positioned as a key strategic intervention to examine NHS Fife's governance arrangements, decision-making practices and compliance with legal obligations. The Committee was clear that the Review was intended to support organisational learning and continuous improvement rather than to scrutinise individual actions, and that it aligned with NHS Fife's values-led approach, including 'Our Leadership Way' and Just Culture principles. Taking account of the clarity of scope, governance arrangements and appointment of an experienced external provider, the Committee concluded that this

represented a robust and proportionate response and agreed that a significant level of assurance could be taken in relation to this matter.

4.16 Following completion of the Review, the Committee received an update in July 2025 noting that the report comprised a substantial number of recommendations across varying themes and that an action plan developed for consideration by the Executive Leadership Team would be scrutinised by the Board. Although during the reporting year the Learning Review Assurance Group has taken forward scrutiny of implementation of the action plan to its effective closure in March 2026, any outstanding activity for 2026/27 is intended to transition to the Staff Governance Committee, as reflected in its amended remit and workplan.

Risk

4.17 Throughout the reporting period, the Committee retained oversight of workforce-related corporate risks, particularly those relating to workforce planning and delivery, staff health and wellbeing, training compliance and attendance management. From May 2025 onwards, the Committee consistently noted that the principal workforce risks remained high and largely unchanged, despite extensive mitigation activity. While members acknowledged the challenging national context and the scale of system pressures, the Committee maintained a cautious assurance stance, typically recording moderate assurance in relation to risk mitigation rather than risk resolution.

4.18 In September 2025, the Committee agreed changes to the Corporate Risk Register, including amendments to risk wording, closure of risks that had transitioned to business-as-usual and the addition of new risks relating to Core Skills training and Personal Development and Performance Review compliance. These decisions reflected the Committee's conclusion that persistent underperformance in training and development represented a material governance risk requiring explicit Board-level visibility.

4.19 By January and March 2026, the Committee explicitly recognised that several long-standing workforce risks, particularly absence, training compliance and Reduced Working Week implementation, continued to exhibit limited downward movement despite sustained intervention. As such, the Committee concluded that whilst mitigation plans, governance structures and oversight arrangements were appropriate, the residual risk exposure remained significant. The Committee therefore continued to take moderate assurance from the existence and quality of mitigation, while acknowledging that assurance in relation to outcomes remained constrained at year-end.

5. Self Assessment

5.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2025/26, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2026 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

6. Conclusion

6.1 Across 2025/26, the Staff Governance Committee provided robust and sustained scrutiny of strategic workforce priorities, operational performance, governance arrangements and associated risks. The Committee was consistently able to take assurance that appropriate frameworks, oversight mechanisms and mitigation plans were in place. However, in several critical areas - particularly sickness absence, mandatory training compliance and large-scale workforce reform - assurance was necessarily moderated to reflect the scale and persistence of delivery challenges. This balanced assurance position has been

transparently reflected in the Committee's ongoing reporting and escalation of issues to the NHS Fife Board.

6.2 As Chair of the Staff Governance Committee during financial year 2025/26, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

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

6.4 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as services continue to see periods of exceptional demand. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff to deliver the best quality of care despite ongoing service pressures.

Signed: Date: 12 May 2026

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

Appendix 1 - Attendance Schedule
Appendix 2 - Levels of Assurance mapped to Committee's Annual Workplan

NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2025 – 31 MARCH 2026

Present	**13.05.25**	**08.07.25**	**09.09.25**	**11.11.25**	**06.01.26**	**16.01.26**	**03.04.26**
C Grieve, Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
V Bennett, Co-Chair, H&SCP Local Partnership Forum	✓	✓	x	✓	✓	✓	✓
S Braiden, Non-Executive Member	✓	x	✓	✓	✓	x	x
A Haston, Non-Executive Member	✓	✓	✓				
J Kemp, Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
J O'Sullivan, Non-Executive Member / Whistleblowing Champion			x	✓	✓	x	✓
J Kennan, Director of Nursing	✓						
G McAuley, Executive Nursing Director		✓	✓	✓	✓	✓	✓
L Parsons, Employee Director	✓	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	x	✓	x	x	✓	x	x
A Verrecchia, Co-Chair, Acute Services Division Local Partnership Forum	x	✓	✓ Part	✓	✓	x	✓
In attendance							
J Anderson, General Manager	✓ Item 8.5	✓					
C Conroy, Head of Community Care Services	✓ Deputising (part mtg)						
L Cooper, Head of Primary & Preventative Care Services			✓ Item 11.1	✓ Deputising			
C Dobson, Director of Acute Services	✓	✓	✓	✓ Part	✓	x	✓
F Forrest, Acting Director of Pharmacy & Medicines	✓	✓	✓	✓	✓	x	x
A Graham, Director of Digital & Information			✓ Items 5.1 & 8.1	✓ Item 7.1	✓		
B Hannan, Director of Planning & Transformation	✓	✓	✓	✓	✓	✓	✓
L Garvey, Director of Health & Social Care	✓	x	✓	x	✓	✓	✓

APPENDIX 1

Present	**13.05.25**	**08.07.25**	**09.09.25**	**11.11.25**	**06.01.26**	**16.01.26**	**03.04.26**
Roisin Gormley, Clinical Midwifery Manager		Observing					
J Jones, Associate Director of Culture, Development & Wellbeing	✓	✓	x	✓	✓	x	✓
P Kilpatrick, Board Chair			✓ Part	✓ Part			
R Lawrence, Principal Lead for Organisational Development & Culture, HSCP		✓ Deputising					
K MacGregor, Director of Communications & Engagement	✓	x	✓	✓	✓	x	✓
G MacIntosh, Associate Director of Corporate Governance & Board Secretary	✓	✓	x	✓	✓	✓	✓
N McCormick, Director of Property & Asset Management	✓	✓	✓	✓	✓	x	✓
B McKenna, Board Workforce Planning Lead	✓ Deputising		✓ Item 7.3	✓	✓		✓ Deputising
C McKenna, Medical Director	x	✓	x	✓	✓	✓	✓
J Millen, Learning & Development Manager		✓ Items 8.1 & 8.2	✓ Items 9.1 – 9.3				
D Miller, Director of People & Culture **(Exec. Lead)**	✓	x	✓	✓	✓	✓	✓
B Morrison, Deputy for LPF Co-Chair	✓ Observing			✓			
S Raynor, Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓	✓
J Tomlinson, Director of Public Health							✓ Item 8.3
R Waugh, Head of Workforce Planning & Staff Wellbeing	x	✓	✓	✓	✓	✓	

APPENDIX 2

Agreed Level of Assurance	
S	Significant
M	Moderate
L	Limited
N	None

STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2025/2026

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Governance Matters							
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2025/2026	**Director of People & Culture**	**M**	**M**	**M**	**M**	**M**	**S Final**
Annual Staff Governance Committee Workplan: Proposed 2026/2027	**Director of People & Culture**					**M Approved**	
Annual Staff Governance Committee Self-Assessment Report 2025/2026	**Board Secretary**						**M**
Draft Staff Governance Committee Annual Statement of Assurance 2024/2025	**Board Secretary**	**S**					
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						**Deferred to May 2026**
Anti Racism Draft Plan	**Director of People & Culture / Director of Nursing**	**Deferred**		**L**	**Verbal Update**		
Corporate Calendar – Proposed Staff Governance Committee Dates 2026/2027	**Director of People & Culture**			✓			
Equality, Diversity and Human Rights, including Anti Racism Plan Update	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**				**Update provided via Anti Racism Plan Update**		**Deferred to July 2026**
Corporate Risks Aligned to Staff Governance Committee	**Director of People & Culture**	**Verbal Update**	**M**	**M**	**M Deep Dives: HCSA Core Skills PDPR**	**M**	**M**

APPENDIX 2

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	**Director of People & Culture**	**M Quarter 4 / Annual Report 2024/2025**		**M Quarter 1 Report 2025/2026**		**M Quarter 2 Report 2025/2026**	**M Quarter 3 / Annual Report 2025/2026**
Strategy / Planning							
Annual Delivery Plan Update	**Director of Planning & Transformation**	**M Quarter 4 Report 2024/2025**					
Corporate Objectives 2025/2026	**Director of Planning & Transformation**	**Not Required at SGC**		**Update provided via People & Culture Report**			
Strategy / Planning (Continued)							
Reform, Transform, Perform - Business Transformation	**Director of Digital & Information**	**M**	**M**	**L**	**L**	**L**	**L**
People and Change Board Update	**Director of People & Culture**			**M**	**M**	**M**	**L**
Reduction in the Working Week Update	**Director of People & Culture**	**M**	**Presentation**	**M**	**Update provided via People & Culture Report**	**Verbal** **Further Update at Extra Ordinary Meeting on 16/1/26**	**Update provided via People & Change Programme Update**
Workforce Planning Update / Workforce Plan for 2025/2026	**Workforce Planning Lead**	**M**	**Deferred**	**Deferred**	**M**		

APPENDIX 2

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Staff Governance & Staff Governance Standard							
Staff Governance Standard Overview							
Appropriately Trained: Medical Appraisal & Revalidation Annual Report 2024/2025	**Medical Director**				**S**		
Nursing Midwifery and Allied Health Professionals Annual Reports 2024/2025	**Director of Nursing**				**S**		
Recovery Plan for Core Skills / Mandatory Training / Protected Learning Time	**Associate Director of Culture, Development & Wellbeing**	**M**	**M**	**M**	**M**	**M**	**M**
Recovery Plan for PDPR Compliance Rates	**Associate Director of Culture, Development & Wellbeing**	**L**	**L**	**L**	**L**	**L**	**L**
Involved in Decisions: iMatter Report	**Associate Director of Culture, Development & Wellbeing**			**S**		**M**	
Improved and Safe Working Environment	**Director of Property & Asset Management**	**M**	**M**	**Deferred**	**M**	**M**	**Deferred to May 2026**
Treated Fairly and Consistently: Workforce Policies Update	**Head of Workforce Resourcing & Relations**				**S**		
Well Informed: Communication & Feedback	**Director of Communications & Engagement**	**S**		**M**			
Sickness Absence & Plan for Recovery 2025/2026	**General Manager, Women & Children's Services**	**M**	**M**	**M**	**L**	**M**	**L**
Equality Outcomes Progress Report and Plan 2025-2029	**Director of Nursing**	**Deferred**		**Deferred**	**Deferred**	**Deferred to Spring 2026**	
Equality & Diversity Champion Update	**Non-Executive Director Equality & Diversity Champion**	**Verbal**	**Deferred**	**Verbal**	**Verbal**	**Verbal**	**Verbal**
Wellbeing Champion Update	**Non-Executive Director Wellbeing Champion**	**Verbal**	**Verbal**	**Verbal**	**Verbal**	**Verbal**	**Verbal**
Whistleblowing Champion Update	**Non-Executive Director Whistleblowing Champion**				**Verbal**	**Verbal**	**Verbal**

APPENDIX 2

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Whistleblowing Quarterly Report	**Board Secretary**	**M Quarter 4 Report 2024/2025**		**M Quarter 1 Report 2025/2026**	**M Quarter 2 Report 2025/2026**		**M Quarter 3 Report 2025/2026**
Quality / Performance							
Integrated Performance & Quality Report	**Director of People & Culture**	**L**	**L**	**L**	**L**	**L**	**L**
People & Culture Report	**Director of People & Culture**	**✓ Quarter 4 2024/2025**		**✓ Quarter 1 2025/2026**	**✓ Quarter 2 22025/2026**		**✓ Quarter 3 2025/2026**
Annual Reports / Other Reports							
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2024/2025	**Co-Chairs of LPF**			**Provided via APF Report**			
Area Partnership Forum Annual Assurance Report	**Employee Director**	**S**			**Deferred**	**S Mid-Year Report**	
Equal Pay Audit	**Director of People & Culture**	**S**					
Health and Social Care Partnership Local Partnership Forum Annual Report 2024/2025	**Co-Chairs of LPF**			**Provided via APF Report**			
Internal Audit Annual Report 2024/2025	**Director of Finance**		✓				
Occupational Health Service Annual Report 2024/2025	**Head of Workforce Planning & Staff Wellbeing**				**OH Activity captured in People & Culture Report**		
Primary Care Improvement Plan 2025/2026	**Director of Health & Social Care**			**M**			
Staff Governance Annual Monitoring Return 2024/2025	**Head of Workforce Resourcing & Relations**				**S Draft Return**	**Final Return circulated Virtually 10/12/25**	
Volunteering Annual Report 2024/2025	**Director of Nursing**			**Deferred**	**S**		
Whistleblowing Annual Report 2024/2025	**Board Secretary**	**M**					

APPENDIX 2

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Linked Committee Minutes							
Area Partnership Forum	**Head of Workforce Resourcing & Relations**	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	**Director of Acute Services**	✓	✓	**Update to be provided via APF minutes**			
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	**Update to be provided via APF minutes**			
Equality & Human Rights Strategy Group	**Director of Nursing**		✓	✓		✓	
Health and Safety Sub Committee	**Director of Property & Asset Management**	✓	✓		✓	✓	
Medical & Dental Professional Standards Oversight Group	**Medical Director**	✓	✓	✓		✓	
Workforce Planning Group	**Head of Workforce Planning & Staff Wellbeing**	✓		✓			
Whistleblowing Oversight Group	**Board Secretary**	✓					
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
Business & Digital Transformation Programme Update	**Director of Planning & Transformation**	**L**					
The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce	**Director of Nursing**	**M**					
Whistleblowing Oversight Group Assurance Report	**Board Secretary**	**M**					
Medical Job Planning Update	**Medical Director**		**M**		**M**	**Update provided via IPQR**	**Update provided via IPQR**
eRostering Update	**Director of Digital & Information**		**Verbal**	**M**			
Employability Initiatives & Programme Update	**Head of Workforce Planning & Staff Wellbeing**			**M**			
NHS Fife Health & Safety Policy	**Director of Property & Asset Management**			**M**			

APPENDIX 2

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Band 5 Nursing Review	**Head of Workforce Resourcing & Relations**				**Update provided via People & Culture Report**		
B20/25 Management of Sickness Absence Internal Audit Report	**Head of Workforce Resourcing & Relations**				**Deferred**	**M**	
Internal Controls Evaluation Report 2025/2026	**Chief Internal Auditor**					✓	**M Action Plan Update**
B18/25 Recruitment Internal Audit Report	**Head of Workforce Resourcing & Relations**						**Deferred to July 2026**
Anchor Programme Update	**Director of Public Health**						✓
Medical Workforce Strategy Update	**Medical Director**						✓
IPQR Vacancy Reporting Update	**Director of People & Culture**						✓

Briefing / Development Sessions	
Session 1: Tuesday 1 July 2025 at 10.00 am to 11.30 am	**Lead(s)**
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Director of Digital & Information
• Development of New Workforce Related Corporate Risks	David Miller, Director of People & Culture Shirley-Anne Savage, Associate Director for Risk and Professional Standards
Session 2: Tuesday 17 February 2026 at 2.00 pm to 3.30 pm	**Lead(s)**
• Nursing & Midwifery Workforce Deep Dive	Nicola Robertson, Director of Nursing – Corporate Tanya Lonergan, Associate Director of Nursing
• Our Leadership Way	Jenni Jones, Associate Director of Culture, Development & Wellbeing Ben Johnston, Head of Capital Planning & Project Director (on behalf of Neil McCormick) Fiona Forrest, Acting Director of Pharmacy & Medicines