

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2022/23

### 1. Purpose

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

### 2. Membership

- 2.1 During the financial year to 31 March 2023, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Colin Grieve	Non-Executive Member (from November 2022)
Kirstie Macdonald	Non-Executive Member Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (to November 2022)
Alistair Morris	Non-Executive Member
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

### 3. Meetings

- 3.1 The Committee met on eight occasions during the financial year to 31 March 2023, on the undernoted dates:

- 12 May 2022
- 14 July 2022
- 1 September 2022
- 24 October 2022 (Development Session)
- 10 November 2022

- 12 January 2023
- 16 February 2023 (Development Session)
- 9 March 2023

3.2 The attendance schedule is attached at Appendix 1.

#### **4. Business**

4.1 The Staff Governance Committee's first meeting of the 2022-23 reporting year took place in May 2022. Substantive agenda items included a presentation on Equality, Diversity and Human Rights related activities, to address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'). The composition of the NHS Fife workforce and the percentage of those with protected characteristics was highlighted. Discussion took place on the requirement to reinvigorate the Black, Asian & minority ethnic (BAME) network group as their meetings began once again post-Covid, to progress a number of actions that staff-side colleagues have highlighted as being critical. The Committee took assurance from the recent appointment of a new Equality & Diversity Lead Officer, to help support this work, in addition to the roll-out of a new communications plan and mentoring scheme.

4.2 At its May 2022 meeting, members reviewed the initial draft of NHS Fife's Three-Year Workforce Plan 2022-25 submission to the Scottish Government, utilising the national template and six-step workforce planning methodology. The Plan took due cognisance of the recent publication of the National Workforce Strategy for Health & Social Care, detailed in a Director's Letter (DL 2022(09)) issued in April 2022. Issues discussed by members included the potential for work to be undertaken with university partners to address particular clinical speciality gaps; progress with international nurse recruitment; and evidencing the Fair Work agenda. At its July 2022 meeting, members reviewed an updated draft of the NHS Fife Plan, alongside the complementary plan for the Health & Social Care Partnership. Both documents have been written with due acknowledgement of the current service-pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plan. The Fife Health & Social Care Workforce Plan 2022-25 encompasses the broad range of services delivered by the Partnership, and is fully aligned to the NHS Fife plan. Members welcomed the synergies between both strategies and the ambitions detailed within, endorsing the content for onward submission to Scottish Government.

Feedback from Scottish Government on the NHS Fife plan (which will influence the next three-year iteration and any annual updates required) was considered by members at the Committee's November 2022 meeting. Comments related to strengthening financial planning linkages to workforce planning, to better understand the extent to which affordability factors are being considered as part of the overall workforce planning process; workforce projections over the period of the plan; and how the workforce and services to be provided over the plan's lifecycle will be affected by the changing population dynamics and composition of our staff. Assurance was provided that the annual Strategic Planning & Resource Allocation (SPRA) process was aiding enhancement of the integration of financial and workforce planning, and that the production of a workforce plan as part of an enabling strand of the Board's new Population Health & Wellbeing Strategy would explicitly address this feedback. A specific update on this year's SPRA process was given to members in November 2022, with the Committee being assured that the process has been considerably more embedded this year and with real ambition to integrate organisational workforce and financial plans going forward.

- 4.3 Ongoing reports have been provided to the Committee on the organisational strategy development work, including details on the staff and public engagement approach and the results of the Population Health Needs Assessment, which is the underpinning baseline of the strategy document text. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Members' feedback on the means of further engaging with staff and service users on the content of the new strategy has been welcomed, particularly for the stages with more focused participation. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Staff Governance Committee has had regular input over the course of the reporting year.
- 4.4 Following detailed discussion at a number of full Board Development Sessions over 2022/23, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions, including the enabling workforce strategy, and gaining assurance on progress with the various implementation actions detailed within.
- 4.5 The Committee reflected on Winter 2021/22 performance and discussed planning for the 2022/23 Winter Period (as part of the Board's Annual Delivery Plan return) via reports considered by members at the Committee's May and November 2022 meetings. Members noted that the Winter period had been especially challenging for staff, with many employees reassigned from their core role to support services under pressure. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services remain in recovery mode, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have been critical to managing delay and flow, with varying results across the year. It has been important for the Board to continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on staff wellbeing and the variability of performance overall, particularly around key targets such as A&E attendances and sickness absence. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. The introduction of a new Operational Pressures Escalation Levels (OPEL) process, which became fully embedded over the reporting year, is helping manage day-to-day pressures and identify areas where staff shortages are impacting, with clear triggers for action and escalation.
- 4.6 A comprehensive Framework created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in November 2022. Detail was given within on the services available to help support staff during this time of increased activity on all services (including Mindfulness training, peer support and reflective practice to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term, particularly as the legacy effects of Covid become clearer. Members also welcomed the information given on the various offers of support available to staff and the

positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.

- 4.7 In March 2023, in reference to the issue of staff wellbeing, members considered the issues raised by a letter to all NHSScotland Boards from Healthcare Improvement Scotland's Director of Quality Assurance, highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections of acute hospitals across Scotland. The issues cited within reflected the exceptional winter pressures experienced by Scottish hospitals, including potential overcrowding in emergency departments and admission units, heavy use of supplementary staffing, pressures on staff health and wellbeing, the criticality of appropriate medicines governance, and the need for visible and active leadership on-site in clinical areas. Although focused on the results of acute inspections, members recognised that addressing all the action points required nothing less than a whole-system approach, to be achieved through close working with Fife Health & Social Care Partnership colleagues. An action plan has been developed to address the issues raised by HIS, to be supported by a series of 'mock inspections', to provide assurance that lessons learned from the HIS inspections would be carefully reviewed against practice within the Victoria Hospital. Further detail was also given on the measures put in place for staff to find time and space to take appropriate breaks away from work, including facilities such as the permanent staff wellbeing hubs and new energy pods. The creation of suitable breakout space in outdoor areas will be developed as part of the Greenspace Strategy work underway.
- 4.8 An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2022 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the staffing levels given in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and an increased number of registrants need to be recruited before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board fully details its related risk management mitigations and escalation routes.
- 4.9 The Board has implemented the National Whistleblowing Standards, launched in April 2021. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. Each NHS Board has a dedicated Whistleblowing Champion as a Board member, who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer. The Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Staff Governance Committee. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases. Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards.

- 4.10 Further work is underway on the format of quarterly Whistleblowing reports, in particular to improve the timeliness of data reporting and to evidence an open and learning culture. Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. An action plan showing specific areas where improvement can be achieved will be presented to Staff Governance Committee and the NHS Fife Board in summer 2023. Enhancements are expected to be made to both quarterly reporting and the Annual Report for 2022/23, which will include action plan monitoring. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced this year, details on the uptake of which are contained in the reports to the Committee. It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its September 2022 meeting, which included an assurance statement from the Whistleblowing Champion. Two Whistleblowing concerns were raised during 2021-22, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year.
- 4.11 The Board held a dedicated discussion at its April 2022 Development Session on developing an open and transparent culture (this has recently been followed up by a second Board Development Session on behaviours and values in April 2023), which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the recent nationally led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them. This campaign will be run again in this reporting year.
- 4.12 The draft Corporate Objectives 2022/23 were presented to the Committee in May 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. For the Staff Governance Standard, relevant individual objectives were linked to broader workstreams such as: implementation of high quality systems to improve staff health and wellbeing; delivery of workforce plans that attract, recruit and retain a high-quality workforce; and improving leadership capacity and embedding the framework for talent management. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objectives from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader

workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval. In March 2023, as part of the update on the Strategic Planning & Resource Allocation process for the year ahead, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to further consideration at the May 2023 meeting and formal approval by the Board later in spring 2023.

- 4.13 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the results of the most recent iMatter staff survey in the reporting year, with a report delivered to members in January 2023 detailing its findings. The Committee recognised that the NHS Fife response rate (of 60%) continues to be higher than NHSScotland averages, though the Employee Engagement Index and experience of working in the organisation both deviated marginally by -1 point. When comparing NHS Fife's results with the national report, all scores were either the same or deviated by one point. There were no red flags in our report and no significant surprises. Further improvement actions are needed in the transfer of team results into meaningful action plans, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented in future.
- 4.14 In July 2022, a detailed report on the workforce implications of the General Practice Memorandum of Understanding 2 (MoU2) was discussed, noting the requirement of an enhanced multi-disciplinary, multi-professional team built around GP practices, which will be primarily composed from the nursing, Allied Health Professionals and Pharmacy workforce. The risks of this, in light of the existing pressures on Nursing and Advanced Health Care Practitioners numbers, are well recognised, and are being monitored on an ongoing basis via the Committee's usual risk reporting. Members were advised that utilisation of a Scottish Government underspend from the pandemic period, amounting to funding of £6.5m on a non-recurring basis, has allowed further progression of MoU2 implementation across all three key workstreams, including recruitment to fixed-term posts and other practical support for GP Practices. Two thirds of the Community Treatment and Care (CTAC) workforce are in place and the requirement to transfer the Vaccination Transformation Programme has been achieved by the April 2022 deadline. The Committee took assurance from the report that there has been progression in the recruitment of the workforce and noted the ongoing progress of all priority areas and the mitigating actions being taken in relation to the risks identified. A further update was given to the Committee in January 2023, focused on the specific areas of risk (the overall financial gap and recruitment in the Band 5 Community Treatment & Care Service and pharmacotherapy workforce) and how these were being addressed in the production of a new Primary Care Strategy. In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process has recently concluded, with notes of interest currently being assessed before the formal decision-making process is undertaken in May 2023.
- 4.15 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2022 meeting. Progress with the Supporting Work / Life Balance suite of policies was outlined and NHS Fife's input into the national consultation exercise was discussed. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement.
- 4.16 At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels

compared to the anticipated trajectory (this remaining above the national 4% target throughout the year, at around 6.5%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. In September 2022, the Committee discussed a Promoting Attendance Update, outlining the various activities underway to help support staff stay healthy. The work of an Attendance Management Taskforce has since been incorporated in the Executive Directors' Group, to allow for regularity of reporting.

- 4.17 As part of a proposal to assign to the Committee additional performance metrics, members considered a report on the outcome of the recent IPQR review process at its July 2022 meeting. Noting that not all workforce metrics lend themselves to routine performance reporting, it has nevertheless been agreed that three additional measures will be included in future reporting. These are Personal Development planning & Performance Review (PDPR), core training compliance and data on the Establishment Gap. Further performance-related measures will continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information report.
- 4.18 In relation to PDPR performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In January and March 2023, detailed updates on training compliance for the period 2021/22 were reviewed by members, indicating that a decline in overall training compliance and a need to prioritise immediate work around this, particularly in areas where patient safety or quality of care might be compromised by a lack of compliance. Discussion on improving performance has been taken forward by the Executive Directors' Group and the full Board, and the Committee will be keeping these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area. PDPR performance was the subject of a deep-dive presentation to the Committee at its March 2023 meeting, as part of the Corporate Risk Register review. Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst system pressures continue.
- 4.19 The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In May 2022, it was reported that work to identify the Establishment Gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards, though remains key to understanding the quantum of the workforce challenge. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. In January 2023, the Committee discussed the reliance on bank and agency staff, and associated costs, noting that the need to reduce this reliance was being taken forward as a separate workstream, aligned to national work in this area. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.

4.20 Members considered the annual Staff Governance Monitoring Return draft submission for 2021/22 at the Committee's meeting in September 2022, the national template for which is constructed around the five Staff Governance strands and seeks to gather information on staff experience and culture. Members were assured that close engagement would be undertaken with a variety of stakeholder groups and staff-side to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in November 2022. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 18 November 2022.

4.21 As part of its work in addressing across its agenda items the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management's attendance for these items. The updates detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

A further update was given in January 2023, focussed on the forming of a new multidisciplinary Steering Group on preventing workplace-related stress, utilising a 'Talking Toolkit' provided by the Health & Safety Executive. Staff from the Property & Asset Management team have piloted the training directly and the plan is that this approach will be rolled out across priority areas, as detailed at the March 2023 meeting. Further reflection on the implementation of this initiative will feature in this year's Committee agendas.

4.22 The Committee has held a series of dedicated Development Sessions, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2022, the Committee had a detailed briefing on the Staff Governance Standard, including information on how coverage of this is part of the Committee's annual cycle of business and also further detail on the way in which partnership working is embedded across NHS Fife and Fife H&SCP. In February 2023, members were pleased to welcome colleagues to speak on the topic of Values Based Reflective Practice, being led by staff from the Spiritual Care service. At the same session, an employee story detailing the return to work plan of a Speech & Language Therapy staff member with complex management of attendance was discussed by the Committee.

4.23 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing its activities in support of the pandemic and its business-as-usual support); (ii) Volunteering; (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2021/22 and the priority actions underway by both staff-side groups.

4.24 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2022, the Committee received the Annual Internal Audit report for 2021/22, with members discussing the comments from the auditors on the areas of workforce succession planning and adequate coverage of the Staff Governance Standard throughout the Committee's



yearly workplan. In relation to the latter, in the reporting year improvements have been made to the categorisation of papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan. This signposting will give members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the Standard's categories. Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas gives assurance that the Committee's agendas are delivering on all aspects of its remit. Additionally, the regular review of delivery of business against the Committee's workplan ensures that agenda items are promptly rescheduled should any slippage arise. The introduction of Committee Development Sessions is a further way to capture members' input into the business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

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

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF) and, within the reporting year, the areas of the new Corporate Risk Register aligned to it for regular monitoring. Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to 'High' rating of the workforce sustainability risks reported to the Committee within the BAF, amendments were made to the linked operational risks. These relate to the risks incurred by a national shortage of radiologists, the loss of a number of consultants in the rheumatology service (a specific paper on this issue was also tabled to the Committee at its September 2022 meeting) and a risk related to nurse and midwifery recruitment. A presentation on nursing and midwifery staffing levels was delivered to the Committee in March 2022, with members scrutinising vacancy levels, the potential for upskilling the existing workforce, possible pension changes influencing uptake of early retirement, and options to reduce reliance on supplementary bank and agency nursing staff. This has been supported in-year with the development of a Band 4 Assistant Practitioner role, as detailed further in a briefing paper considered at the Committee in September 2022 and progressed by the Board over the autumn period. The Committee took assurance that this risk is being actively managed, though noting the national pressures overall on the nursing and midwifery workforce.

- 6.3 At its meeting in May 2022, the Committee received a progress update report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the escalation process within the Board structure and to create a risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.
- 6.4 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Staff Governance Committee cover the areas of workforce planning and delivery, and staff health and wellbeing. In addition to the summary presentation of the aligned risks at all meetings since January 2023, members have received deep-dive information on workforce planning for nursing and midwifery staffing levels, and personal development and performance review in March 2023, with in-depth review of bank and agency spend and utilisation scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.
- 6.5 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved, which is a position similar to many other territorial boards across Scotland. The deep-dive exercise undertaken by the Committee in January 2023 is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. This approach is expected to mature in the year ahead.

## **7. Self Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2022/23 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

## **8. Conclusion**

- 8.1 As Chair of the Staff Governance Committee during financial year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see the legacy effects of the Coronavirus pandemic and a general backlog of treatment. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff, at what continues to be a difficult period of exceptional demand on our Acute and H&SCP services. We all remain in their debt.



Signed:

Date: 22 May 2023

**Sinead Braiden, Chair**

On behalf of the Staff Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS FIFE STAFF GOVERNANCE COMMITTEE  
ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2023**

<b>Present</b>	<b>12.05.22</b>	<b>14.07.22</b>	<b>01.09.22</b>	<b>10.11.22</b>	<b>12.01.23</b>	<b>09.03.23</b>
<b>S Braiden</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	x
<b>W Brown</b> , Employee Director	✓	✓	✓	x	✓	x
<b>S Fevre</b> , Co-Chair, H&SCP Local Partnership Forum	✓	✓	✓	✓	✓	✓
<b>C Grieve</b> , Non-Executive Member				✓	✓	✓
<b>K Macdonald</b> , Non-Executive Member	x	✓	x	✓	✓	x
<b>M Mahmood</b> , Non-Executive Member	✓	x	✓			
<b>A Morris</b> , Non-Executive Member	✓	x	✓	✓	✓	✓
<b>J Kennan</b> , Director of Nursing	✓	✓	✓	✓	✓	x
<b>C Potter</b> , Chief Executive	✓	✓	✓	✓	✓	✓
<b>A Verrecchia</b> , Co-Chair, Acute Services Division Local Partnership Forum	✓	x	✓	✓	x	x
<b>In attendance</b>						
<b>K Berchtenbreiter</b> , Head of Workforce Development	x	✓	✓	✓		
<b>H Bett</b> , Interim Senior Manager, HSCP			✓			
<b>N Connor</b> , Director of Health & Social Care	✓	✓	x	✓	✓	✓
<b>P Cumming</b> , Risk Manager	✓ Item 5.3			✓		
<b>C Dobson</b> , Director of Acute Services	✓	✓	✓	✓	✓	✓
<b>L Douglas</b> , Director of Workforce ( <b>Exec Lead</b> )	✓	✓	✓	✓		
<b>S Fraser</b> , Associate Director of Planning & Performance	✓ Item 7.3	✓ Item 7.1 & 7.2		✓	✓	✓
<b>R Lawrence</b> , Workforce & OD Lead for the HSCP		✓ Item 6.2				
<b>N McCormick</b> , Director of Property & Asset Management			✓		✓	
<b>M McGurk</b> , Director of Finance & Strategy and Deputy Chief Executive	✓	✓	✓	✓	✓	✓
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>S McCormack</b> , Associate Medical Director for Emergency Care and Planned Care						✓
<b>D Miller</b> , Director of Workforce					✓	✓
<b>S Raynor</b> , Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	x

<b>K Reith</b> , Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
<b>N Robertson</b> , Associate Director of Nursing						✓
<b>J Tomlinson</b> , Director of Public Health						✓ Item 7.4
<b>R Waugh</b> , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

**Best Value Framework**

**Vision and Leadership**

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

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

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

**GOVERNANCE AND ACCOUNTABILITY**

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

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

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



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

**USE OF RESOURCES**

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

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

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

**APPENDIX 2**

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

**PERFORMANCE MANAGEMENT**

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

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

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

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

**CROSS-CUTTING THEME – SUSTAINABILITY**

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

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

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

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

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

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

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

**CROSS-CUTTING THEME – EQUALITY**

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

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

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

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

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