



Date: 23 June 2026  
 Enquiries to: [fife.boardadministration@nhs.scot](mailto:fife.boardadministration@nhs.scot)

**AGENDA**

**A meeting of Fife NHS Board will be held on TUESDAY 30 JUNE 2026 at 10.00 AM in the BOARDROOM, VICTORIA HOSPITAL, KIRKCALDY**

**PAT KILPATRICK**  
 Chair

10:00	1.	<b>CHAIRPERSON’S WELCOME</b>	PK	
	2.	<b>DECLARATION OF MEMBERS’ INTERESTS</b>	PK	
	3.	<b>APOLOGIES FOR ABSENCE</b> – attendees N McCormick, D Miller	PK	
10:05	4.	<b>BOARD STANDING COMMITTEE ANNUAL ASSURANCES FOR 2025/26</b> Audit & Risk Committee Clinical Governance Committee Finance, Performance & Resources Committee Public Health & Wellbeing Committee Remuneration Committee Staff Governance Committee	AW AH AM JK/DW PK CG	(enclosed)
10:15	5.	<b>ANNUAL ACCOUNTS PROCESS</b> <i>Under the terms of the Public Finance &amp; Accountability (Scotland) Act 2000, the Board is not permitted to make the Accounts publicly available prior to the Audited Accounts being formally laid before Parliament. These papers (section 5) are therefore not included in this pack.</i>	WE/SD	
	5.1	<b>Patients’ Private Funds Accounts 2025/26</b> Patients’ Private Funds – Receipts and Payments Accounts 2025/26	SD/KB	

	5.2.	External Annual Audit Report (including ISA 260) 2025/26	Ext Auditor
	5.3.	Letter of Representation	Ext Auditor
	5.4.	Fife NHS Board Annual Accounts for the Year Ended 31 March 2026	WE/SD/ KB
	5.5.	Annual Assurance Statement from the Audit & Risk Committee	AW
10:55	6.	<b>ANY OTHER BUSINESS</b>	
11:00	7.	<b>DATE OF NEXT MEETING: Tuesday 28 July 2026 at 10:00 am in the Boardroom, Victoria Hospital, Kirkcaldy</b>	

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>30 June 2026</b>
<b>Title:</b>	<b>Board Standing Committee Annual Assurances for 2025/26</b>
<b>Responsible Executive:</b>	<b>Respective Executive Directors</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Associate Director of Corporate Governance &amp; Board Secretary</b>

## Executive Summary:

- All formal committees of the NHS Board are required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts. Two items of disclosure are contained within the statements.
- Each committee have commented on and approved their own statement during the last meeting cycle.
- Members are asked to take a “significant” level of assurance that each of the Board committees have delivered on their remit during the 2025/26 reporting year.

## 1 Purpose

### **This is presented for:**

- Assurance

### **This report relates to a:**

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the Annual Assurance Statements for each Standing Committee of the Board, for consideration as part of the overall annual accounts and assurance process for 2025/26.

### 2.2 Background

The Code of Corporate Governance requires all standing committees of the NHS Board

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

## 2.3 Assessment

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee, Public Health & Wellbeing Committee, Remuneration Committee and Staff Governance Committee are attached for consideration by members. Each statement has been discussed and approved by the respective Committee at their May and June 2026 cycle of meetings.

The Audit & Risk Committee initially reviews and considers the Annual Statements of Assurance of the other Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation. This review was undertaken at the Audit & Risk Committee’s June meeting. In addition, the Chief Internal Auditor has reviewed these statements as part of their year-end report, and they have also been made available to External Audit.

This report provides the following Level of Assurance:

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

A significant level of assurance is suggested, to reflect the fact that each committee has considered all relevant items of business delegated to it during 2025/26, escalating directly to the Board any matters of concern. There are two matters for disclosure in the Governance Statement of the Annual Accounts identified within the Clinical Governance Committee’s and Public Health & Wellbeing Committee’s respective statements, as detailed within.

### 2.3.1 Quality/ Patient Care

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

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

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

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

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

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

Related content is detailed within a number of the individual statements, including the Public Health & Wellbeing Committee and the Staff Governance Committee, where further information is given on how each committee has considered related issues across the 2025/26 year.

### **2.3.6 Climate Emergency & Sustainability Impact**

No direct impact from content of this report.

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

N/A.

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

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

- Audit & Risk Committee, 16 June 2026
- Clinical Governance Committee, 1 May 2026
- Finance, Performance & Resource Committee, 5 May 2026
- Public Health & Wellbeing Committee, 11 May 2026
- Remuneration Committee, 25 May 2026
- Staff Governance Committee, 12 May 2026

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

## **2.4 Recommendation**

The paper is provided for:

- **Assurance**

### 3 List of appendices

The following appendix is included with this report:

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

#### **Report Contact**

Dr Gillian MacIntosh

Associate Director of Corporate Governance & Board Secretary

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

## ANNUAL STATEMENT OF ASSURANCE FOR THE AUDIT & RISK COMMITTEE 2025/26

### 1. Purpose of Committee

- 1.1 The purpose of the Audit & Risk Committee is to provide the Board with assurance that the activities of Fife NHS Board are within the law and regulations governing the NHS in Scotland and that an effective system of internal control is maintained.
- 1.2 The duties of the Audit & Risk Committee are in accordance with the principles and best practice outlined in the Scottish Government [Audit & Assurance Committee Handbook](#), updated February 2023.

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2026, membership of the Audit & Risk Committee comprised:

Arlene Wood	Chair / Non-Executive Member
Anne Haston	Non-Executive Member
Cllr Mary Lockhart	Non-Executive Stakeholder Member, Fife Council (to 31 January 2026)
Craig MacDonald	Non-Executive Member (from 1 September 2025)
Nicola Robertson	Non-Executive Stakeholder Member, Area Clinical Forum

- 2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Chief Executive, Director of Finance, Director of Planning & Transformation, Medical Director (the Executive lead for risk during 2025/26), Head of Financial Services & Procurement, Associate Director of Risk & Professional Standards, Associate Director of Corporate Governance & Board Secretary, Chief Internal Auditor, senior Internal Audit colleagues and statutory External Auditor are normally in routine attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on seven occasions during the year to 31 March 2026, on the undernoted dates:
- 25 April 2025 (Development Session)
  - 15 May 2025 (preceded by training session for members on Annual Accounts)
  - 19 June 2025 (approval of Annual Accounts)
  - 18 September 2025
  - 10 December 2025
  - 6 February 2026 (Development Session)
  - 12 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 early part of the financial year, the Audit & Risk Committee focused on strengthening its strategic contribution to the Board's assurance arrangements, particularly in relation to alignment between corporate objectives, risk and assurance mapping. In June 2025, the Committee considered the alignment of Committee and Directors' Annual Assurance Statements and concluded that these provided a sufficient and appropriate summary of the work of Standing Committees and Executive Directors over the year, taking a significant level of assurance that they could appropriately inform the Governance Statement within the Annual Accounts and Board year-end assurance processes. The Committee has made some recommendations to enhance the format of Directors' assurances, to reference awareness of any breaches in controls, which has been actioned for the 2025/26 letters.
- 4.3 In September 2025, the Committee reviewed work undertaken to align the Corporate Objectives for 2025/26 with the Corporate Risk Register. The Committee commended the robust methodology applied and noted that risk coverage across the objectives was strong in the majority of areas, although it identified weaker coverage in mental health and equality, diversity and inclusion. The latter has been addressed during the reporting year, with work currently underway to assess the potential inclusion of a mental health related risk. The Committee accepted that work was underway to address these gaps and concluded that the approach supported improved strategic risk oversight, taking a moderate level of assurance from the work presented.
- 4.4 By December 2025, the Committee considered the Internal Audit Strategy for the period 2025 to 2028 and concluded that it was compliant with Global Internal Audit Standards and appropriately aligned to NHS Fife's strategic aims. The Committee approved the strategy and took a significant level of assurance that it would support delivery of the Chief Internal Auditor's annual opinion over the medium term.
- 4.5 In March 2026, further strategic assurance was taken from the further development of the revised NHS Fife Performance & Assurance Framework. The Committee concluded that the framework represented a significant maturity in NHS Fife's governance arrangements, clearly articulating first-, second- and third-line assurance across statutory Board functions. Members welcomed its clarity and practical application and recommended approval to the Board, taking a moderate level of assurance, whilst noting that further embedding work and a rolling programme of updates to reflect intended Board Committee remit changes would continue during 2026.

### Performance

- 4.6 Throughout the year, the Committee monitored delivery of its workplan and the performance of internal and external audit functions as key sources of assurance to the Board. In May and June 2025, the Committee scrutinised internal audit planning and performance, approving both the Internal Audit Strategic Plan and Annual Plan for 2025/26 and taking significant assurance that audit coverage was risk-based, adequately resourced and aligned to corporate objectives.

- 4.7 In September and December 2025, the Committee reviewed regular Internal Audit Progress Reports and Internal Audit Follow-Up Reports. The Committee consistently concluded that management engagement with audit findings was positive and that progress in implementing actions was satisfactory, although some longer-term actions remained open in areas such as business continuity and workforce-related audits. The Committee took moderate assurance from these reports and confirmed that arrangements for monitoring and escalation were nevertheless operating effectively.
- 4.8 During March 2026, the Committee considered the Internal Control Evaluation Report for 2025/26. Members noted that the overall internal audit opinion remained one of reasonable assurance, with no fundamental weaknesses identified. The Committee acknowledged that some slippage had occurred in governance effectiveness, particularly in information governance and performance escalation routes relating to Clinical Governance, but accepted that time-bound management actions were in place. The Committee approved the report and took a moderate level of assurance that the system of internal control remained effective overall.

### Governance

- 4.9 Governance assurance remained a core focus throughout the year. In May and June 2025, the Committee reviewed the draft and then final Audit & Risk Committee Annual Assurance Statement and concluded that it accurately reflected the Committee's work and provided a robust contribution to the Board's overall assurance framework. A significant level of assurance was taken in respect of governance reporting accuracy and completeness.
- 4.10 In September 2025, the Committee considered information-sharing arrangements between NHS Fife and the Integration Joint Board and concluded that planned changes, including alignment of reporting timelines and mutual sharing of assurances such as Governance Statements, would address previous internal audit recommendations. The Committee noted the proposals were an appropriate response and took assurance that governance relationships were being strengthened.
- 4.11 During December 2025 and March 2026, the Committee gave detailed consideration to governance arrangements relating to internal controls in external communications. In particular, the Committee concluded that standard operating procedures and governance structures were in place for the Corporate Communications function, to mitigate the risk of any reputational impact from unsatisfactory controls. The Committee agreed a moderate level of assurance and noted sector interest in NHS Fife's standard operating procedures and reputational management in relation to communications.
- 4.12 The Committee also completed its annual self-assessment in March 2026 and concluded that it continued to operate effectively, with opportunities identified for further development in training, agenda management and workload balance. A moderate level of assurance was taken from the review, with agreed actions incorporated into future agenda planning.
- 4.13 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2026/27 was approved at the Committee's March 2026 meeting.

### Annual Accounts

- 4.14 The Committee undertook a substantial programme of work in support of the Annual Accounts. In May 2025, the Committee received confirmation that draft Annual Accounts had been prepared and submitted to External Audit in line with the agreed timetable. The Committee concluded that preparations were robust and took a significant level of assurance that risks to timeliness of submission and quality were being effectively managed.
- 4.15 In June 2025, the Committee reviewed the full Annual Accounts for the year ended 31 March 2025, together with the Internal Audit Annual Report, External Audit Annual Report and Governance Statement. The Committee concluded that the accounts presented a true and fair view, that there were no significant internal control weaknesses requiring disclosure, and that the governance arrangements described were adequate and effective. A significant level of assurance was taken, and the Committee recommended adoption of the accounts by the Board.
- 4.16 During March 2026, the Committee reviewed the initial timetable and planning assumptions for the 2025/26 Annual Accounts. Members acknowledged the challenges associated with national timescales and audit capacity but concluded that plans were proportionate and realistic. The Committee took significant assurance from the preparations in place and noted positive early engagement between finance staff and external auditors, to enable this year's accounts to be compiled, reviewed and approved according to the planned timetable.

#### Risk

- 4.17 All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM. In year, the Board has, via the Committee, approved a new Risk Management Framework, ensuring a streamline approach, updated to reflect key processes and controls in the Board's management of risk.
- 4.18 Risk oversight formed a continuous theme throughout the year. In May and June 2025, the Committee reviewed the Draft and Final Annual Risk Management Reports for 2024/25 and concluded that risk management arrangements had operated effectively in that reporting year, although further development was required in relation to deep dives and assurance mapping. A moderate level of assurance was taken overall.
- 4.19 In September and December 2025, the Committee scrutinised updates to the Corporate Risk Register, the work of the Risks & Opportunities Group and the development of risk management Key Performance Indicators. Members highlighted concerns regarding the volume of corporate risks, clarity of mitigation actions and evidence of Executive Leadership Team oversight, particularly of operational risk registers. The Committee concluded that whilst appropriate actions were underway, assurance remained moderate and continued refinement was required.
- 4.20 In March 2026, the Committee considered a refreshed Corporate Risk Register, a deep dive on the Equality and Human Rights risk and a draft Risk Management Framework for 2026–2028. The Committee welcomed the improved clarity of risk descriptions, assurance mapping and governance arrangements, and endorsed the refreshed framework for Board approval. A moderate level of assurance was taken that risk management arrangements were proportionate, improving and capable of supporting effective Board oversight.

#### Counter Fraud

- 4.21 During 2025/26 the Audit & Risk Committee discharged its strategic role by providing focused oversight on matters relating to counter fraud. Across the year, the Committee considered how assurance from audit and counter fraud activity aligned with the Board's strategic objective of maintaining strong systems of internal control and public accountability.
- 4.22 At its meeting in September 2025, the Committee explicitly reflected on the positioning of private session items within the wider governance framework. Members agreed that clearer articulation was required on which elements of counter fraud and assurance reporting could appropriately be reported in public session and shared with other standing committees, particularly Staff Governance and Clinical Governance, to reflect the high-risk areas where the likelihood of fraud was more prevalent. The Committee concluded that this would strengthen transparency whilst retaining the ability to consider sensitive operational detail in private session. The Committee also agreed that there should be strategic consideration of whether fraud, bribery and corruption risks required explicit recognition at corporate risk level, and how these risks should be framed in relation to operational risk registers and Board oversight. The work remains ongoing at the time of writing, with the Committee to consider articulation of operational risks and controls in key areas prior to consideration of endorsing a potential corporate risk in relation to fraud. Updates on this will continue in 2026/27.
- 4.23 By December 2025, the Committee confirmed that some progress had been made on these strategic reflections. It was agreed that key themes from quarterly counter fraud reporting would move into the main session, with local and sensitive cases remaining in private session, and that updates on the Fraud Action Plan and Counter Fraud Standards would be embedded within routine reporting. The Committee concluded that this approach strengthened alignment between assurance, transparency and strategic governance. Further action was required in relation to the articulation of the organisation's approach to fraud risk management and it is anticipated this work will be presented to the October Audit & Risk Committee meeting.
- 4.24 Throughout the year the Committee reviewed a series of counter fraud reports and related action plans, focusing on operational effectiveness, responsiveness and organisational learning. In May 2025, the Committee considered the Counter Fraud Service Quarter 4 Report and acknowledged changes in intelligence trends and investigation activity. Members discussed declines in fraud awareness training completion rates and expressed concern regarding the potential implications for organisational vulnerability. The Committee concluded that further assurance was required on organisational response to fraud risks and agreed that counter fraud arrangements should be given greater prominence within Audit & Risk Committee agendas and Board-level awareness. On that basis, the Committee took a moderate level of assurance from the report, reflecting confidence in investigatory activity but recognising weaknesses in training engagement and assurance reporting maturity.
- 4.25 At the September 2025 meeting, the Committee reviewed the Counter Fraud Service Quarter 1 Report for 2025/26, alongside the Counter Fraud Action Plan and the Counter Fraud Standards Annual Assessment. The Committee noted positively that NHS Fife had been assessed as strong in relation to credit card utilisation controls and concluded that these arrangements were operating effectively. However, members again identified training uptake as an area requiring sustained management attention, noting, however, that this training would shortly be added to the mandatory programme of Turas modules for all staff (compliance of which is monitored by the Staff Governance Committee). Across these counter fraud items, the Committee consistently concluded that whilst systems and controls were largely in place, further work was required to embed assurance and performance reporting. The Committee took moderate assurance in respect of operational counter fraud performance, the delivery of the action plan and compliance with counter fraud standards.

- 4.26 In December 2025 and March 2026, the Committee continued to monitor local counter fraud cases and organisational response. Updates confirmed progress in closing investigations, implementing recommendations and recovering incorrect payments, particularly in relation to prescription fraud. Members sought additional assurance regarding prescription-related controls and pharmacy service level arrangements and concluded that further evidence would be required to demonstrate sustained improvement. The Committee consistently took a moderate level of assurance, reflecting progress made whilst recognising ongoing exposure to fraud-related risks.

#### Information Governance

- 4.27 The Committee placed significant emphasis on information governance and the quality of assurance arrangements during the year. During 2025/26, NHS Fife experienced sustained pressure within its Freedom of Information and Subject Access Request processes, resulting in a deterioration in performance against statutory timescales and an assessed position of limited assurance for this area. This culminated in December 2025 with notification from the external regulator, the Scottish Information Commissioner, of a Level 4 intervention in relation to Freedom of Information compliance. In December 2025, the Committee considered phase one of the internal audit review on Freedom of Information and Subject Access Requests. Members noted that the audit opinion was limited and that the findings indicated weaknesses in governance, oversight and assurance arrangements. The Committee scrutinised the proposed management actions and concluded that, whilst appropriate actions were being identified, the extent and pace of improvement required posed a material governance risk. The Committee therefore took a limited level of assurance and emphasised the need for strengthened Executive Leadership Team oversight, clearer timeframes, defined accountability and enhanced assurance arrangements, including scrutiny through the Clinical Governance Committee.
- 4.28 In March 2026, the Committee reviewed the second phase of the internal audit review, along with the consolidated improvement plan for Freedom of Information and Subject Access Requests. Members acknowledged that significant effort was underway, including additional resourcing, engagement with the Scottish Information Commissioner and commissioning of external support. The Committee concluded that there was moderate assurance that an improvement plan was in place and appropriately structured; however, it took limited assurance regarding the impact of those actions on service quality and performance outcomes at that point in time. The Committee highlighted the importance of balancing quantitative compliance improvements with qualitative service experience and agreed that risk escalation and assurance tracking would remain a priority. In the 2026/27 reporting year, the Committee will take on oversight of Information Governance related matters within its remit, including progress in delivery of the improvement action plan, to continue enhancements in this area.

### **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 the Board Committees overall considered the relevant characteristics during 2025/26.

### **6. Self-Assessment**

- 6.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved

by the Committee at its March 2026 meeting, and action points are being taken forward at both Committee and Board level.

## **7. Conclusion**

- 7.1 Over the course of the 2025/26 financial year, the Audit & Risk Committee has provided the NHS Fife Board with a sustained and comprehensive programme of assurance across the full range of its delegated responsibilities. Drawing on evidence from internal and external audit, risk management, governance reporting and annual accounts activity, the Committee has consistently scrutinised the adequacy and effectiveness of the Board's systems of internal control, risk management and governance.
- 7.2 The Committee concluded that, taken as a whole, NHS Fife has appropriate and proportionate arrangements in place to support effective delivery of its statutory duties. In several key areas, including the annual accounts process, external audit outcomes, internal audit strategy and planning, and the operation of core governance frameworks, the Committee was able to take significant assurance. Where assurance was assessed as moderate, this reflected acknowledged areas of organisational complexity or transition rather than fundamental control failure, with clear actions identified and oversight arrangements strengthened to support continued improvement.
- 7.3 During the year, the Committee noted tangible progress in the maturity of the Board's assurance arrangements, particularly through the development of the Performance and Assurance Framework and the refreshed approach to risk management and assurance mapping. At the same time, the Committee maintained appropriate professional challenge in areas such as information governance, freedom of information and subject access processes, corporate risk oversight and assurance flow between NHS Fife and the Integration Joint Board, ensuring that emerging risks and control weaknesses were transparently escalated and addressed.
- 7.4 On the basis of the work undertaken and the assurance received throughout the year, the Audit & Risk Committee concluded that it can provide the NHS Fife Board with a sound, evidence-based level of confidence in the effectiveness of the organisation's governance, risk management and internal control environment during 2025/26, whilst recognising that continued focus and improvement will be required in a small number of identified areas as the organisation moves into the next financial year. These areas are detailed further in the disclosures within the Board's Governance Statement as detailed in 7.5 below. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.
- 7.5 I can confirm that that there were two significant control weaknesses / issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as may have impacted financially, reputationally or otherwise in the year or thereafter.

The first was within the area of compliance with Regulation 5 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These regulations require public bodies to assess the impact of policies and practices on people with protected characteristics. Following an intervention from the external regulator, the Equality & Human Rights Commission (EHRC), NHS Fife has undertaken work to ensure its current practice is compliant with existing legislation. Completion of the required Equality Impact Assessment process in the reporting year demonstrates that equality considerations are informing our approach in this policy area. Further detail on this is given in the Public Health & Wellbeing Committee assurance statement.

The second disclosure relates to the Level 4 Intervention by the Scottish Information Commissioner in relation to Freedom of Information compliance, which has been the subject of internal audit input during the year. Further detail is given in the Clinical Governance Committee assurance statement.

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

Signed:  Date: 16 June 2026

**Arlene Wood, Chair**

On behalf of the Audit & Risk Committee

**Appendix 1 - Attendance Schedule**

**Appendix 2 - Levels of Assurance mapped to Committee's Annual Workplan**

**Appendix 2 - Best Value Framework**

**AUDIT & RISK COMMITTEE - ATTENDANCE RECORD**  
**1 April 2025 – 31 March 2026**

	15.05.25	19.06.25	18.09.25	10.12.25	12.03.26
<b>Members</b>					
<b>A Wood</b> , Non-Executive Member (Chair)	✓	✓	✓	✓	✓
<b>A Grant</b> , Non-Executive Member (attending for quoracy purposes)		✓			
<b>A Haston</b> , Non-Executive Member	✓	✓	✓	✓	✓
<b>Cllr M Lockhart</b> , Stakeholder Member, Fife Council	✓ part	x	x	x	
<b>C MacDonald</b> , Non-Executive Member			x	✓	✓
<b>N Robertson</b> , Area Clinical Forum Representative	x	✓ part	✓	✓	✓
<b>In attendance</b>					
<b>K Booth</b> , Head of Financial Services	✓	✓	✓	✓	✓
<b>A Brown</b> , Principal Auditor	✓				
<b>C Brown</b> , Head of Public Sector Audit (UK), Azets	✓	✓	✓	x	✓
<b>S Dunsmuir</b> , Director of Finance (Exec. Lead)	✓	✓	✓	✓	✓
<b>A Ferguson</b> , Senior Audit Manager, Azets	✓			✓	
<b>L Garvey</b> , Director of Health & Social Care		✓ Item 6.3		✓	
<b>F Forrest</b> , Acting Director of Pharmacy & Medicines					✓ Item 12.1
<b>A Graham</b> , Director of Digital & Information					✓ Item 6.4
<b>B Hannan</b> , Director of Planning & Transformation	✓	✓ part	✓	x	✓
<b>B Hudson</b> , Regional Audit Manager	✓	✓	✓	✓	✓
<b>J Lyall</b> , Chief Internal Auditor	✓	✓	✓	✓	✓
<b>K MacGregor</b> , Director of Communications & Engagement				✓ Item 10.2	✓ Items 1 – 5.1
<b>G MacIntosh</b> , Associate Director of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓
<b>C MacKenzie</b> , Assistant Manager, Azets				✓	✓
<b>M McGill</b> , NHS Scotland		✓ observing			
<b>C McKenna</b> , Medical Director	✓	x	x	✓	✓
<b>M Michie</b> , Deputy Director of Finance		✓			
<b>A Mitchell</b> , Thomson Cooper		✓ Item 6.11			✓ Item 7.3

	15.05.25	19.06.25	18.09.25	10.12.25	12.03.26
<b>C Potter</b> , Chief Executive	✓	✓	x	✓	✓
<b>SA Savage</b> , Associate Director of Risk & Professional Standards	✓	✓	✓	✓	x
<b>A Wong</b> , Vice-Chair of Area Clinical Forum	✓ Deputising				

**APPENDIX 3**

**AUDIT & RISK COMMITTEE  
LEVELS OF ASSURANCE MAPPED TO ANNUAL WORKPLAN 2025 / 2026**

Agreed Level of Assurance	
<b>S</b>	Significant
<b>M</b>	Moderate
<b>L</b>	Limited
<b>N</b>	None

	Lead	15/05/25	19/06/25	18/09/25	11/12/25	12/03/26
<b>Governance Matters</b>						
Audit Scotland Technical Bulletin	Head of Financial Services		S 2025/1	S 2025/2	S 2025/3	S 2025/4
Annual Assurance Statement 2024/25	Board Secretary	S Draft	S Final			
Annual Assurance Statements from Standing Committees 2024/25	Board Secretary		S			
Annual Review of Code of Corporate Governance	Board Secretary	S				
Committee Self-Assessment	Board Secretary					M
Corporate Calendar / Committee Dates 2026/27	Board Secretary			✓		
Delivery of Annual Workplan 2025/26	Director of Finance	✓	✓	✓	✓	✓
Financial Operating Procedures Review (2 yearly review)	Head of Financial Services				S	
Governance Statement	Director of Finance	✓ Draft	S Final			
IJB Governance Statement ( <i>replacing IJB Annual Assurance Statement, from December 2025</i> )	Board Secretary		M Letter		M Gov. Stmt	
Internal Audit Review of Property Transactions Report 2024/25	Regional Audit Manager			S		
Losses & Special Payments	Head of Financial Services	S Q4		S Q1	S Q2	M Q3
Procurement Tender Waivers Compliance 2024/25	Head of Financial Services	S Q4		S Q1	S Q2	M Q3
Review of Annual Workplan 2026/27	Director of Finance				✓ Approved	
Review of Terms of Reference	Board Secretary	✓ Approval				Deferred to May 26

APPENDIX 3

	Lead	15/05/25	19/06/25	18/09/25	11/12/25	12/03/26
<b>Risk</b>						
Annual Risk Management Report 2024/25	Associate Director of Risk & Professional Standards	M Draft	M Final			
Corporate Risk Register	Associate Director of Risk & Professional Standards	M		M	M	M Refresh Update and Equalities & Human Rights Deep Dive
Risk Management Key Performance Indicators 2024/25	Associate Director of Risk & Professional Standards	M		M		
Progress Report on Delivery of the Risk Management Strategic Framework	Associate Director of Risk & Professional Standards			M		✓ Draft framework 2026-28
Risks & Opportunities Group Progress Report	Associate Director of Risk & Professional Standards	M Annual Statement of Assurance		M	M	M
<b>Governance – Internal Audit</b>						
External Quality Assessment (5 yearly – due March 2025)	Chief Internal Auditor	Private Session				
Global International Accounting Standards Changes in 2025 - Improvement Plan	Chief Internal Auditor	S		S Update		M Update
Internal Audit Framework	Chief Internal Auditor	S c/f from March '25				Deferred to May 26
Internal Audit Progress Report	Regional Audit Manager	M		M	M	M
Internal Audit Annual Plan 2025/26, (to include Audit Adjustment Impact Assessment for 2026/27 plan)	Chief Internal Auditor	S Draft		S Amendment 2025/26		
Internal Audit Annual Report 2024/25	Chief Internal Auditor		M			
Internal Audit – Follow Up Report on Audit Recommendations 2024/25	Regional Audit Manager/ Principal Auditor	M		M		M

**APPENDIX 3**

	<b>Lead</b>	<b>15/05/25</b>	<b>19/06/25</b>	<b>18/09/25</b>	<b>11/12/25</b>	<b>12/03/26</b>
Internal Controls Evaluation Report 2024/25	<b>Chief Internal Auditor</b>				<b>M</b>	
<b>Governance – External Audit</b>						
Annual Audit Plan 2025/26	<b>External Audit</b>				<b>M</b> Draft	✓ Final
External Audit – Follow Up Report on Audit Recommendations	<b>Head of Financial Services</b>					<b>M</b>
Patients’ Private Funds - Audit Planning Memorandum	<b>Head of Financial Services</b>					✓
Service Auditor Reports on Third Party Services	<b>Head of Financial Services</b>		<b>M</b>			
<b>Annual Accounts</b>						
Annual Accounts Preparation Timeline	<b>Head of Financial Services</b>	<b>S</b> Follow Up				<b>S</b> Initial
External Auditors Annual Accounts Progress Update	<b>External Auditor</b>	✓ Verbal				✓ Verbal
Annual Accounts & Financial Statements 2024/25	<b>Director of Finance / External Audit</b>		✓			
External Annual Audit Report (including ISA 260) 2024/25	<b>External Audit</b>		<b>S</b>			
Letter of Representation 2024/25	<b>Director of Finance / External Audit</b>		✓			
Patients’ Funds Accounts 2024/25	<b>Head of Financial Services</b>		✓			
Annual Statement of Assurance to the NHS Board 2024/25	<b>Board Secretary</b>		✓			
<b>Counter Fraud</b>						
Counter Fraud Service – Quarterly Report (Local Cases/Activity – Private Session only)	<b>Head of Financial Services</b>	<b>M</b> Private Session		<b>M</b> Private Session	<b>M</b> Main & Private Session	<b>M</b> Main & Private Session
Counter Fraud Standards Assessment	<b>Head of Financial Services</b>	Deferred		<b>M</b> Private Session		
Counter Fraud Action Plan 2025/26	<b>Head of Financial Services</b>			<b>M</b> Private Session		
Counter Fraud Annual Report 2024/25	<b>Head of Financial Services</b>	Deferred		<b>M</b>		

APPENDIX 3

	Lead	15/05/25	19/06/25	18/09/25	11/12/25	12/03/26
<b>Ad hoc</b>						
Private Meeting with Internal / External Auditors	Committee			Private Session		Private Session Post-Meeting
Appointment of Patients' Private Funds Auditor	Director of Finance	As required				
Legal & regulatory updates (e.g. Audit Scotland reports etc.)	Head of Financial Services					
Progress on National Fraud Initiative (NFI)	Head of Financial Services					
<b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b>						
Audit Scotland: NHS in Scotland – Spotlight on Governance	Director of Planning & Transformation		✓			
Alignment of the Corporate Objectives 2025/26 to the Corporate Risk Register	Director of Planning & Transformation			M		
Chief Pharmacist Standards Report	Acting Director of Pharmacy & Medicines					M
Update on Planned Activity within the Internal Audit Plan	Chief Internal Auditor			✓		
Internal Control in place around External Communications	Director of Communication & Engagement				M	M
2025 Revised Payment Verification Protocol	Head of Financial Services			S		
Audit Follow Up Protocol	Regional Audit Manager			✓		
Integrated Joint Board Internal Audit Report 2024/25	IJB Chief Financial Officer			✓		
Internal Audit Strategy 2025-2028	Chief Internal Auditor				S	
Freedom of Information and Subject Access Request	Director of Digital & Information				L Phase One Private Session	L Phase One & Two Main Session  M & L Private Session
Update on Discussion Re: Private Session Items	Director of Finance				✓	

**APPENDIX 3**

	<b>Lead</b>	<b>15/05/25</b>	<b>19/06/25</b>	<b>18/09/25</b>	<b>11/12/25</b>	<b>12/03/26</b>
Summary from Fraud Prevention Week	<b>Head of Financial Services</b>				✓	
Counter Fraud Mandatory Training	<b>Head of Financial Services</b>				Verbal	
Second Line Assurance Mapping Update	<b>Director of Planning &amp; Transformation</b>				✓	
Blueprint for Good Governance Improvement Plan Update	<b>Board Secretary</b>					<b>M</b>
Performance & Assurance Framework	<b>Director of Planning &amp; Transformation / Board Secretary</b>					<b>M</b>
Salary Sacrifice Payment Amendment	<b>Head of Financial Services</b>					
<b>Training Sessions Delivered / Development Sessions</b>						
Members' Training Session – the Annual Accounts: The Role & Function of the Audit & Risk Committee	<b>External Auditors</b>	✓				
Members' Training Session - Counter Fraud Services	<b>Gordon Young, CFS</b>			✓		
Information Assurance System (Development Session)	<b>Director of Planning &amp; Transformation / Board Secretary</b>				✓	<b>6 February 2026</b>

## NHS Fife

### 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
Executive and Non-Executive leadership are involved in setting clear direction and organisational strategy.	Formal approval of Population Health & Wellbeing Strategy, supported by annual Delivery Plan, Medium-Term Financial Plan, Workforce Plan etc.	<b>BOARD</b>	Annual	Relevant committee endorsement, and subsequent Board approval, of annual planning documents
Executive and Non-Executive leadership ensure accountability and transparency through effective performance reporting	Formal consideration / mapping of independent sources of assurance, included in Committee workplans  External review reports, for example Health Improvement Scotland etc.	<b>COMMITTEES</b>  <b>BOARD</b>	Annual / as per Committee cycles	Integrated Performance & Quality Report  Performance-related agenda items
Executive and Non-Executive leadership demonstrate a commitment to high standards of probity and integrity including the Nolan principles.	Fife NHS Board members sign up to the Members' Code of Conduct in the NHS Fife Code of Corporate Governance.  Standards of Business Conduct for all Staff	<b>BOARD</b>	Annual	Model Code of Conduct included in annually reviewed Code of Corporate Governance – revised version approved June 2022 and training undertaken to promote understanding

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Code of Corporate Governance  Adoption of Whistleblowing National Standards	<b>BOARD</b>  <b>STAFF GOVERNANCE COMMITTEE</b>	Annual	Standards of Business Conduct included in Code of Corporate Governance  Non-Executive Whistleblowing Champion appointed to the Board  Work done in-year to embed support for Speaking Up / Whistleblowing and align this to the Corporate Governance function
NHS Fife can demonstrate that quality and continuous improvement are incorporated into its strategy and plans.	The inclusion of trajectories against the targets will demonstrate continuous improvement.	<b>BOARD</b>	Annual  Bi-monthly	Population Health & Wellbeing Strategy implementation  Integrated Performance & Quality Report
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan  Workforce Plan  Whole System Infrastructure Plan	<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  Whole System Infrastructure Plan  Integrated Performance & Quality Report
The Board agrees a strategic plan which incorporates the organisation's vision and values and reflects stated priorities.	Population Health & Wellbeing Strategy  Annual Delivery Plan	<b>BOARD</b>	Annual	Annual Delivery Plan  Corporate Objectives

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>CLINICAL GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly	Annual Delivery Plan  Minutes of Committees  Integrated Performance & Quality Report
The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.	Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. Assurance Framework contains the overarching strategic risks related to the strategic plan.	<b>COMMITTEES</b>    <b>AUDIT &amp; RISK COMMITTEE / BOARD</b>	Bi-monthly    Twice per year	Corporate Risk Register (to FP&R/CG/SG PH&W Committees)    Corporate Risk Register (to A&R Committee and Board)
The Board has clearly recorded delegation to Committees and management.	The Board has established terms of reference for its Committees and has an annually reviewed Scheme of Delegation.	<b>BOARD</b>	Annually	Committee Terms of Reference reviews  Code of Corporate Governance review
The Board of governance has defined its purpose, role and responsibilities and recorded how these will be fulfilled.	Fife NHS Board's purpose, role and responsibilities are clearly set out in NHS Fife's Code of Corporate Governance.	<b>BOARD</b>	Annually	Code of Corporate Governance  Assurance Statements from Committees indicating fulfilment of their remits
The organisation's strategy is communicated effectively to all staff and stakeholders.		<b>BOARD</b>	Ad hoc	Corporate Communications function  Stafflink Employee App



## EFFECTIVE PARTNERSHIPS

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

### OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board develop relationships and works in partnership wherever this leads to better service delivery. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners	NHS Fife involvement in IJB Strategic Commissioning plans.  Community Planning Partner  Sub-National Planning	<b>BOARD</b>	Ongoing	Minutes of meetings  Membership of groups  Regional Planning outputs
Clear governance arrangements are in place in respect of partnerships and other group-working. Responsibilities and reporting lines in respect of all governance arrangements have been clarified agreed by all parties and reflected in NHS Fife’s Code of Corporate Governance and the structure of assurance.	All reports to the Board where appropriate should explicitly detail whether partnership working has been considered.  Where partnership arrangements are in place, the reports should detail the performance management and governance arrangements.  Input into the IJB Strategic Plans and IJB performance arrangements agreed with IJB and the Board.	<b>BOARD</b>	Ongoing	Code of Corporate Governance  Fife Integration Scheme  Integrated Performance & Quality Report  Information Sharing Protocol in place with IJB

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
In joint working with any partners the Board works openly to an agreed vision, objectives and performance management and reporting mechanisms	NHS Fife involvement in IJB Strategic Commissioning plan	<b>BOARD</b>	Ongoing	Code of Corporate Governance  Fife Integration Scheme  Integrated Performance & Quality Report  Information Sharing Protocol in place with IJB

## GOVERNANCE AND ACCOUNTABILITY

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

### OVERVIEW

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board has identified its stakeholders and understands its relationships with them.	Clear and transparent communication strategy and key priorities	<b>BOARD</b>	Ongoing	Community Engagement Strategy approved and Director-level post to cover engagement  Non-Executive Community Engagement Champion appointed
These views inform strategic and operational plans, priorities and actions.	The links between the engagement outcomes and the strategy / operational plans should be evident in Impact Assessments and full ‘for decision’ template Board Reports.	<b>BOARD</b>	Ongoing	EQIA and communication / engagement section in all Board papers  Further work being undertaken to enhance and strengthen this process
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	On going	NHS Fife Board portal on NHS Fife website

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	SBAR template requirements  EQIA process (presently being enhanced)
NHS Fife has a robust framework of corporate governance to provide assurance to relevant stakeholders that there are effective internal control systems in operation which comply with the SPFM and other relevant guidance.	Explicitly detailed in the Governance Statement.	<b>AUDIT &amp; RISK COMMITTEE</b>  <b>BOARD</b>	Annual  Annual	Annual Accounts  Annual Assurance statements
The performance of the Board is self-assessed and appropriate actions identified and implemented as required.	Board Self-Assessment  Blueprint for Good Governance compliance reporting	<b>BOARD</b>	Annual	Board Surveys and actions from Blueprint for Good Governance benchmarking  Annual Governance Statement
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business case process	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Ongoing	Business Cases  EQIA process

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints performance monitoring	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Ongoing  Bi-monthly	Single complaints process across Fife health & social care system  Integrated Performance & Quality Report
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual and individual feedback processes	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Annual  Ongoing  Quarterly  Bi-monthly	Annual Review  Care Opinion submissions  Regular meetings with MPs/MSPs  Integrated Performance & Quality Report
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.	iMatter  Speak Up reporting	<b>STAFF GOVERNANCE COMMITTEE</b>	Annual  Quarterly	iMatter report  Whistleblowing reporting

## USE OF RESOURCES

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

### OVERVIEW

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

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

NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance  Financial Operating Procedures	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Annual  Biannual	Code of Corporate Governance  Financial Operating Procedures
NHS Fife maintains an effective system for financial stewardship and reporting in line with the SPFM.	Statutory Annual Accounts process	<b>AUDIT &amp; RISK COMMITTEE</b>	Annual	Statutory Annual Accounts  Assurance Statements
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife's activities.	Detailed in Digital & Information Board and Information Governance & Security Steering Group Annual Assurance reports	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Annual	Minutes of Digital & Information Board and Information Governance & Security Steering Group  Digital & Information Board and Information Governance & Security Steering Group Annual Assurance Statements
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan  Integrated Performance & Quality Report	<b>BOARD COMMITTEES</b>	Annual  Bi-monthly	Annual Delivery Plan  Integrated Performance & Quality Report
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	Executive and Senior Manager Performance reporting.  Personal Development & Planning annual appraisal process	<b>REMUNERATION COMMITTEE</b>  <b>STAFF GOVERNANCE COMMITTEE</b>	Annual and as required  Bi-monthly	Minutes of Remuneration Committee  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.	Medical revalidation report and monitoring  Nursing revalidation.	<b>STAFF GOVERNANCE COMMITTEE</b>	Ongoing	Minutes of Staff Governance Committee
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	Executive and Senior Manager Performance reporting.  Personal Development & Planning annual appraisal process	<b>REMUNERATION COMMITTEE</b>  <b>STAFF GOVERNANCE COMMITTEE</b>	Annual and as required  Bi-monthly	Minutes of Remuneration Committee  Integrated Performance & Quality Report
Fixed assets including land, property, digital hardware, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Whole System Infrastructure Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-annual  Ongoing  Bi-monthly  Monthly	Whole System Infrastructure Plan  Report on asset disposals  Integrated Performance & Quality Report  Minutes of NHS Fife Capital Investment Group

## PERFORMANCE MANAGEMENT

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

### OVERVIEW

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

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

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

## CROSS-CUTTING THEME – SUSTAINABILITY

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

### OVERVIEW

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

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

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

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet's environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.	Sustainability and Environmental report incorporated in the Annual Accounts process.	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>BOARD</b>	Annual	Annual Accounts  Annual Climate Emergency & Sustainability Report
NHS Fife promotes personal well-being, social cohesion and inclusion.	Healthy workforce	<b>STAFF GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Ongoing	NHS Scotland Pastoral Care Quality award winner  Disability Confident Leader status

**CROSS-CUTTING THEME – EQUALITY**

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

**OVERVIEW**

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

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

<b>REQUIREMENT</b>	<b>MEASURE / EXPECTED OUTCOME</b>	<b>RESPONSIBILITY</b>	<b>TIMESCALE</b>	<b>OUTCOME / EVIDENCE</b>
NHS Fife meets the requirements of equality legislation.		<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Independent Learning Review closure report  Enhancements to EQIA process in-year
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	Enhancements to EQIA process in-year  Board Development / training in-year on equality-related topics
NHS Fife's Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		<b>PUBLIC HEALTH &amp; WELLBEING COMMITTEE</b>  <b>STAFF GOVERNANCE</b>	Ongoing	Equality & Human Rights Steering Group reporting  Equality Outcomes Progress Report & Plan  Equality & Diversity Champion appointed
NHS Fife ensures that all members of staff are aware of its equality objectives.	Corporate Induction  Equality, Diversity & Inclusion is core dimension in appraisals  Equality & Diversity Turas Module	<b>STAFF GOVERNANCE</b>	Ongoing	iMatter results  Equality-related agenda items

**APPENDIX 3**

<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 Equality &amp; Impact Assessment statutory obligations, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p><b>BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Strategy review (mid-year and annual)  Enhancements to EQIA process in-year</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 Equality &amp; Impact Assessment statutory obligations, Impact Assessments will collect this information to inform future decisions.</p>	<p><b>BOARD COMMITTEES</b></p>	<p>Ongoing</p>	<p>Enhancements to EQIA process in-year</p>

## ANNUAL STATEMENT OF ASSURANCE FOR THE CLINICAL GOVERNANCE COMMITTEE 2025/26

### 1. Purpose

- 1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, includes related activities around planning, maintaining and improving quality.

### 2. Membership

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

Anne Haston	Chair / Non-Executive Member
Jo Bennett	Non-Executive Member
Colin Grieve	Non-Executive Member
Janette Keenan	Director of Nursing (to June 2025)
Gillian McAuley	Director of Nursing (from 1 July 2025)
Liam Mackie	Area Partnership Forum Representative (from 1 January 2026)
Professor Christopher McKenna	Medical Director
Lynne Parsons	Area Partnership Forum Representative (to 31 December 2025)
Carol Potter	Chief Executive
Nicola Robertson	Area Clinical Forum Representative
Dr Joy Tomlinson	Director of Public Health

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

### 3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2026, on the undernoted dates:
- 2 May 2025
  - 11 July 2025
  - 29 August 2025
  - 7 November 2025
  - 9 January 2026
  - 6 March 2026
  - 18 March 2026 (Development Session)

3.2 The meeting 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 Throughout 2025/26 the Committee maintained sustained oversight of strategic programmes and service developments that underpin the delivery of safe, effective and person-centred care across NHS Fife. In May 2025 the Committee considered the Quarter 4 Annual Delivery Plan return for 2024/25, focusing on delivery under the quality pillar. Members noted emerging risks around delivery timescales and workforce capacity, but accepted assurance that reconciliation activity would ensure that objectives not delivered within timescale would be appropriately escalated or absorbed into wider corporate objectives. The Committee concluded that governance arrangements were sufficiently robust to manage delivery risk and took a moderate level of assurance, endorsing the return for submission to the Board and onward to Scottish Government. The Finance, Performance & Resources Committee has maintained oversight and scrutiny of the Annual Delivery Plan for 2025/26.

4.3 The Committee also considered the Realistic Medicine and Value-Based Health and Care Delivery Plan, recognising both the ambition of the programme and the limited clinical and project capacity available to support delivery. Members concluded that progress to date was proportionate and credible within the constraints identified but emphasised the importance of prioritisation and clear alignment with strategic outcomes. A moderate level of assurance was agreed, reflecting confidence in direction of travel whilst acknowledging the need for refinement as the programme matured.

4.4 From July 2025 onwards, the Committee's strategic focus increasingly reflected system redesign and sustainability. The Clinical Governance Strategic Framework Delivery Plan for 2025/26 was considered and endorsed for Board approval, with the Committee taking moderate assurance that the framework provided a coherent and appropriate basis for quality improvement across the organisation. Subsequent updates highlighted delays to the refreshed Clinical Governance Framework, driven in part by national developments. The Committee accepted this position as reasonable, while continuing to seek assurance that dependencies, particularly related to Duty of Candour and Significant Adverse Event improvement work, were being appropriately aligned.

4.5 Later in the year, the Committee considered major strategic programmes including neonatal bed modelling, clinical services redesign and unscheduled care transformation. In November 2025, following independent modelling, the Committee concluded that maintaining the existing neonatal cot configuration was appropriate pending the availability of regional enabling capacity. This conclusion was endorsed for escalation to the NHS Fife Board. Across these strategic programmes, the Committee consistently took moderate levels of assurance, reflecting confidence in strategic intent and governance, while recognising delivery risk, external dependencies and workforce constraints.

4.6 During the 2025/26 financial year, the Clinical Governance Committee considered a limited number of strategic matters in private session, primarily where discussions related to commercially sensitive programmes or areas of significant external scrutiny. In August 2025, the Committee considered the Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme. The Committee recognised the strategic importance of the programme

as a major digital enabler for medicines safety and clinical effectiveness across NHS Fife. The Committee was assured that the programme was being progressed through appropriate strategic governance arrangements, with the Digital Medicines Programme Board providing oversight of clinical risk and implementation planning. The Committee concluded that, notwithstanding recognised delays and the inherent complexity of a system-wide digital implementation, the strategic direction of the programme remained sound and aligned with organisational objectives. While acknowledging progress made, the Committee recognised that delivery had been affected by delays and funding constraints as set out in the approved business case. As a result, the Committee concluded that performance against benefits realisation could not yet be fully demonstrated and therefore recorded moderate assurance in respect of programme progress, reflecting the need for continued monitoring as implementation advanced.

- 4.7 In January and March 2026, the Committee's strategic focus shifted towards organisational compliance with statutory obligations in relation to Freedom of Information (FOI) and Subject Access Requests (SAR). The Committee recognised that the Level 4 intervention initiated by the Scottish Information Commissioner in December 2025 represented a significant strategic risk to the organisation's reputation and regulatory standing. The Committee concluded that the development of a consolidated FOI and SAR Improvement Plan, supported by executive oversight and external expertise, was a necessary and proportionate strategic response. The Committee noted that responsibility for oversight had been appropriately strengthened through Executive Leadership Team engagement and delegation to the Deputy Chief Executive to ensure continuity during a period of senior leadership transition.
- 4.8 Related thereto, in January and March 2026, the Committee reviewed performance against the FOI and SAR Improvement Plan. The Committee noted that the plan had evolved to incorporate actions arising from internal audit findings, engagement with the Scottish Information Commissioner, and ongoing operational learning. The Committee was advised that regular auditing of FOI case samples was underway and that further work was planned to strengthen evidence of effectiveness, including qualitative assessment of new processes. The Committee concluded that, while early progress had been made and appropriate actions were in train, the scale of the required improvement and the duration of the Commissioner's intervention meant that sustained delivery had yet to be fully evidenced. On this basis, the Committee agreed to record moderate assurance in respect of progress against the improvement actions and requested that updates continue to be presented at each meeting.

### Performance

- 4.9 Performance oversight was a central and recurring element of the Committee's work throughout the year. The Integrated Performance & Quality Report was considered at each meeting, enabling the Committee to scrutinise trends across quality, safety and experience. In May 2025 the Committee concluded that, while improvement activity was evident across adverse events, falls, pressure ulcers, healthcare associated infection and mental health indicators, sustained operational pressure led to overall assurance being categorised at a moderate level. Adult protection arrangements were identified at this stage as an area of limited assurance, reflecting gaps in capacity and resilience.
- 4.10 Orthopaedic hip fracture performance featured prominently throughout the year. The Committee tracked the implementation of improvement actions, including increased trauma theatre capacity, workforce recruitment and pathway redesign. While early meetings reflected moderate or limited assurance due to ongoing pressure and lack of sustained improvement data, later updates demonstrated measurable progress. By March 2026 the Committee acknowledged improving performance against national standards and took assurance from the

trajectory of improvement, while agreeing that continued oversight was required to ensure sustainability.

- 4.11 Stroke standards and thrombolysis performance were also subject to repeated scrutiny. The Committee recognised the structural and national challenges affecting compliance, particularly in relation to swallow screening and out-of-hours provision. While improvement actions were in place, assurance was frequently limited or moderate, and the Committee consistently requested enhanced outcome-focused reporting to strengthen future assurance.
- 4.12 Complaints handling and patient experience remained areas of concern across the year. Despite evidence of learning activity, workshops and improvement planning, delays in closing Stage Two complaints persisted. The Committee repeatedly concluded that assurance in this area was limited and agreed that this represented a material weakness requiring escalation to the NHS Fife Board.

### Governance

- 4.13 The Committee's governance role was evidenced through routine consideration of assurance statements, oversight group summaries and its own effectiveness. In May 2025 the Committee reviewed annual assurance statements from its sub-groups and concluded that these provided significant assurance that delegated governance arrangements were operating effectively. The Committee also approved its own Annual Statement of Assurance, concluding that it had discharged its remit appropriately during the previous financial year.
- 4.14 Throughout 2025/26 the Committee received regular assurance summaries from the Clinical Governance Oversight Group and the Mental Health Oversight Group. These reports generally resulted in moderate assurance being taken, while supporting the identification of areas requiring deeper scrutiny or follow-up reporting.
- 4.15 A formal self-assessment undertaken during the year identified strengths in challenge, scrutiny and effectiveness, alongside opportunities to strengthen strategic focus, streamline reporting and improve scheduling of regulatory assurance. A moderate level of assurance was taken, subject to agreed improvement actions.
- 4.16 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2026/27 was approved at the Committee's March 2026 meeting.

### Risk

- 4.17 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of its aligned risks assigned to it under the Corporate Risk Register. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to active and emerging issues have been commissioned on a risk-based approach, to focus members' attention on areas that were

central to the Board's priorities around care and service delivery, particularly during challenging periods of activity.

- 4.18 Corporate risks aligned to the Committee's remit were reviewed at each meeting. The Committee consistently considered quality and safety, hospital acquired harm, cyber resilience and information governance risks. While mitigation plans and governance structures were in place, the Committee repeatedly concluded that assurance remained moderate, reflecting the complexity and system-wide nature of these risks.
- 4.19 Adult protection staffing and the timeliness of Significant Adverse Event Reviews were persistent areas of limited assurance. The Committee concluded that residual risk in these areas required continued Board visibility and agreed escalation through the Chair's Assurance Reports.
- 4.20 The Committee's consideration of risk during the year also focused on clinical, operational and reputational risks arising from complex programmes and regulatory non-compliance. In August 2025, the Committee reviewed clinical risks associated with the transition to HEPMA and was assured that these were being actively managed through the Digital Medicines Programme Board. The Committee concluded that, while delivery risks remained, there was a clear understanding of risk ownership and mitigation, and that governance controls were sufficient to manage current and emerging risks. This contributed to the Committee's decision to record significant assurance in relation to programme governance, alongside moderate assurance on progress and benefits realisation.
- 4.21 In January and March 2026, the Committee considered the significant risk associated with FOI and SAR compliance, including the implications of the Level 4 intervention by the Scottish Information Commissioner. The Committee recognised the heightened external scrutiny and the potential for further regulatory and reputational consequences if improvement was not delivered at pace. The Committee concluded that risks were appropriately recognised, escalated and owned at executive level, and that mitigation actions were comprehensive and proportionate. However, given the early stage of implementation and the need for demonstrable improvement over time, the Committee determined that only moderate assurance could be provided at this stage. The Committee emphasised the importance of continued close monitoring and clear assurance reporting to the Board as the improvement programme progressed.

#### Assurances from sub-groups

- 4.22 The Committee has received detailed assurance reports from its sub-groups, to which certain activities are delegated as per the Committee's remit. These reports cover the annual activities of the Clinical Governance Oversight Group; Digital & Information Board; Health & Safety Sub-Committee; Information Governance & Security Steering Group; Medical Device Group; and the Resilience Forum. These reports were each considered at the Committee's May 2026 meeting.
- 4.23 One area is specifically to be highlighted to the Board. Although the Information Governance & Security Steering Group conclude that NHS Fife was able to maintain a moderate level of assurance for the majority of information governance and security arrangements during 2025/26 (related to effective structures, regular oversight, and ongoing monitoring across leadership, policy, risk management, cyber resilience and performance reporting), a disclosure in the Annual Accounts is required for Freedom of Information and Subject Access Request processing, where the assurance level is assessed as limited due to sustained pressure on the function and statutory non-compliance. This weakness culminated in December 2025, when the Scottish Information Commissioner initiated a Level 4 intervention, representing a serious

governance and compliance concern with potential reputational impact. Existing controls were assessed as insufficient to manage the scale and complexity of demand at that point. The Audit & Risk Committee has had sight of the issue, commissioning internal audit review, which has culminated in an action plan that is presently being delivered. Given the severity and public interest implications of this issue, the Group has concluded that disclosure within the Annual Governance Statement is required, and this is agreed by the Committee.

- 4.24 An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board (IJB). This report aims to provide assurance to the IJB that adequate governance arrangements relating to the Quality & Communities Committee are in place, allowing the IJB to discharge its duties in line with the Good Governance Framework, and it is subsequently shared with NHS Fife for similar assurance purposes.

## **5. Self-Assessment**

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

## **6. Conclusion**

- 6.1 Over the course of 2025/26, the Clinical Governance Committee has discharged its responsibilities in providing the NHS Fife Board with robust oversight and assurance across clinical quality, safety, effectiveness and patient experience. The Committee has demonstrated consistent and proportionate scrutiny of strategic delivery, operational performance, governance arrangements and risk management, maintaining a clear focus on patient safety, learning and continuous improvement.
- 6.2 The Committee has taken significant or moderate assurance across the majority of areas within its remit, reflecting established governance structures, strong clinical leadership and improving maturity in quality improvement and assurance processes. Where limited assurance has been recorded, most notably in relation to significant adverse event review timeliness, aspects of stroke performance, stage two complaints handling and adult protection capacity, the Committee has been explicit in articulating the nature of the risk, endorsing improvement plans and ensuring clear routes for escalation and ongoing monitoring. These areas appropriately remain priority risks for continued Board attention.
- 6.3 The Clinical Governance Committee provides the NHS Fife Board with assurance that, notwithstanding a small number of continuing areas of concern requiring sustained improvement, the systems, processes and governance arrangements necessary to deliver safe, effective and person-centred care are in place and operating appropriately, with a clear trajectory toward further strengthening clinical governance across the organisation.
- 6.4 As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

- 6.5 I can confirm that that there was one significant control weaknesses at the year-end which the Committee considers should be disclosed in the Governance Statement, as may have impacted financially or otherwise in the year or thereafter. This relates to the Board's performance in Freedom of Information and Subject Access Request processing, where the assurance level is assessed as limited due to sustained pressure on the function and statutory non-compliance, resulting in the Scottish Information Commissioner initiating a Level 4 intervention. Further detail is given in Section 4 above.
- 6.6 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: 1 May 2026

**Anne Haston, Chair**  
On behalf of the Clinical Governance Committee

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

## NHS Fife Clinical Governance Committee Attendance Record

1 April 2025 to 31 March 2026

	02.05.25	11.07.25	29.08.25	07.11.25	09.01.26	06.03.26
<b>Members</b>						
<b>A Haston</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓
<b>J Bennett</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓
<b>A Grant</b> , Non-Executive Member	✓	✓				
<b>C Grieve</b> , Non-Executive Member	x	✓	✓	x	✓	✓
<b>C McKenna</b> , Medical Director ( <b>Exec Lead</b> )	✓	✓	✓	✓	✓	✓
<b>J Keenan</b> , Director of Nursing	✓					
<b>G McAuley</b> , Executive Nursing Director		x	✓	✓	✓	x
<b>L Parsons</b> , Interim Area Partnership Forum Rep	✓	✓	✓	✓		
<b>L Mackie</b> , Area Partnership Forum Rep					x	x
<b>C Potter</b> , Chief Executive	✓	✓ (part)	x	✓	✓	✓
<b>N Robertson</b> , Area Clinical Forum Representative	✓	✓	✓	✓	✓	✓
<b>J Tomlinson</b> , Director of Public Health	x	✓ (part)	x	x	✓	✓
<b>In Attendance</b>						
<b>L Barker</b> , Director of Nursing, Health & Social Care Partnership	✓	✓	✓	✓	✓	✓
<b>M Berry</b> , Interim Clinical Services Manager	✓ Item 8.4					
<b>N Beveridge</b> , Director of Nursing, Acute	x	x	x	x	x	x
<b>L Cooper</b> , Head of Primary & Preventative Care				✓ Deputising		
<b>C Conroy</b> , Head of Service, HSCP					✓	
<b>G Couser</b> , Associate Director of Quality & Clinical Governance	✓	✓	✓	✓		
<b>L Dickinson</b> , Staff Nurse			✓ Item 6.2.1			
<b>C Dobson</b> , Director of Acute Services	✓	✓	✓	✓ (part)	✓	✓
<b>F Forrest</b> , Acting Director of Pharmacy & Medicines	x	✓	✓	✓	x	x

	02.05.25	11.07.25	29.08.25	07.11.25	09.01.26	06.03.26
<b>S Fraser</b> , Deputy Director of Planning & Transformation					✓ Deputising	
<b>L Garvey</b> , Director of Health & Social Care	✓	✓	x	x	✓	✓
<b>A Graham</b> , Director of Digital & Information	✓	x	✓	✓	✓	✓
<b>B Hannan</b> , Director of Planning & Transformation	✓	x	✓	✓	x	✓
<b>H Hellewell</b> , Associate Medical Director, H&SCP	✓	✓	✓	✓		
<b>P Kilpatrick</b> , Board Chair	✓	x	✓	x	x	x
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
<b>I MacLeod</b> , Deputy Medical Director	x	x	✓	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management	x	x	✓	x	✓	x
<b>M McGill</b> , NHS Scotland				✓ Observing		✓ Deputising
<b>S McIlroy</b> , Head of Patient Experience	✓ Item 10.1				✓ Item 12.1	
<b>G Ogden</b> , Head of Nursing						
<b>J O'Sullivan</b> , Non-Executive Member					✓ Observing	
<b>K Pine</b> , Associate Director of Research, Innovation & Knowledge						
<b>S A Savage</b> , Associate Director of Quality & Clinical Governance	✓	x	✓	✓	✓	x
<b>Jillian Torrens</b> , Head of Complex & Critical Care		✓ Item 11.1				
<b>D Williamson</b> , University Stakeholder Member				✓ Observing (part)		
<b>A Wong</b> , Director of Allied Health Professions	✓	x	x	✓		✓

CLINICAL GOVERNANCE COMMITTEE  
LEVELS OF ASSURANCE MAPPED TO ANNUAL WORKPLAN 2025 / 2026

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

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
<b>Active or Emerging Issues</b>							
Victoria Hospital Water Supply Issue	Medical Director	M					
Safe Delivery of Care Inspection Programme 2025/26	Executive Nurse Director			✓			
National Maternity and Perinatal Audit	Executive Nurse Director			M			
Orthopaedic Hip Fracture Audit & Action Plan Update	Medical Director	M	✓	M	L	✓	✓
Thrombolysis Improvement Plan	Medical Director			M			
Orthopaedic Peer Review	Medical Director					M	
Maternity Health Improvement Scotland Inspection	Executive Nurse Director					✓	
Resident Doctor Industrial Action	Medical Director					S	
Stroke Standards Briefing	Medical Director						L
Significant Adverse Events Review Improvement Plan Update	Medical Director						L
<b>Governance Matters</b>							
Annual Assurance Statements from Subcommittees (D&I Board, H&S Subcommittee, IG&S Steering Group, IJB Q&C Committee, Resilience Forum, Medical Devices)	Board Secretary	S					
Area Clinical Forum Annual Assurance Statement	Executive Nursing Director, Corporate (Chair of ACF)	S			✓ Mid-year report		
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	S					
Annual Internal Audit Report	Director of Finance		✓				
CGOG Assurance Summary Report	Associate Director of Quality & Clinical Governance	M	M	M	✓	✓	✓
Committee Self-Assessment Report	Board Secretary						M
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to CGC	Medical Director/Associate Director of Quality & Clinical Governance	M	M	M	M	M	M
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					✓	
Mental Health Oversight Group Assurance Summary Report	Medical Director	M	June mtg cancelled	M	✓	✓	Feb mtg cancelled

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Review of Terms of Reference	Board Secretary						Deferred to May
Review of Annual Workplan	Associate Director of Quality & Clinical Governance	M	✓	✓	✓	Approved	✓
<b>Strategy / Planning</b>							
Annual Delivery Plan Quarterly Reports	Director of Planning & Transformation	M Q4/2024	Removed from workplan for 2025/26 – FP&R only				
Cancer Strategic Framework & Delivery Plan	Medical Director/Associate Director of Quality & Clinical Governance				Deferred	M	
Clinical Governance & Strategic Framework Delivery Plan 2025/26	Medical Director / Associate Director of Quality & Clinical Governance		M		M Mid-year update		Awaiting national plan – deferred to July
Value Based Health and Care Delivery Plan (Realistic Medicines)	Associate Director of Quality & Clinical Governance	M c/f from March '25					M
Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25	Executive Nursing Director			Removed from workplan – an update will be provided under the HAIRT report at the August 2025 meeting.			
<b>Quality / Performance</b>							
Deteriorating Patients Improvement Programme Annual Report	Medical Director						M
							Report on hold
Integrated Performance and Quality Report	Medical Director / Executive Nursing Director	M	M	M	M	M	M (Quality & Care) L (Specific Indicators)
Healthcare Associated Infection Report (HAIRT)	Executive Nursing Director	M	M	M	M	M	M
Public Protection, Accountability & Assurance Framework - Self Evaluation	Executive Nursing Director	L (Adult Protection Services) M (Child Protection Services)				Deferred to May 2026 – annual report	

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Safe Delivery of Care Health Improvement Scotland Inspection Action Plan	Executive Nursing Director	M	M Update				
<b>Digital / Information</b>							
Digital Framework 2025-28	Director of Digital & Information			Deferred		M	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Medical Director			S (governance) M (progress)			
Information Governance and Security Steering Group Assurance Summary	Director of Digital & Information			M			✓
<b>Person Centred Care / Participation / Engagement</b>							
Patient Experience & Feedback	Executive Nursing Director	M	L	L	L	L	Deferred – new refreshed report from May
Patient Story	Executive Nursing Director	✓	✓	✓	Deferred	✓	✓
<b>Professional Standards</b>							
Allied Health Professional Assurance Framework	Executive Nursing Director			On hold: subject to review with Executive Nurse Director			
Nursing & Midwifery Professional Assurance Framework	Executive Nursing Director			On hold: subject to review with Executive Nurse Director			
Advanced Practitioners Review Update	Executive Nursing Director			On hold: subject to review with Executive Nurse Director			
<b>Annual Reports / Other Reports</b>							
Adult Support & Protection Annual Report 2022/24	Executive Nursing Director	Deferred	✓ Noted				
Care Opinion Annual Report 2024/25	Executive Nursing Director			✓ Included in Patient Experience Report			
Clinical Advisory Panel Annual Report 2024/25	Medical Director		S				
Controlled Drug Accountable Officer Annual Report 2024/25	Director of Pharmacy & Medicines			M		✓ Internal Audit Report	

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Director of Public Health Annual Report 2025	Director of Public Health						Deferred to July
Fife Child Protection Annual Report 2024/25	Executive Nursing Director		M				
Hospital Standardised Mortality Ratio (HSMR) Update Report 2024/25	Medical Director				M		
Medical Appraisal and Revalidation Annual Report 2024/25	Medical Director/Associate Director of Quality & Clinical Governance				S		
Medical Education Annual Report 2024/25	Medical Director			Mid-Year report removed			✓
Medicine Safety Review and Improvement Report 2024/25	Director of Pharmacy & Medicines				M		
Occupational Health Annual Report 2024/25	Director of Workforce	Removed - updates to go to SGC					
Organisational Duty of Candour Annual Report 2024/25	Medical Director						M
Participation & Engagement Report and Quality Framework for Participation & Engagement Self-Evaluation 2024/25	Executive Nursing Director					Removed – not available	
Prevention & Control of Infection Annual Report 2024/25	Executive Nursing Director				M		
Radiation Protection Annual Report 2024/25	Medical Director		S				
Research, Innovation and Knowledge Strategy 2022-2025 Progress Update	Medical Director	Removed – Annual Report only to be considered					
Research, Innovation and Knowledge Annual Report 2024/25	Medical Director					S	
Child Death Oversight Panel Annual Report 2024-25	Executive Nursing Director			M			
Stroke Bundle/Thrombosis Annual Report	Medical Director	Removed - Scottish National Audit Programme Audit Summary Report will be presented to the Committee in May 2026					
<b>Education / Research</b>							
St Andrews MBChB Programme Assurance Update	Medical Director				S		
Revised Reporting for Medical Education and Research, Innovation & Knowledge	Medical Director						M
<b>Linked Committee Minutes</b>							
Area Clinical Forum	Chair of Forum	03/04	22/05	07/08	25/09	20/11	22/01
Area Medical Committee	Medical Director	-	08/04	-	19/08	14/10	09/12 & 10/02
Area Radiation Protection Committee	Medical Director	-		07/05	-	12/11	-
Cancer Governance & Strategy Group	Medical Director	19/02	01/04	12/06	23/09	27/11	-
Clinical Governance Oversight Group	Medical Director	08/04	17/06	-	19/08 & 14/10	09/12	10/02

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Digital & Information Board	Director of Digital & Information						06/05, 22/08, 21/10 & 20/01
Fife Area Drugs & Therapeutic Committee	Director of Pharmacy & Medicines	-	23/04	-	13/03 18/06, 27/08	-	2025 dates C/F
Fife IJB Quality & Communities Committee	Associate Medical Director	04/09, 08/11 & 10/01	06/03	25/04	-	-	04/07, 05/09 & 05/11
Health & Safety Subcommittee	Chair of Subcommittee	07/03	17/06	-	05/09	05/12	2025 dates C/F
Infection Control Committee	Executive Nursing Director	01/10	-	-	-	-	2025 dates C/F
Ionising Radiation Medical Examination Regulations Board (IRMER)	Medical Director	-	-	09/04	-	17/09	-
Information Governance & Security Steering Group	Director of Digital & Information						13/05, 21/07, 21/11 & 29/01
Medical Devices Group	Medical Director	12/03		-	-	10/12	-
Medical & Dental Professional Standards Oversight Group	Medical Director	21/01 & 15/04	-	15/07	-	21/10	-
Mental Health Oversight Group	Director of Health & Social Care	-	-	10/04	05/08	-	2025 dates C/F
Research, Innovation & Knowledge Oversight Group	Medical Director	-	24/04	-	-	-	13/11
Resilience Forum	Director of Public Health	20/03	-	18/06	-	18/09	2025 dates C/F
<b>Ad-hoc/Additional Items</b>							
Annual Summary of Quality of Care Framework	Executive Nursing Director	TBC					
RTP: Clinical Services Redesign Programme	Director of Planning & Transformation/Director of Acute Services	✓ Presentatio n		✓ Verbal	✓ Verbal	M Unschedul ed Care Prog. Update	Deferred – no major updates to report
North-East Minor Injuries Unit Reconfiguration	Director of Health & Social Care	✓					
Transformation Update	Director of Planning & Transformation/Director of Acute Services		✓				
Renal SAB Improvement Plan	Executive Nursing Director		S				
Thrombolysis Improvement Plan	Medical Director		✓				
Significant Adverse Event Improvement Plan	Associate Director of Quality & Clinical Governance			L			
East Region Neonatal Services	Medical Director	Ad-hoc					
NHS Fife Health & Safety Policy	Director of Property & Asset Management			✓			
Adult Protection Follow up Report on Improvement Actions	Executive Nursing Director			✓ Verbal			

	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Neonatal Bed Modelling Update	Medical Director				✓		
Maternity Services Quality Care Review	Executive Nursing Director				M		
Patient Experience & Feedback Improvement Plan Update	Executive Nursing Director				L		
Unscheduled Care Programme Update	Director of Health & Social Care					M	
Medical Device Group Annual Statement of Assurance 2024/25	Director of Property & Asset Management					✓ For noting	
Updated Medical Devices Group Terms of Reference	Director of Property & Asset Management					✓ For noting	
Medical Appraisal and Revalidation Quality Assurance Review 2024/2025	Medical Director					S	
Medical Education and Research, Innovation & Knowledge Reporting	Medical Director						M
Quality of Care Review Framework Update	Executive Nursing Director						M
Freedom of Information and Subject Access Request - Action Plan Update	Medical Director						M
<b>Matters Arising</b>							
Falls Improvement Actions	Executive Nursing Director			M			
Stroke and Swallow Screening Improvement Work	Executive Nursing Director				M		
Ligature Improvement Work	Executive Nursing Director				M		
Domestic Services Compliance Monitoring Update	Director of Property & Asset Management					S	
Chair's Update – Operational Improvement Plan	Committee Chair					Removed	
Adult Protection Services Staffing Model	Executive Nursing Director				L	Referred to ELT	L
Briefing Note: Renal Services/ Biopsy Outlier Status	Medical Director				M		
Briefing Note: National Maternity and Perinatal Audit 2024 Update	Medical Director				M		
Amendment to 2025/26 Internal Audit Plan	Medical Director				✓		
Scan for Safety	Associate Director of Quality & Clinical Governance			M			
<b>Development Sessions</b>							
Orthopaedic Trauma, to include Hip Fracture	Medical Director	18 March 2026					

## ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2025/26

### 1. Purpose of Committee

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

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2026, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Jo Bennett	Non-Executive Member
Sinead Braiden	Non-Executive Member (to 1 September 2025)
Susan Dunsmuir	Director of Finance (from 1 April 2025)
Alastair Grant	Non-Executive Member (to 30 July 2025)
Cllr Mary Lockhart	Non-Executive Stakeholder Member (to 31 January 2026)
John Kemp	Non-Executive Member
Craig MacDonald	Non-Executive Member (from 1 September 2025)
Joni O'Sullivan	Non-Executive Member (from 1 September 2025)
Gillian McAuley	Director of Nursing (from 1 July 2025)
Margo McGurk	Director of Finance & Strategy (to 4 April 2025)
Professor Chris McKenna	Medical Director
Janette Keenan	Director of Nursing (to 30 June 2025)
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

### 3. Meetings

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

- 8 May 2025
- 22 July 2025 (Development Session)
- 29 July 2025
- 16 September 2025
- 11 November 2025
- 13 January 2026

- 26 January 2026 (Extraordinary Meeting)
- 10 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 early part of the financial year, the Committee's strategic focus centred on delivery assurance for the 2024/25 Annual Delivery Plan and the development of forward plans for 2025/26. In May 2025, the Committee considered the Quarter 4 Annual Delivery Plan report for 2024/25 and concluded that, whilst delivery had been challenging, there was sufficient progress across the majority of deliverables to take a moderate level of assurance, and the report was endorsed for submission to the NHS Fife Board. Strategic discussion at this stage also focused on the Planned Care agenda, where the Committee recognised both the opportunities presented by national funding bids and the associated financial risk should performance conditions not be met. The Committee concluded that the plans were credible but remained dependent on successful recruitment and delivery and therefore agreed a moderate level of assurance.
- 4.3 Also in May 2025, the Committee reviewed the draft Annual Delivery Plan for 2025/26. The Committee recognised the importance of aligning the plan to national priorities whilst ensuring local objectives were measurable and deliverable. Whilst members acknowledged that the plan would continue to evolve following Scottish Government approval, the Committee endorsed the plan for onward submission to the Board and took a moderate level of assurance that it provided an appropriate strategic framework for the year ahead, subject to refinement of objectives to improve measurability.
- 4.4 In July 2025, strategic discussion shifted towards Urgent and Unscheduled Care. The Committee noted confirmation of additional Scottish Government funding and concluded that the development of Same Day Emergency Care, frailty pathways and the emerging 'Hospital Without Walls' model represented a significant opportunity for system transformation. The Committee recognised that digital capability, workforce capacity and infrastructure readiness would be critical enablers and noted that further updates would be required before higher assurance could be taken. At this stage, the Committee noted progress but did not take formal assurance, recognising the early stage of delivery.
- 4.5 Also in July 2025, strategic transformation remained a focus through consideration of progress of the Reform, Transform, Perform (RTP) Programme, including financial recovery elements. The Committee noted the scale of challenge facing the organisation but emphasised the importance of clarity around which actions within the original plan would no longer be delivered or would be delayed. Whilst the update was noted, the Committee did not record a formal assurance level at this stage, reflecting the early and evolving nature of the programme and the need for further clarity on deliverability and impact. Related thereto, in November 2025, through a follow-up on the NHS Fife Hackathon, the Committee took assurance that outcomes from the event were being embedded within planning for 2026/27, particularly in relation to the RTP programme and financial sustainability, and was content that this work would inform future strategic development.

- 4.6 By September 2025, the Committee considered a range of strategic transformation matters, including reduced working week implementation, whole system infrastructure planning and service configuration proposals, such as the establishment of a static breast screening site at Queen Margaret Hospital. The Committee concluded that whilst each proposal was aligned with national strategy and local priorities, there remained delivery and affordability challenges, particularly in relation to workforce availability and capital constraints. A moderate level of assurance was taken across these strategic items, reflecting confidence in governance and intent but acknowledging ongoing delivery risk.
- 4.7 In November 2025, the Committee received assurance on the implementation of Integration Joint Board (IJB) Directions for 2025/26 and concluded that governance arrangements for direction-setting and monitoring were robust. With the majority of directions delivered or on track, the Committee took a significant level of assurance. The Committee also considered the Winter Preparedness Plan 2025/26 and concluded that the plan was comprehensive, system-wide and aligned with national priorities, whilst recognising the inherent uncertainty of winter pressures. A moderate level of assurance was taken, and the plan was endorsed for Board approval. Further strategic assurance was taken in relation to the Primary Care Strategy Year 2 report, where the Committee concluded that delivery was strong and directionally sound, taking a significant level of assurance and endorsing the planned Year Three actions.
- 4.8 In January 2026, strategic discussion increasingly reflected the national financial context and system sustainability. The Committee considered the Audit Scotland NHS Overview Report and concluded that whilst the report did not require formal assurance to be taken, it reinforced the seriousness of the financial challenge facing NHS Scotland and underscored the importance of continued transformation. The Committee also reviewed recent IJB Directions and concluded that delivery remained largely on track, though financial pressures were beginning to place some directions at risk, resulting in a moderate level of assurance.
- 4.9 In January 2026, the Committee considered the RTP Business Transformation Programme in greater depth. Members recognised the national context for administrative workforce reduction and acknowledged progress made through digital adoption and organisational change activity. However, concerns were raised regarding the absence of sufficiently clear SMART objectives and risks associated with pace and sustainability of change. The Committee therefore took a limited level of assurance, reflecting progress to date but highlighting the need for clearer milestones, measurable outcomes and strengthened risk mitigation.
- 4.10 By March 2026, strategic focus was firmly on sustainability and transformation going into 2026/27. The Committee received assurance on fleet decarbonisation, concluding that NHS Fife had exceeded national expectations by completing small and medium fleet decarbonisation ahead of target. A significant level of assurance was taken. The Committee also considered Annual Delivery Plan Quarter 3 performance and concluded that, whilst most Corporate Objectives were progressing appropriately, Urgent and Unscheduled Care continued to present material risk. Accordingly, a moderate level of assurance was taken overall, with limited assurance specifically for Urgent and Unscheduled Care.
- 4.11 In March 2026, the Committee also reviewed and endorsed the final Medium-Term Financial Plan for 2026/27 to 2028/29, recognising it as a credible but high-risk plan given the scale of transformation required and the uncertainty surrounding funding assumptions. The Committee acknowledged the strategic complexity of the plan, including reliance on recurring efficiencies and system-wide delivery, and took a limited level of assurance before endorsing the plan for submission to the Board. The Committee also considered the developing Annual Delivery Plan for 2026/27, noting its alignment with refreshed national operational priorities and the integration of corporate objectives, delivery planning, and transformation planning.

No formal assurance level was recorded, with the update noted as part of the iterative planning process ahead of Board consideration.

### Performance

- 4.12 Across 2025/26, the Committee has maintained oversight of financial and operational performance, with a sustained focus on recovery actions and delivery against agreed plans. In May 2025, review of the financial considerations of the Support & Intervention Framework highlighted the organisation's position within Level 2 of the national escalation framework and the requirement to deliver financial performance within a 1% revenue resource limit. The Committee took a moderate level of assurance that the framework was being appropriately considered at Executive and Board level, but took a limited level of assurance regarding delivery of the in-year financial plan, reflecting acknowledged risks to achieving the forecast position.
- 4.13 In July 2025, financial performance and recovery actions were considered in the context of early-year forecasts, including identification of significant pressures within Acute services, external service level agreements, and the Health and Social Care Partnership. The Committee noted the update and emphasised the importance of understanding slippage against planned actions, again reflecting the challenging performance environment.
- 4.14 In November 2025, in-year recovery actions were reviewed in detail. The Committee acknowledged the extensive work undertaken by the Executive Leadership Team and noted the transition toward scenario planning, allowing risks and mitigations to be more clearly articulated. Whilst performance remained challenging, the Committee took assurance from the update provided, recognising the robustness of governance arrangements supporting recovery planning.
- 4.15 Performance oversight continued in January 2026 through consideration of workforce and productivity impacts associated with business transformation. Although progress was acknowledged, concerns about pace and clarity of impact remained, contributing to the limited level of assurance recorded for this programme.
- 4.16 In March 2026, performance considerations were embedded within broader financial and delivery planning. The Committee noted the significant delivery risk associated with achieving recurring efficiencies, particularly in relation to workforce, and acknowledged concerns raised regarding the potential impact of savings on patient flow and safety. These risks informed the limited level of assurance taken on the Medium-Term Financial Plan and reinforced the need for close performance monitoring throughout 2026/27.
- 4.17 Throughout the year, the Committee also maintained close scrutiny of organisational performance through the review of the Integrated Performance & Quality Report (IPQR). In May 2025, the Committee concluded that performance remained challenged across several domains, particularly in unscheduled care and cancer pathways, but recognised improvement in diagnostics and delayed discharge trajectories. The Committee concluded that the evidence presented supported only a limited level of assurance and endorsed the operational performance report, whilst emphasising the need for continued focus on improvement.
- 4.18 In July 2025, the Committee observed early signs of improvement in emergency access and cancer performance, alongside persistent challenges in long waits. Whilst recognising operational effort and improvement initiatives, the Committee concluded that variability in performance and data interpretation limited the assurance that could be taken. A moderate level of assurance was taken overall, with limited assurance for the financial position within the IPQR.

- 4.19 In September 2025, the Committee explicitly challenged the proposed assurance rating for the IPQR and concluded that the scale and persistence of performance challenges, particularly in delayed discharge and cancer waits, warranted a limited level of assurance across all elements, including finance. This represented a significant moment of scrutiny, and the Committee agreed that this change in assurance should be escalated to the Board.
- 4.20 By November 2025, the Committee recognised tangible improvement in some areas, including Same Day Emergency Care and diagnostic productivity, but concluded that emergency access and delayed discharge performance remained materially below trajectory. The Committee therefore maintained a limited level of assurance from the IPQR, whilst continuing to endorse operational performance and improvement actions.
- 4.21 In January 2026, performance scrutiny reflected extreme winter pressures. The Committee concluded that despite unprecedented demand, the organisation had continued to make progress in pathway redesign, cancer performance and long-wait reduction. However, the severity of system pressure meant that only a limited level of assurance could be taken from the IPQR overall, with moderate assurance specifically in relation to financial reporting accuracy.
- 4.22 In March 2026, the Committee acknowledged improved cancer performance against the 31-day standard, continued progress in reducing long waits and improvements in delayed discharge, albeit from a very challenging baseline. The Committee concluded that the organisation had demonstrated resilience and improvement capability, but that performance remained fragile. A limited level of assurance was therefore maintained for the IPQR, with moderate assurance for finance.

#### Governance

- 4.23 Governance matters formed a consistent and substantive part of the Committee's work. In May 2025, the Committee reviewed and approved its Annual Assurance Statement for 2024/25, taking a significant level of assurance that the report accurately reflected the Committee's work and provided a sound basis for onward assurance to the Audit & Risk Committee.
- 4.24 Across the year, the Committee regularly reviewed delivery of its annual workplan, approving changes to the 2025/26 workplan in May, July and subsequent meetings, and later approving the draft 2026/27 workplan. The Committee consistently concluded that workplan delivery was appropriate and took moderate assurance, whilst noting deferrals and adjustments where necessary.
- 4.25 In July 2025, the Committee reviewed the governance arrangements supporting the Digital Medicines Programme. The Committee took a significant level of assurance regarding programme governance, noting that appropriate controls, reporting, and methodologies were in place to support complex system implementation, whilst taking a moderate level of assurance on progress against benefits.
- 4.26 In November 2025, the Committee considered and welcomed the introduction of the initial draft of a new Performance & Assurance Framework, concluding that it represented a material strengthening of governance arrangements by integrating performance, finance, risk and improvement into a single coherent system. A moderate level of assurance was taken, with strong endorsement of the framework's direction.
- 4.27 In January and March 2026, the Committee undertook reflective governance activity, including its self-assessment and review of internal controls. The Committee concluded that governance arrangements were functioning effectively, with positive evidence of challenge, transparency and learning. A moderate level of assurance was taken from the

self-assessment, and significant assurance was taken from specific governance enhancements such as Additional Cost of Teaching oversight.

- 4.28 In January 2026, governance of change programmes remained a focus, with the Committee explicitly linking assurance levels to the strength of objectives, milestones, and risk controls. The limited assurance recorded reflected governance maturity but underscored the need for clearer accountability and measurable outcomes.
- 4.29 In March 2026, the Committee took a significant level of assurance from the Annual Budget Setting Process, recognising it as robust and compliant with audit requirements. Governance oversight was further evidenced through endorsement processes for strategic plans and the formal escalation of key documents to the Board for consideration.

### Risk

- 4.30 Risk management remained a standing and critical item throughout the year. At each meeting, the Committee reviewed corporate risks aligned to its remit and consistently concluded that, whilst actions were being taken to mitigate risks, the financial position continued to drive limited assurance for that element.
- 4.31 In May, July and September 2025, the Committee concluded that the overall risk environment remained high, with multiple risks above tolerance, particularly in relation to financial balance, capital funding and whole system capacity. The Committee consistently took a moderate level of assurance overall, explicitly caveated by limited assurance for the financial position.
- 4.32 In November 2025, January 2026 and March 2026, the Committee acknowledged that risk scores had largely stabilised but remained above appetite. The Committee concluded that mitigation actions were appropriate and proportionate, but that structural financial pressures, social care demand and winter capacity risks meant that assurance could not be increased. Accordingly, the Committee maintained a moderate level of assurance, with continued limited assurance for the financial position.
- 4.33 Risk management featured prominently throughout the reporting period in relation to a number of substantive agenda items, particularly in relation to financial sustainability, workforce impacts and programme delivery. In May 2025, risks associated with remaining within financial escalation tolerances and delivering the in-year plan informed the limited assurance taken on financial delivery.
- 4.34 As the year progressed, risks related to system-wide recovery, funding uncertainty, reliance on recurring efficiencies, and interdependencies with health and social care partners became more pronounced. These risks were repeatedly acknowledged by the Committee, particularly in July and November 2025, where updates were noted alongside recognition of the challenging financial position.
- 4.35 In January 2026, risk was explicitly linked to transformation pace and workforce capacity, with members emphasising the need to balance delivery of savings with organisational sustainability. This again contributed to limited assurance for these related agenda items.
- 4.36 In March 2026, risk considerations were central to the Committee's conclusions on the Medium-Term Financial Plan. The Committee explicitly recognised downside financial scenarios, uncertainty regarding Scottish Government funding, challenges in delivering recurring efficiencies, and risks arising from integration arrangements. Patient safety was highlighted as a critical risk consideration in the context of savings delivery. The limited assurance recorded reflected the Committee's view that, whilst plans were necessary and credible, they carried significant inherent risk requiring sustained oversight, strong leadership, and robust governance through the forthcoming year ahead.

## 5. Self-Assessment

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

## 6. Conclusion

- 6.1 Over the course of 2025/26, the Finance, Performance & Resources Committee provided robust scrutiny and assurance across the detailed areas of strategy, performance, governance and risk. The Committee demonstrated appropriate challenge, particularly in relation to performance and financial sustainability, and consistently aligned its assurance levels to the evidence presented. Whilst the year was characterised by significant system pressure and financial constraint, the Committee concluded that governance arrangements were effective, improvement activity was credible, and risks were being actively managed, providing the NHS Fife Board with a balanced and evidence-based assurance position at year-end.
- 6.2 As Chair of the Finance, Performance & Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.
- 6.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: 

Date: 5 May 2026

**Alistair Morris, Chair**

On behalf of the Finance, Performance & Resources Committee

**Appendix 1 - Attendance Schedule**

**Appendix 2 - Levels of Assurance mapped to Committee's Annual Workplan**

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE  
ATTENDANCE SCHEDULE 2025/26**

	08.05.25	29.07.25	16.09.25	11.11.25	13.01.26	26.01.26	10.03.26
<b>Members</b>							
<b>A Morris</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓	✓
<b>J Bennett</b> , Non-Executive Member	X	✓	✓	✓	✓	✓	✓
<b>S Braiden</b> , Non-Executive Member	X	✓	✓				
<b>A Grant</b> , Non-Executive Member	✓	X					
<b>J Kemp</b> , Non-Executive Member	✓	X	✓	✓	✓	✓	✓
<b>C MacDonald</b> , Non-Executive Member			✓	✓	✓	✓	✓
<b>J O'Sullivan</b> , Non-Executive Member			X	✓	✓	✓	✓
<b>Cllr M Lockhart</b> , Local Authority Member	X	✓	✓	X			
<b>S Dunsmuir</b> , Director of Finance (Exec Lead)	✓	✓	X	✓	✓	X	✓
<b>G McAuley</b> , Executive Nursing Director		X	✓	X	✓	✓	X
<b>C McKenna</b> , Medical Director	✓	X	✓	✓	✓	✓	✓
<b>J Keenan</b> , Director of Nursing	✓						
<b>L Parsons</b> , Non-Executive Stakeholder Member	✓	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	✓	X	X	✓	✓	✓	✓
<b>J Tomlinson</b> , Director of Public Health	X	✓	✓	✓	✓	X	✓
<b>In attendance</b>							
<b>K Booth</b> , Head of Financial Services & Procurement	✓		✓ Part	✓ Item 8.6			✓ Item 8.3
<b>C Dobson</b> , Director of Acute Services	✓	✓	✓	✓	✓	X	✓
<b>S Fraser</b> , Deputy Director of Planning & Transformation		✓		✓	✓	X	✓
<b>F Forrest</b> , Director of Pharmacy & Medicines	X	X	X	X	X	✓	X
<b>L Garvey</b> , Director of Health & Social Care	✓	✓	✓	✓	X	✓	✓
<b>A Graham</b> , Director of Digital & Information	✓	✓	✓	✓	✓	X	X
<b>B Hannan</b> , Director of Planning & Transformation	✓	X	✓	✓	✓	✓	✓
<b>T Hogg</b> , Chief Finance Officer, HSPC					✓		
<b>B Johnston</b> , Head of Capital Planning & Project Director			✓ Deputising				

**APPENDIX 1**

	<b>08.05.25</b>	<b>29.07.25</b>	<b>16.09.25</b>	<b>11.11.25</b>	<b>13.01.26</b>	<b>26.01.26</b>	<b>10.03.26</b>
<b>G MacIntosh</b> , Associate Director of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management	✓	✓	X	✓	✓	✓	✓
<b>M Michie</b> , Deputy Director of Finance	✓	X	✓	✓	✓	✓	✓
<b>D Miller</b> , Director of People & Culture			✓ Item 7.1				

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE  
ANNUAL WORKPLAN 2025/26**

Agreed Level of Assurance	
<b>S</b>	Significant
<b>M</b>	Moderate
<b>L</b>	Limited
<b>N</b>	None

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
<b>Governance Matters</b>							
Annual Assurance Statement 2024/25	Board Secretary	S					
Annual Internal Audit Report 2024/25	Chief Internal Auditor		✓				
Committee Self-Assessment	Board Secretary						M
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to Finance, Performance & Resources Committee (including Deep Dives)	Director of Finance	M (Risk) L (Financial position)	M (Risk) L (Financial position)	M (Risk) L (Financial position)	M (Risk) L (Financial position)	M (Risk) L (Financial position)	M (Risk) L (Financial position)
Delivery of Annual Workplan 2025/26	Board Secretary	✓	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2025/26	Chief Internal Auditor					✓	
PPP Performance Monitoring Report	Director of Property & Asset Management				M		
Review of Annual Workplan 2026/27	Board Secretary					✓ Draft	✓ Approval
Review of General Policies & Procedures	Board Secretary	M					
Review of Terms of Reference	Board Secretary						Deferred to May 26
<b>Strategy / Planning</b>							
Annual Delivery Plan 2026/27	Director of Planning & Transformation						S Private

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Annual Delivery Plan 2025/26	Director of Planning & Transformation	M Private Session					
Medium Term Financial Plan 2026 – 2028	Director of Finance					Removed Extraordinary FPR Meeting to take place	L Private
Annual Budget Setting Process 2026/27	Director of Finance						S Private
Corporate Objectives	Chief Executive	Removed					
Progress Report on Decarbonisation of the NHS Fife Fleet	Director of Property & Asset Management					Deferred	S
Digital Medicines Programme	Director of Digital & Information		S (Programme Governance) M (Programme Progress) Private			S (Programme Governance) M (Programme Progress) Private	
Report Reducing Long Waits	Director of Planning & Transformation / Director of Acute Services		Removed				
Control of Entry – Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			M			
Reduced Working Week	Director of People & Culture			M			
Fife Breast Screening Static Site - Queen Margaret Hospital	Director of Public Health			M			
<b>Strategy / Planning</b>							
IJB Directions 2025/26	Director of Finance ( <i>May only</i> ) Director of Health & Social Care	M (Governance) L (Performance)				S	M

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
<b>Quality &amp; Performance</b>							
Integrated Performance & Quality Report	<b>Exec. Leads</b>	<b>M</b> (Op. Performance) <b>L</b> (Financial Position)	<b>M</b> (Op. Performance) <b>L</b> (Financial Position)	<b>M</b> (Op. Performance) <b>L</b> (Financial Position)	<b>L</b> (Op. Performance) <b>L</b> (Financial Position)	<b>L</b> (Op. Performance) <b>M</b> (Financial Position)	<b>L</b> (Op. Performance) <b>M</b> (Financial Position)
Financial Performance Report	<b>Director of Finance</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>	<b>M</b>
Laboratories Managed Service Contract 2024/25	<b>Director of Acute Services</b>			<b>S</b>			
Procurement Key Performance Indicators	<b>Head of Financial Services &amp; Procurement</b>	<b>S</b>		<b>S</b>	<b>S</b>		<b>S</b>
Reform, Transform, Perform Update	<b>Director of Planning &amp; Transformation</b>  <b>Director of Digital &amp; Information (November)</b>	<b>M</b> Q4 (2024/25)	✓ (Inc. Financial Recovery) Private Session	<b>M</b> Transformation Portfolio Update & Savings Delivery	✓ Private Session	<b>L</b> Business Transformation Update Private Session	<b>M</b> Transformation Portfolio Update and Savings Delivery
<b>Annual Reports</b>							
Annual Delivery Plan Quarterly Performance Report 2025/26  <i>*M8 Update provided under Quality/Performance</i>	<b>Director of Planning &amp; Transformation</b>	<b>M</b> Q4 (2024/25)	<b>M</b> Q1	<b>M</b> ADP  <b>L</b> Urgent & unscheduled Care Finance	<b>S</b> Women and Children's Health Climate <b>L</b> Urgent & Unscheduled Care Finance	<b>M</b> ADP  <b>L</b> Corporate Objective for "Urgent and Unscheduled Care"  Month 8*	<b>M</b> ADP  <b>L</b> Urgent and Unscheduled Care  Q3
Primary Care Strategy – Year Two Annual Report (2024/25)	<b>Director of Health &amp; Social Care</b>			<b>Deferred</b>	<b>S</b>		
Annual Procurement Report	<b>Head of Financial Services &amp; Procurement</b>			<b>S</b>			

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
Project Hydra (moved from Strategy/Planning Section)	Director of Property & Asset Management			Deferred		Deferred	Deferred
NHS Fife Procurement Strategy - Annual Review (moved from Strategy/Planning Section)	Head of Financial Services & Procurement			S			
<b>Linked Committee Minutes</b>							
Fife Capital Investment Group	Chair	✓ 23/04/25	✓ 11/06/25	✓ 23/07/25	✓ 03/09/25 15/10/25	✓ 03/12/25	✓ 14/01/26
Procurement Governance Board	Chair	✓ 23/04/25		Removed	Removed	✓ 29/10/25	✓ 09/02/25
IJB Finance, Performance & Scrutiny Committee	Chair	✓ 12/03/25	✓ 13/05/25	✓ 16/07/25	✓ 17/09/25	✓ 12/11/25	✓ 14/01/26
Primary Medical Services Subcommittee	Chair	✓ 04/03/25	✓ 03/06/25	✓ 02/09/25		✓ 02/12/25	
Pharmacy Practice Committee	Chair	Ad-Hoc Meetings					
<b>Ad-hoc Items</b>							
Whole System Infrastructure Planning	Director of Property & Asset Management			M			
Overview of Planned Care Plans 2025/26	Director of Planning & Transformation / Director of Acute Services	M					
Improving Flow: Urgent & Unscheduled Care	Director of Planning & Transformation / Director of Acute Services / Director of Health & Social Care	✓ Verbal	✓ Verbal				
<b>Ad-hoc Items</b>							
Performance Management Approach 2025/26	Director of Planning & Transformation	Removed					
NHS Fife 2025-2028 Financial Plan Letter	Director of Finance	✓					

	Lead	08/05/25	29/07/25	22/09/25	11/11/25	13/01/26	10/03/26
'Finance for Non-Finance Colleagues' Training Sessions Update	Director of Finance	M					
Support and intervention Framework – Financial considerations	Director of Finance	M (Framework) L (Financial plan) Private Session					
Bed Modelling – Closing Report	Director of Planning & Transformation				Deferred	Deferred	Removed
Hackathon – Next Steps	Director of Planning & Transformation				Removed		
Hackathon – Follow Up	Director of Planning & Transformation				✓ Private Session		
In Year Recovery Actions	Director of Planning & Transformation / Director of Finance				✓ Private Session		
Performance & Assurance Framework	Director of Planning & Transformation				M		
Winter Preparedness Plan 2025/26	Director of Planning & Transformation				M		
Energy Efficiency & Decarbonisation Plan 2026/27	Director of Property & Asset Management					M	
15 Box Grid – Progress Report	Director of Finance / Director of Planning & Transformation					M	
<b>Ad-hoc Items</b>							
Audit Scotland NHS 2025 Report	Director of Finance					✓	
Whole System Planning & Strategic Assessment	Director of Property & Asset Management						M Private
Additional Cost of Teaching Governance & Assurance	Medical Director						S
Transformation Portfolio Update and Savings Delivery	Director of Planning & Transformation						M

	Lead	22/07/2025	26/01/2026
<b>Development Sessions / Extraordinary Meetings</b>			
Planned Care: Over 52 Week Waits – The Path to Zero <i>(Development Session)</i>	Director of Acute Services	✓	
Medium Term Financial Plan 2026-2028 <i>(Extraordinary Meeting)</i>	Director of Finance		✓
Financial Performance Report – Month 9	Director of Finance		✓
Walk In Services Pilot	Director of Health & Social Care		✓

## ANNUAL STATEMENT OF ASSURANCE FOR THE PUBLIC HEALTH & WELLBEING COMMITTEE 2025/26

### 1. Purpose

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

### 2. Membership

- 2.1 During the financial year to 31 March 2026, membership of the Public Health & Wellbeing Committee comprised: -

John Kemp	Committee Chair / Non-Executive Member
Jo Bennett	Non-Executive Member
Arlene Wood	Non-Executive Member
Lynne Parsons	Employee Director
Prof Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing (to June 2025)
Gillian McAuley	Executive Nurse Director (from July 2025)
Nicola Robertson	Chair of the Area Clinical Forum
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Communications & Engagement, Director of Health & Social Care, Director of Pharmacy & Medicines, Director of Property & Asset Management, Director of Planning & Transformation, Deputy Director of Planning & Transformation and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.
- 2.3 The Committee has consciously encouraged attendance and contribution into agenda items from a number of staff, to widen staff insight into the work of the Committee and also to ensure that the Committee is seen to welcome input from a broad range of contributors.

### 3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2026, on the undernoted dates:
- 12 May 2025
  - 7 July 2025
  - 15 September 2025
  - 10 November 2025
  - 12 January 2026
  - 2 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 The Committee has the lead responsibility for review of activity linked to the Board's Population Health & Wellbeing Strategy, approved in March 2023. In July 2025, the Committee considered the Population Health & Wellbeing Strategy Annual Report 2024/25 and concluded that the strategy remained aligned with corporate objectives and national priorities. Members recognised limitations in the availability of national metrics but were assured that mitigating narrative and qualitative evidence were in place. The Committee endorsed the report for Board approval, subject to strengthening outcome-focused narrative, and took a moderate level of assurance that risks associated with the strategy's delivery were being managed.
- 4.3 In September 2025, the Committee discussed progress towards the emerging Plan for Fife and concluded that there was significant opportunity to strengthen the health and wellbeing contribution within future partnership arrangements. While no formal assurance level was taken, the Committee emphasised the importance of continued engagement and future reporting. During the same meeting, the Committee considered the proposal for a static breast screening site at Queen Margaret Hospital and took a moderate level of assurance that the development would improve equity of access and patient experience.
- 4.4 In November 2025, the Committee reviewed a report on Year 1 delivery of the Prevention & Early Intervention Strategy 2024–2027 and the Burden of Disease Assessment for Fife. Members concluded that progress was being made despite recognised delivery risks and barriers, and that strategic priorities were well aligned to population health need. The Committee took a moderate level of assurance from both reports.
- 4.5 In January and March 2026, the Committee considered the Population Health Organisation framework and endorsed the ambition to embed prevention as a core organisational principle, while emphasising the importance of co-production with partners. The Committee also reviewed strategic partnership activity including the Anchors Programme, suicide prevention delivery through Creating Hope for Fife, and the Violence Against Women Partnership. The Committee consistently concluded that partnership working was strong, while recognising capacity and funding risks, and took moderate levels of assurance across these areas. In March 2026, significant assurance was taken in relation to community pharmacy services, reflecting robust provision and demonstrable impact on access and prevention.
- 4.6 The Committee has also scrutinised the Annual Delivery Plan Quarter 4 Report for 2024/25 and concluded that appropriate arrangements were in place to reconcile risks, performance and escalation across governance structures. The Committee endorsed the report for formal approval by NHS Fife Board and submission to the Scottish Government, taking a moderate level of assurance that delivery was being effectively overseen. For the bulk of the reporting year, scrutiny of the Annual Delivery Plan has fallen within the remit of the Finance, Performance & Resources Committee.

### Performance

- 4.7 Throughout the year, the Committee maintained oversight of population health performance through review of its section of the Integrated Performance & Quality Report. In May 2025, the Committee noted stable screening performance, continued challenges in childhood immunisation uptake and strong performance within Child and Adolescent Mental Health Services. The Committee concluded that improvement actions were appropriate and took a moderate level of assurance. Across July and September 2025, the Committee continued to

scrutinise smoking cessation, immunisation and psychological therapies performance. While improvement trajectories were noted, the Committee recognised fragility in delivery and took moderate assurance overall, with specific concerns highlighted where national standards were not being met.

- 4.8 In November 2025 and January 2026, the Committee undertook deeper scrutiny of psychological therapies and immunisation performance. Where national standards continued not to be met, the Committee took limited levels of assurance, reflecting ongoing workforce, capacity and system pressures. By March 2026, the Committee noted improved performance across a number of indicators including unscheduled care, breastfeeding and smoking cessation. Ongoing challenges in vaccination uptake remained, and the Committee took a moderate level of assurance overall from the IPQR, with limited assurance taken specifically for the Winter Vaccination Programme.

### Governance

- 4.9 Throughout the year, the Committee regularly reviewed delivery of its Annual Workplan and reflected on its own effectiveness, identifying opportunities to reduce duplication and strengthen coordination across Board and Health & Social Care Partnership committees. Moderate levels of assurance were taken in respect of workplan delivery.
- 4.10 Governance assurance was a consistent theme throughout the year. In May 2025, the Committee took significant assurance that governance arrangements for the Independent Learning Review supported independence, transparency and accountability. In September 2025, the Committee scrutinised governance oversight of the Facilities Staff Changing and Toilets Review and related Equality Impact Assessment, concluding that arrangements were appropriate and supported by clear ownership and engagement mechanisms, while recognising that full assurance would be dependent on completion of the programme of work by March 2026. Significant assurance could be taken, however, that the establishment of the Learning Review Assurance Group, to oversee delivery of the recommendations of the Independent Learning Review, mitigated organisational and compliance risks.
- 4.11 In January 2026, the Committee considered the findings of the Population Health Internal Audit report. The Audit opinion provided reasonable assurance that governance arrangements were generally sound. The Executive Summary noted the significant and increasing expectations of public health work to support delivery of sustainable health services. The Committee took a moderate level of assurance from management actions agreed in response to audit findings.
- 4.12 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2026/27 was approved at the Committee's March 2026 meeting.

### Risk

- 4.13 Risk oversight remained a core component of the Committee's work throughout 2025/26. The Committee reviewed corporate risks aligned to its remit at each meeting, including substance-related morbidity and mortality, oral health, primary care, pandemic preparedness and climate emergency. The Committee consistently concluded that risk descriptions were appropriate and that mitigating actions were credible, while recognising that many drivers were outwith NHS control. Moderate levels of assurance were taken throughout the year. By

March 2026, all risks aligned to the Committee were within or below risk appetite, and the Committee took a moderate level of assurance that arrangements for identifying and managing emerging risks remained effective. Also in March 2026, significant assurance was provided on NHS Fife's mitigation of local patient safety risks arising from a national immunisation incident, with system and process risks noted.

#### Assurances from Sub-Groups

- 4.14 The Public Health Assurance Committee has provided positive assurance for 2025/26 that adequate and effective governance arrangements were in place across all areas within its remit and no significant control weaknesses or governance issues were identified at year-end that would require disclosure. The Committee has provided substantial assurance in relation to Public Health risk oversight and management, with systematic review and scrutiny of all risks on the Public Health Risk Register, including eleven Public Health risks and three Corporate Risks aligned to Public Health. Assurance is strengthened by demonstrable risk movement, including: closure of risks relating to missed newborn blood spot screening and misuse of suspicion of malignancy functionality, following implementation of strengthened procedures, system changes and updated guidance; reduction in risk associated with surge capacity for infectious disease outbreaks, reflecting establishment of agreed staffing levels within the East Region Health Protection Service; and appropriate escalation and monitoring of emerging risks, with assurance taken where risks were not progressed due to established oversight arrangements. Public Health elements of the Annual Delivery Plan were subject to ongoing monitoring throughout the year. These elements were embedded within every meeting cycle, with workstreams examined where delivery pressures emerged. Assurance has also been taken from key Public Health sub-groups and partnership structures through receipt and scrutiny of Annual Assurance Statements from the Public Health Screening Programmes, the Area Immunisation Steering Group and the Pandemic Framework Group. The Committee notes that these statements demonstrate the breadth and maturity of work undertaken, providing confidence in system-wide Public Health governance and delivery. The Committee further strengthened assurance through formal consideration of multiple annual reports, including Immunisation, Screening Programmes, Screening Inequalities and Oral Health, enabling triangulation between performance reporting, risk oversight and assurance statements. Taken as a whole, the Committee can be provided with clear, evidence-based assurance that Public Health risks were effectively identified, managed and reduced where possible; that delivery against agreed plans was appropriately overseen; and that governance arrangements were robust, with no material weaknesses requiring disclosure at year-end.
- 4.15 The annual Assurance Statement from the Equality & Human Rights Steering Group provides the Public Health & Wellbeing Committee with assurance that NHS Fife continued to meet its Equality and Human Rights responsibilities during 2025/26, despite the Group being reviewed and partially paused. This was primarily achieved through the commissioning and delivery of an Independent Learning Review following a high-profile employment relations case and concerns raised by the Equality & Human Rights Commission in relation to practice around Equality Impact Assessments (EQIAs). The Independent Learning Review, commissioned in April 2025, examined governance, decision-making and compliance with equality duties and produced 38 recommendations. All recommendations were accepted by NHS Fife and delivered through an Improvement Plan structured around five Key Result Areas. Oversight was provided by the Learning Review Assurance Group, chaired by the Board Vice Chair and reporting directly to the NHS Fife Board. The majority of actions were completed by 31 March 2026, with residual elements transferred into business-as-usual arrangements. During the year, the Equality & Human Rights Steering Group met on a limited basis while its role, remit and governance alignment were reviewed. A refreshed Steering Group, with revised membership and terms of reference, has been established from April 2026. Its future focus will include oversight of Equality Impact Assessments, assurance of progress against the Anti-Racism Plan, delivery of statutory equality duties, monitoring equality data, and supporting staff networks.

- 4.16 Overall, the Equality & Human Rights Steering Group can provide assurance that, during 2025/26, NHS Fife responded robustly to the findings of the Independent Learning Review and used this as a catalyst for significant organisational change. Whilst equality and human rights risks remain high, this is recognised as appropriate at this stage of transition and improvement. There is no evidence of significant control failures beyond the issues that prompted the establishment of the Independent Learning Review, and the refreshed governance arrangements, strengthened leadership, revised EQIA process and enhanced oversight structures provide a sound foundation for continued improvement and assurance in 2026/27.

## **5. Self-Assessment**

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

## **6. Conclusion**

- 6.1 Over the course of 2025/26, the Public Health & Wellbeing Committee provided sustained and effective oversight of strategy, performance, governance and risk within its remit. The Committee demonstrated constructive challenge, supported improvement activity and provided proportionate assurance to NHS Fife Board. Overall, the Committee provided significant assurance across key areas within its remit during 2025/26, with moderate assurance appropriately applied where programmes of work were ongoing. The Committee demonstrated effective scrutiny of complex and sensitive issues, maintaining a strong focus on governance, equality, patient safety and organisational learning.
- 6.2 As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 6.3 I can confirm that there was one significant control weakness / issue at the year-end which the Committee considers should be disclosed in the Governance Statement, as may have impacted financially or otherwise in the year or thereafter. As detailed within the Equality & Human Rights Steering Group annual assurance report, this was within the area of compliance with Regulation 5 of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These regulations require public bodies to assess the impact of policies and practices on people with protected characteristics. Linked to a high-profile employment tribunal concerning a staff complaint on access to single-sex facilities, in February 2025 NHS Fife received correspondence from the external regulator, the Equality & Human Rights Commission (EHRC), regarding the organisation's lack of compliance. Following engagement with the EHRC, NHS Fife agreed to undertake a comprehensive review of relevant staff toilet and changing facilities and committed to completing and publishing an Equality Impact Assessment (EQIA) in relation to policies related thereto. Governance of this work was provided through Executive-level coordination to track activity, a short-life working group reviewing audit findings and a separate Learning Review Assurance Group reporting directly to NHS Fife Board. The Committee discussed and provided input to establishment of the necessary additional governance for this work to progress at pace. The initial EQIA was

published by 30 September 2025, in line with the Commission's direction. In December 2025, the EHRC confirmed that, having reviewed the documentation, it was satisfied that NHS Fife had now met the requirements of Regulation 5. NHS Fife subsequently undertook a refreshed and more detailed EQIA, published in March 2026, supported by targeted staff engagement and consultation. Assurance has now been provided to the Board that NHS Fife's current practice is compliant with existing legislation and completion of the EQIA process in the reporting year demonstrates that equality considerations are informing our approach in this policy area. Improvements have also been made to the operation of the Equality & Human Rights Steering Group, as detailed further in Section 4 above.

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

Signed: 

Date: 28 April 2026

**John Kemp, Chair**

On behalf of the Public Health & Wellbeing Committee

**Appendix 1 - Attendance Schedule**

**Appendix 2 - Levels of Assurance mapped to Committee's Annual Workplan**

**Public Health & Wellbeing Committee Attendance Record  
1 April 2025 to 31 March 2026**

	12.05.25	07.07.25	15.09.25	10.11.25	12.01.26	02.03.26
<b>Members</b>						
<b>J Kemp</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓
<b>J Bennett</b> , Non-Executive Member	x	✓	x	✓	✓	✓
<b>A Wood</b> , Non-Executive Member	x	✓	✓	x	✓	✓
<b>N Robertson</b> , Chair of the Area Clinical Forum	✓	✓	✓	✓	x	✓
<b>G McAuley</b> , Executive Nursing Director		✓	✓	x	✓	✓
<b>Prof C McKenna</b> , Medical Director	✓	x	✓	✓	✓	✓
<b>J Keenan</b> , Director of Nursing	✓					
<b>L Parsons</b> , Employee Director	✓	✓	✓	✓	x	✓
<b>C Potter</b> , Chief Executive	✓	✓	✓	✓	✓	x
<b>Dr J Tomlinson</b> , Director of Public Health ( <b>Exec Lead</b> )	✓	✓	✓	✓	✓	✓
<b>In Attendance</b>						
<b>E Butters</b> , Fife Alcohol & Drug Partnership Service Manager			✓ Items 1 – 5.1		✓ Item 8.5	
<b>C Conroy</b> , Head of Service, HSPC					✓ Item 5.2	
<b>L Cooper</b> , Head of Primary & Preventative Care Services				✓ Items 7.2 & 9.2	✓	
<b>L Denvir</b> , Consultant in Public Health				✓ Item 8.4		
<b>F Forrest</b> , Acting Director of Pharmacy & Medicines	✓	✓	x	✓	✓	✓
<b>S Fraser</b> , Deputy Director of Planning & Transformation	✓	✓	✓	✓	✓	✓
<b>L Garvey</b> , Director of Health & Social Care	✓	✓	✓	✓	✓	✓
<b>Linda Reid-Fowler</b> , Policy Co-ordinator		✓ Item 9.1				
<b>B Hannan</b> , Director of Planning & Transformation	✓			✓		
<b>A Massey</b> , Director of Psychology Services				✓ Item 8.2		
<b>K MacGregor</b> , Director of Communications & Engagement	✓	✓	✓	✓	✓	✓

APPENDIX 1

	12.05.25	07.07.25	15.09.25	10.11.25	12.01.26	02.03.26
<b>G MacIntosh</b> , Associate Director of Corporate Governance & Board Secretary	✓	✓	x	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management	✓	✓	✓	✓	x	x
<b>M Neilson</b> , Consultant in Public Health			✓ Item 9.1			
<b>E O'Keefe</b> , Consultant in Dental Public Health					✓ Item 8.3	
<b>K Oyedeji</b> , Consultant in Public Health	✓ Item 9.2				✓ Item 8.4	
<b>O Robertson</b> , Senior Manager Children's Services	✓ Item 9.3					
<b>A Summers</b> , Interim Director for Fife Psychology Service	✓ Item 8.2			✓ Item 8.2		

PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE  
LEVELS OF ASSURANCE MAPPED TO ANNUAL WORKPLAN 2025 / 2026

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

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
<b>Governance Matters</b>							
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	M					
Assurance Statement for Public Health Assurance Committee, Equality & Human Rights Strategy Group and Addressing the Climate Emergency Board	Director of Public Health / Executive Nurse Director	S					
Annual Internal Audit Report	Director of Finance		✓ For noting				
Committee Self-Assessment Report	Board Secretary						M
Corporate Calendar / Committee Dates	Board Secretary			✓			
Internal Controls Evaluation Report 2025/26	Chief Internal Auditor					✓	
Corporate Risks Aligned to PHWC, and Deep Dives	Medical Director / Director of Public Health	M New Risk for Dentistry	M Health Inequalities Climate Emergency	M Pandemic Preparedness	M Update on Primary Care	M Drug Related Deaths	M Primary Care
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
<b>Strategy / Planning</b>							
Anchor Institution Programme Board Update	Director of Public Health		Deferred due to timings				M
Annual Delivery Plan Scottish Government Response 2024/25	Director of Planning & Transformation	Removed from workplan – will be presented at FP&R only					
Annual Delivery Plan Quarterly Performance Report	Director of Planning & Transformation	M Q4	Removed from workplan for 2025/26				

APPENDIX 2

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director of Health & Social Care		Deferred due to timings				M
Implementation of the Promise National Update on Delivery in Fife	Director of Health & Social Care				Deferred	M	
Building our Inclusion Health Network	Director of Public Health	M & L					
Mental Health Estates Initial Agreement Update	Medical Director					Removed from workplan – requires a new process/paper	
Mental Health Strategy Implementation	Director of Health & Social Care	Deferred due to timings					Removed – mental health on Board agenda
Prevention & Early Intervention Strategy 2024 – 2027 - Update on Delivery Plan	Director of Health & Social Care			Deferred due to timings	M Year One		Removed – goes to IJB
Population Health & Wellbeing Strategy Metrics	Director of Public Health / Director of Planning & Transformation	Deferred due to timings			M Burden of Disease Assessment for Fife		
Post Diagnostic Support for Dementia	Director of Health & Social Care					M	
Update on Plan4Fife and Shared Ambitions	Director of Public Health		Deferred due to timings	✓			
<b>Quality / Performance</b>							
CAMHS Performance Yearly Update	Director of Health & Social Care					M	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health	Removed from workplan – covered in the Director of Public Health Annual Report					
Dental Services & Oral Health Improvement	Director of Public Health					M	
East Region Health Protection Service	Director of Public Health	Scheduled to be presented to the Committee in May 2026					
Healthy Food Environments <i>(replacing Food4Fife Delivery Plan &amp; Good Food Nation &amp; Weight Management)</i>					M		
River Leven / Green Health Partnership Update	Director of Public Health	Verbal update			M		
Integrated Performance & Quality Report	Director of Planning & Transformation	M	M	M	M	M	M

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Medical Assisted Treatment Standards	Director of Health & Social Care	Removed from workplan – incorporated into the Alcohol & Drugs Partnership Report					
Psychological Therapies Standard Update	Director of Health & Social Care	M			L		
Spring Booster Campaign	Director of Health & Social Care	Removed from workplan – now business as usual					
<b>Inequalities</b>							
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2024/25	Director of Public Health			L			
<b>Annual Reports / Other Reports</b>							
Adult Support & Protection Annual Report 2023/25	Executive Nurse Director	M Biannual Report					
Alcohol & Drugs Partnership Annual Report 2024/25, including update on Medical Assisted Treatment Standards	Director of Health & Social Care	Deferred to July	M			M	
Annual Climate Emergency and Sustainability Report 2024/25 (to include Greenspace Strategy Update)	Director of Property & Asset Management			M			
Director of Public Health Report 2024/25 ( <i>and additional updates, based on agreed priorities</i> )	Director of Public Health	Scheduled to be presented to the Committee in June 2026					
Fife Child Protection Annual Report 2024/25	Executive Nurse Director		M				
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027	Director of Public Health			L			
Interim Report on Screening Inequalities of Quality Improvement Work	Director of Public Health	M					
Population Health & Wellbeing Strategy Annual Report 2024/25	Director of Planning & Transformation		M				
Public Health Screening Programmes Annual Report 2024/25	Director of Public Health				M		
Pharmaceutical Care Services Annual Report 2024/25	Director of Pharmacy & Medicines			Deferred		Deferred	S
Primary Care Strategy Year 2 Report 2024/25	Director of Health & Social Care			Deferred	S		
Sexual Health and Blood Borne Virus Framework Annual Report 2024/25	Director of Health & Social Care					Deferred – required to go through	Deferred - service pressures and data

APPENDIX 2

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
						governance routes first	analysis required up to end of year
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024 Report	Director of Public Health / Director of Health & Social Care	M	✓ Matters Arising			Deferred to May 2026	
Violence Against Women Annual Report 2024/25	Director of Health & Social Care						M
<b>Ad Hoc Items / Additional Items</b>							
Scottish Dental Access Initiative Funding	Director of Health & Social Care	✓ Incorporated into dentistry deep dive					
Scotland's Population Health Framework 2025 – 2035	Director of Public Health	Deferred due to delay in national policy	✓				M (agreed at Jan '26 mtg to bring back for discussion)
RTP: Infrastructure and Change Programme	Director of Property & Asset Management	M	M & L (see SBAR)	Removed – timings amended	M	Removed – timings amended	✓ Not discussed at mtg (no Exec. Lead)
Healthcare Improvement Scotland Report - Safe Delivery of Care Mental Health Inspection	Executive Nurse Director		Removed - presented at CGC				
Independent Learning Review	Director of Planning & Transformation		Private Session – Verbal Update				Removed – reported directly to the Board via LRG
Fife Breast Screening Static Site - Queen Margaret Hospital	Director of Public Health			M			
Facilities Review 2025/26	Director of People & Culture			M Private Session			

APPENDIX 2

	Lead	12/05/25	01/07/25	15/09/25	10/11/25	12/01/26	02/03/26
Education is Health – Fife College Partnerships Next Steps <i>(added, following action from ELT on 21/08/25)</i>	Director of Planning & Transformation				✓		
RTP Programmes of Work Updates	Director of Planning & Transformation	Removed – items will be added to the workplan accordingly					
Integrated Joint Board Strategic Plan	Director of Health & Social Care					✓	
Winter Vaccination Programme Uptake 2025/26	Director of Health & Social Care						L
Screening Inequalities Action Plan Implementation Report	Director of Public Health					M	
Childhood Immunisation Scheduling & Recording	Director of Public Health						✓
<b>For Information</b>							
Population Health Internal Audit Report						M	
Internal Controls Evaluation Report 2025/26						✓	
NHS Recovery & Performance Presentation						✓	
<b>Matters Arising</b>							
Update on Actions for Harm Prevention	Director of Health & Social Care			✓			
Waiting Well Initiative Update	Deputy Director of Planning & Transformation			✓			
Interim Report - Overheating Project	Director of Property & Asset Management			✓			
NHS as a Population Health Organisation: Developing a Prevention Focussed System	Director of Public Health					✓	
Frailty Initiatives and Future Planning	Director of Health & Social Care					M	
East Region Health Protection Service Update & Annual Report 2024/25	Director of Public Health						M

**ANNUAL STATEMENT OF ASSURANCE FOR  
NHS FIFE REMUNERATION COMMITTEE FOR 2025/26**

**1. Purpose**

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

**2. Membership**

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

Pat Kilpatrick	Chair / Chairperson of NHS Fife Board
Alistair Morris	Vice Chair & Non-Executive Board Member
Alastair Grant	Non-Executive Board Member (to 30 July 2025)
John Kemp	Non-Executive Board Member (to 30 September 2025)
Lynne Parsons	Employee Director
Colin Grieve	Non-Executive Board Member (from 30 September 2025)
Jo Bennett	Non-Executive Board Member (from 30 September 2025)

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

**3. Meetings**

- 3.1 The Committee met on four occasions during the financial year to 31 March 2026, on the undernoted dates:
  - 26 May 2025
  - 11 August 2025
  - 1 December 2025
  - 30 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.
- 4.2 The Remuneration Committee’s first meeting of the 2025/26 reporting year was in May 2025 where the Committee approved the Annual Statement of Assurance for the 2024/25

reporting period and took a significant level of assurance from the Board's Corporate Objectives for 2025/26, which were approved at the March 2025 meeting of the NHS Fife Board. The Committee considered and approved the performance management outcomes for the Executive and Senior Management (ESM) Cohort for 2024/25, including the provisional performance ratings for submission to the National Performance Management Committee (NPMC) by the 18 July 2025 deadline. Taking a significant level of assurance, the Committee considered and agreed (subject to the amendments discussed) the 2025/26 personal objectives for the Chief Executive. The commencing salary of the Director of Nursing (due to commence in post on 1 July 2025) was approved.

- 4.3 At the meeting in August 2025 the Committee considered and agreed (subject to the amendments discussed), the 2025/26 objectives for the ESM cohort. Proposals to realign Executive reporting lines to strengthen digital, governance, analytical and clinical oversight, supporting clearer accountability, streamlined Executive leadership, and improved Board-level assurance were approved. The proposal to update remuneration rates for GPs working within the Board's Medical Education Team was also agreed at this meeting.
- 4.4 At the meeting held in December 2025, the Committee noted that the NPMC Letter of Assurance confirming completion of the governance process in relation to appraisal outcomes for 2025/26 ESM Performance Management had not as yet been issued. Robust discussions took place on the 2025/26 Mid-Year Appraisal Reviews for the Executive cohort noting that this activity had been conducted in accordance with the Performance Management arrangements for Executive and Senior Management posts and recorded using the TURAS Appraisal programme. Recommendations of the Discretionary Points Committee in the matter of awarding Discretionary Points to Consultants in relation to 2024/25 performance were approved. The Committee formally endorsed the proposal to fill the Chief Executive vacancy, agreed the content of the Job Description subject to the amendments discussed and the commencement of the recruitment process for this post. The Committee also considered the proposed regrading of the Director of Communications & Engagement role, arising from significant changes in scope and executive alignment.
- 4.5 At the last meeting of the year in March 2026 the Committee discussed the Corporate Objectives for 2026/27, taking a limited level of assurance, acknowledging that this matter was scheduled for discussion as part of the Annual Delivery Plan at the Private Session of the NHS Fife Board on 31 March 2026.

The Committee discussed and endorsed the 2026/27 Committee Terms of Reference for further consideration by the NHS Fife Board in May 2026. The Annual Workplan for 2026/27 was discussed and agreed (subject to a minor amendment). The Committee noted receipt of the NPMC Letter of Assurance (issued on 17 February 2026) which confirmed completion of the governance process in relation to the 2024/25 ESM appraisal outcomes; that the NPMC was content with the Board's appraisal outcomes and that the Director of People & Culture has implemented the application of any relevant adjustments to pay for staff in the ESM cohort in accordance with the relevant Scottish Government circulars. The commencing salary of the incoming Chief Executive was approved. A proposal to appoint the Deputy Director of Planning and Performance as Interim Director of Planning and Transformation for a six-month period from 24 April 2026 was noted, and the payment of a temporary responsibility allowance for this duration agreed, to ensure continuity of cover and maintain Executive level accountability across critical planning, performance and transformation functions, following the resignation of the Director of Planning & Transformation.

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

4.7 At each meeting appropriate circulars and letters were presented and noted by the Committee.


**5. Self Assessment**

5.1 The Committee completed a self assessment of its own performance and effectiveness, utilising the questionnaire approved by the Board Secretary. Attendees were also invited to participate in the self assessment, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its meeting in March 2026, and action points are being taken forward.

**6. Conclusion**

6.1 As Chair of the Remuneration Committee during the financial year 2025/26, I am satisfied that the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.

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

Signed: 

Date: 25 May 2026

**Pat Kilpatrick, Committee Chair**  
On behalf of the Remuneration Committee

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

**NHS FIFE REMUNERATION COMMITTEE  
ATTENDANCE SCHEDULE 1 APRIL 2025 – 31 MARCH 2026**

	<b>26.05.25</b>	<b>11.08.25</b>	<b>01.12.25</b>	<b>30.03.26</b>
<b>Members</b>				
Pat Kilpatrick, Chair	✓	✓	✓	✓
Alistair Morris, Vice Chair & Non-Executive Board Member	x	✓	✓	x
Alastair Grant, Non-Executive Board Member	x			
John Kemp, Non-Executive Board Member	✓	✓		
Lynne Parsons, Employee Director	✓	✓	✓	x
Colin Grieve, Non-Executive Board Member	✓ (ad hoc attendance at the request of the Chair)		✓	✓
Jo Bennett, Non-Executive Board Member	✓ (ad hoc attendance at the request of the Chair)		✓	✓

**In Attendance**

David Miller, Director of People & Culture	✓	✓	✓	✓
Carol Potter, Chief Executive	✓	✓	✓	x

Agreed Level of Assurance	
<b>S</b>	Significant
<b>M</b>	Moderate
<b>L</b>	Limited
<b>N</b>	None

**REMUNERATION COMMITTEE  
LEVELS OF ASSURANCE MAPPED TO ANNUAL WORKPLAN 2025 / 2026**

	Lead	26.05.25	11.08.25	01.12.25	30.03.26
<b>Governance and Assurance</b>					
Annual Statement of Assurance	Director of People & Culture	M			
NHS Fife Corporate Objectives	Chief Executive	S			L (2026/27)
Corporate Calendar / Committee Dates	Director of People & Culture			✓	
Committee Self-Assessment Report	Board Secretary				M
Review of Committee Terms of Reference	Board Secretary				S
Annual Workplan	Director of People & Culture				S
<b>Pay and Performance Management</b>					
ESM Performance Management – End of Year Reviews (2024/25) (Executive and Senior Manager Cohort)	Chief Executive	S			
Performance Management – Setting Objectives (2025/26) ESM Executive Cohort	Chair/ Chief Executive	S <i>Chief Exec</i>	M <i>Directors</i>		
ESM Performance Management Outcomes 2024/25 – NPMC Confirmation	Director of People & Culture			Verbal (For Noting)	S
ESM Performance Management - Mid Year Appraisal Reviews 2025/26 Executive Cohort	Chief Executive			M	
Consultant Discretionary Awards - Outcomes	Director of People & Culture			S	
<b>Ad-Hoc Items:</b> these are items that are unscheduled, but the Committee will consider as and when appropriate					
Circulars and Directors Letters	Director of People & Culture	✓	✓	✓	✓
Job Description for the Executive Cohort – new or revised	Director of People & Culture	✓	✓	M	For Noting

	Lead	26.05.25	11.08.25	01.12.25	30.03.26
				<i>Director of Communications &amp; Engagement Regrading</i>  <b>S</b> <i>Chief Executive Recruitment</i>	<i>Director of Communications &amp; Engagement</i>
Terms and Conditions of Employment not under Ministerial direction	<b>Director of People &amp; Culture</b>	<b>S</b> <i>Director of Nursing Commencing Salary</i>	✓		<b>S</b> <i>Chief Executive Commencing Salary</i> <b>S</b> <i>Temporary Responsibility Allowance (Deputy Director of Planning &amp; Transformation)</i>
Executive Leadership & Portfolio Realignment	<b>Chief Executive</b>		<b>S</b>		
Medical Education: GP Remuneration Review & Proposal	<b>Director of People &amp; Culture</b>		<b>S</b>		

## 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**

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

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

**STAFF GOVERNANCE COMMITTEE  
ANNUAL WORKPLAN 2025/2026**

Agreed Level of Assurance	
<b>S</b>	Significant
<b>M</b>	Moderate
<b>L</b>	Limited
<b>N</b>	None

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
<b>Governance Matters</b>							
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 P DPR	M	M

	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
<b>Strategy / Planning</b>							
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			
<b>Strategy / Planning (Continued)</b>							
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	Presentatio n	M	Update provided via People & Culture Report	Verbal 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		

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

	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
<b>Quality / Performance</b>							
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
<b>Annual Reports / Other Reports</b>							
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					

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
<b>Linked Committee Minutes</b>							
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	✓					
<b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b>							
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			

	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	
<b>Session 1: Tuesday 1 July 2025 at 10.00 am to 11.30 am</b>	<b>Lead(s)</b>
<ul style="list-style-type: none"> <li>Risk Summary Dashboard Reporting Tool</li> </ul>	Alistair Graham, Director of Digital & Information
<ul style="list-style-type: none"> <li>Development of New Workforce Related Corporate Risks</li> </ul>	David Miller, Director of People & Culture Shirley-Anne Savage, Associate Director for Risk and Professional Standards
<b>Session 2: Tuesday 17 February 2026 at 2.00 pm to 3.30 pm</b>	<b>Lead(s)</b>
<ul style="list-style-type: none"> <li>Nursing &amp; Midwifery Workforce Deep Dive</li> </ul>	Nicola Robertson, Director of Nursing – Corporate Tanya Lonergan, Associate Director of Nursing
<ul style="list-style-type: none"> <li>Our Leadership Way</li> </ul>	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