

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2023/24

1. Purpose

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.
- 1.2 To assure the NHS Fife Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.
- 1.4 To oversee and evaluate staff governance activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the staff governance and related risk management aspects of transformative change programmes and new and innovative ways of working.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director (until October 2023) / Interim Co-Chair, Health & Social Care Partnership Local Partnership Forum (from November 2023)
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum (until October 2023)
Colin Grieve	Non-Executive Member
Janette Keenan	Director of Nursing
Kirstie Macdonald	Non-Executive Member & Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (until December 2023)
Lynne Parsons	Employee Director (from October 2023)
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2024, on the undernoted dates:

- Thursday 11 May 2023
- Thursday 13 July 2023
- Thursday 14 September 2023
- Friday 6 October 2023 (Development Session)
- Thursday 9 November 2023
- Thursday 11 January 2024
- Wednesday 6 March 2024

3.2 The attendance schedule is attached at Appendix 1.

4. **Business**

- 4.1 The Staff Governance Committee's first meeting of the 2023/24 reporting year took place in May 2023. To address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'), the Committee considered the biennial report on the Equal Pay Audit, which addresses the legislative requirement to publish data on the Board's pay gap, highlighting the percentage difference in the average basic hourly earnings between male and female employees. The report also contains the pay gap information for disabled employees and employees from a Diverse Ethnic background. The Committee took assurance from the data within the report, which highlighted an improved position for the gender and race pay gap, and noted the explanation regarding an increase in the disabled employees' pay gap (this largely due to the number of employees registering their protected characteristic and some in-band amendments to reduce the number of scale points within the Agenda for Change pay scale). In July 2023, supporting further information being made available to the Committee on this strand of the Standard, members received an update on the range of work underway to support Equality, Diversity and Human Rights. In early 2024, NHS Fife introduced its first full-time British Sign Language (BSL) Interpreter, who can support Deaf BSL users across all aspects of NHS Fife services, including primary and community care. This post has enabled NHS Fife to have a significant increase in the number of appointments with BSL interpretation support compared to previous years, and it also enables fewer delays in care and improved communication by continued support to individual patients from the same interpreter.
- 4.2 As part of the equality workstreams, the development of a Trans Policy is progressing and plans to reinvigorate the Diverse Ethnicity Network were discussed by members in July 2023, noting that learning from other Boards in relation to their successful operation of groups to support minorities in the workplace should be undertaken, to ensure that staff on the ground feel supported and have the opportunity to influence the organisation's policies and values in these areas. In January 2024, the results of a survey that aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination was considered by the Committee, including if (and how) staff record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network. Members considered the feedback within the survey, discussing what further work is required to support staff, particularly around communication to patients and their families around standards of expected behaviour with staff. A recognition that another tool than DATIX for recording of racist and discriminatory incidents would be beneficial was supported by the Committee, to make reporting unwanted behaviours as easy as possible. Members commended the plans to take forward the action points from the survey via the Equality & Human Rights Strategy Group and supported the planned activity with newly appointed international recruits to support their leadership development and assistance with adapting to the culture of their new country.
- 4.3 At its September 2023 meeting, members reviewed the updates on NHS Fife's Three-Year Workforce Plan 2022-25 and Fife Health & Social Care Partnership's Workforce Strategy

and Plan covering the same period. Both documents have been written with due acknowledgement of the current service pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plans. It was reported that updates to Scottish Government on the delivery of these plans were now being captured in the Board's Annual Delivery Plan submission. The Committee noted that the Board's Annual Internal Audit report for 2022/23, and also the Internal Control Evaluation report considered by members in January 2024, had both highlighted that it is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level, which itself appears optimistic in the current circumstances. Given the challenges faced across the Health & Social Care Sector, it was highlighted that further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled. The Committee therefore discussed proposals to strengthen the planning process locally, in addition to risk identification and mitigation, assisted by Scottish Government feedback on the original plan submission. Members noted the need for regular updates to the Committee on the delivery of the action plan, to address both the governmental feedback and the recommendations from Internal Audit. The potential benefits of a new workforce modelling tool were recognised at the Committee's March 2024 meeting. This combines current employment data with data from academic establishments, highlighting areas where the future supply of employees may be insufficient to meet predicted levels of demand. Trialling of the tool across a number of specific services thus far indicates it will be an extremely useful addition to the planning process, helping to prioritise recruitment and training activity to best effect. A Committee Development Session will be held in the new reporting year to support the fuller understanding of members of this initiative.

- 4.4 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. The Plan includes specific sections on workforce, including exploring sustainable actions aimed at addressing workforce shortages, with a separate section on the Board's workforce plan. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A performance report on the delivery of the various improvement actions was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery, noting that for Staff Governance's area of remit, these related to challenges with staff bank reconciliation, promoting employability priorities linked to the workforce ambitions within the Anchor strategy, and creating and nurturing a culture of person-centred care through the development and implementation of a leadership framework. The Committee noted that slower-than-anticipated progress in terms of Employability was impacted by staff shortages in this team and the Associate Director of Culture, Development & Wellbeing vacancy, which were due to be resolved in the near future.
- 4.5 Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. An Annual Report, to be produced in May 2024, will include a refreshed set of deliverables, reflecting organisational priorities and the commitments made within the Annual Delivery Plan. Since formal Board approval of the new Population Health & Wellbeing Strategy in March 2023, the Committee has had a role

in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within, and, going forward, will have a particular focus on Staff Governance related aspects of the delivery actions. The Committee commented favourably on the assurances provided by the mid-year report, offering commentary on the areas that could be strengthened in follow-up reporting, by the inclusion of additional metrics and contextual information.

- 4.6 A comprehensive Action Plan created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in January 2024. The Action Plan aligns to the commitments set out in the Board's three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey. Detail was given within on the services available to help support staff during this time of continuing high levels of activity on all services (including Mindfulness training, peer support and Values Based Reflective Practice[®] to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term. Members also welcomed the information given on the various offers of support available to staff and the positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.
- 4.7 In January 2024, the Committee received a detailed assurance report highlighting that the risk to staff and building users from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation are not in high footfall areas or are generally accessible, and will be subject to ongoing condition monitoring and inspection. Longer term, members noted that repair of these sites would form part of a Scottish Government programme of repair and maintenance. The Committee was able to take a robust level of assurance from the mitigating actions put in place to ensure any risks to staff working within the relevant buildings had been fully addressed.
- 4.8 An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2023 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation by April 2024. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the commitments outlined in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and enhanced systems, governance and risk management processes put in place before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board undertakes Guidance Chapter testing and Workload Tool runs. Further updates have been given to the Executive Directors' Group and the Fife NHS Board, to provide assurance that NHS Fife is undertaking all the appropriate readiness actions needed to support the roll-out of compliance activities.
- 4.9 The Board has implemented the National Whistleblowing Standards, which apply across all NHS Scotland Boards. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. Each NHS Board has a dedicated Whistleblowing Champion as a Board member, who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent

National Whistleblowing Officer. The Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Staff Governance Committee. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases. Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards.

- 4.10 Further enhancement to the format of quarterly Whistleblowing reports has taken place, in particular to detail lessons learned from cases, to evidence an open and learning culture. An action plan has been created to address a number of Internal Audit recommendations outlined in the Whistleblowing Internal Audit Report B18/23 (tabled to the Committee's July 2023 meeting), which indicated that there was a reasonable level of assurance able to be reported to the Board from work in this area. Delivery of the supporting action plan has been successfully completed in the reporting year, to help address the auditors' recommendations.
- 4.11 Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing firm assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. In September 2023, members were pleased to note the positive staff feedback in the iMatter survey, which indicated that around 80% of respondents felt able to raise any concerns internally. In November 2023, details on expanding the group of Confidential Contacts, plus enhancing the support available for them, was considered. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced, details on the uptake of which are contained in the reports to the Committee.
- 4.12 It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its November 2023 meeting, which included an assurance statement from the Whistleblowing Champion. One Whistleblowing concern was raised during 2022-23, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year via a refreshed approach that will seek to introduce separation of Whistleblowing governance and oversight from the Workforce directorate. Further details on this were provided in a briefing to the Committee at their March 2024 meeting.
- 4.13 The Board's Non-Executive Whistleblowing Champion, Kirstie Macdonald, has provided the following statement in support of the information above:

The Standards provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. Feedback from those involved in concerns and from Internal Audit have identified key areas for improvement, which have been acknowledged and agreed by the leadership team. This year more staff in NHS Fife have kindly agreed to act as Confidential Contacts. The Board is grateful to the commitment Confidential Contacts have made to supporting colleagues. Further work needs to be carried out at pace to implement recommendations and to ensure everyone knows how to raise concerns, that there are no barriers to speaking up for certain groups, and that nobody feels that they will suffer any form of detriment when Speaking Up. This is all the more important during this period of reform and transformation.

I am pleased to report that NHS Fife and Fife Council have carried out extensive work to ensure a robust shared process and reporting for concerns raised within the Health & Social Care Partnership.

Looking to the year 2024/25, important developments will include:

- Improved tracking of concerns and triangulation with Quality and Patient Safety;*
- Improved reporting to include feedback from anyone involved in any part of the concerns process;*
- Review of Governance arrangements to move Whistleblowing oversight away from the Workforce Directorate;*
- Renewed communication on all channels through which people can raise concerns and how people will be supported;*
- Increased support for Confidential Contacts; and*
- Launch of a new Whistleblowing Oversight Group.*

4.14 The Board held a dedicated discussion at its April 2023 Development Session on behaviours and values, which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the nationally-led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them. This campaign will be run again in this reporting year and learning from previous work will be incorporated to make the outreach to staff more robust.

4.15 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director, which are further discussed via the Remuneration Committee. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. For the Staff Governance Committee's areas of remit, particular objectives related to supporting the implementation of safe staffing legislation, developing a sustainability plan for the nursing and midwifery workforce, and creating a leadership programme to increase team performance. Each of the objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference

the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.

- 4.16 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered both the planning for and the results of the most recent iMatter staff survey in the reporting year. In September 2023, members welcomed the improved position evident from the survey part of the process (the action planning stage then ongoing at that point in the year). The Committee recognised that the NHS Fife response rate (of 66%) continues to be higher than the NHSScotland average of 59%. The employee engagement index for 2023 was 77, an increase of 2 points compared to 2022. The overall experience of working for NHS Fife was 7.0, up 0.2 from 2022. A report delivered to members in January 2024 reviewed the survey's findings in more detail. Members warmly welcomed the news that Fife's response rate and action plan engagement rate (67%) was the highest achieved across all of the 14 territorial Boards in Scotland, reflecting the large amount of preparatory work and ongoing engagement activity by the Workforce Development team. Further improvement actions are planned to support the transfer of team results into meaningful action plans, particularly around the administration of these, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented to the Committee in future.
- 4.17 In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process had recently been concluded, with notes of interest currently being assessed before the formal decision-making process was undertaken. The proposal was assessed by the Committee at its May 2023 meeting, noting the recommendation made regarding a preferred bidder. Members of the Committee, including staff-side colleagues, took assurance from the detailed engagement and communication with staff affected by the changes to the practices, particularly in relation to the Transfer of Undertakings Protection of Employment Regulations (TUPE).
- 4.18 In July 2023, the Committee considered the new Primary Care Strategy covering the period 2023 to 2026, noting its alignment to the Fife Health & Social Care Partnership's Strategic Plan and NHS Fife's Population Health & Wellbeing Strategy, particularly around addressing health inequalities and equitable access to services. Supported by a three-year delivery plan outlining actions to support recovery of and improve quality and sustainability of primary care services, members endorsed the plan for formal approval through the Fife Integration Joint Board.
- 4.19 In November 2023, the Committee was able to take assurance from their review of the Primary Care Improvement Plan update for 2023/24, which underpins the Board's delivery of the General Medical Services contract and is closely aligned to the ambitions of the Population Health & Wellbeing and Anchor strategies. Discussion focused on the planned commitment to progress new service delivery through the continued development of the Primary Care workforce as robust multidisciplinary teams and in support of GP Practice sustainability. Noting the general workforce challenges across Scotland, members were supportive of a focus on growth and development of staff, agreeing that opportunities for career progression will support with recruitment and retention of the Primary Care workforce and translate into sustainable delivery in the long-term.
- 4.20 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2023 meeting. The approval and introduction of the national

Supporting Work / Life Balance suite of policies was outlined. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement. The group also considers any new policies required and has commissioned some work to develop new local guidance on Grief in the Workplace, Agile Working and Exit Interviews.

- 4.21 At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory (this remaining above the national 4% standard throughout the year, ranging across the period from c.6.95% to 7.85%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage.
- 4.22 In May and July 2023, the Committee discussed an Attendance Management Update, outlining the various activities underway to help support staff stay healthy. Noting that supporting resources are limited, both the Director of Workforce and EDG have been considering how best to take forward plans and actions to address performance, recognising linkages to the Bank and Agency programme of work, the establishment gap and the number of vacancies, particularly within certain areas and specialities. In March 2024, plans aimed at improving absence trends for 2024/25 were scrutinised by members. These included the reestablishment of the Attendance Management Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice and promoting the Staff Health and Wellbeing offers. It was acknowledged that addressing performance in this area was a complex challenge that required all stakeholders to work together cohesively. Members look forward to having input to this work in the year ahead.
- 4.23 The Committee has been assigned additional performance metrics, following an overall review of the IPQR content in the last reporting year. Noting that not all workforce metrics lend themselves to routine performance reporting, it was agreed that three additional measures are to be monitored by the Committee. These are Personal Development Planning & Performance Review (PDP), core training compliance and data on the Workforce Establishment Gap. In November 2023, the number of vacancies was added to the report as an additional metric to track and this received initial scrutiny at the Committee's January 2024 meeting (members welcoming the reduction in vacancies across medicine job families). Further performance-related measures continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information Overview report (such as reasons for and destination of leavers from NHS Fife, to help support retention-related work).
- 4.24 In relation to PDP performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Stubbornly reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In July 2023, a detailed update on training compliance for the period as at May 2023 was reviewed by members. After noting a reduction in mandatory training completion levels over 2021/22, the

organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2024. The June 2023 position was 60%, with the prioritisation of resuscitation, manual handling, and fire safety training being undertaken as part of the improvement activity.

- 4.25 As reported to the Committee in November 2023, the end of October position saw a small improvement to 63%. As reported in March 2024, the January position had reduced to 56%, indicating that further significant work was required to meet the target. PDPR performance continues to similarly fluctuate across the year and is also some way off target (41% against the required 80%, at January 2024). Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst very high system pressures continue. The Committee will continue to keep these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area.
- 4.26 The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In July 2023, it was reported that further improvements to the format of the report were to be undertaken, to present the information in a more meaningful way. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.
- 4.27 Members considered the annual Staff Governance Monitoring Return draft submission for 2022/23 at the Committee's meetings in September and November 2023, the national template for which is constructed around the five Staff Governance Standard strands and seeks to gather information on staff experience and culture. Members were assured that close engagement has been undertaken with a variety of stakeholder groups and staff-side colleagues to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in December 2023. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 4 December 2023.
- 4.28 As part of its work in addressing across its agenda items, the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided with an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management for these items. In May 2023, members heard details of two pilot projects (within an inpatient ward area and a community team each within the wider Learning Disability Service) of the Health & Safety Executive's 'Talking Toolkit', which aims to alleviate workplace-related stress. Feedback indicated that the participants found this a helpful initiative and, as such, there were plans to make this available to other teams through an organisational roll-out. The Committee took assurance from the pilot work, noting the importance of creating dedicated space and time for staff to engage with programmes such as this, especially in pressured areas.
- 4.29 Updates such as this to the Committee have detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The

Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

- 4.30 The Committee has held one dedicated Development Session over the course of the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2023, the Committee received a presentation on the Health & Safety Executive's Talking Toolkit, outlining the pilot of a tool to help improve Mental Health and Stress in the workplace (as described further in paragraph 4.23). A second presentation was delivered at the same session on staff experience across NHS Fife and the Fife Health & Social Care Partnership, utilising the data from the recent iMatter survey. This has helped support the regular reporting on this workstream to members over the course of the year. Regrettably, the Committee Development Session scheduled for February 2024 was cancelled due to service pressures, but a schedule for 2024/24 are to be arranged to ensure these opportunities for members continue.
- 4.31 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing the breadth of activity undertaken by the service in support of staff health and wellbeing); (ii) Volunteering (outlining the work done within the team to support c.80 volunteers within clinical areas and settings); (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2022/23 and the priority actions underway by both staff-side groups. The Committee has also received a presentation on work underway supporting staff who also serve in the Armed Forces, offering members insight into the Board's efforts in administering the Armed Forces Covenant, in line with statutory obligations.
- 4.32 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2023, the Committee received the Annual Internal Audit report for 2022/23, with members noting the auditors' low-risk recommendations related to Staff Governance, these being including a statement from the Whistleblowing Champion in the Committee's year-end report and evidencing adequate coverage of the Staff Governance Standard throughout the Committee's yearly workplan. In relation to the latter, improvements have been made to the categorisation of agenda papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan, which is considered at each meeting. This signposting gives members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the respective strands of the Standard.
- 4.33 Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas of the NHS Scotland Staff Governance Standard gives assurance to the Board that the Committee's agendas are delivering on all aspects of its remit. A stand-alone paper evidencing the Committee's full coverage of addressing the Standard was considered by the Committee at year-end, in March 2024. This detailed the number of agenda items considered by members across the 2023/24 year that addressed each of the five strands of the Staff Governance Standard. Additionally, the regular review of delivery of business against the Committee's workplan ensures that the annual agenda is suitably robust in its coverage and items are promptly rescheduled should any slippage arise. The delivery of Committee Development Sessions is a further way to capture members' input into the

business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

- 4.34 Minutes of Staff Governance Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2023/24.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the areas of the Corporate Risk Register aligned to it for regular monitoring. These Corporate risks relate to Workforce Planning & Delivery and Staff Health & Wellbeing, and both of these have remained rated as 'High' over the course of the year, with each aiming for a target rating of 'Moderate'. Progress with appropriate mitigating actions were duly noted at each meeting. For Workforce Planning, the risk remains beyond appetite, reflecting the generally pressured situation across all NHS Boards, particularly in relation to high vacancy levels, recruitment challenges for registrants and within certain specialities, and an overreliance on Bank & Agency staffing. Local initiatives aimed at addressing these included a Rapid Recruitment event, further International Recruitment activity, preparation for the April 2024 implementation of the Health & Care Safe Staffing Act, and specific workforce actions aimed at the Nursing and Midwifery job families. In relation to Staff Health & Wellbeing, a focus on Promoting Attendance and working in close partnership with staff-side colleagues to further develop wellbeing opportunities, to support recruitment, development and retention of staff, are some of the mitigation actions underway. The Committee has requested further detail around the effectiveness and timescales for completion of these, noting that the risk profile for the Committee remains stubbornly outwith appetite and target.
- 6.2 In November 2023, the Committee agreed to proposals to include with the Corporate Risk Register a dedicated risk concerning the risk of non-compliance with the Health & Care Staffing Act, coming into force in April 2024, and reflecting the preparatory work required to meet the terms of the legislation. This was subsequently approved by the Board and added to the Committee's risk monitoring activity from the January 2024 meeting. In March 2024, amendments to the Workforce Planning and Delivery risk were proposed, to explicitly reflect the emergent potential impact of the non-pay elements of the Agenda for Change reform (i.e. reduction of the standard working week, protected learning time for staff and re-grading opportunities for Band 5 nursing staff).
- 6.3 In addition to the summary presentation of the aligned risks, members have received deep-dive information on individual aspects of the overall risk. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is

expected to continue to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. In May 2023, the Committee undertook a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. The Director of Workforce delivered a presentation, outlining the establishment of a Bank & Agency Programme Board, to work with services to deliver an improved model of operation and reduce spend in this area. The Programme Board also aims to deliver the Scottish Government's Supplementary Staffing Agency Controls directive, which removes the use of off-framework agencies from 1 June 2023. The complexity of the issue is recognised by the Committee, reflecting the need to ensure safe staffing levels remain in place, whilst vacancy challenges are also addressed.

A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The use of off-framework agencies has reduced significantly, though spend with framework agencies has increased to compensate. On a positive note, the bank has not increased in line with the reduction in off-framework agency use, which provides some indication of less reliance on supplementary staffing. The Committee discussed the need for rigour around requests for bank and agency staff, complemented by realistic plans for appropriate staffing to allow delivery of services. The reduction on locum doctors was welcomed, noting the conversion of some of the Junior doctor locums into Gateway doctor posts, which has resulted in significant savings in that area. The Committee recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. This was the conclusion of the report tabled to the Committee's March 2024 meeting, with members noting that the initiatives that were continuing at pace in this area offered a degree of confidence in the work realising its planned impact, as the programme transitioned into 2024/2025

- 6.4 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved without use of supplementary staff, which is a position similar to many other territorial boards across Scotland. The deep-dive exercises undertaken by the Committee is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. As a result of these pressures, the Committee is only in a position to provide a reasonable level of assurance to the Board that that all actions within the control of the organisation are being taken to mitigate the risks highlighted to Committee members throughout the year, as far as it is possible to do so.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2023/24 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see periods of exceptional demand. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff to deliver the best quality of care despite ongoing pressures.



Signed:

Date: 14 May 2024

Sinead Braiden, Staff Governance Chair for 2023-24

On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2023 – 31 MARCH 2024**

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
S Braiden , Non-Executive Member (Chair)	✓	✓	✓	✓	x	✓
W Brown , Employee Director	✓	✓	x			
W Brown , Interim Co-Chair, H&SCP Local Partnership Forum				✓	✓	x
S Fevre , Co-Chair, H&SCP Local Partnership Forum	✓	✓	x			
C Grieve , Non-Executive Member	✓	✓	✓	✓	✓	✓
K Macdonald , Non-Executive Member	✓	✓	✓	✓	✓	x
M Mahmood , Non-Executive Member	x	x	x	✓		
J Kennan , Director of Nursing	✓	✓	x	x	✓	✓
L Parsons , Employee Director				✓	✓	✓
C Potter , Chief Executive	✓	x	✓	✓	✓	✓
A Verrecchia , Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	✓	x	✓	✓
In attendance						
L Barker , Associate Director of Nursing				✓		
I Bumba , Equality & Human Rights Lead					✓ Item 5.4	
N Connor , Director of Health & Social Care	x	x	✓	x	✓	✓
L Cooper , Head of Primary & Preventative Care Services	✓ Deputising	✓ Deputising				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
S Fraser , Associate Director of Planning & Performance		✓ Item 6.1	✓	✓	✓ Item 6.1	
L Garvey , Head of Community Care Services				✓ Deputising		
J Jones , Associate Director of Culture, Development & Wellbeing						✓
R Lawrence , Principal Lead for Organisational Development & Culture, Health & Social Care Partnership			✓ Item 6.2			
J Lyall , Chief Internal Auditor					✓ Item 9.2	
P Kilpatrick , Board Chair						✓ Observing
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
N McCormick , Director of Property & Asset Management	✓	✓			✓ Item 7.1	

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
M McGurk , Director of Finance & Strategy and Deputy Chief Executive	✓	✓	x	✓	x	x
B McKenna , Workforce Planning, Workforce Systems and Data Intelligence Lead	✓ Item 7.2					✓ Item 5.7
C McKenna , Medical Director					✓	
M McKinley , Senior Practitioner Advanced Practice and NHS Fife Armed Forces & Veterans Champion						✓ Item 5.9
M Michie , Deputy Director of Finance						✓ Deputising
J Millen , Workforce Development Officer		✓ Item 7.4	✓ Item 7.2		✓ Item 10.2	
D Miller , Director of Workforce (Exec. Lead)	✓	✓	✓	✓	✓	✓
L Parsons , Health & Social Care Local Partnership Forum (LPF) Representative			✓ Deputising			
S Raynor , Head of Workforce Resourcing and Relations	x	✓	✓	✓	✓	✓
K Reith , Deputy Director of Workforce	✓	x	✓			
R Waugh , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

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

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

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

GOVERNANCE AND ACCOUNTABILITY

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

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

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

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

USE OF RESOURCES

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

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

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

APPENDIX 2

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

PERFORMANCE MANAGEMENT

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

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

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