

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

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 2024, membership of the Clinical Governance Committee comprised: -

Arlene Wood	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Simon Fevre	Area Partnership Forum Representative (to September 2023)
Colin Grieve	Non-Executive Member
Anne Haston	Non-Executive Member
Janette Keenan	Director of Nursing
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion
Dr Christopher McKenna	Medical Director
Liam Mackie	Area Partnership Forum Representative (from February 2023)
Lynne Parsons	Area Partnership Forum Representative (from November 2023 to January 2023)
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 Finance & Strategy, Director of Health & Social Care, Director of Pharmacy & Medicines, Deputy Medical Director (Acute Services Division), Deputy Medical Director (Fife Health & Social Care Partnership), Associate Director of Digital & Information, Associate Director of Quality & Clinical Governance, Associate Director of Risk & Professional Standards 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 ten occasions during the financial year to 31 March 2024, on the undernoted dates:
- Wednesday 12 April 2023 (Development Session)
 - Friday 5 May 2023
 - Friday 7 July 2023
 - Friday 8 September 2023
 - Wednesday 18 October 2023 (Development Session)
 - Monday 23 October 2023 (Development Session)

- Friday 3 November 2023
- Friday 12 January 2024
- Friday 1 March 2024
- Tuesday 12 March 2024 (Development Session)

3.2 The meeting attendance schedule is attached at Appendix 1.

4. **Business**

4.1 The Clinical Governance Committee's first meeting of the 2023/24 reporting year took place in April 2023, in the form of a dedicated Development Session for members, with the topics of Addiction Services and Medical Education being covered in depth by the operational teams in attendance. This was the first of a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. Two further Development Sessions were held in October 2023, the first exploring the strategic and educational possibilities from strengthening the relationship between NHS Fife and the University of St Andrews, and the second taking the form of a deep dive into the Optimal Clinical Outcome risk that is monitored by the Committee. In March 2024, the topic for discussion at the Committee's last Development Session of the year was the Care Assurance programme, building upon a presentation given to the Committee's May 2023 meeting on Excellence in Care. Each of these sessions picked up on common themes or areas covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.2 In May 2023, the Committee held its first scheduled meeting of the year, reviewing the annual reports from each of the Clinical Governance Committee sub-groups, to gain assurance that each body had delivered on its delegated business, and approving the Committee's own assurance statement to the Board for 2022/23. The assurance statement for the Clinical Governance Oversight Group was considered at the Committee's July meeting, noting both the range of activities of the group and the intention to bring the timing of this into line with the other annual assurance statements presented in the 2023/24 reporting year. The Clinical Governance Oversight Group, from November 2023, has begun bringing a regular assurance summary to the Committee on the conclusion of each of its meetings, to give confidence that the group is fulfilling its remit, scrutinising in depth proposals and reports prior to their consideration at the Board-level Committee, and dealing with emerging issues as appropriate. In January 2024, it was agreed with members to strengthen this report, to provide detail on improved assurances around actions instigated by the Group, planned improvements therefrom, and timescales for completion. In March 2024, consideration was given to the increase in the number of adverse events within the Emergency Care Directorate, noting this could possibly be attributed to winter pressures and the general busy nature of the service, which was being closely monitored by the local Acute Services Clinical Governance Committee and the Oversight Group. The Committee can, however, take assurance from the scrutiny being undertaken of each incident via the established Adverse Events review process, which will seek to identify any areas of learning.

4.3 During the year, the Committee has received a number of updates concerning the clinical workforce and initiatives underway to enhance recruitment and role development opportunities for staff, thereby ensuring NHS Fife remains able to deliver safe and high quality treatment to the Kingdom's patients whilst minimising unfilled staff vacancies. In May 2023, the development of Advanced Practitioner roles was discussed, with members noting the requirement for protected non-clinical time being set aside for staff to progress their skills and

knowledge and for adequate clinical supervision to be in place. The Four Pillars of Advanced Practice initiative within Pharmacy was warmly commended. At the same meeting, a report on the role of Assistant Practitioners was delivered, noting the positive interest from staff in taking on the training opportunities afforded by this initiative and the benefit for particular clinical areas of the increased skill-set of staff. Members were assured that the clinical-governance related aspects of these two workstreams had been fully addressed, noting that the enhanced training of staff supports the delivery of high-quality, person-centred care alongside registrant staff, whilst in the long term helping with addressing the sustainability of the nursing workforce.

- 4.4 At their meeting held in January 2024, the new Medical Appraisal and Revalidation Framework covering the period 2024 to 2027 was considered by the Committee. The Framework details the plans to deliver high-level appraisal annually to permanently employed staff, helping support the re-validation process for doctors, and the Committee's report outlined the training for appraisers, the number of which remained challenging to increase, particularly in secondary care. Via the implementation of the Framework, the Committee was able to take assurance that processes were in place to ensure doctors remained professionally up-to-date on skills and were fit to practise medicine, supporting the Board's delivery of high quality and safe patient care. The importance of the Board being active in the fields of medical research and innovation was considered at the Committee's January and March 2024 meetings, not least because of the attractiveness this makes Fife as a place to work for medical consultants and staff. Members commended the important work done via the Research, Innovation & Knowledge service, detailed both within their Annual Report and Strategy Progress Update and Review document. Members also warmly welcomed the news of agreement of a formal partnership with the University of St Andrews to help deliver the new ScotCOM medical degree, which cements our existing links and helps support NHS Fife in its own ambitions to become a formal teaching Board. The Medical Education Annual Report, tabled to the March 2024 Committee, detailed the current arrangements in place to support medical students and doctors-in-training, noting the positive feedback received from hosted undergraduate students and a more mixed assessment from those undertaking postgraduate studies, with local action plans in address to address any common system issues from the latter. The establishment of a new Professional Standards Oversight Group will help drive forward in a co-ordinated manner work to improve the student experience within Fife.
- 4.5 In July 2023, the Committee took assurance from contingency plans then in place to manage the planned Junior Doctors' industrial action, scheduled for later that month (this did not subsequently go ahead). In September 2023, members received a briefing on the circumstances behind the simultaneous breakdown of two CT scanners at the Victoria Hospital in Kirkcaldy, which impacted for a short period upon patient care and resulted in mutual aid being sought from neighbouring health boards for the most urgent diagnostics. The Committee took assurance from the measures put in place to address the background cause, to avoid a repeat occurrence, and the business continuity plans within Radiology and Acute Services that were swiftly implemented to allow recovery of services. A further update to members in November 2023 gave further assurance that the supplier of the CT scanners had put in place robust mitigating actions to prevent a repeat of this incident, including improvements around communications, fault diagnosis, and availability of engineers and replacement parts.
- 4.6 In support of the dedicated Cancer Framework launched last year, a review of progress against the Year 2 delivery plan was considered at the November 2023 Committee meeting, for assurance on the effectiveness of actions and milestone targets. Enhancements to subsequent reporting was agreed, to ensure that more detail on the underlying work to achieve the ambitions of the plan was included. At the same November 2023 meeting, the Committee received a briefing on the alignment of NHS Fife's existing Cancer Framework with the National Cancer Strategy for Scotland 2023-33 and the Scottish Cancer Action Plan 2023-26. Members noted that the ambitions and priorities are broadly similar, with no specific gaps when

measured against our existing Framework. It was highlighted that the possibilities of improving care via genomic advancements were adequately covered by the local Framework's ambitions to utilise new and emerging technologies. Further details around workforce numbers and achievement dates, however, was required to address the National Delivery Plan, and this will be taken account of in future updates to the Committee.

- 4.7 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. 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. 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. Following 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. The linkages between reporting progress against the Board's organisational strategy and the Annual Delivery Plan was highlighted, to avoid duplication of effort.
- 4.8 As part of the organisational strategy development, a Clinical Governance Strategic Framework and Delivery Plan was approved in January 2023, which is fundamental to the Board's aim to be an organisation that listens, learns and improves on a continuous basis. The Framework outlines the key clinical governance activities linked to the attainment of the Board's strategic ambitions and the enablers put in place to ensure effective delivery. The supporting governance structures underneath the Clinical Governance Committee, to ensure operationally effective scrutiny of performance with meaningful measures in place to assess quality and safety of services, is detailed fully in the new Framework, and the Committee has had input to ensure that routes of escalation to itself as the key governance body are clear and unambiguous. In July 2023, the Delivery Plan for 2023/24 activities in support of implementation of the Framework was reviewed by the Committee, detailing the timings of each strand of work. The Clinical Governance Oversight Group has supported the regular review and scrutiny of these actions, supported by mid- and year-end reporting to the Clinical Governance Committee. In November 2023, the mid-year report detailed the two successful workshops held on the topics of deteriorating patients and realistic medicine, and outlined a number of activities held to address the implementation of the Framework.
- 4.9 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. 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. 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. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

- 4.10 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints responses and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). A dedicated report on Healthcare Associated Infection (HAIs) is also provided on a quarterly basis, to give assurance around the effectiveness of infection prevention, control and surveillance. Following a Board-wide review of the IPQR, reflecting the establishment of the Public Health & Wellbeing Committee and a stand-alone IPRQ review, a set of performance-related metrics specific to the Committee has been refined, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes.
- 4.11 In addition to the IPQR, a number of stand-alone updates on areas of operational performance have been given to the Committee, to provide further context to the cyclical data given in the regular performance reporting. In May 2023, the Committee reviewed a report on the Unscheduled Care Programme, including details on the enhancement to the Flow & Navigation Centre, Redesign of Urgent Care programme and other initiatives to manage demand at the front door and to meet the four-hour access target. Providing detail on initiatives in place since the launch of the Urgent & Unscheduled Care Collaborative in June 2022, the Committee noted the commitment and coordination across NHS Fife and Fife Health & Social Care Partnership to continue progress and delivery of the programme in line with both local and national strategic objectives. Despite an extremely challenging 2022-23 Winter period, the Committee was able to take a strong level of assurance from the range of actions underway to help manage demand and increase performance, whilst delivering high-quality care.
- 4.12 In September 2023, the Committee undertook a deep dive into performance on pressure ulcers, particularly the quality improvement initiatives underway to prevent and reduce instances, both in the Acute and also the community settings. Members were able to take robust assurance from the performance improvements and the multitude of workstreams underway to help drive forward further reductions in this avoidable harm to patients. A further update was given in January 2024, via the IPQR, it was noted that the position as regards to performance had improved and, in March 2024, further detail on pressure ulcer grading was added to the IPQR data, to improve understanding. A deep dive into In-Patient falls was delivered in November 2023, focused on the local work underway to publicise the Falls Toolkit and share prevention measures and learning across a wide range of clinical areas. In September 2023, members received a detailed update on the Deteriorating Patient Improvement Project, which aims to address an increase since 2020 in the number of patients experiencing cardiac arrest (which is one of the measures used to track deteriorating patients). The project brief detailed the work underway locally to enhance the observation of patients, linkages to realistic medicine and conversations with patients about their end-of-life care, and alignment with the recommendations of the Scottish Patient Safety Programme. Members welcomed this important piece of work and look forward to updates on the project being provided to future meetings.
- 4.13 During the pandemic, and in the recovery period following thereon, strategic decisions were made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision were risk assessed and the Committee has recognised that some patients were affected by these decisions. In particular, a backlog in treatment and delays for patients in accessing diagnostic tests and care continues to be felt by patients within the Board area. In July 2023, the Committee considered the deep dive report on the corporate risk linked to Access to Outpatient, Diagnostic and Treatment Services, which had been considered in depth by the Finance, Performance & Resources Committee in March

2023. Members took assurance from the mitigation actions in place to manage the risk, noting the majority were on track to deliver. Ongoing monitoring was underway through the Planned Care Programme Board. In March 2024, in Private Session, members considered a report detailing known instances of Hospital Acquired Covid Infection during the height of the pandemic, from March 2020 to June 2022. The Committee noted the steep learning curve experienced during that time, across Health Boards in the UK, as services faced challenges never experienced in the lifetime of the NHS. Noting the data for Fife (which was not out-of-step for Scotland as a whole), the Committee reflected on the whole-system learning from that period and the importance of taking that into future pandemic preparedness planning. Both the UK and Scottish Covid Inquiries are likely to make recommendations in this regard in due course, which the Board will aim to implement in full, to ensure both patient and staff safety.

- 4.14 Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting that the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have increased continue to influence recovery performance. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback, including further levels of details to indicate where complaints are in the process and thereby what stages are proving most complex to deliver against timescale. Operational pressures on clinical staff continue to impact heavily on the investigation and sign-off of individual complaint responses. In May 2023, the Committee heard detail on the introduction of a Complaints Escalation Standard Operating Procedure, to support the achievement of agreed national timescales. A complexity scoring matrix for complaints has also been trialled, to triage submissions and ensure that patients are given realistic information on likely response times. An update of the effectiveness of this was given in July and November 2023 and in January 2024, noting that performance had improved to the best level seen for the past two years. The report in September 2023 gave helpful information on learning from complaints and the complaints process experience from patients, including also feedback received via Care Opinion, with members taking helpful assurance from the high number of positive patient experiences detailed via the portal.
- 4.15 The patient voice has been captured in regular presentation to the Committee of patient stories, allowing members to reflect on individual patient experience as part of the Committee's overall schedule of business. In November 2023, members heard the details of an incident in which an inpatient suffered a fall, which impacted greatly on their overall clinical outcome, and the learning from this. At the following meeting, in January 2024, members considered the complexities of the cancer care journey and the impact on individuals receiving treatment, noting also the emotional effects on staff and the support in place to help counter that. In March 2024, the Committee heard about the learning from processes in place to support the recently bereaved. Each of these stories have highlighted examples of good practice or helped identify areas where we need to improve the quality of services and transform patient and carer experience, through listening and learning from the patient voice.
- 4.16 In relation to the Organisational Duty of Candour 2022/23 report, there were similar delays to its publication as had occurred the previous year (related to the pandemic impacting upon timeliness of completion of the adverse events process). This has previously been highlighted by Internal Audit as being an unsatisfactory position. The final report, outlining the Board's compliance with the relevant legislation and detailing the number of cases that had triggered Duty of Candour processes for the period ending March 2023, was tabled to the Committee at its March 2024 meeting, prior to its formal approval by the Board at their meeting on 26 March 2024. There were 33 adverse events detailed within the report, with the most common outcome (for 24 patients) being an increase in their treatment. It has been agreed that Boards should seek to report on Duty of Candour each January, capturing the data from the previous financial year. In addition to the historic data, the Committee heard that currently for 2023/24

there are 8 confirmed adverse events (including 3 falls, 1 case each for paediatrics, patient records, personal accident, surgical complication and tissue viability), with 8 outcomes recorded (4 being an increase in treatment). It has again been agreed that the full report for 2023/24 should be presented to the Committee and Board in January 2025. Noting the intention to bring the report in a timelier manner in the current reporting year, the Committee took assurance from the learning processes in place to reflect on each adverse event and endorsed the intention to create an Organisational Learning Framework to strengthen the governance around this.

- 4.17 The Committee receives detailed reports and action plans arising from any regulatory inspection or external investigation, to ensure that learning takes place. A report on the Board's response to a recent Fatal Accident Inquiry was considered by the Committee in May 2023, relating to the discharge of a patient to a care home, who sadly died thereafter. It was recognised that a response to a complaint from the patient's family and an internal adverse event review had earlier taken place and a number of actions were recommended from that process, with assurance given that these were being completed. The Inquiry itself made no recommendations, and the Committee took assurance that the Board had formally responded to the publication of the Inquiry's findings. In July 2023, a separate report into the circumstances surrounding the rapid deterioration of a patient after surgery, and the missed opportunities to take action to prevent the patient's further decline and subsequent death, was considered by the Committee, particularly with regard to operational learning from this tragic event. Noting that a dedicated action plan to address the Sheriff's findings has been created and is overseen by the Acute Services Clinical Governance Committee, the Committee took assurance that the lessons learned would be disseminated and applied across a wide range of clinical teams.
- 4.18 The [report](#) of an unannounced Healthcare Improvement Scotland (HIS) inspection of Mental Health Services at Queen Margaret and Whyteman's Brae hospitals, focused on infection prevention and control, was considered by the Committee at its July 2023 meeting. Members took assurance from the positive feedback on the good practice identified therein and the robust action plan to address any outstanding requirements, detailing improvement actions necessary. Members were also pleased to note the positive feedback from the Mental Welfare Commission visit to Queen Margaret in September 2023, noting the impact of staff efforts to improve the environment for patients, as detailed within their [report](#).
- 4.19 A Safe Delivery of Care Inspection was undertaken by HIS in the Victoria Hospital between 31 July and 2 August 2023. At their September 2023 meeting, the Committee considered the issues raised by the inspectors in their [report](#), particularly in relation to concerns around adequate estate environment and backlog maintenance in Ward 5, resulting in the decant of services and the priority refurbishment of the ward area. The Committee's consideration of the issue was also informed by a site visit to the ward by a number of the Board's Non-Executive members. The Committee took assurance from the remedial work underway to address the areas of risk highlighted in the inspection, noting, however, some concern that internal controls had not operated to the required levels of efficiency to pick up the various estate-related issues outwith the inspection process. It was noted that the inspection had also highlighted issues about the oversight, communication and escalation processes in relation to the condition of the environment. An update on progress in meeting the action plan created to address the inspector's findings was considered at the Committee's March 2024 meeting, with members taking assurance from the fact that the action plan had been fully accepted by HIS and the remedial refurbishment works to Ward 5 were on track for completion in March.
- 4.20 The Committee considers new and emergent issues at each meeting, seeking assurance around any actions underway to mitigate risks and to ensure patient and staff safety. In January 2024, the Committee received a detailed assurance report highlighting that the risk to

patients, staff and visitors 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. At the same meeting, members received information on the presence of radon (in excess of Health & Safety Executive limits) at Kinghorn Medical Practice, noting the measures put in place to protect staff and to address the concern. Members took assurance from the fact that routine monitoring identified the issue, that staff felt comfortable raising any safety concerns and that the issue was swiftly addressed and alternative spaces made available to staff to work from.

- 4.21 After initial consideration by the Board's Audit & Risk Committee, the Committee considered the findings of the annual Internal Audit report, with particular reference to the section on Clinical Governance matters. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care and management of risk. A recommendation within the report concerning enhanced reporting on the Digital & Information 2019-24 Strategy implementation has been completed during the year's business, with updates provided in July 2023 and November 2023, providing information on progress and also those aspects of the original strategy that will not meet the 2024 delivery deadline. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including Clinical Governance, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. Assurance was provided that all previous internal audit recommendations related to clinical governance have been implemented, and members noted the potential for disclosures around an Information Security event and regulatory inspection recommendation previously disclosed to the Committee.
- 4.22 In relation to national strategies, the Committee has considered, in May 2023, a briefing on the Public Protection, Accountability & Assurance Framework, which aims to ensure greater consistency in what children, adults at risk of harm, and families can expect in terms of support and protection from health services in all parts of Scotland. Public protection requires effective joint working between statutory and non-statutory agencies, as well as with staff with different roles and expertise, and the Committee was able to take a strong level of assurance from the work underway in Fife to assess our current compliance with the best practice guidance and identify and address any gaps. Also in May 2023, the Committee considered a report on Medical Devices, reflecting the national guidance that widened the definition of medical devices to include a broad range of instruments, apparatus, appliances, software, materials and other articles used in the process of delivering healthcare. A clinically-led Medical Devices Group has been established, to support the national changes and to implement the related Scan for Safety programme in Fife, and the Committee were pleased to approve the Terms of Reference for the new group and to take assurance from the process being followed. In September 2023, members took assurance from the local measures and governance groups put in place to implement the Scottish Healthcare Associated Infection Strategy for 2023-25 and the Infection Protection Workforce Strategic Plan, each supporting the reduction of healthcare associated infections and supporting the quality and safety of patient care.
- 4.23 Triangulating the various sources of performance and quality data is a large part of the Committee's business, and a summary of the organisational processes in place for this was given in a letter submitted to the Cabinet Secretary in response to the findings of the Countess of Chester Hospital Inquiry, in November 2023. The Committee noted that the Board was able to provide appropriate assurance that NHS Fife has robust systems in place for the early

detection, investigation and response to patient and staff safety concerns, and that learning from national inquiries is taken forward locally within the Board. Members also heard at the same meeting the outcome of the recent Chief Medical Officer review into Transvaginal Mesh Case Records, noting the significant learning for clinicians and Boards around the recording of treatment in patient records, the offering of options in treatment pathways, and the need for clear processes around informed consent. Members were pleased to note that Medical Leadership teams across both Acute and the Health & Social Care Partnership would be determining what actions were necessary to take forward the various recommendations through the clinical pathways.

- 4.24 An improvement-focused review of Medicines Safety in Fife was considered by the Committee in November 2023. The report highlighted a number of aspects of the medicines safety programme work, in addition to detailing the robust governance around medicines with Fife. The work of the newly formed Medicine Response Group was highlighted, which is disseminating its work and sharing learning through the release of a regular Medicines Bulletin. Linkages between the policy work, incident reporting and existing programmes such as the High-Risk Pain Medicines Programme was also detailed. Members welcomed the comprehensive action plan to be delivered over the following twelve months and were assured by the various workstreams in place to enhance practice in this area.
- 4.25 In March 2024, the Committee discussed the Board's activities in support of the Scottish Government's Value-Based Health & Care Action Plan, which aligns with NHS Fife's existing work around realistic medicine (which was itself the subject of a Board Development Session in December 2023). Members heard details of a recent, well-attended workshop and a dedicated workplan developed to implement the Chief Medical Officer's recommendations, with future work looking at variations and benchmarking between Boards, identifying future opportunities for focus.
- 4.26 Annual reports were received on the subjects of: Adult Support & Protection; Radiation Protection; the work of the Clinical Advisory Panel; the Director of Public Health Annual Report 2023; Fife Child Protection; Allied Health Professionals' Assurance Framework; Occupational Health & Wellbeing Service; High Risk Pain Medicines Patient Safety Programme; Medical Education; Medical Appraisal & Revalidation; Participation & Engagement; Infection Prevention & Control; Management of Controlled Drugs; Volunteering; Hospital Standardised Mortality Ratio; Research & Development Progress Report & Strategy Review; and the Research, Innovation & Knowledge Annual Review.
- 4.27 The Committee has received minutes and assurance reports from its core sub-groups, namely the Clinical Governance Oversight Group, Digital & Information Board, Health & Safety Sub-Committee, the Information Governance & Security Steering Group and Resilience Forum, detailing their business during the reporting year. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2024 meeting. An additional annual assurance statement has also been submitted from the Clinical Governance Oversight Group, outlining the range of activities being taken forward by the group, in support of the clinical effectiveness agenda and building on its regular assurance reports to each of the Committee's bi-monthly meetings.
- 4.28 In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group reports an improved position with regards to attendance at, and engagement with, the local Health & Safety groups within Acute/Corporate and the Partnership. Business considered during the year included the actions taken to address the recent HIS inspection (referenced in clause 4.19), particularly around the processes for ensuring reactive and routine maintenance

is completed. Other aspects of the Sub-Committee's work, such as the review of RAAC within the NHS Fife estate and mitigation actions to address higher than permitted radon levels (see clause 4.20 above), have each been reported on separately to the Clinical Governance Committee via stand-alone briefings. Further detail has also been provided on the Sub-Committee's work around manual handling training and safe use of sharps, as detailed further in their annual report. There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife. Noting the detail of the Health & Safety Sub-Committee's activities, the Clinical Governance Committee can take broad assurance from the work undertaken on its behalf during the reporting year.

- 4.29 The Digital & Information (D&I) Board has continued to develop the governance, process and controls necessary to assure the organisation about the progress of the Digital & Information Strategy 2019-2024, which is now in its last year of delivery. Linkages between this and the Population Health & Wellbeing Strategy and the Health Board's Annual Delivery Plan has also been considered. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities across the year, as considered by the Committee at its May 2024 meeting. During 2023/24, 11 D&I risks improved their rating, three reached their target risk rating and moved to a status of monitoring, and seven risks were closed. In relation to other workstreams considered by the Group, members were updated and took assurance from the progress and penetration testing in relation to the Cyber Security Action Plan associated with the improved outcomes from the Cyber Resilience Framework audit, taking assurance from the compliance score of 87%, an increase of 11% on the previous year. A new baseline had been introduced due to the increased number of controls, with a revised baseline for the Cyber Resilience Compliance of 77%. Any moderate incidents that had an adverse effect on system availability and the potential for impact to patient care, if business continuity plans were unable to sustain services, have been considered by the D&I Board, with linkage in reporting also to the Resilience Forum. The D&I Board has also had a role in scrutinising two key projects, Hospital Electronic Prescribing and Medicines Administration and the rapid development of the Laboratory Information Management System (LIMS), which have both progressed during the year. Work has also been undertaken around assessing the organisation's Digital Maturity, the findings of which have been built into overall programme planning. No significant issues have been escalated for disclosure in the Governance Statement and the Clinical Governance Committee can take broad assurance from the work undertaken by the Digital & Information Board over 2023/24.
- 4.30 Members noted a separate update on the implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA), via a standalone report to the Committee's private September 2023 meeting. Contractual negotiations have been lengthy and required significant input from the Central Legal Office, but have proceeded to a successful conclusion, with the contract being signed in December 2023. The Committee has also received assurance that the positive clinical impact and transformational benefits of the introduction of HEPMA remain undiminished, despite the longer lead-in time to implementation and delivery. An update to members in March 2024 focused on the clinical governance aspects of the workstream and gave assurance that this met best practice, including allowing clinical judgement to be part of the prioritisation process for any issues that might occur. The clinical portal is being worked through and testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described and it was reported that roll-out of the programme will commence, in a staged approach, in 2025.
- 4.31 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2023 and March 2024) detailing the current baseline of performance and controls within the remit of Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is

necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. A new reporting mechanism has been adopted, modelled on the IPQR, which combines reporting from the Information Commissioner's Office Accountability Framework and the Scottish Public Sector Cyber Resilience Framework, and Key Performance Indicators to cover the range of the Group's remit, as aligned to the ten categories detailed with the frameworks, are close to finalisation. As such, at March 2024, a reasonable level of assurance was being reported from the Group. Across the year, the Group have adopted a set of performance measures and a defined workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Key measures reviewed throughout the year included: monthly Subject Access Request data; point-in-time Information Asset Register figures; Information Governance training compliance tracked through the year; monthly Freedom of Information request compliance performance; current policy and procedure review information; Cyber Resilience Framework compliance at the time of audit; monthly event reporting; and summary information on reportable incidents to either the Information Commissioner's Office (ICO) or Competent Authority.

- 4.32 Throughout the year, the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Visualisation of the risk profile, which averaged 28 in number over the year, supported the critique and assurance the Group were able to offer. During the period, the Group noted that 13 risks improved their rating, one risk deteriorated during the period, five equalled their target risk rating and moved to a status of monitoring, and seven risks were closed during the year.
- 4.33 During 2023/24, 12 incidents were reported to the ICO, a reduction of two from the 14 incidents reported the previous year. Of the 12 incidents, ten (83%) of these were reported within the 72-hour requirement. One incident, which occurred in February 2023, was considered to be significant and resulted in NHS Fife receiving a formal reprimand from the ICO. This concerned an unauthorised person gaining access to a ward at St Andrews Community Hospital. Due to a lack of identification checks and formal processes, the non-staff member was handed a document containing the personal information of 14 people and assisted with administering care to one patient. The data was taken off site by the person and has not been recovered. The incident has been subject to a Significant Adverse Event Review that was undertaken between 7 August 2023 and 21 September 2023. The ICO has requested they receive a progress update on the Board's action plan created to address the incident, which is due on 6 June 2024. Given the significance of this incident, and the complexity of issues identified that contributed to the event's occurrence, the Group believe this issue warrants disclosure in NHS Fife Board's Governance Statement, which the Clinical Governance Committee supports.
- 4.34 To support reporting around resilience and emergency planning, the Committee has received a mid-year and annual assurance statement from the Resilience Forum, to provide members with greater detail around the further development of business continuity planning within NHS Fife. Also submitted to the Committee, in November 2023, was a new Incident Management Framework approved by the Executive Directors' Group, which, now it is established, is moving into the testing and training phase. The Resilience Forum's annual statement concludes that a moderate level of assurance can be given to the Committee on the areas under its remit, reflecting the work-in-progress underway to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners. These various workstreams are detailed in the annual report, including further information on the new Incident Management Framework, its supporting guidance and review cycle; the establishment of a Business Continuity Management System, including the launch of a new dashboard utilising information from Datix; data on the Business Continuity Plan Testing, Training and Exercises undertaken over the last year, including those with external agencies; and details of PREVENT training and awareness

raising delivered to staff. Two internal audit reports on business continuity arrangements have recently been undertaken. Completion of the recommendations given in the interim audit report (B23/22) has been achieved within the reporting year. A second internal audit (B13/23) specific to business continuity planning assurance was completed in November 2023. This audit report has been subject to separate reporting to the Audit & Risk Committee, in March 2024, and the action plan resulting therefrom will be monitored via existing Audit Follow Up protocols.

- 4.35 The Clinical Governance Oversight Group has brought its year-end reporting into line with the other sub-groups and its 2023/24 annual statement was considered by the Committee at the May 2024 meeting. The report has provided assurance on the Group's activities, principally its operational oversight of the quality and safety of care provided across the Fife health system and how this impacts on the patient / user experience. The Group has also maintained an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife, and has had a role in identifying key learning points from a range of activities, ensuring these are communicated and embedded where appropriate across primary and secondary care and the H&SCP. The Group maintains rolling supervision of clinical policy update compliance and performance monitoring, particularly with regard to the timely completion of adverse event reviews, Children and Young Persons' Death Review and Duty of Candour processes. The Clinical Governance Committee was able to take robust assurance from the supporting clinical governance activities carried out by the Group over the course of the reporting year.
- 4.36 An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board, detailing how clinical & care governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. Progress has been made in the Committee implementing its full Terms of Reference, as detailed further in the Committee's annual assurance statement, with plans for further development of agendas and workplan to reflect all areas of the Committee's remit in the year ahead.
- 4.37 Minutes of Clinical Governance Committee meetings have been subsequently 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 2 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, 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.

- 6.2 The replacement of the BAF in 2022 by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to further mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board particularly into 2024. The Board has reassessed its risk appetite as a whole at a session in April 2024, and this will be reflected in ongoing updates to the individual risk metrics throughout the next reporting year.
- 6.3 During the year, in relation to Quality & Safety matters, the Committee has reviewed a dedicated risk around Optimal Clinical Outcomes. This is relatively broad in its coverage and thus members have undertaken a deep dive into the risk, at the Committee's May meeting, to seek to understand the make-up of the risk and the drivers that influence its rating. A subsequent Development Session, held in October 2023, has helped refine this risk further, both to reflect members' queries and to aid understanding. A further review was taken in January 2024, detailing the aspects of the risk mitigation actions that were on track and those that were experiencing challenge, with further review on the fundamentals of this risk to be undertaken via the Risk & Opportunities Group. A deep dive on the Quality & Safety risk was undertaken at the July 2023 meeting, where a reasonable level of assurance was given, noting the work underway to implement the Clinical Governance Strategic Framework and the related actions thereof, which have a significant level of delivery challenge.
- 6.4 In relation to Digital & Information risks, at the Committee's November 2023 meeting, a deep dive was undertaken, reviewing the likelihood of financial sustainability issues impacting upon the ability to transform care through the rapid adoption of digital solutions. Members were able to take a reasonable levels of assurance that the strategic priorities within the Digital Strategy had been reprovisioned to help support the organisational Population Health & Wellbeing Strategy, which helps mitigate against the risk. A further update was received by the Committee in November 2023, detailing a number of additional deliverables that have been achieved during the original Strategy's lifespan, largely in response to the Covid pandemic and the requirements of supporting the Fife National Treatment Centre for Orthopaedics. Of the 49 original deliverables identified, 50% had been or were being implemented, with a further 37% being implemented in part. Assurance was given that the D&I service as a whole continues to operate with an agile model, aligning to emerging priorities as might best benefit patients and staff. A revised Digital Strategy is expected to be approved by July 2024.
- 6.5 A deep dive into the Cyber Resilience risk scrutinised the mitigating measures in place to reduce the risk of a targeted and sustained cyber attack on the Board's systems. This could impact the ability to deliver a full range of health service activities, and the importance of good business continuity plans and disaster recovery options was noted. The deep dive complemented the regular reporting to the Committee from the Information Governance & Security Group.

- 6.6 A replacement Laboratory Information Management System (LIMS) has been the subject of Board-level discussions in-year. A stand-alone paper detailing the mitigation of risks in reference to the LIMS project has also been considered by the Committee at its September 2023 private meeting, noting the then-difficult situation of implementing the software due to difficulties in transitioning to the new supplier. Limited assurance could be given at that date, though NHS Fife was doing all it could to mitigate the various risks detailed in the briefing.
- 6.7 A deep dive was undertaken into the Off-Site Area Sterilisation and Disinfection Unit Service risk at the Committee's September 2023 meeting, detailing some quality-related concerns with the provision of sterile instrument trays from the current supplier, which has the potential to impact on the safe delivery of critical surgical interventions and procedures. Members were clear that all actions currently within the Board's control were being implemented to manage the risk, with the issue having been escalated to the Scottish Government to assist with developing a national approach. In order to sight the Board of the risk, the Committee have escalated the issue directly to them, to raise awareness and to reflect the fact that the Committee could only take limited assurance from the mitigating actions aimed at reducing the impact of the risk, noting that full resolution was presently outwith the direct control of the Board. A further update, reporting back to the Committee the Board's discussions on this matter, was given at the Committee's meeting of November 2023.
- 6.8 In January 2024, the Committee decided to close the standalone Covid-19 risk on the Corporate Risk Register, noting that it had achieved the risk target score and there had been a period of stability on this risk for some months. Other Health Boards were also de-escalating this risk. Going forward, a more generalised pandemic / biological threat preparedness risk would be monitored, with ownership of this transferring to the Public Health & Wellbeing Committee as being the most appropriate governance committee of the Board to undertake ongoing review. The updated risk would however be reviewed before implementation by the Clinical Governance Committee, at its May 2024 meeting.

7. Self-Assessment

- 7.1 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 2024 meeting, and action points are being taken forward at both Committee and Board level, reflecting the latter's own action planning around the Blueprint for Good Governance self-assessment exercise undertaken in February 2024. The Committee has held a dedicated Development Session in May 2024 to refresh members' knowledge about the Principles of Clinical Governance and ensure there is appropriate coverage of these through the Committee's own local work.

8. Conclusion

- 8.1 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.
- 8.2 There is one significant control weakness at the year-end which the Committee considers should be disclosed in the Governance Statement, as might have impacted financially or otherwise in the year or thereafter. This is related to the reprimand issued to the Board by the

Information Commissioner's Office in relation to an information-security related issue at St Andrews Community Hospital, which resulted in a data security breach and had the potential to cause reputational damage to NHS Fife. Further details on this incident will be included in the Governance Statement, as per the Committee's recommendation.

- 8.3 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: 3 May 2024

Arlene Wood, Chair

On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS Fife Clinical Governance Committee Attendance Record
1 April 2023 to 31 March 2024**

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
Members						
A Wood , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓
S Braiden , Non-Executive Member	✓	X	✓	X	X	✓
S Fevre , Area Partnership Forum Representative	✓	✓	X			
C Grieve , Non-Executive Member	X	✓	✓	✓	✓	✓
A Haston , Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie , Area Clinical Forum Representative	X	✓	X	X	✓	✓
K MacDonald , Non-Executive Whistleblowing Champion	✓	✓	X	✓	X	✓
L Mackie , Area Partnership Forum Representative						X
L Parsons , Interim Area Partnership Forum Representative				✓	✓	
C McKenna , Medical Director (Exec Lead)	✓	✓	X	✓	✓	✓
J Keenan , Director of Nursing	✓	✓	✓	✓	✓	✓
C Potter , Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson , Director of Public Health	X	✓	X	X	✓	✓
In Attendance						
L Barker , Associate Director of Nursing			✓	✓	X	X
S Cameron , Head of Resilience				✓		
N Connor , Director of H&SC	✓	✓	✓	✓	✓	X
G Couser , Associate Director of Quality & Clinical Governance						✓
S Cowie , Excellence in Care Lead		✓ Item 8.3				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
J Doyle , Head of Nursing						✓ Deputising
P Donaldson , Information Security Manager					✓ Item 6.2	
F Forrest , Deputy Director of Pharmacy					✓ Deputising	

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
S Fraser , Associate Director of Planning & Performance			✓	X	✓	
A Graham , Associate Director of Digital & Information	✓	✓	✓	✓	X	✓
B Hannan , Director of Pharmacy & Medicines	✓	✓	✓	✓	X	✓
H Hellewell , Associate Medical Director, H&SCP	✓	✓	✓	✓	✓	✓
A Kelman , Clinical Director H&SCP				✓		
T Lonergan , Head of Nursing					✓ Deputising	
J Lyall , Chief Internal Auditor					✓ Item 6.1	
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
I MacLeod , Deputy Medical Director	✓	X	✓	✓	X	✓
G Malone , Clinical Nurse Manager		✓ Deputising				
N McCormick , Director of Property & Asset Management			✓			✓
M Michie , Deputy Director of Finance		✓ Deputising				
M McGurk , Director of Finance & Strategy	X	X	X	✓	X	X
J Morrice , Consultant Paediatrician	X	X	✓			
E Muir , Clinical Effectiveness Manager	✓	✓	✓	X	✓	✓
G Ogden , Head of Nursing					✓ Deputising	
S Ponton , Interim Head of Service for Occupational Health Service			✓			
N Robertson , Associate Director of Nursing	✓	✓	✓	✓	✓	✓
S A Savage , Interim Associate Director of Quality & Clinical Governance / Associate Director of Risk & Professional Standards	X	✓	✓	✓	✓	✓

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
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan Winter Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE CLINICAL GOVERNANCE COMMITTEE BOARD	Annual Bi-monthly Bi-monthly	Annual Delivery Plan NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. <ul style="list-style-type: none"> • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Clinical Governance Oversight Group • Infection Control Committee • H&SCP Quality & Communities Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

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 openness 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. Out with 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 publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	Ongoing	Strategy updates considered regularly Via the NHS Fife website
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 on common template EQIA section on all reports

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 monitoring.	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Single complaints process across Fife health & social care system. NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report, in addition to stand-alone reports each quarter.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback Individual feedback	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Update on Participation & Engagement processes and groups undertaken during the reporting year. NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints and compliments are monitored through the report.

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
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report Digital & Information Board Annual Report Digital & Information Board minutes	CLINICAL GOVERNANCE COMMITTEE	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports. Reporting format and content has been enhanced in current year.
NHS Fife understands and exploits the value of the data and information it holds.	Risk Deep Dives Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting. Particular review of performance in relation to pressure ulcers and falls undertaken in current year.

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	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational 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 & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance & Quality Report considered at every meeting</p> <p>Minutes from Linked Committees e.g.</p> <ul style="list-style-type: none"> • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Digital & Information Board • Infection Control Committee • Information Governance & Security Steering Group
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>COMMITTEES</p> <p>BOARD</p>	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format and content is being undertaken in reporting year.
Reports are honest and balanced and subject to	Committee Minutes show scrutiny and challenge when performance	COMMITTEES	Every meeting	Integrated Performance & Quality Report considered at

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
proportionate and appropriate scrutiny and challenge from the Board and its Committees.	is poor as well as good; with escalation of issues to the Board as required	BOARD		every meetings Minutes of Linked Committees are reported at every meeting, with improved process for escalation of issues.
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 considered at every meeting The Committee commissions further reports on any areas of concern, e.g. as with complaints, adverse events.
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 considered at every meeting Minutes of Linked Committees <ul style="list-style-type: none"> • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee

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.		BOARD COMMITTEES	Ongoing	Strategy updates regularly considered, along with Planning with People updates in current year All strategies have a completed EQIA
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	Strategy updates regularly considered All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	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.	BOARD COMMITTEES	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the website

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
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.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users