

CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 28 May 2024

1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee and evaluate the clinical governance and risk management actions and activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working.
- 1.4 To assure the Board 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. This includes planning, maintaining and improving quality.
- 1.5 To oversee patient experience and feedback mechanisms and associated activity and seek assurance that learning and ongoing improvements are responsive to complaints feedback and in line with national standards and Ombudsman guidance.
- 1.6 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.7 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
 - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
 - Chief Executive
 - Medical Director
 - Nurse Director
 - Director of Public Health
 - One Staff Side representative of NHS Fife Area Partnership Forum
 - One Representative from Area Clinical Forum

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Finance & Strategy
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Director, Digital & Information
- Deputy Medical Director, Acute Services Division
- Deputy Medical Director, Fife Health & Social Care Partnership
- Associate Director of Quality & Clinical Governance
- Associate Director of Risk & Professional Standards
- Board Secretary

2.3 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members or Stakeholder members are present. There may be occasions when due to the unavailability of the above Non- Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the quality and safety performance indicators set by the Board.

- provide oversight of the implementation of the Population Health & Wellbeing Strategy and review its impact, in line with the NHS Five Strategic Framework and the Clinical Governance Framework.
- ensure appropriate alignment and clinical governance oversight with the individual workstreams of the Strategy(i.e. Integrated Planned Care Programme; Integrated Unscheduled Care Programme; High-Risk Pain Medicine Programme);
- provide assurance to the Board that there are effective systems and processes in place to support the management and mitigation of risks related to Information Security & Governance;
- receive the minutes and assurance reports from the meetings of:
 - Area Clinical Forum
 - Area Drug & Therapeutics Committee
 - Cancer Strategy & Governance Group
 - Clinical Governance Oversight Group
 - Digital & Information Board
 - Health & Safety Sub Committee
 - Infection Control Committee
 - Information Governance & Security Steering Group
 - Integration Joint Board Quality & Communities Committee
 - Ionising Radiation Medical Examination Regulations Board (IRMER)
 - Radiation Protection Committee
 - Research, Information & Knowledge Oversight Group
 - Resilience Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and the Board thereafter.
- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies, such as the Scottish Public Services Ombudsman (SPSO), Scottish Patient Safety Programme (SPSP) and Healthcare Improvement Scotland (HIS) reviews and visits.
- Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
- To provide assurance to Fife NHS Board about the quality of services within NHS Fife, including that effective adverse event management and

organisational learning arrangements are in place and are compliant with Duty of Candour legislation.

- To undertake an annual self-assessment of the Committee's work and effectiveness.
- The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.

5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and Scottish Public Finance Manual.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.