**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2022/23**

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.

2. Membership

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

Christina Cooper	Chair / Non-Executive Member (to November 2022)
Arlene Wood	Chair (from December 2022) / Non-Executive Member
Martin Black	Non-Executive Member (to November 2022)
Sinead Braiden	Non-Executive Member
Simon Fevre	Area Partnership Forum Representative
Cllr David Graham	Non-Executive Member (to May 2022; reappointed June 2022)
Colin Grieve	Non-Executive Member (from December 2022)
Anne Haston	Non-Executive Member (from September 2022)
Rona Laing	Non-Executive Member (to May 2022)
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion
Dr Christopher McKenna	Medical Director
Dr Joy Tomlinson	Director of Public Health
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive

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, Digital & Information, Associate Director of Quality & Clinical Governance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

2.3 As part of the recent Committee's Terms of Reference annual review, further discussion has taken place on the potential means of capturing the patient voice across the Committee's full areas of responsibility, following the decision taken not to fill the historical patient representative vacancy on the Committee. This will assist in complementing members' existing input into the review of the adequacy of patient participation and engagement measures, at both locality and service levels. This work is expected to develop over the next year, as the Committee trials new means of ensuring that the patient voice is central to its annual cycle of business.

3. Meetings

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

- 29 April 2022
- 10 June 2022 (Development Session)
- 1 July 2022
- 2 September 2022
- 1 November 2022 (Development Session)
- 4 November 2022
- 13 January 2023
- 3 March 2023

3.2   The attendance schedule is attached at Appendix 1.

4. Business

4.1   In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some public health-related areas previously covered by the Clinical Governance Committee. A comprehensive review of workplans and terms of reference of each committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022-23, the Public Health & Wellbeing Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. This, in turn, has given the Clinical Governance Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of business aligned to its specific remit.

4.2   The Clinical Governance Committee's first meeting of the 2022-23 reporting year took place in April 2022, with updates given to members on the high levels of activity then being experienced due to a further wave of Omicron variant Covid cases, which were particularly impacting upon staffing and general activity levels. Assurance was provided on the measures put in place to ensure the safe and effective delivery of care. The impact of the pandemic, including the effect of seasonal waves of infection, has remained a regular part of the Committee's agendas over the year, as significant pressures on the overall health and social care system continued. The Committee has kept a dedicated section on its agenda for 'active or emerging issues' not otherwise contained in its regular workplan, so members can be apprised of any areas of activity experiencing pressure due to levels of demand. In July 2022, given the background of a rapid increase in Covid cases in Fife due to two new Omicron variants then circulating, the Committee received details on the impact on staffing, limitations of visitor numbers within the inpatient estate footprint, the Covid booster vaccination programme and the enduring impact of long Covid symptoms on individuals. Members have thus been provided with the most up-to-date information on what has continued to be a rapidly changing situation with regard to the continuing impact of the pandemic on health and care services within Fife.

4.3   In April 2022, members considered a report on the governance of advanced practice roles in NHS Fife and Fife Health & Social Care Partnership, with a particular focus on Advanced Nurse Practitioners. The clinical governance aspects of the roll-out of these roles were considered, particularly the clinical supervision of these roles and the need for postholders to have adequate Continuing Personal Development processes and non-clinical time to ensure their learning is developed, in order to ensure high-quality care is delivered to patients. A briefing paper on the development of Assistant Practitioner roles was considered in detail by

the Committee at its November 2022 meeting, focusing on the possible skills mix and enhancements to clinical delivery of service via these roles, as well as the processes for accountability and delegation and the career development pathways that could be best supported by this initiative. The Committee took broad assurance from the development of the roles and the training to be put in place to support staff, welcoming the proposal in an effort to make further enhancements to the workforce.

4.4   A detailed report on the work of the Early Cancer Diagnostic Centre (ECDC) pathway was also considered by the Committee in April 2022, as we continued to see recovery in performance following the impact of the pandemic and have dedicated funding to support this trajectory for 2022/23. Around 40% of patients in Scotland are not currently diagnosed through the existing urgent suspicion of cancer pathway, with an ambition for the ECDC to capture more of these patients and support swift diagnosis and treatment. Dedicated patient navigators aid speedy progress from referral to diagnostic testing, with excellent patient feedback thus far on the effectiveness of the pathway. The Committee welcomed the greatly positive impact of the ECDC, noting that ongoing governance is provided through the Cancer Strategy Group. A dedicated Cancer Framework, and related delivery plan, has also been created, which was presented to the Committee for scrutiny in January 2023 (with a related update tabled to the following meeting in March 2023). This will support aspects of the overall organisational Population Health & Wellbeing Strategy, whilst also setting key priorities around workforce and medicines in this area. A review of progress against the delivery plan is due to come forward annually to the Committee, for assurance on the effectiveness of actions and milestone targets.

4.5   A Joint Remobilisation Plan (RMP4), outlining the planning for addressing the backlog of planned care activity following the initial phase of the Covid pandemic, was endorsed by the Committee in 2021. The Plan detailed the adopted methodology around the planning for resumption of normal services, based around a 'Respond, Recover and Renew' approach, building on earlier iterations of the Plan approved by Scottish Government. A progress update on deliverables was previously considered by the Committee at its January 2022 meeting, with a further update on achieving the RMP targets reviewed in April 2022. Assurance was provided that the majority of targets had been achieved or remained on track to be achieved. A lessons learned review of the Winter period 2021-22 activity was also encompassed in the update to the Committee, reflecting on a challenging period of extreme pressure on health and social care services. The supporting role of the Strategic Planning & Resource Allocation (SPRA) process has been recognised. The Committee considered updates on the SPRA methodology and winter actions detailed in the 2022-23 Annual Delivery Plan at its November 2022 meeting, taking assurance from the preparations being made for what would prove to be a challenging period of intense front-door activity. At the January 2023 meeting, members noted the considerable pressures on the system over the Christmas period, indicating a peak of Covid infections and respiratory illness circulating more generally. Assurance was however taken from the positive uptake of both the Covid and Seasonal Flu vaccinations across Fife, with the Board exceeding national targets for delivery of vaccinations.

4.6   The Committee's input into the development of the Board's recently approved Population Health & Wellbeing Strategy has been a regular part of this year's agendas. A report on the outcomes delivered from the previous Clinical Strategy was scrutinised by members in November 2022, following initial discussion at a full Board Development Session in October 2022. Whilst the report recognised that significant progress had been made in achieving the aims of the 2016-21Clinical Strategy, the impact of the Covid pandemic (particularly in the way the Board now operates) had been significant. The new Population Health & Wellbeing Strategy therefore aims to continue work around key priority areas begun in the Clinical Strategy, revising these to ensure these reflect new ways of working post-Covid. In January 2023, members received detail on the engagement work that has been undertaken to inform the content of the strategy, noting the importance of the ambitions being bold and ambitious, in

order to deliver the recovery of the local healthcare system after the challenges experienced during the pandemic period.

4.7   Following detailed discussion at a number of full Board Development Sessions over the reporting year, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within.

4.8   Some programme workstreams to be encompassed within the new strategy are already underway, and the Committee received an update on the Year One activities of the High Risk Pain Medicines Patient Safety Programme in January 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. Initial work has been undertaken to gather data, to fully understand the pertinent issues, and the production of a Stage 1 Equality Impact Assessment, to ensure equality issues are appropriately addressed, has been completed. Regular reporting of this programme will continue to the Committee in the year ahead. Related to equality issues, members have also considered the interim progress report on the Board's Equality Outcomes & Mainstreaming Plan for 2021 to 2025, reviewing the mainstreaming activity completed thus far and taking assurance from the progress made in delivering the full ambitions of the Plan.

4.9   As part of the strategy development work, a Clinical Governance Strategic Framework and Delivery Plan has been created, 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. Approval of the Framework will also address a number of outstanding Internal Audit recommendations made across a number of reports published in the last few years, principally around the reporting line of assurance reporting to the Clinical Governance Committee. In formally endorsing the Framework at its January 2023 meeting, members noted the importance of clear and ongoing communication with staff around the priorities of the Framework, in order for its priorities to be achieved.

4.10   The draft Corporate Objectives 2022/23 were presented to the Committee in April 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the 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. In March 2023, as part of

the update on the Strategic Planning & Resource Allocation process for the year ahead, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to further consideration at the May 2023 meeting and formal approval by the Board later in spring 2023.

4.11 The Committee received a presentation at its January 2023 on the service model for Fife Specialist Palliative Care Service, outlining changes made to the delivery of end-of-life care during the pandemic and the lessons learned from the patient experience since those changes were made. Challenges around the growing levels of demand for community-based services, aligned with the staffing required to deliver such care, were discussed by members. Whilst the decision-making route for approval of any service changes is via the Integration Joint Board, the clinical governance, quality and safety aspects of any proposal will come back to the Committee for consideration early in 2023/24. The Committee look forward to inputting into discussions on the best service model to be established to meet patient demand.

4.12 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints 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, a set of performance-related metrics specific to the Committee has now 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. The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Clinical Governance Committee.

4.13 During the pandemic and in the recovery period following thereon, strategic decisions have been made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision have been risk assessed and the Committee has recognised that some patients may be affected by these decisions. As such, any consequences that resulted would not be considered avoidable, given that this was based on the strategic decision to prioritise services to address the pandemic. Importantly, actions to mitigate identified risks were implemented at all opportunity. The Committee considers that the local response to the pandemic, and the following recovery period into the reporting year, was appropriate, considered and aligned to Scottish Government direction. Throughout, urgent services such as cancer services and urgent care have been prioritised. Data on Hospital Standardised Mortality Ratios (HSMR) has been considered in regular reporting via the IPQR and via a standalone update given to the Committee at its November 2022 meeting (with members noting that NHS Fife's performance is in keeping with the national average). Members have noted the data and taken assurance, following discussion about the significance and interpretation of the data within the pandemic period. Also during the year, the Committee has considered data around instances of avoidable harm as detailed within the IPQR. The Committee is aware of the increase in cardiac arrest and linkages to patient deterioration, and specific assurance has been sought via the Clinical Governance Oversight Group that improvement actions are underway, with a further report anticipated at a future meeting regarding the impact and effectiveness of the improvement work. In-patient falls and hospital-acquired pressure ulcer performance has also been carefully scrutinised. Whilst assurance has been provided around the improvement work underway, the Committee is aware that the performance across both measures has not yet shifted in terms of reducing avoidable harm. Ongoing review of performance across both measures will continue to be undertaken by the Committee.

4.14   The governance route for changing or stopping services has been carefully scrutinised through the pandemic response structures of Bronze, Silver and Gold Command groups, which have again stepped up in this reporting year to manage periods of high levels of activity. Critically, clinical teams and leaders have been central to decision-making, to ensure that any potential harm resulting from cessation or service change was appropriately mitigated. Examples of mitigation include the nationally agreed surgical prioritisation framework, use of 'Near Me' for the continuance of remote appointments, and outpatient prioritisation. The dynamic nature of the pandemic and the evolving understanding of the virus has necessitated a continual review of changes, which have been considered through the command structures described and also discussed by the Committee during the year. As services continue to recover to pre-pandemic levels, the Clinical Governance Committee will continue to offer oversight, to provide assurance in relation to the recovery of services and planning for tackling increased waiting lists.

4.15   Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have multiplied due to pauses in outpatient and elective surgery appointments. Recovery performance has been variable, with the need to pause some complaint activity during the year at times of extreme pressure on staff, exacerbated also by the issue of staff shortage within the Patient Experience team. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback and experience and analysis / learning from themes and trends, progressed by a new Organisational Learning Group. The Committee heard detail on the Recovery & Improvement Plan at its meeting in April 2022, to be supported by more nuanced quarterly reporting to the Committee that will give a broader view of the types of feedback submitted. In September 2022, focus was given to the feedback left by patients and families on Care Opinion, 80% of which was positive about the service respondents had received. Further investment has been made into the Patient Experience team, via the secondment of staff who had previously been part of the Test & Protect Covid response. Benchmarking against other territorial boards has also been undertaken, to explore new ways of working and to enhance process mapping understanding. In November 2022, the Committee received a further update on performance, noting the planned improvement activities being undertaken by a new Head of Patient Experience, particularly around processes aimed at meeting the 20 day target for complaint responses. Whilst NHS Fife continues to struggle to achieve this target, despite the initiatives cited above, it has been noted that the position is broadly similar across all other NHS Boards, reflecting the system-wide pressures on staff and services as the effects of the pandemic continue to be felt.

4.16   In relation to the Organisational Duty of Candour 2021/22 report, delays to its publication (related to the pandemic impacting upon timeliness of the adverse events process) were highlighted in the Internal Audit Annual Report 2021/22, considered by the Committee at its meeting in July 2022, where it was noted that there had been limited reporting to the Committee on cases occurring during the 2020/21 reporting year. Members agreed that backlog in reporting was unsatisfactory and requested an update as soon as information allowed. 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, was tabled to the Committee at its March 2023 meeting, prior to its formal approval by the Board at their meeting on 28 March 2023. There were 36 adverse events detailed within the report, with the most common outcome (for 20 patients) being an increase in their treatment. A number of areas of strength have been identified, including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance.

4.17   Further detail on a national spike in neonatal adverse events was considered in private session at the Committee's July 2022 meeting, with information given on the local position. Assurance

was taken that the forthcoming national review being undertaken by Healthcare Improvement Scotland (HIS), to better understand any potential linkages between a clusters of cases of neonatal mortality occurring in 2020/21 (detail of which was presented to the September and November 2022 meetings), would have NHS Fife's full participation, and that local significant adverse event reviews of relevant cases (assisted by external reviewers from Greater Glasgow & Clyde Health Board) would still be undertaken to provide the required assurance around the quality of our own processes and importantly to capture any areas of learning. The Committee has also considered (in November 2022 and March 2023) a report reviewing the deaths of Children and Young People in Fife, this being produced to address national guidance introduced in 2021 to learn from and prevent unnecessary deaths. A multi-disciplinary and multi-agency review group was established to take forward the review, and the full implementation of the national guidance is on track to be completed. Members took assurance from the first year of reporting, noting the governance arrangements and the robust implementation of the national review guidance within Fife.

4.18   In January and March 2023, members considered the issues raised by a letter to all NHSScotland Boards from Healthcare Improvement Scotland's Director of Quality Assurance, highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections of acute hospitals across Scotland. The issues cited within reflected the exceptional winter pressures experienced by Scottish hospitals, including potential overcrowding in emergency departments and admission units, heavy use of supplementary staffing, pressures on staff health and wellbeing, the criticality of appropriate medicines governance, and the need for visible and active leadership on-site in clinical areas. Although focused on the results of acute inspections, members recognised that addressing all the action points required nothing less than a whole-system approach, to be achieved through close working with Fife Health & Social Care Partnership colleagues. An action plan has been developed to address the issues raised by HIS, to be supported by a series of 'mock inspections', to provide assurance that lessons learned from the HIS inspections would be carefully reviewed against practice within the Victoria Hospital.

4.19   In January 2023, members reviewed the learning from a Breast Screening Programme adverse event linked to nationally provided equipment, with assurance taken from Fife's local response to the issues raised by this incident. In March 2023, members considered a detailed paper benchmarking Fife against the learning from the Ockenden Report, an independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust. This report outlined a number of essential actions to be taken in response to new-born, infant and maternal harm at the Trust. Whilst some actions were specific to the Trust alone, a number of more general recommendations for maternity care were made in the report, which offers an opportunity to implement learning within Fife. The paper gave important assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made in the Ockenden Report and had identified areas where action was needed, to help improve the quality and safety of maternity care available to mothers and babies born within the service.

4.20   Annual reports were received on the subjects of: Radiation Protection; the work of the Clinical Advisory Panel; the Director of Public Health Annual Report 2020-21; Nursing, Midwifery & Allied Health Professionals' Assurance Framework; Occupational Health & Wellbeing Service 2021-22; Integrated Screening; Medical Education; Medical Appraisal & Revalidation; Prevention & Control of Infection; Management of Controlled Drugs; Volunteering; Research & Development Strategy & the Research, Innovation & Knowledge Annual Review; and any relevant Internal Audit reports that fall under the Committee's remit, such as those on Resilience Planning.

4.21   The Committee has received minutes and assurance reports from its three sub-groups, namely the Digital & Information Board, Health & Safety Sub-Committee, and the Information Governance & Security Steering Group, 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 2023 meeting. An additional assurance statement has also been submitted from the Clinical Governance Oversight Group, considered by the Committee at its meeting in September 2022, outlining the range of activities being taken forward by the group, in support of the clinical effectiveness agenda. It is hoped that the timing of this in future will be able to be aligned to the other formal assurance reports submitted to the Committee at financial year end.

4.22   In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group outlines the additional staffing changes made in year to strengthen the team. These include the appointment of a new Health & Safety Manager, a managerial post dedicated to Health & Safety projects, and a number of new posts to enhance Manual Handling and Violence & Aggression compliance and training. Workstreams undertaken during the year include Face Fit refresher training for staff and ligature risk assessments across several NHS Fife sites. In relation to enhancing safety around usage and disposal of sharps, whilst the reestablishment of the Sharps Strategy Group has stalled due to continuing pressures on clinical staff, sharps has been added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. The introduction of an Acute Services Health & Safety Committee has also recently been approved. 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.

4.23   The Digital & Information Board has continued to develop the governance, process and controls necessary to assure the organisation about the consideration and delivery of the Digital & Information Strategy and associated delivery plan. Specifically, this relates to ensuring progress is made with delivering the strategic ambition, relating to year four of NHS Fife's Digital and Information Strategy (2019-2024), and ensuring the maintenance and improvement in performance across Digital & Information technical and operational teams. This work has included consideration of a number of significant and outstanding Internal Audit findings given in previous reports, as well as the action points from previous NIS audits. The Committee considered an update report at its meeting in July 2022, noting the progress across a number of key areas, including Phase 2 of the 'Near Me' virtual appointments programme, approval of the Board's Record Management Plan, and further digital enhancements to support the operation of the National Treatment Centre Fife Orthopaedics. Members noted delays to the implementation of Hospital Electronic Prescribing and Medicines Automation (HEPMA). Contractual negotiations did not proceed as planned, which has delayed the project considerably from its original due date. However, the Committee has received assurance that the positive clinical impact and transformational benefits of the introduction of HEPMA remain undiminished and a new procurement process (as detailed in a report to the Committee in private session in July 2022) has begun to move this work forward. The impact of the pandemic on initiatives such as Paperlite electronic patient record has also slowed planned roll-out, however progress in these areas will continue to be closely monitored by the Committee. A further update on the progress of delivery of the Digital Strategy, and a stand-alone report on the Keeper of the Registers of Scotland's Report assessing the Board's Records Management Plan, was considered by members in January 2023, with members taking considerable assurance from the progress made in delivery of the related programmes of work.

4.24   During the pandemic period, there has been unprecedented change in the areas of digital adoption, for staff, patients and the public in general. There has been continued demand for the implementation of new or existing technologies through the digital health and care request process. Additional consideration has been given to the revised resource model across Digital teams, as they continue to deal with the demand, whilst matching the responsibilities to operate the additional digital capabilities. Improvements to the recruitment of a more permanent workforce and reduced reliance on temporary and fixed term resources is being progressed. Via the number of updates throughout the year, the Committee were assured that Digital & Information colleagues will take due account of such demand as the Board continues to deliver the key ambitions of the Digital & Information Strategy, noting that these will be scrutinised and prioritised in accordance with the individual programmes and workstreams of the new organisational strategy. A revised engagement model has been established, which ensures the correct level of clinical and leadership engagement with digital developments, including the prioritisation of projects reflecting clinical effectiveness and safety issues, to help manage excess demand. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities, as considered by the Committee at its May 2023 meeting. During the year, 15 risks aligned to the Digital & Information Board improved their rating, 5 moved to the target risk rating (and thus moved to the status of monitoring) and 4 risks were closed. 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 2022-23.

4.25   The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2022 and March 2023) 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. 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; monthly Freedom of Information performance; current policy and procedure review information; Network and Information Security Directive (NISD) compliance at time of audit; monthly adverse event reporting; and summary information on reportable incidents to the Information Commissioner's Office / Competent Authority.

4.26   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. Key areas under the Group's scrutiny include Data Protection and GDPR; Freedom of Information; Public Records; and the National Information Security Directive (NISD), including audit against this framework. Visualisation of the risk profile, which amounted to 26 in number over the year, supported the critique and assurance the Group were able to offer after consideration of individual workstream reports and overall activity tracker. In year, focus has been on data sharing agreements with GPs and external contractors; the processes around addressing Subject Access Requests (SARs) to improve timeliness of response; actions required following the Keeper of the Records of Scotland's approval of NHS Fife's Records Management Plan; and compliance activities mapped against the Information Commissioner's Office Accountability Framework and NISD Framework. For the most recently reported NIS audit, NHS Fife achieved a compliance score of 76%, indicating steady improvement from the 69% achieved in the 2021 audit. During the period, nine risks aligned to the Steering Group

improved their rating, one risk deteriorated during the period, three equalled their target risk rating (and thus moved to a status of monitoring) and five risks were closed. There are no issues identified that require disclosure within the Governance Statement, which is continuing testament to improvements made across the domain of Information Governance & Security in the reporting year.

4.27   New for this year to the Committee's workplan has been enhanced reporting around resilience and emergency planning, culminating in a new annual assurance statement being submitted from the Resilience Forum to provide members with greater detail around the further development of business continuity plans within NHS Fife. An Internal Audit report (tabled to the Committee in April 2022) indicated a lack of effectiveness around resilience arrangements, notwithstanding the emergency response swiftly enacted during the pandemic, signifying a potentially high risk to the Board in this area. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation, thereby addressing the audit points raised in the report. An update outlining the workstreams being taken forward to make improvements in this area was considered by the Committee in April 2022, to be supported by a number of workshops and real-life scenarios to be run for key operational groups to help identify where resilience planning needed to be strengthened. A further paper was considered by members in July 2022, focused on progress in implementing the various internal audit recommendations and clarifying future reporting arrangements, including regular updates to the Executive Directors' Group, particularly around testing and exercising, business continuity and Major Incident Plan development. In March 2023, the Resilience Annual Report was considered by members, containing details of activity across the full range of major incident planning and business continuity work, and this has been supported by a formal annual statement of assurance from the Resilience Forum, considered at the Committee's May 2023 meeting. The statement of assurance concludes that partial assurance can be taken from the developing and maturing process around emergency planning, noting that the Major Incident Plan framework remains under revision, following initial consideration by EDG. The completion of Business Continuity Plans for all relevant service areas is being progressed to completion over a longer timescale than previously intended. The majority of plans (95) have now been approved, with the remainder (38) in progress of being drafted. The Corporate Risk Register currently records a moderate level of risk within Emergency Planning & Business Continuity, reflecting the developing status of processes within this area as the team continues to work towards full compliance with statutory requirements and best practice guidance detailed in the Civil Contingencies Act 2004 and the NHS Scotland standards for Resilience.

4.28   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. The Committee has gone major restructuring during the reporting year and is working towards implementing its full Terms of Reference, recognising the significant change in membership and function over 2022-23. Progress has been made, 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.

4.29   The Committee has held a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In June 2022, a session with the Committee discussed the Edinburgh Cancer Centre reprovision and the proposed regional service model, with a particular focus on the potential impact on NHS Fife regarding the optimisation of pathways. The briefing helped assist members in their understanding of the programme of work, prior to the Committee's formal consideration of the relevant Initial Agreement at its July 2022 meeting, aided by a presentation

from colleagues from NHS Lothian. The June 2022 Development Session also received a presentation from the Research, Innovation & Knowledge team (RIK), complementing their formal route of reporting into the Committee across the year. At the following Committee meeting in July 2022, members considered in detail the Data Sharing Agreement for a use case demonstration project with DataLoch, to support the evaluation of NHS Fife business needs and strategies as informed by real-life data. Given the complexity around this, the earlier Development Session from the RIK team helped aid members' understanding of the formal proposal brought subsequently to the Committee.

4.30   The November 2022 Development Session saw presentations from clinical teams on E-Coli Bacteraemia, to support the Committee's knowledge around HAI surveillance and performance, and detail on the cancer services provided in Fife in relation to the draft Cancer Framework which was then presented for endorsement to the Committee in January 2023. Members welcomed the assurance given by the clinical specialists and appreciated the opportunity to ask questions directly of the relevant specialists in these areas.

4.31   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.

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 2022/23.

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 the Board Assurance Framework (BAF) in the areas of Quality & Safety and Digital & Information, and via its aligned risks assigned to it under the new Corporate Risk Register introduced in this reporting year. 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   From May 2022, the Public Health & Wellbeing Committee took over detailed scrutiny of the Strategic Planning Board Assurance Framework (BAF). Improvement to the risk level has been seen in-year, due to the detailed work undertaken to creating the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored closely by the Public Health & Wellbeing Committee in the year ahead.

6.3   The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of

members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

6.4   During the year, in relation to Quality & Safety, the Committee has specifically considered the overall component of this BAF, along with its linked operational risks. In April 2022, the potential impact on quality of care and safety of services from reduced nursing and midwifery staffing levels was carefully considered by members, this also being linked to Staff Governance Committee's own scrutiny of the dedicated Workforce BAF. Given the likely negative impact upon patient safety through reduced staffing levels, the linkage of the risk to both BAFs was supported by members. Additional discussions on this BAF have focused on Cancer Waiting Times Access Standards and Covid-related risks, including Public Health oversight of care homes. The Quality & Safety BAF remained unchanged for the Committee's July and September 2022 meeting, prior to its replacement by the Corporate Risk Register.

6.5   In relation to Digital & Information risks, the alignment of risks to the two subordinate governance groups (the Digital & Information Board and the Information & Security Steering Group) has been completed, to reflect core operational, strategic and information security risks critical to the organisation and enhanced framing within the overall Digital Strategy. A number of risks have heightened during the year, including those related to the overall cyber threat landscape, given the conflict in Ukraine. In July 2022, this risk was reduced to moderate, to reflect the introduction of new mitigating actions to limit the potential for a cyber-attack on NHS Fife. Also reduced during the year was the risk of additional financial costs from the Office365 national licensing agreement, and the Digital & Information financial position more generally, given the conclusion of prioritisation activity as part of the annual SPRA process. It has been agreed that the move from the BAF to the new presentation of the Corporate Risk Register will allow for a reassessment of the visibility of operational risks, such as those linked to the replacement Laboratory Information Management System (LIMS), which 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 November 2022 meeting.

6.6   The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

6.7   In November 2022, members considered in detail the six individual risks aligned to the Clinical Governance Committee, presented in the new Corporate Risk Register format. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Clinical Governance Committee cover the areas of optimal clinical outcomes; quality of care provided; the ongoing impact of Covid, particularly on those most at risk from severe outcomes; and delivery of the Digital & Information strategy and cyber resilience measures, against a difficult backdrop of financial challenges. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members

have received deep-dive information on the Digital & Information risk (November 2022) and the Covid-19 pandemic risk (March 2023), with in-depth review of Optimal Clinical Outcomes corporate risk scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.

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 2023 meeting, and action points are being taken forward at both Committee and Board level.

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   I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

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: *Arlene Wood*   Date: 5 May 2023

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 2022 to 31 March 2023

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
Members							
C Cooper, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓		
A Wood, Non-Executive Member **(Chair)**	✓	✓	✓	✓	x	✓	✓
M Black, Non-Executive Member	✓	x	✓	✓	✓		
S Braiden, Non-Executive Member	✓	✓	x	✓	x	✓	✓
S Fevre, Area Partnership Forum Representative	✓	✓	✓	✓	✓	✓	✓
Cllr D Graham, Stakeholder Member, Fife Council	x						
C Grieve, Non-Executive Member					✓ Observing	✓	✓
A Haston, Non-Executive Member				✓	✓	✓	✓
R Laing, Non-Executive Member	x						
A Lawrie, Area Clinical Forum Representative	x	x	✓	x	✓	✓	x
K MacDonald, Non-Executive Whistleblowing Champion		✓	x	✓	✓	✓	✓
C McKenna, Medical Director **(Exec Lead)**	✓	✓	x	✓	✓	✓	✓
J Keenan (Previously Owens), Director of Nursing	✓	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	x	✓	x	✓	✓ Part	✓ Part	x
J Tomlinson, Director of Public Health	x	✓	✓	x	x	✓	✓
In Attendance							
A Akhtar, Orthopaedics Consultant		✓ Item 4					
L Barker, Associate Director of Nursing				✓	✓		
N Beveridge, Head of Nursing						✓	
J Bowden, Palliative Care Consultant		✓ Item 4				✓	
J Brown, Head of Pharmacy			✓				
L Campbell, Associate Director of Nursing				✓			
N Connor, Director of H&SC	✓	✓	✓ Part	x	✓	✓	✓

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
G Couser, Associate Director of Quality & Clinical Governance	x	x	x	x			
S Cosens, NHS Lothian			✓ Item 7.1				
P Cumming, Risk Manager	✓ Item 5.5			✓ Item 7			
D Dhasmana, Respiratory Medicine Consultant		✓					
C Dobson, Director of Acute Services	✓	✓	✓	✓	✓	✓	✓
S Fraser, Associate Director of Planning & Performance			✓ Part			✓	✓
A Graham, Associate Director of Digital & Information	✓	✓	✓	✓	✓	✓	✓
K Gray, Research & Development Lead Nurse		✓ Item 4					
B Hannan, Director of Pharmacy & Medicines	✓	x	x	✓	✓	✓	✓
S Harrow, NHS Lothian			✓ Item 7.1				
H Hellewell, Associate Medical Director, H&SCP	✓	x	✓	x	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	x	✓	✓	✓	✓	✓
A MacKay, Speech & Language Therapy Operational Lead	✓ Observing						
S McCormack, Associate Medical Director for Emergency Care and Planned Care							✓ Observing
N McCormick, Director of Property & Asset Management							✓
M McGurk, Director of Finance & Strategy	✓ Part	✓	✓	✓	✓	✓	✓
D Miller, Director of Workforce						✓	
J Morrice, AMD, Women & Children Services	x	✓	x	x	x	x	x
E Muir, Clinical Effectiveness Manager	✓	✓	✓	x	✓	✓	✓
K Nicoll, Cancer Transformation Manager		✓ Item 4					
G Ogden, Head of Nursing					✓		✓
E O'Keefe, Consultant in Dental Public Health	✓ Item 6.2			✓	✓		
M Paterson, Head of Nursing	✓	✓					
F Quirk, Assistant Research & Development Director		✓ Item 4	✓ Item 7.2				
C Reid, NHS Lothian			✓ Item 7.1				

	29.04.22	10.06.22	01.07.22	02.09.22	04.11.22	13.01.23	03.03.23
S A Savage, Interim Associated Director of Quality & Clinical Governance					✓ Observing	✓	✓
M Wood, Interim Associate Medical Director for Surgery, Medicines & Diagnostics	x	x	x	x			
K Wright, Clinical Services Manager						✓ Item 8.5	

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.	Winter Plan Capacity Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Winter Plan review NHS Fife Clinical Governance Workplan is approved annually and kept up to date on a rolling basis Minutes from Linked Committees e.g. • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • NHS Fife Infection Control Committee • NHS Fife 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 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 COMMTTEE**	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.
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 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.	Remobilisation Plan 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, falls, catheter infections and E Coli 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	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational Plan 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 considered at every meeting Minutes from Linked Committees e.g. • 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.	**COMMITTEES** **BOARD**	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 • 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 People with Planning 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
Wherever relevant, NHS	In accordance with the Equality	**BOARD**	Ongoing	Update on Participation &

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	**COMMITTEES**		Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users