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

1. Purpose

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

2. Membership

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

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

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

3. Meetings

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

- 2 May 2025
- 11 July 2025
- 29 August 2025
- 7 November 2025
- 9 January 2026
- 6 March 2026
- 18 March 2026 (Development Session)

3.2 The meeting attendance schedule is attached at Appendix 1.

4. Business

4.1 An extract of the Committee's workplan for the year, illustrating the assurance levels agreed for each of the substantive agenda items, is attached as Appendix 2. A summary of the Committee's business over the year is given below.

Strategy

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

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

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

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

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

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

4.7 In January and March 2026, the Committee's strategic focus shifted towards organisational compliance with statutory obligations in relation to Freedom of Information (FOI) and Subject Access Requests (SAR). The Committee recognised that the Level 4 intervention initiated by the Scottish Information Commissioner in December 2025 represented a significant strategic risk to the organisation's reputation and regulatory standing. The Committee concluded that the development of a consolidated FOI and SAR Improvement Plan, supported by executive oversight and external expertise, was a necessary and proportionate strategic response. The Committee noted that responsibility for oversight had been appropriately strengthened through Executive Leadership Team engagement and delegation to the Deputy Chief Executive to ensure continuity during a period of senior leadership transition.

4.8 Related thereto, in January and March 2026, the Committee reviewed performance against the FOI and SAR Improvement Plan. The Committee noted that the plan had evolved to incorporate actions arising from internal audit findings, engagement with the Scottish Information Commissioner, and ongoing operational learning. The Committee was advised that regular auditing of FOI case samples was underway and that further work was planned to strengthen evidence of effectiveness, including qualitative assessment of new processes. The Committee concluded that, while early progress had been made and appropriate actions were in train, the scale of the required improvement and the duration of the Commissioner's intervention meant that sustained delivery had yet to be fully evidenced. On this basis, the Committee agreed to record moderate assurance in respect of progress against the improvement actions and requested that updates continue to be presented at each meeting.

<u>Performance</u>

4.9 Performance oversight was a central and recurring element of the Committee's work throughout the year. The Integrated Performance & Quality Report was considered at each meeting, enabling the Committee to scrutinise trends across quality, safety and experience. In May 2025 the Committee concluded that, while improvement activity was evident across adverse events, falls, pressure ulcers, healthcare associated infection and mental health indicators, sustained operational pressure led to overall assurance being categorised at a moderate level. Adult protection arrangements were identified at this stage as an area of limited assurance, reflecting gaps in capacity and resilience.

4.10 Orthopaedic hip fracture performance featured prominently throughout the year. The Committee tracked the implementation of improvement actions, including increased trauma theatre capacity, workforce recruitment and pathway redesign. While early meetings reflected moderate or limited assurance due to ongoing pressure and lack of sustained improvement data, later updates demonstrated measurable progress. By March 2026 the Committee acknowledged improving performance against national standards and took assurance from the

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

4.11 Stroke standards and thrombolysis performance were also subject to repeated scrutiny. The Committee recognised the structural and national challenges affecting compliance, particularly in relation to swallow screening and out-of-hours provision. While improvement actions were in place, assurance was frequently limited or moderate, and the Committee consistently requested enhanced outcome-focused reporting to strengthen future assurance.

4.12 Complaints handling and patient experience remained areas of concern across the year. Despite evidence of learning activity, workshops and improvement planning, delays in closing Stage Two complaints persisted. The Committee repeatedly concluded that assurance in this area was limited and agreed that this represented a material weakness requiring escalation to the NHS Fife Board.

Governance

4.13 The Committee's governance role was evidenced through routine consideration of assurance statements, oversight group summaries and its own effectiveness. In May 2025 the Committee reviewed annual assurance statements from its sub-groups and concluded that these provided significant assurance that delegated governance arrangements were operating effectively. The Committee also approved its own Annual Statement of Assurance, concluding that it had discharged its remit appropriately during the previous financial year.

4.14 Throughout 2025/26 the Committee received regular assurance summaries from the Clinical Governance Oversight Group and the Mental Health Oversight Group. These reports generally resulted in moderate assurance being taken, while supporting the identification of areas requiring deeper scrutiny or follow-up reporting.

4.15 A formal self-assessment undertaken during the year identified strengths in challenge, scrutiny and effectiveness, alongside opportunities to strengthen strategic focus, streamline reporting and improve scheduling of regulatory assurance. A moderate level of assurance was taken, subject to agreed improvement actions.

4.16 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2026/27 was approved at the Committee's March 2026 meeting.

Risk

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

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

4.18 Corporate risks aligned to the Committee's remit were reviewed at each meeting. The Committee consistently considered quality and safety, hospital acquired harm, cyber resilience and information governance risks. While mitigation plans and governance structures were in place, the Committee repeatedly concluded that assurance remained moderate, reflecting the complexity and system-wide nature of these risks.

4.19 Adult protection staffing and the timeliness of Significant Adverse Event Reviews were persistent areas of limited assurance. The Committee concluded that residual risk in these areas required continued Board visibility and agreed escalation through the Chair's Assurance Reports.

4.20 The Committee's consideration of risk during the year also focused on clinical, operational and reputational risks arising from complex programmes and regulatory non-compliance. In August 2025, the Committee reviewed clinical risks associated with the transition to HEPMA and was assured that these were being actively managed through the Digital Medicines Programme Board. The Committee concluded that, while delivery risks remained, there was a clear understanding of risk ownership and mitigation, and that governance controls were sufficient to manage current and emerging risks. This contributed to the Committee's decision to record significant assurance in relation to programme governance, alongside moderate assurance on progress and benefits realisation.

4.21 In January and March 2026, the Committee considered the significant risk associated with FOI and SAR compliance, including the implications of the Level 4 intervention by the Scottish Information Commissioner. The Committee recognised the heightened external scrutiny and the potential for further regulatory and reputational consequences if improvement was not delivered at pace. The Committee concluded that risks were appropriately recognised, escalated and owned at executive level, and that mitigation actions were comprehensive and proportionate. However, given the early stage of implementation and the need for demonstrable improvement over time, the Committee determined that only moderate assurance could be provided at this stage. The Committee emphasised the importance of continued close monitoring and clear assurance reporting to the Board as the improvement programme progressed.

Assurances from sub-groups

4.22 The Committee has received detailed assurance reports from its sub-groups, to which certain activities are delegated as per the Committee's remit. These reports cover the annual activities of the Clinical Governance Oversight Group; Digital & Information Board; Health & Safety Sub-Committee; Information Governance & Security Steering Group; Medical Device Group; and the Resilience Forum. These reports were each considered at the Committee's May 2026 meeting.

4.23 One area is specifically to be highlighted to the Board. Although the Information Governance & Security Steering Group conclude that NHS Fife was able to maintain a moderate level of assurance for the majority of information governance and security arrangements during 2025/26 (related to effective structures, regular oversight, and ongoing monitoring across leadership, policy, risk management, cyber resilience and performance reporting), a disclosure in the Annual Accounts is required for Freedom of Information and Subject Access Request processing, where the assurance level is assessed as limited due to sustained pressure on the function and statutory non-compliance. This weakness culminated in December 2025, when the Scottish Information Commissioner initiated a Level 4 intervention, representing a serious

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

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

5. Self-Assessment

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

6. Conclusion

6.1 Over the course of 2025/26, the Clinical Governance Committee has discharged its responsibilities in providing the NHS Fife Board with robust oversight and assurance across clinical quality, safety, effectiveness and patient experience. The Committee has demonstrated consistent and proportionate scrutiny of strategic delivery, operational performance, governance arrangements and risk management, maintaining a clear focus on patient safety, learning and continuous improvement.

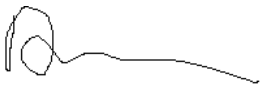
6.2 The Committee has taken significant or moderate assurance across the majority of areas within its remit, reflecting established governance structures, strong clinical leadership and improving maturity in quality improvement and assurance processes. Where limited assurance has been recorded, most notably in relation to significant adverse event review timeliness, aspects of stroke performance, stage two complaints handling and adult protection capacity, the Committee has been explicit in articulating the nature of the risk, endorsing improvement plans and ensuring clear routes for escalation and ongoing monitoring. These areas appropriately remain priority risks for continued Board attention.

6.3 The Clinical Governance Committee provides the NHS Fife Board with assurance that, notwithstanding a small number of continuing areas of concern requiring sustained improvement, the systems, processes and governance arrangements necessary to deliver safe, effective and person-centred care are in place and operating appropriately, with a clear trajectory toward further strengthening clinical governance across the organisation.

6.4 As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

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

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

Signed:  Date: 1 May 2026

Anne Haston, Chair
On behalf of the Clinical Governance Committee

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

NHS Fife Clinical Governance Committee Attendance Record

1 April 2025 to 31 March 2026

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

APPENDIX 1

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

APPENDIX 2

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

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

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

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

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

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

APPENDIX 2

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

APPENDIX 2

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