



# **Clinical Governance Committee Induction Pack**

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## **1. Introduction**

Welcome to NHS Fife Clinical Governance Committee. I hope you find this pack helpful as a new member of the Committee.

## **2. Purpose of Committee**

The purpose of the Clinical Governance Committee is to observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity, and planning are acceptable. The Committee oversees the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy.

## **3. Providing Assurance to the NHS Fife Board**

The role of the Clinical Governance Committee in providing assurance to the NHS Fife Board is through delivery of the Committee's remit, as set out in the Terms of Reference, and through delivery of its annual workplan. The workplan covers governance matters, strategy/planning, quality/performance, digital/information, person centred care/participation/engagement, professional standards, annual report/other reports, linked committee minutes and any other areas that may arise during the course of the year. Furthermore, a risk management approach is taken forward for each of the workplan items, to ensure that risks are managed within the NHS Fife Board's appetite to risk.

## **4. Definition of Clinical Governance**

Clinical Governance is defined as "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Sally and Donaldson, 1998).

Clinical Governance is an umbrella term covering a number of activities as well as a combination of structures and processes at and below board level, to help sustain and improve high standards of care. The Strategic Framework for Clinical Governance incorporates reviewing and learning from people's care experience, use of data and feedback, risk management, the management of and learning from adverse events, clinical audits and evaluations, and evidence-based practice guidance and effectiveness.

A range of Clinical Governance activities are undertaken to enable the delivery of safe, effective and person-centred care and everyone in the organisation has a role to play in this work.

## 5. NHS Fife Population Health and Wellbeing Strategy and Supporting Strategic Frameworks

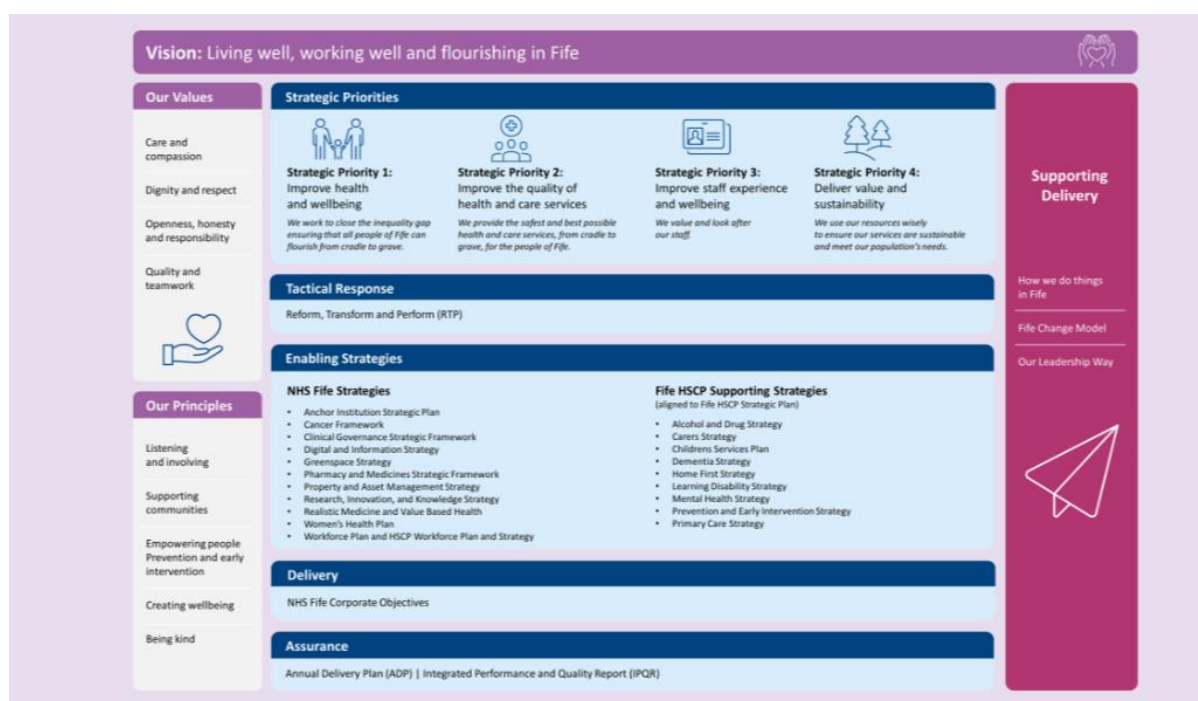
There are a number of strategic frameworks which have been developed to support the aims of the NHS Population Health and Wellbeing Strategy. The Clinical Governance Strategic Framework's aim is to:

*Our aim is to deliver safe, effective, person-centred care as an organisation which listens, learns and improves.*

This framework defines the objectives, expected outcomes, activities and measures required to achieve this aim across the full NHS Fife healthcare system.

The local strategies and strategic frameworks are:

- NHS Fife Population Health and Wellbeing Strategy
- NHS Fife Participation and Engagement Strategy
- NHS Fife Risk Management Framework
- NHS Fife Research and Development Strategy
- NHS Fife Digital and Information Strategy
- NHS Fife Leadership Framework: Our Leadership Way



## 6. Introductory Meetings

As part of your induction to the Clinical Governance Committee, you will be invited to have an introductory meeting with the Medical Director, Director of Nursing, Director of Public Health, Director of Health & Social Care, and Associate Director of Quality & Clinical Governance in relation to the areas noted below.

**Medical Director:** Patient safety and quality of care reporting; clinical governance; medical education and training; research and development; quality improvement assurance mechanisms and public/population health.

**Director of Nursing:** Infection prevention and control; community/patient participation and engagement; child and adult protection.

**Director of Public Health:** The population of Fife and its health needs; health inequalities and work with Partnership Board; the domains of public health and the work of the department.

**Director of Health & Social Care:** Overview of services devolved to Fife H&SCP; the governance structure of the Integration Joint Board; local healthcare challenges.

**Associate Director of Quality & Clinical Governance:** On behalf of the Medical Director the Associate Director for Quality and Clinical Governance is responsible for the strategic and operational delivery of the Board's agenda across quality, clinical effectiveness, adverse events and Medical Education.

## 7. Dates of Meetings 2025/26

All meetings are held from 10am – 1pm and are held virtually via MS Teams. A pre-meet for Non-Executive Members will be held from 9.15am. Meeting papers are available [here](#)

Friday 11 July 2025

Friday 29 August 2025

Friday 7 November 2025

Friday 9 January 2026

Friday 6 March 2026

In addition to the main meetings, development sessions will take place approximately twice a year on specific topics.

## 8. Useful Documents/Key Reading Material

[Annual Statement of Assurance for NHS Clinical Governance Committee](#)

[Code of Corporate Governance](#)

[NHS Fife Cancer Framework 2022-25](#)

[Healthcare Improvement Scotland - Community](#)

[NHS Fife Clinical Governance Strategic Framework](#)

[Engagement | HIS Engage](#)

[Digital & Information Acronyms Abbreviation List](#)

[Population Health & Wellbeing Strategy](#)

## 9. Continued Personal Development

To manage your ongoing professional development and keep your training up to date, TURAS is a valuable online tool, available to all staff and Board members. Through this training tool, there are a number of mandatory and relevant statutory courses and learning available, which can be accessed [here](#).

## **CLINICAL GOVERNANCE COMMITTEE**

### **CONSTITUTION AND TERMS OF REFERENCE**

Date of Board Approval: 27 May 2025

#### **1. PURPOSE**

- 1.1 To oversee clinical governance mechanisms in NHS Fife to ensure the delivery of safe, effective, person-centred care in an organisation that listens, learns and improves.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee and evaluate the clinical governance and risk management actions and activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of transformative change programmes and new and innovative ways of working.
- 1.4 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities. This includes planning, maintaining and improving quality.
- 1.5 To oversee patient experience and feedback mechanisms and associated activity and seek assurance that learning and ongoing improvements are responsive to feedback and in line with national standards and Ombudsman guidance.
- 1.6 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- 1.7 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.
- 1.8 The Committee has delegated authority from the Board to be assured that the correct structure, systems and processes are in place to manage clinical governance and quality-related matters and that these are monitored appropriately. Whilst the Committee can input into and endorse plans drafted to implement the Board's agreed strategies, approval thereof remains with the Board, as per its Standing Orders.

#### **2. COMPOSITION**

- 2.1 The membership of the Clinical Governance Committee will be:

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

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

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

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

### **3. QUORUM**

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

### **4. MEETINGS**

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

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



- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.
- 4.4 The Committee will conduct business in accordance with NHS Fife's Organisational Values and a focus on promoting a safety culture.

## **5. REMIT**

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the quality and safety performance indicators set by the Board.
- provide oversight of the implementation of the quality, safety and patient experience aspects of the Population Health & Wellbeing Strategy and review its impact, in line with the NHS Fife Strategic Framework and the Clinical Governance Framework.
- ensure appropriate alignment and clinical governance oversight with the individual workstreams of the Strategy.
- provide assurance to the Board that there are effective systems and processes in place to support the management and mitigation of risks related to Information Security & Governance.
- receive the minutes and assurance reports from the meetings of:
  - Area Clinical Forum
  - Area Drug & Therapeutics Committee
  - Area Medical Committee
  - Area Radiation Protection Committee
  - Cancer Strategy & Governance Group
  - Clinical Governance Oversight Group
  - Digital & Information Board
  - Health & Safety Sub Committee
  - Infection Control Committee
  - Information Governance & Security Steering Group
  - Integration Joint Board Quality & Communities Committee
  - Ionising Radiation Medical Examination Regulations Board (IRMER)
  - Medical & Dental Professional Standards Oversight Group
  - Medical Devices Group
  - Mental Health Oversight Group
  - Research, Information & Knowledge Oversight Group
  - Resilience Forum

Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.

- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and the Board thereafter.
- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies, such as the Scottish Public Services Ombudsman (SPSO), Scottish Patient Safety Programme (SPSP), the Mental Welfare Commission (MWC) and Healthcare Improvement Scotland (HIS) reviews and visits.
- To provide assurance to Fife NHS Board about the quality of services within NHS Fife, including that effective adverse event management and organisational learning arrangements are in place and are compliant with Duty of Candour legislation.
- To undertake an annual self-assessment of the Committee's work and effectiveness.
- The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.

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

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

## **6. AUTHORITY**

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

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

## **7. REPORTING ARRANGEMENTS**

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee

Chair, who also provides an assurance report on the matters considered at the Committee and highlights any particular issues which the Committee wishes to draw to the Board's attention.

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

## Members

### **ANNE HASTON, NON-EXECUTIVE MEMBER & COMMITTEE CHAIR**

Anne Haston is the Board's Sustainability Champion.

Anne is a general dental practitioner with 14 years' experience in delivering NHS care. She has also participated in the delivery of the Covid vaccination programme. From Fife originally, she has lived and worked across Glasgow, Lanarkshire and West Lothian. She has a wealth of experience in treating patients from a wide variety of backgrounds and settings, and is proud to be an active volunteer in her local community. Anne is seeking to bring to the Board a strong focus on patient-centred initiatives and will aim to be a link between front-line delivery of care and Board-level strategic decisions.



### **JO BENNETT, NON-EXECUTIVE MEMBER**

Jo Bennett's experience includes a variety of roles in the health and voluntary sector in Scotland. She has been involved in designing, initiating and evaluating a wide range of services across Scotland, working in partnership with voluntary and statutory sectors to improve patient and service user experience and care outcomes.

She has a background in improvement science and health and care governance.



### **ALASTAIR GRANT, NON-EXECUTIVE MEMBER**

Alastair Grant is the Board's Counter Fraud Services Champion.

Alastair is a qualified accountant with more than 30 years' experience working both in Scotland and the Middle East. Most recently Alastair worked for Sodexo Justice Services, until his recent retirement. Alastair brings to the Board proven commercial acumen,



combined with good people management, team building, development and mentoring skills.

**COLIN GRIEVE, NON-EXECUTIVE MEMBER**

Colin Grieve holds an Executive MBA and has 30 years' experience in the Public Sector. He served for 25 years in Fife Fire and Rescue Service, where he was the Head of Community Safety. Prior to retirement he was the Scottish Fire and Rescue Service Area Commander (Local Senior Officer) in Tayside, responsible for delivery of services and engagement with partners across the three Local Authority Areas. He brings significant change management and service redesign experience, along with strong people and partnership skills. He is an advocate of the benefit of good health outcome benefits for non-health public services, and the wider societal benefits a focus on public health can deliver.



**LYNNE PARSONS, AREA PARTNERSHIP FORUM REPRESENTATIVE**

Lynne Parsons has worked in NHS Fife since qualifying as a Podiatrist in 1987 and has experience working in Acute, Community and Primary Care settings. She has previously held a Director's role within her own professional body, The Royal College of Podiatry. She has over 20+ years' experience as a Trade Union and Health & Safety representative and has held a Partnership Coordinator role and Local Partnership Forum Co-Chair role within NHS Fife. Lynne has actively been involved with many key projects and staff-side initiatives, as well as a range of policy making groups, workforce planning, job evaluation and governance groups. She took up the role of Employee Director in October 2023.



## **NICOLA ROBERTSON, AREA CLINICAL FORUM REPRESENTATIVE**

Nicola initially commenced her nursing career in NHS Fife and went on to work with Oxford University Hospitals NHS Trust where the majority of her clinical career was spent within Cardiology. Nicola graduated with an MSc (Advanced Practice) in Oxford before returning to NHS Fife. Nicola took up post as Director of Nursing, Corporate, in 2021, having previously worked as a Head of Nursing within the Planned Care Directorate.



Nicola is committed to ensuring the nursing workforce is attracted to come to work in Fife and stay in Fife, to ensure the highest quality education and development is provided, and that staff can access a range of tailored support needs.

## **JANETTE KEENAN, DIRECTOR OF NURSING**

Janette joined NHS Fife in 2002 as Deputy Director of Nursing in Acute Services. She trained as a nurse in Falkirk and Stirling and worked in a variety of roles in NHS Forth Valley, including Ward sister in the Stroke unit, eHealth Project Nurse, Nurse Manager, and Associate Director of Nursing before crossing the bridge into Fife. She became Associate Director of Nursing in Fife in 2014 and Director of Nursing in 2021. She chaired the Area Clinical Forum between 2016 and 2021. Janette has completed a MBA and took part in the NHS Scotland 'Delivering the Future' leadership programme. She is passionate about modern health and social care, about delivering the best for the people of Fife and providing a progressive, positive workplace for staff. Person-centred care, delivering excellence in patient experience and kindness are at the heart of what she believes in.



## **DR CHRIS MCKENNA, MEDICAL DIRECTOR**

Dr McKenna - started his career in NHS Fife in 2011, when he was employed as one of the first consultants in Acute Medicine. He trained as an Acute Physician in the South East of Scotland and is a Fellow of the Royal College of Physicians Edinburgh. He was appointed as the Clinical Director for Emergency Care within the Acute Division of NHS Fife in 2015 and has played a key role in the improvement of unscheduled care delivery within the Victoria Hospital. Dr McKenna completed the IHI Improvement Advisor training programme in 2012 and has been involved in a number of quality and safety initiatives across the Acute Division. In 2018 Dr McKenna took part in the Leading for the Future programme and he is passionate about the development of Medical Leadership. He took up his position as Medical Director for NHS Fife in March 2019.



## **CAROL POTTER, CHIEF EXECUTIVE**

Carol took up her role as Chief Executive in September 2020 having been appointed Interim Chief Executive in January 2020. Carol was previously Director of Finance from May 2017 and, prior to that, Assistant Director of Finance, having joined NHS Fife in March 2014, following a short spell in the higher education sector. Her NHS career started in 1993 with the then Kirkcaldy Acute Hospitals NHS Trust, as a National Finance Graduate Trainee. During the intervening period, Carol has held senior NHS finance roles in Forth Valley, Lanarkshire and Lothian. In 2004 Carol spent a short period with the Scottish Government leading a review of training and development within the finance function across NHS Scotland. She has a broad portfolio of experience across strategic financial planning, operational financial performance management and major capital investment projects. She is presently a trustee of the Healthcare Financial Management Association (HFMA), the representative body for finance staff in



healthcare.

**DR JOY TOMLINSON, DIRECTOR OF  
PUBLIC HEALTH**

Dr Joy Tomlinson has more than 28 years' experience in clinical and Public Health work within the NHS in Scotland. She began her career in Public Health following completion of training in general practice and has worked as a consultant in Public Health since 2009. She joins NHS Fife in June from NHS Ayrshire and Arran, where she was recently Interim Director of Public Health (Joint).

