CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 26 May 2026

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 seek and receive assurance that clinical governance mechanisms are supported by effective quality assurance and quality improvement systems, delivered through systematic and documented approaches, policies and internal controls, and give assurance to the Board thereon.

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:

- A minimum of six Non-Executive or Stakeholder members of the Board . (A Stakeholder member is appointed to the Board from Fife Council or the University of St Andrews 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 from the Area Partnership Forum
- One representative from the Area Clinical Forum

2.2 A Chair and Vice Chair of the Committee will be appointed by the Chair of the Board from the Non-Executive / Stakeholder membership of the Committee. In the event of the Chair of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair. The Vice Chair will also support the Chair in the effective running of the Committee, including attending agenda setting meetings and approving draft minutes if so required.

2.3 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 Planning & Transformation
- Deputy Medical Directors, Acute and Health & Social Care
- Directors of Nursing, Acute, Corporate and Health & Social Care
- Director of Allied Health Professionals
- Associate Director of Quality & Clinical Governance
- Board Secretary

2.4 The Medical Director and Nurse Director shall serve as the lead officers 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 or Stakeholder members, the Chair will ask other Non-Executive or Stakeholder members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board in the meeting minute.

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

4.3 The Committee will conduct business in accordance with NHS Fife's Organisational Values and with 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 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 above strategy.
- receive assurance that the quality and safety of, performance and risks relating to mental health provision are addressed in line with the Directions set by the Integration Joint Board and that robust mitigating actions are in place to address any areas of concern;

- receive assurance that the Board's research, education and academic partnerships are championed, are effective and in support of the Board's strategic ambitions in relation to improving population health.

- 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
  - Infection Control Committee
  - 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.

- Assure compliance with relevant external standards, 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) external inspections, reviews and visits. This includes overseeing the governance of associated action plans following on from Safe Delivery of Care Inspections.

- To provide assurance to Fife NHS Board about the quality of clinical 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 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

or Vice 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.