CLINICAL GOVERNANCE STRATEGY

“Clinical Governance is the corporate responsibility for the quality of care”

Date: November 2014 – 2017

Last review date: November 2014
Next Formal Review: November 2017
Implementation Date: December 2014
Author: NHS Fife Head of Quality and Clinical Governance on behalf of NHS Fife Executive Lead for Clinical Governance

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<th>Approval Record</th>
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<tr>
<td>Quality, Safety and Governance Group</td>
<td>December 2014</td>
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<td>NHS Fife Clinical Governance Committee</td>
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<td>NHS Fife Board</td>
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1. INTRODUCTION

NHSScotland has the ambition to be a world leader in the provision of quality healthcare and NHS Fife has the ambition to be in the upper quartile of high performing quality healthcare providers.

Since 2010, NHS Scotland’s overarching strategic document has been the Quality Strategy which is underpinned by the 2020 Vision Routemap. A number of associated ‘2020’ documents have been developed\textsuperscript{1,2} or have been proposed\textsuperscript{3,4} which contribute to the framework and direct and facilitate NHSScotland and Boards move towards the ambition of being a world leader in healthcare.

NHS Fife has recently agreed its Strategic Clinical Framework to articulate its vision and plans to achieve the transformational change required to deliver the priorities of the 2020 Vision for Health and Social Care.

The Strategic Clinical Framework will be framed around the domains of Patient Experience, Clinical Excellence, Workforce, Environment and Financial Value and under each will be a number of aspirations and indicators.

In December 2007, Better Health, Better Care Action Plan, Scottish Government, made a series of commitments to improve the health of everyone in Scotland and to improve the quality of healthcare and healthcare experience. The Quality Strategy 2010, a development of Better Health, Better Care built on the significant achievements of the last few years such as the reductions in waiting times, the approach to addressing Healthcare Associated Infection, and the improvements made to ensure patient safety. The Quality Strategy was designed to have a direct and positive impact by supporting everyone in Scotland to live longer healthier lives.

1.1 Background

Clinical governance provides a systematic approach to continuous quality improvement and the monitoring of that improvement. The term ‘Clinical Governance’ was first introduced to NHS Scotland in the 1997 White Paper ‘Designed to Care’. It was not a new concept, rather a new way of looking at existing activities to improve the quality and safety of clinical care.

Clinical Governance places a statutory duty of quality on each NHS organisation to ‘put and keep in place arrangements for the purpose of monitoring and improving the quality of healthcare’ (MEL (1998)75).

Clinical Governance provides a framework for bringing together all local activity for improving and assessing clinical quality into a single coherent programme which encourages everyone in the organisation to be a part of and work towards improving the quality and safety of patient care. It sits at the centre of the quality

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and improvement agenda and its successful development and delivery is key to providing safe and effective care and improving the patient experience.

This Strategy takes as its starting point three key documents:

a) The Good Governance Standard for Public Services (2004) which outlines good governance as:
   - focusing on the organisation’s purpose and on outcomes for patients and service users;
   - performing effectively in clearly defined functions and roles;
   - promoting values for the whole organisation and demonstrating the values of good governance through its practices;
   - taking informed, transparent decisions and managing risk;
   - developing the capacity and capability of the governing body to be effective;
   - engaging stakeholders and making accountability real.

b) The Quality Strategy\(^5\) (Scottish Government 2010), Clinical Governance within the Quality Strategy has developed further to ensure the highest quality of healthcare services is delivered. The strategy makes reference to the six dimensions of Healthcare Quality (Institute of Medicine)
   - Person centred
   - Safe
   - Effective
   - Efficient
   - Equitable
   - Time

c) 2020 Routemap for Health and Social Care\(^6\) NHS Scotland vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting. Scotland will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Other external drivers which have influenced the development of this Strategy and objectives include:

\(^5\) The Healthcare Quality Strategy for NHS Scotland. The Scottish Government May 2010
\(^6\) The Route Map to the 2020 Vision for Health and Social Care. The Scottish Government September 2011
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- The Scottish Government Patient Experience Programme, Better Together7
- The Scottish Patient Safety Programme8

This strategy is intended to be a living document and will continue to evolve as NHS Fife develops in response to new initiatives and in response to Health and Social Care Integration.

1.2 Purpose of the Document

The purpose of this document is to:

- Outline the vision and set the direction for NHS Fife’s activities in the arena of Clinical Governance.
- Identify and allocate key responsibilities in relation to Clinical Governance within NHS Fife.
- Clarify the roles, remits and relationships of all Clinical Governance Groups and Committees within NHS Fife.
- Clarify the relationships between Clinical Governance and other key work streams within NHS Fife.
- Communicate our intentions to staff, users, carers and other partner organisations.
- Ensure that clear and systematic mechanisms are in place to assure the Board and the people of Fife of the standard of clinical services provided by NHS Fife.

In 2011, a Board-wide process of consideration and consultation resulted in the production of the NHS Fife Quality Delivery Plan. This set out the strategic direction for clinical governance and other associated strategies in response to the emerging Quality Strategy and the Scottish Government Governance Review.

During 2015, a similar process of consideration and consultation will be required to establish the future direction of this clinical governance strategy in light of the Health and Social Care Integration and changes in service models, organisational structures and associated management arrangements; until then, this document and work plan provide the strategy and actions.

1.3 Vision

Providing safe, effective and person centred care is a key ambition for all those working in or with NHS Fife. The organisation is committed to continuously reviewing and improving the safety and quality of care for all patients and their carers through:

- Effective leadership at all levels

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- Maintenance of a culture which promotes safety and improvement
- Effective communication with all stakeholders
- Management of information and the use of this information to support improvement
- Staff development
- Alignment and integration of strategies and work streams

Through robust structures and processes we will monitor and evaluate our work to ensure that it leads to improvements. The views of Patients, Carers and the Public will guide our priorities and will be a key measure by which we judge our performance.

The NHS Fife model of Clinical Governance outlines a number of elements which, taken together, enable a quality service to be provided. These are Clinical Effectiveness, Risk Management, Staff and Organisational Development and E-Health/Information Governance (Appendix 1). This strategy will make reference to each of these elements. As part of the vision to integrate and align work streams and avoid duplication, Clinical Effectiveness has now been incorporated into this single Clinical Governance Strategy. However, detailed strategies or frameworks continue to exist for: Risk Management, Research and Development, E-Health, Information Governance and Learning and Development.

There are also a number of other work streams which are closely aligned to Clinical Governance and this strategy will make clear the linkages between these. These include Staff Governance, Patient Focus Public Involvement (PFPI), Equality and Diversity, Emergency and Continuity Planning, Leading Better Care (review of the Senior Charge Nurse role) and Clinical Quality Indicators, Performance Management, Re-design, Quality Improvement and Innovation.

2. ROLES AND RESPONSIBILITIES AND CLINICAL GOVERNANCE COMMITTEE STRUCTURES

NHS Fife has established Clinical Governance Structures which reflect the structural arrangements for accountable service delivery. This strategy is supportive of the current arrangements within NHS Fife (Appendix 2). The Clinical Governance structure also takes account of individual executives' responsibilities in these areas. Clinical Governance arrangements are embedded into all services and responsibility is devolved to Community Health Partnerships, the Acute Services Division and Corporate Directorates within a supportive common framework. These arrangements will have to be reviewed in response to the integration of health and social care and the establishment of the new Integrated Joint Board.

2.1 Individual roles and responsibilities:

Leadership at all levels is key to the delivery of this Strategy. The NHS Fife Executive Leads have delegated responsibility for their respective functions from
the Chief Executive (Appendix 3). However, the day to day responsibility for the delivery of high quality clinical services is devolved to the Community Health Partnerships/Acute Services Division/Corporate Directorates.

**NHS Fife Chief Executive:** The Chief Executive has a formal contractual responsibility for the organisation as a whole. In particular the Chief Executive has a responsibility for the quality of clinical services provided within NHS Fife.

**NHS Fife Executive Lead for Clinical Governance:** The NHS Fife Executive Lead for Clinical Governance is the identified executive responsible for leading the development and implementation of the Clinical Governance systems, including Clinical Effectiveness, within the organisation.

**The Director of Public Health:** The Director of Public Health as Caldicott Guardian is responsible for ensuring that NHS Fife complies with the guidance in the Caldicott Report and for the development of Clinical Governance within Public Health. The Director of Public Health is also the Executive Lead for Emergency Planning.

There are a number of other executive leads with roles directly related to this strategy including:

- NHS Fife Executive Lead for E-Health
- NHS Fife Executive Lead for Risk Management
- NHS Fife Executive Lead for Research and Development
- NHS Fife Executive Lead for Information Governance
- NHS Fife Executive Lead for Patient Safety
- NHS Fife Executive Lead for Organisational Development
- NHS Fife Executive Lead for Staff Governance
- NHS Fife Executive Lead for Equalities
- NHS Fife Executive Lead for Patient Focus Public Involvement
- NHS Fife Executive Lead for Business Continuity
- NHS Fife Executive Lead for Infection Control

**Independent Contractors:** NHS Fife aims to ensure that the principles of Clinical Governance are embedded within the work of all our independent contractors. We will work with independent contractor professions to clarify their relationship with the NHS Fife Clinical Governance Committee and how the implementation of the strategy will apply to their services. The arrangements for each separate profession need to be formalised. In the meantime the existing arrangements in place within NHS Fife will remain extant.

Links with General Practitioners are currently by way of the GP sub-committee, the Primary Care Department and the Medical Director, Primary Care to the Board Medical Director. An exercise to identify the numerous Clinical Governance aspects of the new GMS contract has been carried out. This is monitored by the General Medical Services Steering Group. As a result of a nationally driven exercise to understand Clinical and Staff Governance in General Practice in 2010, there is an annual report for Clinical and Staff Governance in General Practice as part of the Clinical Governance workplan.
All Staff: It is the responsibility of all staff to consider the components of Clinical Governance and take steps to achieve the goals of this strategy. All strands of Clinical Governance including Risk Management, Clinical Effectiveness and Quality Improvement are included in the NHS Fife staff induction programme, in house core training and core training for the Foundation Year Doctors.

2.2 Clinical Governance Structures:

There is a range of related Clinical Governance Committees and groups within NHS Fife. These are detailed below and the relationships mapped in (Appendix 2)

NHS Fife Clinical Governance Committee

The role and remit of the NHS Fife Clinical Governance Committee is detailed within the NHS Fife Code of Corporate Governance (as amended February 2014) and appended (Appendix 4). This committee is a key standing committee of the Board whose responsibilities are to oversee the delivery of the Clinical Governance agenda within NHS Fife and to assure the Board and the public of Fife about the quality of clinical services provided. In the interests of openness and transparency, this committee is chaired by a Non-Executive Director of the Board and the minutes are public documents.

The Clinical Governance Committee receives regular reports from the Community Health Partnership, the Acute Services Division, the Director of Public Health and where appropriate, Executive Leads (covering the work of the Corporate Directorates and Fife wide roles related to Clinical Governance), to provide assurance that adequate local arrangements are in place to continually improve the quality of healthcare. The schedule of reporting is laid out in the NHS Fife Clinical Governance Work Plan and reviewed at every meeting. This includes regular reports from Infection Control, Information Governance and Radiation Protection.

The Clinical Governance Committee, as a Standing Committee of NHS Fife Board, ensures that areas of clinical risk are addressed as appropriate and reviews achievement of clinical risk management objectives related to Clinical Governance. Assurance on matters of clinical risk is considered at all Clinical Governance Groups and Committees as a matter of course and thereon reported to the relevant management group or committee for action.

Strategic Management Team (SMT)

The SMT chaired by the Chief Executive, NHS Fife, has delegated responsibility for risk management and ensures executive and corporate integration of the management of risk within the main governance areas in NHS Fife.

The SMT considers the Corporate Risk Register on a monthly basis. It monitors the corporate risk profile and deals with escalated risks. Lead Officers must escalate any moderate or high level risks that are deemed impossible or
impractical to manage at an operational level to the SMT for consideration with a view to inclusion in the Corporate Risk Register or for alternative management action.

**The Quality, Safety & Governance Group**

The Quality, Safety & Governance Group (QSGG) is chaired by the NHS Fife Board Director of Nursing. It has representation from Community Health Partnerships, Acute Services Division, Clinical Governance Support Team and Improvement team. It reports to the NHS Fife Clinical Governance Committee and has responsibility for overseeing the implementation and monitoring of the principles of Clinical Governance, overseeing and monitoring the implementation of the Quality Delivery Plan and the Reducing Harm Action Plan. In the light of other guiding documents such as the Strategic Framework, this group will agree the key performance and assurance measures for quality and clinical governance. These objectives and key performance indicators are monitored regularly by QSGG and the indicators are reviewed and approved on an annual basis by the NHS Fife Clinical Governance Committee. Its remit is detailed at (Appendix 5).

**NHS Fife Clinical Governance Sub Groups and Committees**

The operational units within NHS Fife have a key responsibility for ensuring that Clinical Governance systems become embedded in clinical practice. The strategic objectives and key performance indicators are interpreted and integrated at a local level in order to develop local Clinical Governance development plans. The Community Health Partnerships/Acute Services Division/Corporate Directorates have well developed systems to address Clinical Governance issues within their area of responsibility and produce reports for each meeting of the NHS Fife Clinical Governance Committee through their General Manager/Chief Executive/Director.

**Acute Services Division Clinical Governance Committee:** The Acute Services Division Clinical Governance Committee, a sub committee of the Acute Services Division Committee oversees the delivery of the Clinical Governance agenda within the Division and assures the Acute Services Division Committee and the NHS Fife Clinical Governance Committee about the quality of services provided.

**Community Health Partnerships Clinical Governance Groups:** Each Community Health Partnership Committee oversees the delivery of the Clinical Governance agenda within their Community Health Partnership and assures the CHP Committee and the NHS Fife Clinical Governance Committee about the quality of clinical services provided. Each Community Health Partnership has established a Clinical Governance Group and mechanisms for supporting and monitoring Clinical Governance activities including: annual reporting from managed and hosted services, monitoring of complaints, risks and incidents and providing support and overseeing the implementation of the Scottish Patient Safety Programme both within Community inpatient services and the Primary Care Setting.

**Public Health:** Internal departmental Public Health governance is overseen by
the Public Health Risk Management Group. During 2010 the Public Health Clinical Governance Committee has been reconvened. The Director of Public Health is a member of the NHS Fife Clinical Governance Committee and will escalate any issues as appropriate and provide the CGC with an annual report. Key pan-Fife public health issues are reported directly into the NHS Fife Clinical Governance Committee. These include for example: Cervical Screening Annual Report; Breast Screening Annual Report; Antenatal/Neonatal Annual Report; any public health incidents.

**NHS Fife Resilience Forum:** This group is chaired by the Director of Public Health (DPH). The General Manager for Glenrothes & North East Fife is the Executive Lead for Business Continuity whilst the DPH is the Executive Lead for Emergency Planning. The Resilience Forum is an integral part of NHS Fife’s Emergency Planning and Business Continuity Management framework and provides support to the NHS Fife Chief Executive and the Strategic Management Team in the exercise of their duties in all areas of Resilience Planning within NHS Fife. Its purpose is to provide an NHS Fife senior management forum which oversees the development, implementation and review of all aspects of NHS Fife’s local resilience processes, i.e. emergency planning and business continuity management. The Forum reports to the SMT.

**E-Health Board:** This group is chaired by the Executive Lead for E-Health and reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for E-health are available.

**Information Governance Group:** This group is chaired by the Executive Lead for Information Governance and reports to the NHS Fife Clinical Governance Committee. It is responsible for overseeing the Information Governance agenda.

**Research and Development Strategy Group:** This group is chaired by the Executive Lead for Research and Development and oversees this agenda within NHS Fife. It reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Research and Development is available.

**Equality and Diversity Steering Group:** This group is chaired by the NHS Fife Executive Lead for Equality and Diversity and reports to the Patient Focus Public Involvement Standing Committee of the Board. This standing sub-committee holds the governance accountability for patient and public involvement as well as equality and diversity.

**Infection Control Committee:** This group is chaired by the NHS Fife Executive Lead for Infection Control and reports to the NHS Fife Clinical Governance Committee. This committee is responsible for overseeing the Infection Control agenda and quarterly and annual reports are produced.

**Patient Safety Implementation Group:** No longer operates following a move to devolve patient safety and activity to a more operational level. Regular high level reports on the Scottish Patient Safety Programme go to Quality Safety and Governance Group, SMT and the Board.
2.3 Links to Other Governance Areas

There are a number of other related governance areas with their own structures within NHS Fife including the Staff Governance Committee, the PFPI Committee and the Redesign Committee. Integrating all these areas is a current challenge and priority for the organisation. The NHS Fife Balanced Score card is a key tool in the drive towards further integration of these areas.

Systems are in place to ensure that relevant issues from these areas are communicated to and appropriately managed through clinical governance arrangements. However, there is scope to improve these links and this is reflected as a Clinical Governance objective.

3. SETTING THE CLINICAL GOVERNANCE AGENDA

NHS Fife balances the drive from external quality standard setting and monitoring bodies within NHS Scotland such as NHS Healthcare Improvement, Scotland and Audit Scotland, and locally determined priorities and pressures to devise a Clinical Governance agenda appropriate to NHS Fife, The NHS Fife Clinical Governance Committee, in conjunction with the Quality, Safety & Governance Group and Executive Leads identified in this document and through consultation with a wide range of stakeholders has developed the Clinical Governance objectives. Progress against these targets is monitored by the Quality Safety & Governance Group and NHS Fife Clinical Governance Committee

3.1 Objectives

Over the three years 2014 – 2017 NHS Fife intends to improve in the following specific ways:

1. Continue to monitor the quality of services and work with the Quality Safety & Governance Group to ensure key priority areas for improvement are progressed.
2. Implement the Scottish Patient Safety Programme Indicators across NHS Fife
3. Build on current systems to improve implementation and monitoring of SIGN Guidelines and other national guidance and standards across NHS Fife
4. Review the prioritised programmes of Clinical Effectiveness and Quality Improvement activity
5. Continue to develop and embed a culture which promotes improvement and patient safety and provide staff with the tools and training to facilitate this
6. Develop further IT systems and processes for the management of information and use of this information to support quality improvement
7. Continue to explore and develop creative ways of involving patients meaningfully in Clinical Governance and Quality Improvement based on the National Standards for Community Engagement and The Patient Rights (Scotland) Act 2011
8. Develop further the alignment of core work streams in particular PFPI,
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Staff Governance, Performance Management, Service Redesign and Quality Improvement Hub.

In addition NHS Fife will deliver on the objectives outlined in the Risk Management Framework, Research and Development; E-health, Information Governance, Infection Control, Emergency and Business Continuity Planning and Learning and Development Strategies and Action Plans. The Clinical Governance Objectives will also inform Service Development Plans.

3.2 Monitoring and Evaluation

A key element of monitoring and review of performance within NHS Fife is the NHS Fife Balanced Scorecard, which includes national targets and standards. Progress towards relevant targets is reviewed at each meeting of the Clinical Governance Committee.

Individual performance plans and reports are produced by the Acute Services Division and CHP’s and these too will include Clinical Governance targets. Relevant targets will be reviewed and monitored regularly by the Acute Services Division Clinical Governance Committee and CHP Clinical Governance Groups.

Each target in the Balanced Scorecard is explicitly aligned to one of the Quality Ambitions. Achieving the targets will therefore make an all round contribution to delivering the Quality ambitions.

Corporate risks are reviewed in terms of potential alignment with Balanced Scorecard targets. This ensures that corporate performance management and risk management systems are integrated at this level, with a common understanding of management of risks and target dependencies.

A variety of other internal and external mechanisms will be used to provide evidence of progress towards key objectives and to monitor and review Clinical Governance arrangements. These include:

- The use of internal and external audit reports;
- The use of external assessment reports from bodies such as NHS HIS, Audit Scotland, Professional Bodies;
- Monitoring reports from Community Health Partnerships/Acute Services Division/Public Health
- Monitoring reports of implementation of independent contractor contracts
- Annual review by the Clinical Governance Committee of the Clinical Governance Strategy, the Risk Management Framework and other key related strategies
- Reducing Harm Action Plan
- Quality Delivery Plan

The additional objectives outlined in the associated strategies and plans, listed above in 3.1, will be monitored as set out in those documents, by their dedicated sub-groups (as described in 2.2) and ultimately through Annual Reports to the
3.3 Communication with key stakeholders

There are well established communication routes for Clinical Governance across NHS Fife. The Quality Safety & Governance Group and Clinical Governance Committee are key for communication between different parts of the organisation.

Information is cascaded upwards and downwards by the Clinical Governance Leads for the Acute Services Division and the CHP’s using existing communication networks. Within each operational unit, communication systems already exist. Community Health Partnerships, the Acute Services Division and Public Health use current systems such as local newsletters, briefing sheets or websites to incorporate information about local, NHS Fife and national level Clinical Governance initiatives.

NHS Fife has made significant progress towards achieving a fully operational NHS Fife website and intranet. Some information is already available, for example Risk Management pages. The Clinical Effectiveness section has all information regarding the Quality Improvement Models training programme, project registration forms, case note forms, information leaflets, SIGN guidelines and staff contact details, and further Clinical Governance information will be placed on the intranet as it develops and also in public folders within existing e-mail systems. Updates to the Clinical Governance information are co-ordinated by the Clinical Governance Support Team.

Involving patients and the public in Clinical Governance issues to enhance the patient experience is a key focus of activity and this strategy should be read in conjunction with the emerging patient experience strategy for NHS Fife and the PFPI action plan. Patients and the public are currently involved to a limited extent in Clinical Governance activities in Fife for example, through the non-executive directors on the CGC and the involvement of patients in some clinical effectiveness projects. There have also been recent moves to more fully involve patients in the dissemination of learning from adverse events. However, continuing to explore ways to more fully involve patients in these activities remains a key objective. Feedback from patients in the form of compliments, concerns, comments and complaints is received regularly through quarterly reports to the CGC from the Patient Relations Department and influences the setting of priorities for CG activity at all levels.

This strategy should also be read in conjunction with the Equality and Diversity schemes and action plans. The obligations we have to address equality and human rights means that we will work to promote equality and eliminate discrimination for individuals and communities. This is achieved through our schemes, action plans and our emerging equality and human rights strategic framework.

3.4 Learning and Development

NHS Fife is committed to staff development to ensure we continue to provide
high quality healthcare to our service users. Learning and development is a key enabler supporting the clinical governance agenda.

NHS Fife Board has endorsed an NHS Fife Workforce Modernisation and Development Plan with a significant component relating to learning and organisational development priorities and activities. NHS Fife’s learning and development strategy is aligned to the “appropriately trained” staff governance standard. This is overseen and reviewed by the NHS Fife Staff Governance Committee.

In addition the Director of Organisational Development provides a report annually to the Clinical Governance Committee.

Personal development planning and review (PDPR) arrangements are key processes supporting effective Clinical Governance.

The Knowledge and Skills Framework (KSF), and parallel systems for those staff not covered by Agenda for Change, provides a consistent and comprehensive framework to facilitate the personal development and review of staff. The KSF PDP process will support the identification of clinical governance related learning needs and will facilitate the alignment of our investment in staff development to organisational need and service developments.

The integrated NHS Fife Learning and Development (L&D) technology based infrastructure developed to promote, manage, and monitor learning and development activity will support the staff development strand of the Clinical Governance Framework through a systematic approach to the management of learning and development and an enhanced capability for recording and reporting on Learning & Development activity.

Effective Clinical Governance and related activities depends on all staff having a clear understanding of the contribution they can make.

The Clinical Governance team will provide learning opportunities including: the provision of information to new staff as part of the organisation’s general induction arrangements; Quality Improvement training input in to a number of educational programmes including; NHS Fife Nursing/Nursing Clinical Support Worker Induction Programme, In House Core Training, Foundation Year, Core Education Programme for Medical Trainees Leadership programmes including Leading Better Care and Leading and Managing in Action, Mandatory Consultant Training.

Managers are responsible for ensuring that their staff, through their Personal Development Plans, are able to participate in appropriate Clinical Governance related learning activities.

Within the CHPs there is Protected Learning Time where staff are given the opportunity of time out from their duties to undertake various aspects of learning to improve their knowledge and thereby patient care.
Appendix 1

NHS Fife Clinical Governance Model

Diagram showing the various components of the NHS Fife Clinical Governance Model.
### NHS FIFE – EXECUTIVE LEADS

#### (a) Roles included in Job Description

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<td>eHealth Delivery&lt;br&gt;Financial Governance</td>
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<td>2.</td>
<td>Norma Wilson</td>
<td>Corporate Services&lt;br&gt;Freedom of Information (FOI)</td>
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<td>3.</td>
<td>Scott McLean</td>
<td>Patient Focus Public Involvement (PFPI)&lt;br&gt;Risk Management</td>
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<td>4.</td>
<td>David Christie</td>
<td>Organisational Development</td>
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<td>5.</td>
<td>?</td>
<td>eHealth Strategy&lt;br&gt;Research and Development&lt;br&gt;(?)</td>
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<td>6.</td>
<td>Dr Edward Coyle</td>
<td>Caldicott Guardian&lt;br&gt;Health Improvement and Health Protection</td>
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<td>7.</td>
<td>Mary Porter</td>
<td>Mental Health Services (including Child and Adolescent Mental Health Service)</td>
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<td>8.</td>
<td>Rona King</td>
<td>Staff Governance</td>
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<tr>
<td>9.</td>
<td>Jim Leiper</td>
<td>Decontamination&lt;br&gt;Estates, Capital Planning and Accommodation&lt;br&gt;(#)</td>
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<td>10.</td>
<td>?</td>
<td>Interpretation and Translation Services&lt;br&gt;Learning Disabilities Services</td>
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<td>11.</td>
<td>Dr Brian Montgomery</td>
<td>Clinical Advisory Panel&lt;br&gt;Pharmacy and Controlled Drugs&lt;br&gt;Redesign</td>
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<td>12.</td>
<td>?</td>
<td>Major Capital Projects&lt;br&gt;(#)</td>
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<td>13.</td>
<td>Heather Knox</td>
<td>Capacity Planning&lt;br&gt;(#)</td>
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Comment [h1]: Still requires to be updated with job title rather than individuals.
(b) **Fife Wide Co-ordination and Facilitation Role**

1. Dr Gordon Birnie  Clinical Governance

2. Dr Brian Montgomery  Performance Measurement Regional Planning


4. Scott McLean  Child Health Services Complaints Food, Fluid and Nutrition Palliative Care Patient Experience Spiritual Care Quality Strategy Control of Infection

5. Dr Edward Coyle  Health and Homelessness Information Governance Older People’s Services Regeneration/Sustainable Communities

6. ?  Drugs and Alcohol Services Health and Social Care Partnership Hepatitis ‘C’ HIV/Aids

7. Vicky Irons  Balance of Care Fife Rural Partnership (joint)

8. Rona King  Community Justice Community Safety

9. ?  Community Planning and Housing Equalities Fife Rural Partnership (joint)

10. Dr Brian Montgomery  Cancer Services Strategic Planning Quality Strategy Scottish Patient Safety Programme

11. ?  Travel and Transport

12. Vicky Irons  Business Continuity
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(c) **Role Acting on behalf of NHS Fife Chief Executive**

1. Scott McLean  Child Protection
2. Dr Edward Coyle  Public Health Incident Management
3. ?  Vulnerable Adult Protection
4. Rona King  Health and Safety
5. Dr Brian Montgomery  Patient Safety
   Prescribing and Medicines Management

NOTE:  
# indicates postholder reports to Divisional Chief Executive for system wide managerial role.

π indicates postholder reports to NHS Fife Medical Director for system wide managerial role.

All others report to NHS Fife Chief Executive for system wide roles (either on line management or personal basis).
Appendix 4

NHS Fife Clinical Governance Committee Terms of Reference
(NB: This is taken from the Code of Corporate Governance and reflects the current position to the best of our ability. It will be updated following approval at the Audit Committee)

CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

1. PURPOSE
1.1 To provide the Board with the assurance that clinical governance mechanisms are in place and effective throughout the whole of Fife NHS Board’s responsibilities, including health improvement activities.

2. COMPOSITION
2.1 The membership of the Clinical Governance Committee will be:
   - Three Non-Executive Members of the Board;
   - A Staff Side representative of NHS Fife Area Partnership Forum
   - One Representative from Area Clinical Forum; and
   - One Patient Representative.

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 Chairperson will agree with the Lead Officer to the Committee which Directors and other Senior Staff should attend meetings, routinely or otherwise.

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

2.4 Committee Members who are not Board Members and who have been nominated on to the Committee shall be appointed for two years in the first instance, with the possibility of re-appointment. Any re-appointments will be agreed by the Board Chairperson in consultation with the Committee Chairperson.

3. MEETINGS
3.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.

3.2 Fife NHS Board shall appoint a Chairperson who shall preside at meetings of the Committee. If the Chairperson is absent from any meeting of the Committee, the members at the meeting shall elect from amongst themselves a Chairperson for that meeting, who must be a Non-Executive Member of the Board.
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3.3 The agenda and supporting papers will be sent out at least five working days before the meeting.

4. REMIT

4.1 To monitor progress on the health status targets set by the Board.

4.2 To receive the minutes of meetings of the Acute Services Division Clinical Governance Sub-Committee and the CHP Clinical Governance Groups, and reports on identified strategic issues from the Divisional Committee and the CHP Committees and Executive Leads including eHealth, Information Governance, Infection Control and Radiation Protection.

4.3 To monitor the implementation of the recommendations from Health Improvement Scotland (HIS) reviews and visits.

4.4 To provide assurance to Fife NHS Board about the quality of services within NHS Fife.

4.5 To receive reports from the Quality, Safety and Governance Group.

4.6 To receive appropriate reports on Fife-wide Public Health Governance issues.

4.7 To provide an Annual Statement of Assurance on Clinical Governance to Fife NHS Board as in Appendix A to Section C. This Statement will be submitted to the Board via the Audit and Risk Committee. The proposed Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

4.8 To undertake an annual self assessment of the Committee’s work.

4.9 The Committee shall review regularly the sections of the NHS Fife Balanced Scorecard relevant to the Committee’s responsibility.

4.10 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee’s planned work during the forthcoming year. This includes an Information Governance Improvement Plan as outlined in NHS Scotland Information Governance Standards.

4.11 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”.

5. AUTHORITY
5.1 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.

5.2 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.

5.3 The Committee shall exercise the delegated powers identified in the Standing Orders and Standing Financial Instructions of the Board, as set out in the Purpose and Remit of the Committee.

6. REPORTING ARRANGEMENTS

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

6.2 The Corporate Risk Register will be scrutinised by the relevant Committees of the Board with a bi-annual update on all changes to the Corporate Risk Register being submitted to the Audit Committee.  
6.2. In accordance with the Board’s Risk Management framework, the Committee is responsible for the oversight of clinical risks on the corporate risk register, relevant and related risks on other risk registers and any emerging risks. It must be assured on the adequacy and effectiveness of risk management arrangements within its sphere of responsibility. It shall fulfill this function through receipt and review of a report on the management of these risks at least twice per year.
1. PURPOSE

1.1. The purpose of the NHS Fife Quality, Safety and Governance group is to:

a) Co-ordinate and facilitate the implementation of the Quality Delivery Plan and the Reducing Harm Action Plan connecting Clinical Governance, Risk Management, Patient Safety and Person Centeredness agendas.

b) Set the key performance and assurance measures for quality and clinical governance.

c) Monitor progress of implementation of the Quality Delivery Plan the Reducing Harm Action Plan and Policies and Procedures

2. COMPOSITION

2.1. Core membership who attend all meetings and provide consistent direction for the agenda and work plan shall be as follows:

- Chair, Board Nurse Director, Executive Lead for Quality, Risk Management,
- Patient Experience and HAI
- Vice-Chair, Associate Medical Director, Acute Services Division, Executive Lead for Clinical Governance
- Board Medical Director, Executive Lead for Patient Safety
- Quality Delivery Plan Work Stream Executive Leads
- CHP Leads for Quality and Clinical Governance
- Acute Services Division Lead for Quality and Clinical Governance
- Quality and Clinical Governance Lead
- Head of Quality Improvement
- NHS Fife Patient Relations Manager
- GP Representative

2.2. A broader membership will attend meetings to present or contribute specific topic discussions as identified in the annual work plan.

2.3. The group will be supported by the Clinical Governance Team and Clinical Governance Administrator.
3. **ROLE AND REMIT**

The role and remit of the NHS Fife Quality, Safety and Governance Group is as follows:

- To oversee the implementation and monitoring of the principles of Clinical Governance as defined in MEL(1998)75.
- To agree the NHS Fife key performance and assurance measures for quality and clinical governance.
- To work to break down boundaries between primary, secondary and tertiary health care and community services.
- To support, steer and monitor the implementation of the Quality Delivery Plan and Reducing Harm Action Plan in NHS Fife.
- To agree on the development of any new Fife Wide Policies or Procedures.
- Ensure completion of policy/procedure reviews with exception reporting/escalation to Quality, Safety and Governance Group.
- To agree leads for NHS QIS visits and the implementation of action plans arising there from.
- To agree leads for National Guidance and Best Practice Statements and subsequent reporting timescales.
- To review progress against the NHS QIS Clinical Governance and Risk Management Review action plan.
- To maintain an awareness of developing Quality, Safety and Governance agendas, both internal and external to NHS Fife.
- To provide regular reports on progress of the implementation of the Quality Delivery Plan and Reducing Harm Action Plan to the NHS Fife Clinical Governance Committee.

4. **MEETINGS AND REPORTING ARRANGEMENTS**

4.1 Meetings will be held 2 monthly.

4.2 The NHS Fife Quality, Safety and Governance Group will agree a work plan annually which will drive the agenda.

4.3 The Quality, Safety and Governance Group will report to the NHS Fife Clinical Governance Committee.

4.4 Individual members will report into local operational management groups, e.g. ASD Clinical Governance Committee, CHP Clinical Governance Groups.