MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 14 OCTOBER 2015 AT 2PM IN THE BOARD ROOM HAYFIELD CLINIC, VICTORA HOSPITAL, KIRKCALDY

Present:
Dr L Bisset, Chair
Mr S Little, Non Executive Board Member

In Attendance:
Dr G Birnie, Associate Medical Director, Acute Services Division
Mrs P Cumming, Risk Manager NHS Fife
Dr F Elliot, Medical Director NHS Fife
Mrs G Fenton, Associate Director of Nursing/Head of Service Delivery, GNEF Community Health Service
Dr M Hannah, Deputy Director of Public Health
Dr A Leckie, Consultant in Occupational Medicine – Item 7 (h)
Dr A McGovern, Clinical Director, D&WF Community Health Service
Mrs E Muir, Clinical Effectiveness Co-ordinator, NHS Fife
Ms H Paterson, Director of Nursing NHS Fife
Dr D Reid, Clinical Director, K&L Community Health Service
Dr G Simpson, Consultant Anaesthetics / Critical Care – Item 7 - Presentation on Cardiac Arrest Report
Dr J Wilson, Acting Chair, ASD CGC
Dr A Wood, Research & Development Manager - Items 7 (d) and (e)
Ms C Dziech, PA to Medical Director NHS Fife (note taker)

MINUTE REF
012/15 CHAIRPERSON’S WELCOME AND OPENING REMARKS

Dr Bisset welcomed everyone to the meeting and advised attendees the meeting was not quorate as there were only two members in attendance and three members were required for the meeting to be quorate. It was agreed the meeting would continue with the minutes of the meeting being homologated at the next meeting.
Introductions were made with specific reference to the following attendees:

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a) Action List

i) Item 13 – Minute Reference 007/15 (d)
NHS Fife Prevention & Control of Infection Implementation Framework – Update
## MINUTE REF 016/15

Mrs Paterson updated the Committee on the revised Implementation Framework which provides a very extensive overview of the policies and strategies in place within NHS Fife for Prevention and Control of Infection.

Dr Bisset highlighted that there seemed to be a lot of groups, with lots of members, reporting to the Infection Control Committee but it was unclear if in fact all these groups were quorate and could the CGC be assured about how secure and robust the meetings were. Mrs Paterson advised she was confident attendance was robust and meetings quorate.

Mrs Paterson also advised that one of the tasks with the appointment of the new Infection Control Manager was a review of all the various groups. Mrs Paterson agreed to feedback any information from this review.

### Item 14 – Minute Ref 007/15 (g)

**NHS Fife Prevention & Control of Infection Annual Report 2014-2015**

Mrs Paterson advised as lot of work had gone in to the finalised version of the Infection Control Annual Report for 2014-2015. The main areas to note are:

- The Infection Prevention & Control Team (IPCT) continues to work towards improving surveillance, prevention and control of Healthcare Associated Infection (HAI) across NHS Fife.
- During 2014-15 the IPCT was fully established.
Since 2009, the key national strategic driver for Infection Control has been the *NHS Quality Improvement Scotland (QIS) Standards* (2008) which drive the inspection tool used by the Healthcare Environment Inspectorate (HEI). Victoria Hospital (VHK) was inspected during the year and an action plan to meet requirements from this has been completed.

- National Hand Hygiene audit reporting was discontinued in Sep 13, but auditing in NHS Fife continues and has shown sustained high levels of compliance.
- NHS Fife is complying with national mandatory surveillance requirements.
- *C difficile* rates continue at a level below national average. The 2015 *C difficile* HEAT target was achieved.
- The SAB case rate for NHS Fife has fallen and in Mar 2015 was below the national rate. The Mar 2015 HEAT target was missed by a small margin.
- A total of 1895 staff attended face-to-face Infection Control training events during 2014-15 with a further 18 Cleanliness Champions qualifying during the year.
- The Infection Control Service has been working to involve more members of the public in the management of HAI. A patient representative sits on the ICC, and on some subgroups. Work is in hand to increase public involvement further.

Dr Bisset highlighted the IV drug abuse highlighted in Appendix 1 was an area of concern and needs to be tackled.
Mrs Paterson advised the Control of Infection Annual Report 2014 – 2015 was still a live document and would be taken to the next Board meeting.

**MINUTE REF 016/15 iii) Item 16 - Minute Ref 007/15 (J) Child Protection Report c/f from February 2015**

Mrs Paterson advised the purpose of this paper was to provide the NHSFCGC with an update to the previous report submitted to the Committee in February 2014. The paper focuses on five key priorities:

- Capacity to support child protection
- Embedding learning from Case Reviews
- Developing knowledge and skills of NHS Fife staff
- Ensuring Clear Guidelines and Processes
- Child Protection Clinical Supervision

Mrs Paterson advised a register has been created which lists Significant Case Reviews (SCR) / Initial Case Reviews (ICR) activity and provides a clear tracking system to enable progress to be reviewed. The current position is: one SCR completed, with the Executive Summary Report Published.

There are a number of other SCRs in progress.

Three ICRs have been undertaken thus far this year. It was the decision of the CPC Case Review Group (approved by the CPC) that none of the cases met the criteria for an SCR and relevant reports were submitted to the Care Inspectorate. Action plans have been developed to progress learning from each of the cases and have been incorporated into the (draft) NHS Fife Child Protection Action Plan.
Mrs Paterson advised there is currently no national guidance providing collective agreement regarding mandatory training requirements across NHS workforces. The Child Protection Team recommended the implementation of a mandatory child protection training framework within NHS Fife to support lifelong learning, ongoing staff development and to promote a confident, competent workforce (Standard 6, Framework for Standards Scottish Executive, 2004).

As reported previously, the implementation of GIRFEC and understanding of the Named Person role continues to be supported through the NHS Fife Child Protection Training Programme sessions. The duty to share relevant and proportionate information with Named Persons (once implemented in August 2016 through the statutory obligations under the Children and Young People’s (Scotland) Act, 2014), will be embedded within all child protection programmes in support of the NHS Fife Practitioner Guidance currently under development.

Mr Little enquired if the named person initiative was understaffed was risk covered? Mrs Paterson advised there was a gap in one specific area but resource would be used appropriately to cover this. Additional training would also be provided to staff. Mrs Fenton confirmed NHS Fife is actively recruiting. Mrs Paterson advised in terms of Child Protection there will always be Health Visitor cover and Fife is no different from other Boards.

017/15 EXECUTIVE LEADS’ CLINICAL GOVERNANCE REPORTS

Dr Bisset advised all items under Item 6 would be taken without comment unless any particular issues were raised.
MINUTE REF
017/15 a) NHS Fife Community Services - Dunfermline & West Fife Clinical Governance Group – Unconfirmed note of meeting held on 21 July 2015. c/f from 12 August 2015

Nil to report.

NHS Fife Community Services - Dunfermline & West Fife Clinical Governance Group – Unconfirmed note of meeting held on 15 September 2015

Nil to report.

017/15 b) NHS Fife Community Services - Glenrothes & North East Fife – Unconfirmed Note of meeting held on 4 August 2015

Nil to report.

017/15 c) NHS Fife Community Services - Kirkcaldy & Levenmouth – Unconfirmed note of meeting held on 13 August 2015

Nil to report.

017/15 d) Quality Safety & Governance Group – Unconfirmed note of meeting held on 26 August 2015

Nil to report.

018/15 GOVERNANCE ITEMS

Presentation by Gavin Simpson – Cardiac Arrest Report

Following the presentation of the Cardiac Arrest Report at the ASD CGC in June 2015 Dr Gavin Simpson had been asked to attend NHSFCGC to give an update on developments.
Dr Simpson explained the background to this work / report was the Scottish Patient Safety Programme which had set a National target of reducing 95% of harm to all patients occurring in hospitals. Cardiac Arrest reductions are one of the four areas targeted to achieve this. HIS has stated that all hospitals should reduce their baseline cardiac arrest rate by 50% by the end of December 2015 and have a Structured Response Plan for all patients with physiological deterioration.

An audit of all cardiac arrests occurring within the hospital every month was carried out by the Resuscitation Officers. NHS Fife are one of only eleven hospitals in Scotland that are managing to conduct cardiac arrest surveys and thanks to their efforts we are now one of only two hospital in Scotland in the UK National NCAA cardiac arrest reporting system with one hundred and seventy seven hospitals participating.

Dr Simpson advised that the update report highlighted that a lot of good work have been carried out and changes implemented. Dr Simpson talked the Committee through a presentation on the benefits of Patient Track. Dr Birnie advised Patient Track was a very powerful and useful tool and is leading the way and thanks and support should be given to Dr Simpson to carry this forward.

Dr Bisset thanked Dr Simpson for attending the meeting and updating the Committee and acknowledged this was a very in-depth piece of work and congratulated those all involved. It was agreed an update would be considered again at the NHSFCGC in six months.

018/15 a) Discovery Health Check

Dr Birnie advised ISD Discovery is a powerful benchmarking tool which allows comparison of NHS Fife performance at Board or site level to a comparable peer group.
Dr Birnie gave the Committee a presentation on how the data can be selected in any combination of: Health Board (either as Board of residence or treatment), Site or Sites within the Health Board, Specialties and Time Period (by quarter or quarters).

There are several Data Levels:

Level 1 – Strategic - The data is presented at an aggregate level and calculated using standardised rates. Peer comparisons are possible by NHS Scotland Board of Treatment/ Residence/ Specialty. All Discovery users can see other health board details at this level e.g. NHS Tayside can see NHS Grampian’s data and vice-versa.

Level 2 – Analytics - At this level, the user can only view information from within their host organisation e.g. a NHS Lothian User can only view NHS Lothian Data. The information is calculated using crude rates with Peer information being provided at an aggregated peer value. Due to the ability to filter on Specialty/ Age/ Sex etc, there is a potential for the data at this level to be disclosive.

Level 3 - Confidential - At this level data is presented in tabular form and provides confidential person identifiable information. When a number is selected in the table, person centred listings of the selected cohort are presented. Access at this level can be further restricted by the health board Caldicott Guardian to authorised GMC codes or across appropriate data sources.

Security - The site is password protected and access is controlled for each of the levels above. There is a simply application process through the NSS web site but sign off on the level of access is controlled by the local Caldicott Guardian.

Dr Bisset said it would be helpful for a high level report to be produced for the Committee. It was agreed Dr Birnie and Dr Cargill would provide a report / scorecard for the next NHSFCGC in December 2015.
Mr Little advised there had previously been an issue on the quality of data and asked if this was now more robust. Dr Birnie advised that the data is quality assured but needs to be used on a regular basis.
Mr Little asked if there was data available for health inequalities / health deprivation. Dr Birnie advised he thought there was deprivation data available.

Dr Bisset thanked Dr Birnie for his presentation and noted that Discovery was still in the early stages and would be considered again at the NHSFCGC December 2015 meeting.

**Chief Executive Report**

Mr Hawkins had given his apologies for the meeting so was not present to give an update on the Chief Executive report. Dr Elliot highlighted the Clinical Strategy would be taken forward with the IJB.

It was agreed Dr Elliot would discuss with Paul Hawkins areas of scrutiny for the Clinical Governance Committee (not Board) and report back to the NHSFCGC.

**Midwifery LSA Annual Report**

Report will not be available until December 2015

The Committee noted this report would not be available until December 2015.

**Research & Development Strategy Review**

Dr Amanda Wood advised the NHS Fife Research Strategy and Priorities were approved by the Board in November 2005, and revised and reported against annually. The ambitious NHS Fife R&D strategy supports NHS Fife’s overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife in partnership with its staff, community planning partner organisations and its citizens. It sets out how the development of R&D will support NHS Fife’s overall strategic aims.
A ninth comprehensive list of annual ‘priorities’ to be addressed was produced from the reviewed and updated strategy documents in May 2014. Priorities previously set for 2013-14 were also reviewed and progress towards their achievement monitored. Progress this year on each of the strategy’s ‘themes’ is contained within the R&D Strategy.

Dr Bisset thanked Dr Wood for attending and updating the Committee on this excellent report and complimented Dr Wood on this impressive work.

In seeking views from Committee Mr Little asked if R&D would be encouraging the discussion of R&D as part of normal PDPs and would protected time be allocated for this. Dr Wood advised this was an area that was being looked at and in larger Board areas protected time is allowed for this. Dr Wood also advised that if a member of staff had a proposal R&D has no remit but can facilitate.

Mr Little also asked if the strategy covered psychology? Does it think about what is required? Dr Wood indicated this is not the role of the R&D Strategy but possibly within the psychology work plan. Dr Hannah advised Public Health Consultants are meeting service need with research input from St Andrews.

Dr Amanda Wood advised the Committee this report details the activities within Research & Development (R&D) across NHS Fife from April 2014 to March 2015. The report details progress made in R&D over the last twelve months, particularly in relation to challenges identified in the 2013-2014 NHS Fife R&D Annual Report and in ongoing work, identifying the key challenges facing R&D.
It also highlights relationships with the Universities of St Andrews and Dundee in relation to research activities have developed significantly. There has been significant and positive developments within the Universities of Abertay, Napier and Queen Margaret.

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018/15 Dr Bisset thanked Dr Wood for attending and updating the Committee on this excellent report and complimented Dr Wood on this impressive work


Mrs Cumming advised the purpose of this report is to provide information and assurance on the management of the risks contained in NHS Fife’s high-level risk registers categorised under the Strategic & Operational risk type and Clinical Governance risk subtype or otherwise mapped to the NHS Fife Clinical Governance Committee.

The report forms a component of the governance reporting arrangements for risk management within the NHS Fife Risk Management Framework.

An assessment of the situation highlights:

- No new risks have been identified.
- As in the last report to the Committee in February 2015, 4 risks are being reported.
  - Three risks are unchanged in terms of risk level.
  - As a result of a reduction in risk likelihood, one risk has reduced its overall risk level from moderate to low.
- The Board Medical Director and the Board Director of Nursing are undertaking further work with colleagues to more fully determine the key clinical and clinical workforce risks.
- Work is ongoing to develop the frameworks for clinical and care governance and risk management which include the development of a Board Clinical Strategy and a Board Assurance Framework.

**MINUTE REF**

018/15  
**g) Incident Reporting - Update**

Mrs Cumming advised there had been a request from the last meeting for a more meaningful report to be produced. Mrs Cumming confirmed discussions are underway to produce such a report and should be available for the NHSFCGC meeting in December 2015.

**018/15  h) OHSAS Clinical Governance Report for 2014**

Dr Leckie advised OHSAS is a multi-disciplinary organisation, jointly owned by NHS Fife and NHS Tayside. It provides Occupational Health and Safety Services to these two NHS Boards.

The core services to the NHS and the external contracts involve a number of professional disciplines including occupational medicine, occupational health nursing, health & safety, physiotherapy, counselling, occupational therapy, ergonomics and asbestos management and are supported by both an administrative and a separate small quality team.
OHSAS’s principal functions are preventive and advisory, rather than the clinical treatment of medical conditions. Its services are directed at the prevention of disease and injury, and to assist with compliance with health and safety legislation. A major part of the work is advising employers on individual employees with health problems to help them remain at or return to work. However, musculoskeletal problems and common mental health conditions underlie a significant proportion of sickness absence, so both NHS Boards and some commercial contracts either facilitate or provide access to physiotherapy and clinical psychology or counselling services.
OHSAS successfully retained ISO 9001: 2008 certification (initially awarded in 2011). In addition, following online evidence submission in 2012, and an onsite assessment on 28th March 2013 by 3 external assessors, OHSAS was awarded SEQOHS (Safe Effective Quality Occupational Health Service) accreditation. The accreditation was extended after review by auditors of an online submission in March 2014.

At the end of 2014 changes to the resource allocated to quality in OHSAS were notified and this prompted a review of the quality management system and governance priorities by the quality team. The results of this review were presented to the OHSAS Business Management team (BMT) in January 2015. The BMT supported the proposal to relinquish ISO 9001 registration and OHSAS was voluntarily removed from the ISO 9001 register in January 2015.

Providing Occupational Health Services also assists NHS Scotland and the Scottish Government to achieve their strategic goals in the fields of occupational health, workplace safety and healthy working lives. When advising on the individual employee our aim is to reduce ill health due to work and to facilitate a safe and timely return to work after a period of sick leave. Doing so reduces problems due to unemployment and resulting social exclusion.

This report covers activities in the fiscal year 2014-15 unless stated otherwise.

Dr Bisset thanked Dr Leckie for attending the meeting and providing an update on the OHSAS Clinical Governance Report.

Management of Controlled Drugs Update (January – June 2015)
Dr Elliot advised the purpose of this report is to update the Committee on the work ongoing to ensure the safe and effective use of Controlled Drugs (CD’s) within Fife. The detail captured in the report demonstrates the multiagency approach within Fife around Controlled Drugs with input from Police Scotland P division, the NHS, Fife Council, the Local Medical Committee, the General Pharmaceutical Council and Care Homes. This report covers the period January 2015 to June 2015.

Dr Elliot highlighted the main areas of progress since the last report were:

A requirement was identified by the CD Accountable Officers (AO)’ Network to define a NHS national core dataset that would allow the collation of information gathered in a systematic / comparative way by the AO teams across Scotland.

NHS Fife now has the national core dataset in place in line with the national core dataset requirements.

Controlled Drug monitoring, via a new dashboard developed internally is being piloted in 2 wards in VHK.

12 GP practices were inspected during 2014. One required a one year follow up due to non compliance with legislation regarding a clear audit trail for movement of CD’s. 40 prescribing targets were identified across the 12 practices. These were measured against NHS Scotland average items prescribed per 1000 patients or NHS Fife’s average per 1000 patients, which ever was lowest. A review of prescribing targets in June 2015 identified that 12 targets had already been reached or exceeded, 18 demonstrated that items per 1000 patients were decreasing. The final ten targets showed an increase since time of inspection of which 8 were from the same practice. The remaining 2 targets were for Oxycodone and Morphine which is showing an increase in prescribing nationally.
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Practice Pharmacists have also been involved with supporting the practices, as well as additional funding for this year to support 2 outlying practices by one of the pain pharmacists.

A More Report (where information is reported about individual prescription quantities that are four times above average for Scotland) audit of Diazepam and Oramorph was completed for 2014 and feedback to practice pharmacists. 36% of the Oramorph patients were now stopped, 16% reduced and 20% stayed the same, the remaining data was unavailable. The most recent MORE report from April 2015 indicates there were 52% less diazepam entries compared to 2014, but will continue to be under review in 2015.

The Committee noted the number of Controlled Drug incidents reported to the Accountable Officer for NHS Fife for the period April 2014 to March 2015 were 387 and for the corresponding period in the previous year 234.

Dr Bisset asked if PCES was included in this work. Dr Elliot confirmed the audit shows that the controlled drug issues in PCES are managed appropriately and that incidents are reported through DATIX.

Mr Little asked if the identification of issues at GP Practices raises any other issues from within the Practice. Dr Elliot indicated that these issues are monitored at practice inspections.

018/15 j) Management of Adverse Events Improvement Plan Update
Mrs Cumming advised this self explanatory paper outlines and gives assurance to the NHSFCGC on the proposed direction and actions to further enhance the management of adverse events in NHS Fife. These will build on the progress made over the last two years to implement the national framework principles and develop local adverse event policy and guidance.

The management of and learning from adverse events is important to NHS Fife as this is one element towards achieving the strategic aspiration to be ‘clinically excellent’ and the objective of ensuring there is no avoidable harm.

A preliminary gap analysis of our existing policy and guidance has been carried out.

Dr Wilson advised there would need to be support for patients and staff and have NHS Fife looked at measures for supporting them? Dr Hannah advised she was currently working on a piece of work to support this although it was still at an exploratory stage. Trainers from Ayrshire have also come to Fife. Dr McGovern also suggested the Defense Union should be involved.

Dr Bisset advised the Committee he was happy with the direction of travel and acknowledged a lot of work was required to tackle all the issues. Dr Bisset suggested Dr Hannah and Dr Birnie provide an update for the next NHSFCGC meeting although the work may not be complete.

**018/15 k) Corporate Risk 520 (Child Protection)**
Mrs Paterson advised as Board Director of Nursing she has lead responsibility for Child Protection in NHS Fife. This responsibility is delegated from the Chief Executive of NHS Fife. There is a Child Health Protection Steering Group responsible for the Child Protection Agenda in NHS Fife Terms and which has representation on the Child Protection Committee in Fife. The Child Protection Health Steering Group reports via the NHS Fife Clinical Governance Committee.

Mrs Paterson advised although a robust system and processes are in place to mitigate this risk the consequences of an incident occurring would be severe so the risk remains high. Mrs Paterson advised Children’s Services in Fife is currently subject to an inspection by the Care Inspectorate so this will tie in.

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Mr Little asked if there would be screening for mandatory training areas. Mrs Paterson confirmed there was a proposal in place to screen mandatory training.

The Committee noted Children’s Services in Fife will continue to review and monitor all risk identified on behalf of the NHSFCGC and in particular ensure that systems are developed which allow information to be shared appropriately to support the delivery of Child Protection Services.

Dr Bisset noted the risks identified as the Committee’s responsibility and endorsed the overall approach to the management of risks as described. Dr Bisset also asked that the Inspection report be considered at the February 2016 meeting of the NHSFCGC.

**018/15 l) Corporate Risk 529 (Information Governance)**
Dr Elliot advised there is a risk that NHS Fife has insufficient safeguards in place to guarantee the confidentiality and security of patient and staff information, including information that can be appropriately and legally shared in transit into and out of the organisation and safe and secure storage. The EDG will consider and review all risks identified against the Group in the Corporate Risk Register, at two meetings throughout the year.

Risk rating currently is recorded as Low.

It is recognised that the speed of change in both information technologies and data sharing demand is reshaping this risk. A detailed report has been requested by the Head of eHealth and the Caldicott Guardian to ascertain the current position. The results will be circulated during next reporting period.

A report on IG incidents is circulated on a quarterly basis within the IG Group.
Dr Bisset asked if monitoring was underway in the H&SCP as we need to be mindful of allowing access. Mr Little also queried if the Fair warning system was underway in H&SCP. Dr Elliot confirmed work was underway and advised Fair Warning was not in place in Social Work and there was the potential for risk. Also access should only be given to certain datasets. Work was underway to jointly agree the appropriate data which will be shared and in what circumstances.

**Horizon Tracker Update**

Mrs Muir provided the NHS Fife Guidance Horizon Tracker. This had been updated to make it easier to read and follow. Dr Bisset confirmed he was happy with this new format.

The Committee noted the following updates:

**HEI**

The Victoria Hospital, Kirkcaldy had an announced visit by HEI Inspectors on 25 and 26 August 2015. The purpose of the visit was to review progress against the 16 week action plan following their previous unannounced visits in December 2014.

The Inspectors met with the senior nursing team (Acute Services Division), Infection Control Nurse Consultant and Support Services Manager to review in detail the 16 week action plan and discuss actions and outcomes against the standards and actions identified.

The informal feedback presented to the ASDMT recognised a significant improvement on their previous visit in December 2014, and whilst there was evidence of some areas of clinical contamination and dust these were isolated examples and did not demonstrate a systemic concern.
Following the visit further information was requested from the ASDMT to assist the Inspectors in determining which elements of the 16 action plan can be validated as met/partially met/unmet. From the verbal feedback received in relation to the 7 actions the HEI Inspectors have verified that 4 were met, 1 unmet, 1 partially met and 1 undecided (will be partially met or met based on evidence and information provided to HEI after their visit).

A full report will be available on 21 October 2015.

**OPAH**

NHS Fife’s OPAH self assessment has been updated with ongoing actions reported via the Inspection Co-ordinating Group.

Two Inspectors from the OPAH team attended the Charge Nurse Forum and gave a presentation to senior nurses within the Acute Services Division on their role as Inspectors, as well as the purpose, focus and benefit of inspections by HPS in relation to quality standards and public assurance. The opportunity for senior nursing staff to engage with the OPAH Inspection Team was a valuable experience.

Dr Bisset asked that the Children’s Service Inspection be added to the Tracker.

018/15 n) **Scottish Dental Practice Board – Annual Report 2012-2013 c/f from February 2015**

The 2012/13 report is still in preparation and not yet available. It was agreed this item be Deferred for six months.

018/15 o) **Reporting Corporate Risks to the Governance Committees of NHS Fife**

In Professor McLean’s absence Dr Elliot gave the Committee an update on this report.
Dr Elliot highlighted the main issue remains capacity planning. Dr Elliot confirmed Susan Fraser will lead on a piece of work with Chris Bowring. Professor McLean and Sandy Riddell will also continue work on capacity planning.

Dr Bisset asked how will this work be reported. Dr Elliot advised it will go to EDG then come to Clinical Governance.

**018/15**  
**Winter Plan**

Dr Elliot tabled Professor McLean’s report “Preparedness for Winter 2015/16”.

Dr Elliot highlighted a piece of work was underway for the Board on reducing harm. The Winter Plan will be reported back to EDG. A version had gone to the SGHD and the Winter Plan will be taken to the Board in October.

Mr Little asked if a joint plan will be produced for the future and will it take account of community. Dr Elliot advised Sandy Riddell and his team are feeding into Winter Plan to make sure the community component is taken into account. The plan will also be presented to the IJB.

Mr Little asked about re-shaping homecare. How much will be ready for this year? Dr McGovern indicated that the H&SCP will contain bulk of health activity in the community and is feeding onto the Winter Plan. All details / information already in H&SCP.

**018/15**  
**Diabetic Podiatry**

Dr Elliot highlighted to the Committee an issue had been raised at the Annual Review by a member of the public with regard to Podiatry Diabetes Service Pressures to which she had been asked to respond.
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018/15 Dr Elliot advised the Committee she had contacted
Dr John Chalmers who had confirmed work was underway
to address the issues raised. Dr Bisset confirmed a paper
would come to the NHSFCGC with the response to the
issues raised by the member of the public.

019/15 CLINICAL STRATEGY

019/15 a) Maternity in West Fife

Dr Elliot advised the Committee work had been
undertaken to consider the original decision taken by the
Board following the receipt of the Petition. The Board
accept the correct decision had been made. Scott McLean
will look at this further once the outcome of the National
Review is known. On this basis it was agreed to proceed /
move forward with the original decision to provide
enhanced ante/post natal services in West Fife.

A report will be available for the NHSFCGC to consider in
December 2015.

019/15 b) A&E at Queen Margaret Hospital

Dr Elliot advised an extensive piece of work had been
undertaken and reported to the Board and the original
decision confirmed as appropriate. Further work is
underway with West Fife and the ASD to understand the
activity and patient pathways in the Minor Injury Unit. This
will inform further redesign of services for West Fife.
Dr Elliot indicated that this will form a subset of a wider
piece of work on urgent care as part of the clinical
strategy. Dr Bisset asked for an update report to the
NHSFCGC in December 2015.

019/15 c) Community Physicians
Dr Elliot advised the Scottish Government had sought expressions of interest in developing new roles for GPs in primary care to offer a portfolio career development opportunity. This aims to extend the training available to GPs who wished to gain added expertise in general/acute medicine.

NHS Fife and NHS Forth Valley successfully bid to host six of these fellowships each. In Fife these new community physicians will be based in practices in Dunfermline with the idea of developing a community hub using beds in Queen Margaret Hospital. These community physicians will gain additional experience working alongside Dr Pound and the medicine of the elderly team in Dunfermline and Dr Chris McKenna in the ambulatory care facility in Victoria Hospital. In addition these community physicians will work in the Primary Care Emergency Service and undertake leadership development by completing the course designed by Scottish Government with the Royal College of General Practitioners and the Scottish Social Services Council for integration of health and social care.

The first year of the proposed three year fellowship will be funded by Scottish Government.

Dr Bisset noted this new development. It was also noted that an update will be brought back in six months once these posts are established to describe experience and views about the model.
The Committee noted the review of outstanding items on the Clinical Governance map items for 2015-16. This report is prepared for the NHSFCGC to provide assurance no items are missed.

**MINUTE REF**

**020/15  c) NHS HIS Update – Consultation Document**

Building a Comprehensive approach to reviewing the quality of care: supporting the delivery of sustainable high quality services

Dr Elliot advised the response to the Consultation for HIS had been included on the agenda for the Committee to note as there may be implications for the future with regard to the proposed Self Assessment process.

Dr Bisset queried if there had been a reply from HIS with regard to our response. Dr Elliot advised there had been no response as it was anticipated this would be concluded in a short timescale.

**MINUTES FROM LINKED COMMITTEES – FOR INFORMATION ONLY**

**021/15 a) Infection Control Committee**

5 August 2015

The above minutes were noted by the Committee.

**021/15 b) Fife Research Governance Group**

9 September 2015

The above minutes were noted by the Committee.

**021/15 c) Fife Area Drugs & Therapeutics Committee – 19 August 2015**

The above minutes were noted by the Committee.
021/15  d)  Information Governance Group
13 August 2015

The above minutes were noted by the Committee.
### PROPOSED MEETING DATES 2016

Dr Bisset highlighted to the Committee that these proposed dates clashed with the Board Chief Executive meetings which did not allow Mr Hawkins to attend NHSFCGC. Dr Eliot agreed to liaise with Mr Hawkins to find an alternative day / date to accommodate Mr Hawkins attendance.

### DELAYS IN PREPARING CLINICAL CORRESPONDENCE

Dr Wilson highlighted to the Committee the delays in typing clinical correspondence. There is currently a six to eight week delay in communications for GPs and this is having an impact on quality of care. Dr Wilson expressed his concern and asked that this issue be considered by the NHSFCGC. Dr Bisset advised this was not an issue the Committee were aware of and asked if it had been discussed at the ASD CGC. Dr Wilson advised it had been discussed at ASD CGC but felt it needed to be escalated.

Dr Eliot advised there was a proposal underway and she agreed to liaise with Dr Cargill.
Dr Birnie advised that urgent correspondence is typed within two days but the standard for non-urgent correspondence, which is not adequate, is two weeks. Dr Bisset questioned if the timescales were becoming longer. Dr Birnie advised the issue had been raised eight to nine months ago and additional funding had been given. Dr Bisset asked that ASD CGC look in to this issue further and report back to the December 2015 meeting of the NHSF CGC.

MINUTE REF

023/15 DATE OF NEXT MEETING
Wednesday 9 December 2015 at 2.30pm within the Board Room, Hayfield Clinic, Kirkcaldy