**A DRAFT NOTE OF THE MEETING OF THE FIFE QUALITY, SAFETY & GOVERNANCE GROUP (NHSF QSGG) ON WEDNESDAY 21 DECEMBER 2016 AT 11.30AM – 1.00pm IN MEETING ROOM 1, WARD 6, VHK.**

**Present:**
- Dr Frances Elliot (Chair)
- Mrs Gillian Fenton
- Mrs Morag Gardner
- Mrs Helen Woodburn

**Designation:**
- Medical Director, NHS Fife
- Associate Nurse Director, Community Services - Glenrothes & North East Fife
- Associate Director of Nursing, Acute Services Division
- Head of Quality & Clinical Governance, NHS Fife

**Apologies:**
- Dr Robert Cargill
- Mrs Nicky Connor
- Mrs Louise Ewing
- Mrs Lesley Eydmann
- Mrs Catherine Gilvear
- Mrs Brenda McFall
- Mrs Evelyn McPhail
- Mrs Helen Paterson

**Designation:**
- Associate Medical Director, Acute Services Division
- Associate Nurse Director, Community Services - Kirkcaldy & Levenmouth and Dunfermline & West Fife
- Patient Relations Manager, NHS Fife
- Head of Clinical Governance, D&WF
- Patient Safety Programme Manager, NHS Fife
- Acting Head of Quality Improvement
- Director of Pharmacy
- Board Nurse Director

**In attendance:**
- Ms Grace Cervantes (Minute)
- Mrs Pauline Cumming
- Mrs Elizabeth Muir

**Designation:**
- Clinical Governance Administrator
- Risk Manager, NHS Fife
- Clinical Effectiveness Coordinator, NHS Fife

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<thead>
<tr>
<th>1. Chairperson’s Welcome &amp; Opening Remarks</th>
<th>Action</th>
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<tr>
<td>Dr Elliot welcomed everyone to the meeting.</td>
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<th>2. Declaration of Member's Interests</th>
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<td>No declaration of interest was made.</td>
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<th>3. Apologies for absence were noted from the above named members and attendees.</th>
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<th>4. Unconfirmed Minute of the NHSF QSGG Meeting 22 June 2016</th>
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<tr>
<td>The Group <strong>accepted</strong> and <strong>confirmed</strong> the minute as an accurate record of the meeting.</td>
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<th>5. Matters Arising</th>
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<th>5.1.a Live Actions Arising from 2016-17</th>
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<th>Action 128 NHS Fife Clinical Governance Strategy 2015-18</th>
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<tr>
<td>Mrs Woodburn confirmed that the Strategy was approved by the NHS Fife Clinical Governance Committee of 14th December 2016 and is due to be reported to the Integrated Joint Board in February 2017.</td>
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</table>
Mrs Woodburn agreed to prepare a covering paper for the Strategy to be formally reported to the NHS Fife Board.

This action is now closed.

**Actions 138 and 139 NHSF QSGG Draft Terms of Reference 2016-17**

See agenda item 6.

These actions are now closed.

**Action 142 SIGN & Other Clinical Guidance - NHSF Formulary**

Carried forward to next meeting as no delegate present to speak to this item.

This action remains open.

**Action 143 SPSP**

Carried forward to next meeting as no delegate present to speak to this item. This action remains open.

**Action 144 Adverse Events Group Terms of Reference**

See agenda item 11.

This action is now closed.

**Action 145 Supporting Core Training (Discussed under Tissue Viability)**

This action is now closed.

6. **NHSF QSGG Terms of Reference**

Dr Elliot reiterated that careful thought should be given to the purpose of this Group. Dr Elliot discussed the work going on around Key Performance Indicators and integrated performance reports that contain indicators.

Dr Elliot queried if we need to sense check when completed that they adequately reflect the clinical areas and heard that a similar document relevant to the Partnership will go to the Clinical and Care Governance Committee.

Dr Elliot discussed how the NHSF QSGG would oversee these indicators and that a high level Executive Summary should be reported to the NHS Fife Board to provide assurance to the Board without the need for Board members to see all the content details. The Dashboard will replace the HealthCheck report.
Mrs Fenton added that the Divisional Groups would also do that and provide assurance back to the NHSF QSGG and identify triggers for escalation.

Dr Elliot added that a sufficient audit process is required to say what we are doing in instances where we are not meeting expectations and suggested identifying ‘trends’ not ‘indicators’.

Mrs Woodburn then suggested supporting the improvement and delivery of identified Key Performance Indicators and directing it to a person or working group.

Mrs Woodburn agreed to make the following amendments to the NHSF QSGG Terms of Reference:

- Remove item (d) from page 1 as this now happens in the Health & Social Care Partnership.
- Remove item (e) from page 1 as this is done by the individual services.
- Remove items (f) and (g) from page 1 as these now sit within IMPACT.
- Link items (h) and (e) on page 1.
- Membership should be amended to IMPACT instead of ‘governance’.
- Add ‘Partnership QCCG Lead’.
- Consider who should be included from Partnership.
- Remove 4.2 on page 3 as no requirement for an annual work-plan
- Remove references to NHSF QSGG being responsible for ‘implementation’.
- Minutes of Adverse Events Group meetings to be brought to NHSF QSGG as had been raised with Internal Audit.
- Add to 4.3 IJB and CCGC.
- 4.4. Should be amended as NHSF QSGG report to both NHSF and C&CG Committees.
- Item 2.4 be amended to read IMPACT.

Mrs Gardner reiterated the challenges of getting clinical input onto the Group and Dr Elliot added that it may be difficult to get GP representation. Dr Elliot suggested that Clinical Leads form membership of the core Group and be supported by other staff.

7. Quality Report

Dr Elliot highlighted that the NHSF QSGG should focus on Section 2: Clinically Excellent and reiterated that the appropriate groups would take forward Patient Experience. The NHSF QSGG is not the main governance committee for Patient Experience.

Mrs Woodburn advised work is ongoing well to progress the content of the Quality Report and reported that data such as MCQIC, Post Partum Haemorrhage and Incidents of Restraint had now been added to it. Graphical data and narrative will enhance the report in future.
Mrs Woodburn advised that she was considering a different reporting template, more in line with performance reporting and that consideration is needed on what information should be submitted to the Executive Directors Group.

Mrs Gardner suggested the SPSP Stakeholders Group could provide narrative.

The Group then discussed a suggestion that the narrative for acute data could be extracted from the Acute Report however felt this would require further consideration.

Mrs Fenton pointed out that the Cardiac Arrest Achievements recorded on page 15 of the Quality Report do not include data from Community Hospitals and added that consideration is needed on the partnership report content.

Dr Elliot highlighted that the Quality Report would now report through the Clinical Governance Committee and not the NHS Fife Board and that she would report to the NHS Fife Board on progress.

Mrs Woodburn agreed to the following actions:

- Remove section 3 and 4 from the Quality Report.
- Invite work stream leads to trial the mock templates.

8. No item 8 on agenda.

9 Tissue Viability Report

Mrs Fenton advised that Tissue Viability Report is developing and advised that the data has been broken down into ‘Grades’ across Fife. Mrs Fenton added that Datix information is being reviewed and that IMPACT support is required.

Dr Elliot agreed that this work is valuable in ascertaining Pressure Ulcers originating within the community setting.

Mrs Gardner offered to share a comparable report which is received at the Falls Group and is shared widely. She added that the Falls Group found the pareto charts helpful, however the 3 month aggregation did not show the variation/pattern or intervention and that they did not find the ward by ward data useful because each different graph had a different measurement scale on its axis e.g. 0-9 or 0-4.

Mrs Woodburn highlighted that pareto charts were developed to help identify themes and not pattern trends. The charts were intended to be reviewed at 3 monthly intervals, improved upon and again reviewed 3 months later.

Mrs Fenton agreed to the following actions:

- To revise the report in order that each chart uses the same measurement scale on its axis for the local operational audiences to
process and review.
- Agree the contents and charts which will be submitted to the NHSF QSGG.

10 SIGN Guidance Update

Mrs Muir summarised the SIGN Guidance Update as follows:

Dr Reid led the review and completed the matrix for SIGN 145: Assessment, Diagnosis and interventions for Autism Spectrum Disorders. Mrs Muir will report further on the status of this review at the next NHSF QSGG meeting.

Dr Pickles is leading on SIGN 153: British Guideline on the Management of Asthma which was recently published.

This information will be reported to the Acute Services Division Clinical Governance Committee in April 2017 and also to Partnership colleagues.

Mrs Muir assured the Group that each new guideline is reviewed by a wide representation of staff including the Director of Pharmacy.

11 Adverse Events

a) Management of Adverse Events Update

Mrs Cumming highlighted some key points as follows:

The work associated with adverse events is considerable and undiminishing. There are particular challenges in getting diary time with reviewers, leads and relevant staff.

Mrs Cumming spoke on the need to focus efforts on reporting the critical and essential work instead of the more desirable work and to consider Healthcare Improvement Scotland requirements.

Dr Elliot added that she had discussed with Drs Cargill and McCallum, that in most cases, a rapid event investigation takes place very quickly and that there would therefore need to be a specific reason to proceed to a Significant Adverse Event Review.

b) Adverse Events Group Terms of Reference

Mrs Cumming submitted the latest draft Terms of Reference for the Adverse Events Group agreed to make the following changes:

- 2.3 should be changed to read: ‘Administrative input will be provided by IMPACT’
- To remove the 2nd bullet point on page 2 which reads: ‘To support, steer and monitor the implementation of local policy and guidance in relation to the Management of Significant Adverse Events’
### c) Draft Note of Adverse Events Group Meeting of 2 August 2016

Mrs Cumming advised that the Adverse Events Group had last met on 2 August 2016 and would meet again in the near future to progress the 2017-18 work-plan which is currently in development.

### 12 Patient Feedback Update

No update received.

### 13 Inpatient Falls Update

Mrs Gardner advised that Falls data is reviewed in December in order to ascertain the continued reduction in ‘Falls with Harm’.

There has been no change to the “All Falls” data, however, this is against a backdrop of increased frailty, and a real drive to increase independence and support a re-ablement model of care. Dr Elliot added that NHS Fife do have a higher than average vulnerable and ageing population with multiple morbidities.

‘Falls with Harm’ rate over the past two years has shown steady improvement and we can now see an overall improvement of 15.2% in falls with harm to the end of 2015 across the organisation.

Work towards the overall aim to reduce ‘Falls with Harm’ by 20% is ongoing and through the Older People’s Collaborative new initiatives are being tested to reduce falls, including the training of Falls Champions.

Mrs Gardner brought the Project Charter for information and highlighted that the Falls Implementation Group remain enthusiastic in their work.

Significant work is being carried out to standardise and categorise Falls information on Datix.

Mrs Gardner confirmed that Falls data for patients within mental health settings is not included in her data.

Mrs Gardner clarified that the Inpatient Falls Updates to the NHSF QSGG would be in summary form as with the Tissue Viability data format.

### 14 For Noting

A and b) **NHSF Clinical Policy and Procedure Coordination Authorisation Group (CPPCAG) Minutes of 30 May and 26 September 2016.**

Mrs Muir advised that as procedures pertain to Health and Social Care, the CPPCAG minutes would be reported to the Acute Services Division Clinical Governance Committee and Partnership Meetings in 2017.

The CPPCAG minutes were noted.
c) NHSF Activity Tracker

The NHS Fife Activity Tracker was noted.

15 Summary Points to Raise at NHSF CGC

a) Areas of Good Progress

- The NHSF QSGG Terms of Reference has been finalised.
- Adverse Events governance. Recommend the NHSF CGC remove from their work plan.
- Quality Report work in progress.

b) Risks

No risks to report.

16 AOCB

No other business was raised.

17 DATES OF FUTURE NHSF QSGG MEETINGS

The next meeting is due to take place on 22 February 2017 at 10am – Noon, in Meeting Room 1, Ward 6, VHK (formerly the QI Hub).

NHSF QSGG Members:

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<tr>
<td>Mrs Claire Dobson</td>
<td>Acting Divisional General Manager, (West)</td>
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<td>Dr Seonaid McCallum</td>
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