NOTE OF THE MEETING OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE (NHSF CGC) HELD ON WEDNESDAY 11TH FEBRUARY 2015 AT 2.00PM IN THE BOARD ROOM, VICTORIA HOSPITAL, KIRKCALDY.

Present:
Mr N Barber, Public Representative
Mrs W Brown, Employee Director
Dr L Bisset, Chairman, NHSF Clinical Governance Committee
Mr S Little, Non Executive Board Member

In Attendance:
Mr K Anderson, eHealth Business & Delivery Manager (for Item 7f)
Mrs Y Bronsky, Local Supervising Authority Midwifery Officer (for Item 7a)
Professor I Campbell, Chairman, Acute Services Division Clinical Governance Committee
Mrs L Campbell, Head of Practice & Professional Development Unit – NHS Fife (for Item 7b)
Mr D Christie, Director of Organisational Development (for Item 7b)
Dr E Coyle, Director of Public Health
Mrs P Cumming, Risk Manager
Dr F Elliot, Medical Director – NHS Fife
Ms L Godsell, PA to Associate Medical Director, Acute Services Division (Minutes)
Mr J Lowe, Medical Education Services Manager (for Item 7b)
Dr A McGovern, Clinical Director, Dunfermline & West Fife CHP (until 4pm)
Mrs E Muir, Clinical Effectiveness Co-ordinator, NHS Fife
Mrs M Porter, Acting General Manager Kirkcaldy & Levenmouth CHP & Dunfermline & West Fife CHP (until 4pm)
Dr E Wallace, Clinical Director – Ambulatory Care (for Dr G Birnie)
Dr J Lowe, Medical Education Services Manager (for Item 7b)

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<td>01/12</td>
<td>WELCOME AND INTRODUCTIONS</td>
<td>Dr Bisset welcomed everyone to the meeting. Dr Bisset then thanked Mrs Bronsky, Mr Christie, Mr Lowe, Mrs Campbell and Mr Anderson who had attended to present specific reports on the agenda. Dr Bisset introduced Dr Susan Smith, Clinical Director for Ambulatory Care who was representing Dr Birnie.</td>
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| 02/12 | APOLOGIES FOR ABSENCE | Apologies were received from:
Committee Members:
Mrs E McPhail, Director of Pharmacy (ACF Representative)

Others:
Dr G Birnie, Associate Medical Director – Acute Services Division
Mrs N Connor, Associate Director of Nursing
Professor S McLean, Interim Director of Acute Services
Dr B Montgomery, Interim Chief Executive, NHS Fife
Mrs H Woodburn, Head of Quality & Clinical Governance |
| 03/12 | DECLARATION OF MEMBERS’ INTERESTS | Dr Bisset asked for any declarations of interest from those present. |
Dr Coyle advised that he was a Honorary Senior Lecturer at University of St Andrews, this was due to the fact that Medical Education was being reported at the meeting.

04/12  
UNCONFIRMED MINUTE/NOTE OF THE NHSF CGC MEETING HELD ON 10TH DECEMBER 2014

Dr Bisset referred to the minutes of the previous meeting and asked for any comments. There were no comments, therefore the minutes were approved as an accurate record.

05/12  
MATTERS ARISING

(5)(a) Action List
Item 43 – R&D Strategy & Outcomes vs Priorities
Dr Bisset advised that we would regard this as complete.

Item 44 - R&D Strategy & Outcomes vs Priorities
Dr Bisset had liaised with Dr Montgomery re the GoShare launch and advised that he would pursue. Regard as complete.

Items 45 & 46 – Deep Dive – Immediate Discharge Letter
Agenda item 11/2/15 – regard as complete.

Item 47 Deep Dive – Discovery System
Agenda item 11/2/15 – regard as complete.

Item 49 – Clinical Governance Strategy
Agenda item 11/2/15 – regard as complete.

Item 51 – LEARN Summary Reports
LEARN summary reports are now on new templates – regard as complete.

06/12  
EXECUTIVE LEADS’ CLINICAL GOVERNANCE REPORTS

(a) Unconfirmed Minute of Acute Services Division Clinical Governance Committee of 14th January 2015

Professor Campbell highlighted the following points from the minute:

Staffing
The number of Consultant vacancies was currently 37 which has seen a slight reduction. There have been 4 vacancies appointed to for Care of the Elderly Consultants although start dates have yet to be confirmed. Professor Campbell added that Radiology and Accident & Emergency continue to be hot spots but this is a national issue.

Mortality Data
Figures published in November for the period April – June 2014 saw a 20% reduction achieved in the Mortality rates.
SABs
Bacteraemias were reported as being good and all the efforts put in were finally making a difference. It was noted that if we can maintain this for 1 month more then we will reach our target.

C-SSI
The six cases of C-SSI had been thoroughly investigated which included the air quality in theatres being tested and the closure of two theatres although no definitive cause could be found.

Older People in Acute Hospitals (OPAH)
Dr Bisset asked about the OPAH report following the HIS team being on site during 2013 and 2014 and was advised that there were 11 areas of improvement identified. It was noted that significant improvements have been made in the areas highlighted but work still remained within two main areas of concern The draft report is expected to be published end February 2015.

Scottish Stroke Care Audit
There has been continued improvement with the stroke standards in NHS Fife despite staff shortages.

Capacity & Boarding
Discussion took place around the issue of Capacity and Boarding and it was noted that there are sometimes more than 100 boarders which is not good clinical practice and this is becoming more unacceptable as it is having a detrimental effect on morale and efficiency.

It was noted that £20k had been released from the Government and further monies were expected which would allieviate some of the bed pressures. Dr Bisset said that he appreciated that there were various workstreams going on but we need to draw a line under this situation fairly soon. Dr Elliot advised that this was discussed regularly at SMT and they are working hard to co-ordinate this in both acute and the Community. It is a whole system approach not just in the Community but medical supervision, care and decision making is required Dr Bisset asked Mrs Porter if these boarders were only in Acute and was advised they were.

Mr Little said that the Committee should note the exceptional circumstances over the Christmas period with the Council and nursing homes and Mr Little had supported this but needs some sort of comment on it. Dr Elliot advised that regular meetings take place regarding how we effectively manage the flow of patients across all localities in Fife not just in the independent sector and this is very much on the partnership agenda. Dr Bisset requested that this item be discussed at the next meeting in more detail.

Mr Barber said he was slightly concerned about patients being discharged too early then end up being re-admitted. The re-admission rate was quoted as being 8% in a month which was the Scottish average.

The minute was noted by the Committee.

(b) Unconfirmed Minute of the Kirkcaldy & Levenmouth Quality, Safety & Clinical Governance Group of 17th December 2014

The meeting of 17th December 2014 had been cancelled.
(c) Unconfirmed Minute of the NHS Fife Quality, Safety Governance Group of 17th December 2014

Dr Elliot advised that there were no issues to raise from the meeting.

The minute was noted by the Committee.

(d) Confirmed Minute of Glenrothes and North East Fife CHP Clinical Governance Group of 15th December 2014:

Business Continuity Report
Dr Wallace advised that this report had now been signed off by Vicky Irons. Dr Wallace added that work had already begun on an updated version of the report.

Incident Report
Mr Little asked about the increase in incidents reported due to shifts not always being filled by bank requests. Mr Little asked if this information was systematically collated. Dr Wallace was unsure but Mrs Porter was able to advise that the Nurse Bank Office circulates a report which questions what shifts required to be filled.

Mobile Phones
Professor Campbell asked if there has been any progress with the issue of mobile phone signal. Dr Wallace said that the situation remained unchanged and was hopeful that once the RAF move out the area then the signal may improve.

(e) Minute of the Public Health Governance Group of 27th November 2014:

Dr Coyle advised that there are now only 3 meetings per year.

Smallpox
Dr Coyle highlighted the removal of the Smallpox risk from the Public Health Risk Register after this having been on for a number of years. Scottish Government wanted reassurance that Boards had the capacity to deal with this situation/incident if it arose, as a result it was agreed the risk could be concluded and removed.

07/12 GOVERNANCE ITEMS

a) Midwifery LSA Annual Report

Mrs Bronsky spoke to the Committee about the Local Supervising Authority Annual Report and advised that the report is slightly different this year as the report is now for a quarterly period together with an overview of what has happened rather than a full Annual Report.

Mrs Bronsky said that the LSA audit requires to be completed by 31 March, the audit report sets out 10 standards again but is slightly different this year. Mrs Bronsky added that to ensure we were not being complacent the supervisors and midwives team were asked to look at evidence they thought met the standards, seven Boards were represented and came to Fife. Mrs Bronsky said that she was present...
but not involved in the audit. The aims of the audit are:

- To review the evidence demonstrating the standards for supervision are being met.
- To ensure that there are relevant systems and processes in place for the safety of mothers and babies
- To review the impact of supervision on midwifery practice
- To ensure that midwifery practice is evidence based and responsive to the needs of women.

On the day of the audit, the audit team participated in face to face focus groups, walked the wards and conversed with staff and patients. The audit team were instructed to gather the atmosphere and how it feels to be a midwife, which will all contribute to whether NHS Fife pass the standards, hence the reviewer (Mott McDonald) is independent so there is no prejudice or complacency. Mrs Bronsky advised that next year (2016) NHS Fife will be subject to an NMC review on site. There are set standards for this and Mrs Bronsky will do a “mock” review in 6 months time, which will leave a further 6 months to deal with any issues which may be picked up.

Mrs Bronsky said that the Kings Fund report, following both the Morecambe Bay incident lessons to be learned and the Frances Inquiry, the Nursing & Midwifery Council instructed an independent company Kings Fund to undertake a review of the effectiveness of statutory supervision. The NMC council agreed with the recommendation following the review which was to remove the statutory function... This will require a legislative change to be made.

Mr Little commented that that our Supervisors of Midwives (SoM) to Midwives ratio is going steeply in the wrong direction and now below recommended.. Do we already have a supervisory problem and how do we prevent this getting worse? Mrs Bronsky responded that we do not normally exceed 1:15 we are still meeting the standards, we rely on the outcome more than numbers.

Mr Little said that whilst the audit confirms much that is good, he was concerned that the slides provided suggest significant numbers were not very satisfied with Labour at Home, Postnatal Community Clinic and Post Natal at Home services. What are the issues and are they being addressed? Mrs Bronsky advised that some women are reluctant to say anything unless they have something hugely significant to say. Mrs Bronsky added that they were trying to change the questions to avoid giving an option of not applicable as this was often the default women used when they had nothing significant to report or comment on and as a result many questions were left blank.

Mrs Bronsky was hopeful that under the revalidation agenda this will provide an opportunity to adapt the module to leadership but this was a bit uncertain at the moment. Mrs Bronsky said that the Chief Executive of the NMC has spoken to the 4 Chief Nursing Officers and it will be “business as usual” until anything to the contrary is said. Mrs Bronsky believes that her role will still provide assurance and will prepare for an audit in January 2016.

The report was noted by the Committee. Dr Bisset thanked Mrs Bronsky for her attendance.
(b) **Organisational Development and Learning Annual Report for 2013/2014 (including Medical Education and Practice Development)**

Mr Christie referred to the Organisational Development and Learning Annual Report and advised that Mr Lowe was in attendance to present the Medical Education section and Mrs Campbell for the Practice Development section. Mr Christie invited questions regarding the reports from the Committee.

**Medical Education**

Dr Bisset asked if Medical Education covered GP and Undergraduate education too and was advised that it did. Dr Elliot commented that it was good to see progress in comparison to some previous reports.

Mr Little referred to the 2014 postgraduate survey of teaching and although it was noted that NHS Fife returned above average ratings in many specialities, there were red flags for the GPST’s - Obstetrics & Gynaecology clinical supervision and induction. Mr Little asked if there was any follow up mechanism when this happened? Mr Lowe advised that it was an anonymous survey so there was no way of identifying who had submitted the poor feedback. Mr Lowe added that in these situations, Professor Wood met with the clinicians involved to offer support and solutions.

Dr Coyle commented that those training in Community Units was not well reflected in the report. Dr Elliot advised that once the post for Associate Medical Director is appointed to, then the lead roles for the Health & Social Care partnership and the Acute Division will be more apparent.

Professor Campbell commented that it was pleasing to see that the Addition Cost of Teaching (ACT) money was still increasing and asked what the total was. Mr Lowe said it was roughly just over £3 million as there was a new method of calculating these funds. Mr Lowe paid credit to Professor Wood for securing the funding.

Dr Wallace said that the medical school was built for 200 students and there are currently around 160 so the governance aspect is that we are going to require more placements which will put increased pressure in clinical placements. Dr Wallace added that London took 8 students from St Andrews and are now taking 20 as they were so impressed. Mr Lowe said that there was a lot of growth taking place.

The report was noted by the Committee.

**Practice & Professional Development Unit**

Mrs Campbell said that the PPDU education programme is offered to staff from across NHS Fife, and where appropriate, is extended to staff employed across Health and Social Care, within General Practice and the independent sector e.g. Care Homes. The majority of staff attending the programmes offered continue to be registered nurses. Mrs Campbell said that since the new year the two PPDU teams were merging to a single team and work is underway during transition to consider how the work might be rationalised.
Dr Bisset said that he was impressed with the number of training courses which took place. Dr Bisset referred to Item 5 within the report - Releasing Time to Care – and noted that although it lists the main benefits asked if there were any measures or evidence to support these outcomes? Mrs Campbell advised that there is a separate report which details the evidence and is available if required.

Mr Little commented that although there was huge amount of work going on, he could not get a sense of the whole trained workforce and asked what the balance of that was, as there seemed to be fewer courses on Leadership training and asked if that was led by demand. Mrs Campbell noted a change in the leadership, previously being run under license as the Royal College of Nursing (RCN programme). The team are now utilising internal resources and experiences to deliver this training and this is being refined as part of the current transition work. Mrs Campbell advised that the training provided needs to remain relevant and meet the requirements of the organisation so that we are not wasting time and efforts of both the department and the staff who attend.

The Committee noted the report from Mrs Campbell

**Organisational Development**

The OD report covered the following areas:
- Strategic Planning,
- Developing Knowledge and Skills
- Learning & Development
- Leadership and Organisational Development
- Health & Social Care Integration
- Risk Management
- Key Issues and Challenges

Dr Bisset commented that he was impressed with the number of staff (943) across partner agencies that had contributed to the development of the integration agenda. Dr Bisset asked if this was an ongoing programme. Mr Christie advised that there were to date two ‘tranches’ of this large scale staff event – one in the Spring and one in November 2014.

Dr Christie confirmed that our joint workforce between NHS Fife and Fife Council is estimated at approximately 6000. A key development taking place next month is looking at engagement at locality level which will provide opportunities for staff to consider how best to work in integrated teams at a local level. Dr Christie said there was a lot of enthusiasm and commitment from staff supporting the concept of Health and Social Care Integration. Staff are also very keen to understand what this will mean for them and how they can contribute to the development and implementation of improved services going forward.

The report was noted by the Committee.

Dr Bisset thanked Dr Christie, Mr Lowe and Mrs Campbell for their attendance at the meeting.

(c) **Controlled Drugs Local Intelligence Network – Terms of Reference**
Dr Elliot advised that the Role and Remit and the Terms of Reference for the Controlled Drugs Local Intelligence Network (LIN) had been brought to the Committee as a result of an action from a previous meeting.

Dr Elliot said that a considerable amount of work had gone into this and it was a statutory requirement which covered various agencies regarding the sharing of information and intelligence regarding the management and use of controlled drugs. The LIN provides a forum for regular communication between members.

Dr Elliot said that the Government markings had changed hence another amendment would be required.

Professor Campbell was unsure and asked if a drug addict maintained confidentiality? He was informed they did. A further question was raised regarding a patient presenting at A&E with gunshot wounds, what would happen in this instance? Dr Coyle said the guidelines were pretty clear and that there are incidents that have certain triggers where partnership agencies are contacted. Dr Elliot added that not all contact is done online, there is a requirement for conversations by telephone.

The Committee noted the Role/Remit and Terms of Reference.

(d) Balanced Scorecard Review

Detect Cancer Early
Dr Elliot advised that there were good plans in place and our achievement is just below the target but it was hoped to increase our performance by the end of the year.

IVF
Dr Coyle advised that there were no issues to raise and we were on target.

The Committee noted the updates.

(e) Patient Feedback/Complaints Q3 Oct – Dec 14

Dr Bisset asked that in the absence of Professor McLean, this report be carried forward to the April meeting.

Dr Bisset queried the graphs on pages 6 & 7 – treatment is noted at 171 and then clinical treatment is noted at 165, he wanted to know what the difference was between these two “treatment” categories. Dr Bisset commented that this is always a recurring issue and asked what we are doing to reduce it?

Mr Little noted that the complaints against Orthopaedics seemed to be high and said it would be helpful to find out the scale of these complaints against all the operations performed. Professor McLean to clarify.

The report will be carried forward to the April meeting for further discussion.

(f) Deep Dive – Multiple Records – Update re Immediate Discharge Letter & Discovery System
Immediate Discharge Letter
Mr Anderson provided an update regarding the IDL. A meeting had taken place with Dr Birnie, William Edwards and Scott Garden on 5/2/15 with two further demo dates being set (25/2/15 and 25/3/15). Mr Anderson added that training was due to commence on 9/3/15 and the pilot within Admissions Unit 2 rolling out on 16/3/15. Dr Bisset asked how long the pilot would run for? Mr Anderson advised that it would run for as long as it took to get an appropriate IDL for the group to sign off (circa 1 month).

Dr Bisset added that this has been an important project and the dates seem to slip constantly and asked that the Committee be kept informed should anything further change with the set dates. Mr Anderson agreed to feedback to Mr Edwards. Mr Anderson advised that, in terms of development delays may happen because it was a system from another Board, that only 1 person can work on it at any given time so this may be a contributing factor. Mr Little referred to the report and asked who was leading the project as it is noted that this is required to be led at senior medical level. Mr Anderson informed the Committee that Dr Birnie was leading this.

Discovery System
Training sessions will be arranged with the named users from the list compiled with ISD prior to Go Live in April 2015. ISD and Information Services are liaising to co-ordinate this training.

From April 2015, it will be up to local champions (Torfinn Thorbjornsen and Bryan Archibald) to roll out Discovery further to users and promote the functionality.

Radiology Results Reconciliation
The project is currently on track with the data migration of the existing Radiology system to new hardware on 21/2/15. It is anticipated the planning activities of the communicator module will commence 16/2/15 as planned with delivery mid May.

Dr Bisset thanked Mr Anderson for the update.

Deaths in Delay 6 monthly update (July – December 2014)
Dr Smith spoke to the report prepared by Dr Birnie.

Dr Smith advised this report is the 6 monthly update for the period July – December 2014. These updates are reported now as a result of an Freedom Of Information request back in 2011 and a recommendation was made to monitor the number of deaths in delay in Boards. There was a reminder this year that this reporting requires to continue.

Dr Smith said the report shows that there were 12 deaths in the 6 month period, of which 11 of these had the case notes reviewed. The report highlights that there were two patients who did not have DNACPRs and outlines the clinical findings from the case notes. Dr Smith advised that there was nothing particularly unusual to report as although these patients may have been fit for discharge they were not well people.

Dr Bisset asked that the one case record which could not be found at the
time of reviewing, be included in the next report.

Dr Coyle said it would be interesting to know how long patients have been on Edison as the numbers fluctuate and patients are taken on and then added back on for varying reasons. Dr Elliot suggested that we should have better end of life plans in place to manage these patients more effectively in the community rather than being an acute admission. Mr Little said that many people want to die at home now rather than come into hospital.

The Committee noted the update.

(h) Draft NHSF CGC Workplan 2015 - 2016

Mrs Muir informed the Committee that this was the draft Workplan for the forthcoming year and said that items could still be added on as and when required.

Mrs Muir added that the workplan provides structure and guidance and is used when completing the Best Value Framework.

Dr Elliot said that some items included on the workplan relating to the CHPs’s will change once the Health & Social Care Integration takes place, but in the meantime this version was fine.

The Committee noted the draft workplan.

(i) Management of Adverse Events Improvement Plan Update

Mrs Cumming referred to the Improvement Plan update and advised that the actions were progressing. The guidance for staff to support the provision of adverse event related statements has been developed and would be submitted to the QSGG on 25th February for approval.

Mrs Cumming said that the Adverse Events Policy was approved by SMT and will be available on the intranet from today. Awareness has also been raised at Corporate Induction sessions as well as Consultant Mandatory Training sessions.

Mrs Cumming said that a short life working group involving Communications, Patient Relations and Clinical Governance staff has been set up and during March the group is developing video clips of Ella’s story, which will promote discussion and convey key messages on quality and safety.

Mrs Cumming said that for the next meeting in April, the intention is to bring a fresh plan of the real things that need to be focused on. Mr Little asked about the use of Ella’s story and should we not continue to use this rather than close it off. Mrs Cumming responded that it was used as a starting point and portrays the safety message but there were others in the pipeline which will be used.
Mrs Cumming advised that the Risk Report is submitted to provide an update to the Committee and invited questions from those present. Mr Little asked about assurance to the Committee regarding independent providers and noted that more work was required to capture any complaints, Mr Little said he was aware of seeing a breakdown of complaints re independent providers and questioned if one was done and if there any comparison done with in-house services? Mrs Cumming advised that there is a requirement to produce an Annual Report and the information on independent contractors is contained within that. Mrs Cumming added that discussions are currently taking place regarding a national report.

The report detailed any new risks, extant risks and closed risks. Discussion took place around one particular risk which had been closed. Risk 516 HAI Infection Control - It was noted that there had been discussion and deliberation at the Infection Control Committee (ICC) and due to the sustained performance in line with national parameters and good robust procedures for monitoring and reporting it was agreed that this risk could be removed from the Corporate Risk Register and placed on the ICC Risk Register. Dr Bisset asked that he thought it should remain on the Corporate risk Register and asked that this be conveyed back to SMT. Dr Elliot agreed to follow up.

The report was noted by the Committee.

Mrs Cumming spoke to the Incident report and advised that it follows the same format. However, this report is produced bi-annually now rather than quarterly and asked the Chairman what the Committee would prefer – a submission twice a year or a quarterly report? Dr Bisset said that in the interim period he would prefer a quarterly report so that we can gain a better understanding of the information. Miss Godsell to update the workplan accordingly.

Mrs Cumming said there had been a rise in incidents and this was due to the increased reporting of pressure ulcers and the situation was being monitored so we can determine exactly where the increases are.

Mrs Cumming added that inpatient falls also continue to be a major source of concern. There has been considerable focus on this since June 2014 and we are starting to see a reduction in falls in particular wards, although the overall number has not reduced. Mrs Cumming said the information is beginning to filter down to staff so they can see the value of reporting.

Mrs Cumming spoke about medication safety and since this report was written, to reinforce attention to this subject as there are no specific group looking at the trends around medication safety, hence this is being given careful consideration at the moment and Mrs Cumming hoped to have positive feedback for the April meeting.

Dr McGovern asked if the figures and graphs for falls were for all of NHS Fife’s inpatient facilities? Mrs Cumming advised that these figures did not include care homes. Dr Bisset asked that in future if the graphs
could provide some meaningful information? Mrs Cumming to investigate.

Discussion then took place around the reporting of Tissue Viability and Dr Bisset then asked how we make this better. Mrs Porter said that a lot of people at home are unaware they have pressure ulcers and the information needs to be broken into key component parts. Mrs Porter thinks that we need to re-address the information which comes to the Committee and agreed to liaise with Mrs Cumming on this.

The Incident report was noted by the Committee.

(i) Clinical Governance Strategy

In the absence of Mrs Woodburn, Mrs Muir spoke to the Committee and advised that Mrs Woodburn had written the Clinical Governance Strategy which would see us through until April. Mr Little commented that there was a lot of narrative on processes and structures. Mrs Muir advised that Mrs Woodburn is working with Dr Elliot and these will be addressed. It was noted that this is an evolving framework in light of the HSCI coming into force in April. The Quality Strategy work in progress document after April will be submitted to the Quality Safety & Governance Group (QSGG) on 25th February and will come back to the NHSF CGC in April. Dr Elliot said that an interim strategy until April 2015 was required for audit purposes.

The Committee were content with the strategy and agreed this could be signed off. Dr Elliot to progress with Mrs Woodburn and Mrs Muir.

(m) Horizon Scanning - Update

Dr Bisset advised the Committee that he had had a previous conversation with Dr Birnie and Mrs Woodburn about reports being published and some were submitted to the Committee and some didn’t. Dr Bisset asked that we try and adopt a mechanism for all published reports to be brought to the Committee so that we are aware of what is happening. As a result, the Horizon Scanning Update has been produced and will capture any reports/issues as necessary.

Dr Bisset asked the Committee for their thoughts on the document. Mr Little and Dr Wallace commented that they thought it was a good idea. Mrs Porter said that the “responsible individual” should be an SMT member and would require to be changed. Dr Wallace said that the Ombudsman report has lots of learning points and a process is required to do this. The OPAH report is to be included on this document too. Dr Bisset asked that Dr Elliot take this on board and consider any comments and complete the columns within the document and use this as an up to date document for future meetings.

Dr Elliot informed the Committee that the HAI report had been published today, following a series of unannounced inspections during 2014 and an announced inspection in December 2014. The report highlights some very significant issues following the visits in terms of cleanliness and processes.

Discussion took place around the areas of concern:

- Cleanliness of beds/mattresses
• Hand hygiene
• Food and nutrition
• Cleanliness of trolleys and equipment

Dr Bisset said that recommendations need to be implemented and the Board has a responsibility to provide clear guidelines to staff of what is expected of them. Dr Elliot said this was a clinical leadership issue and often it is target driven performance versus quality driven performance. Staff do not have the time and tools to do this thoroughly. Mrs Brown added that staff are feeling lost as to what is expected of them as there are so many priority tasks, and added that it takes 3 hours to turn around one bed space within Intensive Care Unit, so will require guidance as to what is priority or not. Dr Bisset asked that Mrs Brown convey back to the staff that was not due to failure of any individual but due to a system failure.

Dr Bisset requested that Dr Elliot take the action plan through SMT and report back to the Committee of progress.

(n) LEARN Summaries & Briefing Note

Mrs Cumming referred to the LEARN summary reports and said that the new format was based around a document that was used by the Scottish Ambulance Service. Mrs Cumming asked the Committee for their views on the new format. Dr Bisset commented that he did not think the new format was a vast improvement, and some of the wording seemed to be confusing. Mrs Cumming agreed to speak to colleagues about this.

Mr Little said the ‘LEARN’ part of the report was very repetitive. Mr Little said that the reports now note there are actions to be carried out but where are these recorded? Mrs Muir advised that all actions for learning are incorporated into the Reducing Harm Action Plan (RHAP).

8/12 ITEMS FOR DISCUSSION

(a) NHS Fife Clinical Governance Workplan 2014/15

Mrs Muir advised that there would be two items being carried forward to the new 2015/2016 workplan.

The Workplan was noted by the Committee.

(b) List of Outstanding Items on the NHS Fife Clinical Governance Map 2014/15

Mrs Muir advised that the map highlights any items that have not been reported over the past year and also provides a reporting date to ensure that items are not forgotten about.

Dr Elliot advised that a solution was being worked on regarding the transition for HSCI and CHP’s after April 2015.

Mr Little expressed concern about the delay of the Child Protection report being submitted to the Committee. Dr Bisset asked Mrs Muir to
follow up with Professor McLean regarding the endorsement of the report, and in the absence of anything to the contrary, could we endorse it as per our staff policies. Mrs Muir agreed to liaise with Professor McLean.

The List of Outstanding Items on the NHS Fife Clinical Governance Map was noted by the Committee.

(c) NHS HIS Update

Mrs Muir informed the Committee that the HIS update provides information of what is happening as an organisation.

Mrs Muir asked the Committee if they thought the current level of narrative was still required if we are using the Horizon Scanning? Dr Bisset said that he would like to continue with the current provision of detail for the time being.

AOCB

Dr Smith wished to advised that the Board had received a petition with 12,500 signatures regarding the re-opening of A&E at QMH. Dr Birnie had prepared a paper with supporting information but this was just to make the Committee aware at this time.

9/12 MINUTES FROM LINKED COMMITTEES

(a) Infection Control Committee of 3rd December 2014

N/A – meeting cancelled.

(b) Information Governance Group of 20th November 2014

The minutes were noted by the Committee.

(c) Fife Research Governance Group of 11th December 2014

The minutes were noted by the Committee.

10/12 DATE AND TIME OF NEXT MEETING

The next meeting will take place on Wednesday 8th April 2015 at 2.00pm in the Board Room, Hayfield Clinic, Victoria Hospital, Kirkcaldy.