NHS FIFE CLINICAL GOVERNANCE COMMITTEE

NOTE OF MEETING HELD ON WEDNESDAY 10 JUNE 2015 AT 2.00PM IN THE BOARD ROOM, HAYFIELD CLINIC, VICTORIA HOSPITAL

Present:
Dr L Bisset, Chair
Mr N Barber, Public Representative
Mrs W Brown, Employee Director
Mr S Little, Non Executive Board Member

In Attendance:
Dr G Birnie, Associate Medical Director, Acute Services Division
Professor Ian Campbell, Chair, ASD CGC
Mrs N Connor, Associate Nurse Director
Dr E Coyle, Director of Public Health
Dr F Elliot, Medical Director NHS Fife
Mrs G Fenton, Associate Director of Nursing/Head of Service Delivery, GNEF Community Service
Dr A McGovern, Clinical Director, Dunfermline & West Fife CHP
Mrs E Muir, Clinical Effectiveness Co-ordinator, NHS Fife
Mrs H Woodburn, Quality & Clinical Governance Lead
Ms C Dziech, PA to Medical Director NHS Fife (note taker)

1 Welcome and Introductions
Dr Bisset welcomed everyone to the meeting and introductions were made.

2 Apologies for Absence were noted from:

   Committee Members
   Mrs E McPhail, Director of Pharmacy (ACF Representative)

   Others
   Mr P Hawkins, Chief Executive
   Professor Scott McLean, Director of Acute Services
   Mrs M Porter, Acting General Manager, K&L CHP
   Dr D Reid, Clinical Director, Kirkcaldy & Levenmouth CHP

3 Declarations of Interest
There were no declarations of interest from those present.

4 Unconfirmed Minutes of NHSF CGC meeting held on 8 April 2015
   - For Homologation
Due to the meeting on 8 April 2015 not being Quorate Dr Bisset asked members if they were content to homologate the notes taken in their absence. Members approved the notes with no further comments or amendments.
5 Matters Arising

(a) Action List

Item 1 – Original Action Date 8.10.14
Minute of GNEF CHP of 9.6.14

Mrs Fenton advised it had proved a challenge trying to find a representative to sit on the GNEF CHP CGC but confirmed a new representative had been identified and was in the process of considering the Terms of Reference and would feedback to Mrs Fenton. Mrs Fenton will report back a decision to the NHSF CGC on 12 August 2015.

Item 2 – Original Action Date 8.4.15
Deaths in Delay 6 monthly update

This item is for discussion at the NHSF CGC in October 2015.

Item 3 - Original Action Date 8.4.15
Incident Report

This Item was considered under main agenda Item 7 (b).

Item 4 - Original Action Date 11.2.15
Patient Feedback / Complaints Q3

To be removed from Action List.

Item 5 - Original Action Date 11.2.15
Patient Feedback / Complaints Q3

Dr Birnie advised he had worked with Mrs Ewing to provide a specific report on staff practices and procedures and the pattern of complaints. It had been identified that DATIX classified all complaints under one heading so the data reporting was not robust. Dr Birnie was satisfied however that an informal procedure was in place to inform the NHSF CGC. Dr Bisset agreed he was content an adequate informal mechanism was in place.

This item can now be closed and removed from the Action List.

Item 6 - Original Action Date 8.4.15
Action List – Item 67 – LEARN Summaries

Mrs Woodburn confirmed LEARN summaries go through NHS Fife QSGG and themes are captured. Dr Bisset said it was unclear how they are recorded through the System. Mrs Woodburn agreed to look further at this.
Item 7 - Original Action Date 8.4.15
Horizon Scanning Update

This item was considered under main agenda Item 7 (g) ii.

This item can now be closed and removed from the Action List.

Item 8 - Original Action Date 8.4.15
Draft CG Statement of Assurance & BV Framework

This item was considered under main agenda Item 7 (c).

This item can now be closed and removed from the Action List.

Item 9 - Original Action Date 8.4.15
CG Strategy Incorporating QD Plan

Mrs Woodburn to update QDP.

This item can now be closed and removed from the Action List.

Item 10 - Original Action Date 8.4.15
eHealth Board Statement of Assurance

Dr Elliot confirmed the error had been highlighted to the appropriate people.

This item can now be closed and removed from the Action List.

Item 11 - Original Action Date 8.4.15
Deep Dive Update

This item is for discussion at the NHSF CGC in August 2015.

6 Executive Leads' Clinical Governance Reports

Dr Bisset advised that all items under Item 6 would be taken without comment unless any particular issues were raised.

The Committee noted the following:
(a) Acute Services Division Clinical Governance Committee - Unconfirmed Note of meeting held on 1 April 2015

(b) NHS Fife Community Services - Dunfermline & West Fife Unconfirmed Note of Clinical Governance Group held on 19 May 2015

(c) Glenrothes and North East Fife CHP
   (i) Confirmed Note of Clinical Governance Group held on 10 February 2015
   (ii) Unconfirmed note of Clinical Governance Group held on 28 April 2015
(d) Kirkcaldy & Levenmouth - Unconfirmed note of the Quality, Safety & Clinical Governance Group held on 16 April 2015

(e) Quality Safety & Governance Group – 29 April 2015

7 Governance Items

(a) Balanced Scorecard Review

Detect Cancer Early

Dr Elliot advised that work was ongoing with the Cancer Team and SCAN to address the capacity problems within the Lung, Prostate and Urology cancer services.

Dr Elliot advised NHS Fife had agreed to fund an additional session for a Clinical Oncologist for lung cancer. Although this was a short term solution work is required to consider the longer term. There are further capacity challenges being considered.

IVF
Dr Coyle advised there was nothing specific to report and everything was on track.

(b) Incident Report January – March 2015

This report provides the NHSFCGC with an overview of incident reports (Fife-wide) in the organisation between 1 January 2015 and 31 March 2015. It seeks to provide the assurance that incidents are being reported, appropriately investigated and learning and improvement actions are being taken to reduce risk of recurrence.

Mrs Woodburn reported that there had been some changes to the previous report which had covered a six month period. The report would now be generated quarterly.

Mrs Woodburn highlighted inpatient falls continues to be a focus for concerted local action. Since June 2014 the reduction of inpatient falls has been the primary strategic priority for quality and safety in NHS Fife. The Fife-wide Frailty Steering Group also continues to lead on this issue.

Mrs Woodburn highlighted the area of medication incidents and reported that the Pharmacy Medicines Management Project Board will be meeting on 17 June 2015 to discuss further the development of the project charter.
Mrs Woodburn also highlighted all Grade 3 and 4 pressure ulcers acquired by patients receiving healthcare services in NHS Fife, regardless of setting have been graded as major or extreme in terms of severity.

Mr Little questioned what the narrative and figures tell us and felt more of an explanation was required. He also felt it would be helpful if there were rolling projections or current trends to help draw conclusions.

Mrs Fenton highlighted with regard to Tissue Viability Incidents there is mis-reporting and advised this has been looked at and areas identified where we are duplicate reporting. Dr Bisset asked Mrs Fenton if she could look in to this further and take to the QSGG and report back to the next meeting of the NHSFCGC. Mrs Fenton to also meet with Mrs Woodburn to incorporate details into next paper for the NHSFCGC.

Dr Birnie advised whilst there is no discernible trend many pressure ulcers arise in the community in patients not receiving care from NHS Fife. These are not a direct NHSF responsibility. Dr Bisset asked what we can do. Dr Birnie said it would be helpful to split the reports between Acute and Community as there are small numbers in acute. Dr McGovern highlighted that people in care homes will be part of the H&SCP so still an issue for the Board.

(c) Final Clinical Governance Statement of Assurance & Best Value Framework

The Committee approved the final version of this document and Dr Bisset agreed to sign off at the end of the meeting.

(d) Information Governance Statement of Assurance

The Committee noted the final version of this document.

(e) Management of Adverse Events Improvement Plan Update

The Committee noted since the last report to the Committee in April 2015 Healthcare Improvement Scotland (HIS) has published the second edition of Learning from Adverse Events through Reporting and Review: A National Framework for Scotland.

The NHS Adverse Events Group agreed it would be prudent to undertake a detailed review of our local policy, guidance and related systems and processes against the latest HIS framework and that the output from this exercise should in turn inform our new Improvement Plan.
It is proposed the draft plan will be submitted to the next meeting of the NHS Fife QSGG on 24 June 2015 for consideration and approval and thereafter be submitted to the NHSFCGC on 12 August 2015.

The Committee noted and agreed the proposed approach to the development and approval of the Improvement Plan.

(f) Patient Feedback / Complaints Q4 Report Summary
January – March 2015

Dr Birnie highlighted there are issues around categorising complaints and he has liaised with Louise Ewing to identify a standard classification which will lead to more unity.

Mr Little asked if it would be possible to breakdown area against case load. Dr Birnie advised it was difficult to know what to produce and what is helpful. There is another version of this report taken to the PFPI which has a specific table for acute which may go some way in answering Mr Little’s query.

Dr Bisset agreed it was difficult to breakdown reporting and although it was useful for the paper to come to this Committee it had already been discussed at PFPI. Dr Bisset highlighted that a recent audit report to the PFPI criticised reports being presented at a variety of Committees. Dr Elliot advised that she was aware the Chief Executive was proposing a Governance review across the Board.

Mrs Connor highlighted that Mrs Ewing and her team should be commended on the work they have undertaken around Patient Opinion.

(g) i) Horizon Tracker Update

Mrs Woodburn advised Horizon Tracker Update would now be a standard item on the agenda going forward.

There were two additions to the previous version namely Morecambe Bay and Vale of Leven reports.

ii) Lanarkshire

The purpose of this report is to provide the Committee with a review summary of the Board position against the recommendations in the report on NHS Lanarkshire.

The findings of the NHS Lanarkshire report identified 21 recommendations. A detailed gap analysis was undertaken to provide an organisational response on the position against each of the 21 recommendations based on local evidence provided.
Using similar methodology to that used in Vale of Leven Inquiry a set of descriptors has been used to provide an overall assessment of current delivery status for each recommendation in NHS Fife. The descriptors used were: Fully Implemented (F), Mostly Implemented (M), Partially Implemented (P) and Not Started (NS).

Mr Little asked if Recommendation 1 was complete. Dr Birnie advised this Recommendation was not just for NHS Fife but all individual Boards. Dr Birnie also asked the Committee if they were comfortable with Recommendation 7 and highlighted it was an extremely difficult piece of work to fulfil this recommendation. Dr Birnie advised he has tried to get Scottish Government involved but has had no success or interest from anyone in resolving this issue. Dr Elliot supported the views of Dr Birnie and advised there were real historical differences which no one will face up to addressing.

The Committee noted the summary of the evaluation and the gap analysis and methodology used.

iii) Grampian

The findings of the Aberdeen Royal Infirmary report identified 11 recommendations and were taken forward the same as Lanarkshire using the methodology described for the NHS Lanarkshire report.

Mr Little questioned Recommendation 6 and asked if this recommendation was purely for Aberdeen Royal Infirmary rather than NHS Fife. Dr Elliot confirmed it did relate to Aberdeen Royal Infirmary but there were some issues which could be considered for NHS Fife and these would be carried forward by our new Chief Executive, recently appointed Director of Acute Services and the replacement of an Associate Medical Directors for the Acute Division and HSC Partnerships.

The Committee noted the summary of the evaluation and the gap analysis and methodology used.

It was agreed this report does not need to come back to the NHSFCGC and could be monitored by Mrs Woodburn through the QSGG.
iv) Vale of Leven

Mrs Woodburn advised following the letter from Professor Fiona McQueen, Chief Nursing Officer, all Boards were being asked to provide an update on progress against the 65 recommendations before the SGHD can move forward in implementing the national and local plans.

Boards were being asked to submit their updated response to the Area Clinical Forum, Area Partnership Forum and public groups for consideration before return to the SGHD by 24 June 2015. Mrs Woodburn advised as our APF meeting was not meeting until 26 June 2015 an extension to the 6 July 2015 had been agreed with SGHD. Mrs Janette Owens would prepare the NHS Fife response in advance of this deadline. Dr Bisset requested that the submission be shared with the Committee.

v) Morecambe Bay

Mrs Muir advised the Committee the Action Plan was with Professor McLean for sign off and would be circulated in due course.

(h) Clinical Advisory Panel Annual Report

The Committee considered the Clinical Advisory Panel Annual Report which provides assurance that a clinical review process is in place and effective in balancing the needs of individual patients and the best use of available resources.

The main purpose of the Clinical Advisory Panel is to consider applications from clinicians to refer patients to service provider’s outwith Fife. In general this is to access services such as investigations, assessment, treatments or placements not routinely provided in Fife. On occasion patients may be considered to display exceptionality to be highly complex or to have exhausted conventional options.

Professor Campbell asked if the patient in Ayr Clinic was an individual with specific needs and were Ayr working with colleagues to bring the patient back to Fife. Dr Elliot confirmed this was the case and mental health colleagues in Fife are working closely with colleagues in Ayr to identify the patient’s specific needs.

(i) Endoscopy Report

Dr Birnie advised the purpose of this report is to provide an endoscopy update, including feedback on position against Global Rating Scale (GRS) census last completed in October 2014 and the highlight plans to drive improvement forward.
Dr Birnie advised the aim of NHS Fife, with targeted action, is to achieve level B in all sectors by April 2016. A new consultant Gastroenterologist starting in Spring 2015 and this appointee, who will become the Clinical Lead for Endoscopy, has been heavily involved in Pre-Joint Advisory Group (JAG) accreditation prepared in other health boards. This experience will be invaluable in leading and supporting NHS Fife to reach B status in all the GRS domains.

Dr Birnie assured the Committee a lot of work was being undertaken to drive improvement forward. Dr Bisset acknowledged the amount of work involved and was impressed with the plans for improvement.

Dr Bisset queried when a re-audit would be undertaken. Dr Birnie confirmed self assessment is carried out annually with re-accreditation for JAG every five years.

(j) Cervical Screening Incident Report

Dr Birnie briefed the Committee on the Incident Report prepared by the Deputy Director of Public Health. This investigation was undertaken following a patient who had had three procedures following a cervical smear test result of high grade dyskaryosis - invasive cancer. Following a MDT meeting it had concluded that the patient did not have cancer and because of the high index of suspicion from the index smear questioned whether the cervical smear test result could have been from a different patient.

The Committee noted following the very detailed investigation some lessons have been learned and aspects of the cervical screening programme strengthened as a result. Dr Bisset acknowledged this was a very thorough piece of work.


Dr Birnie advised there were no particular issues to raise with regard to this report. The implementation of medical staff revalidation including enhanced appraisal is overseen by the Medical Appraisal and Revalidation Group chaired by Dr Frances Elliot, Medical Director / RO for NHS Fife.

Dr Birnie also highlighted although the process was well embedded there is a process in place to improve secondary care. Dr Elliot acknowledged following her return to NHS Fife she had seen the improvements made in last five years and was confident good procedures were in place.
Mr Little asked if secondary care lagged behind primary care or was the gap closing. Dr Birnie acknowledged there was a gap but the issue was funding to carry out appraisals. There is no money to be made available in secondary care and there is a possibility we may run out of secondary care appraisers which is a concern.

8 Items for Discussion

(a) **NHSFCGC Work Plan**

Mrs Muir had no comments on the current Work Plan.

(b) **NHSF CGC Map**

The Committee were asked to note outstanding issues on the NHSFCGC Map.

(c) **NHS HIS Update**

The Committee were asked to note the recent HIS Standards and Reviews on: Learning from adverse events through reporting and review – A National Framework for Scotland : Second edition.

9 Minutes from Linked Committees – For Information Only

(a) **Infection Control Committee – 1 April 2015**

The minutes were noted by the Committee.

(b) **Information Governance Group – 21 May 2015**

The minutes were noted by the Committee.

(c) **eHealth Board – 21 May 2015**

The minutes were noted by the Committee.

(d) **Fife Area Drugs & Therapeutics Committee – 15 April 2015**

The minutes were noted by the Committee.

(e) **Draft Note of the Radiation Protection Supervisors Meeting held on 20 February 2015**

The minutes were noted by the Committee.
10 Future Clinical Governance Arrangements

Dr Elliot advised since the creation of the Health and Social Care Partnerships the clinical and care governance arrangements would require to be created for the Partnership. Dr Elliot confirmed a paper is being prepared for the IJB to describe these new arrangements and create new Terms of Reference and how the new structure/framework feeds into Health and Social Care. This report will come to a future meeting of the NHSCGC.

11 AOCB

11.1 Joint Inspection – For Information – Dr Bisset

Dr Bisset advised the Committee he had received communication from the Chief Executive that there would be a Care Inspectorate Joint Inspection of Child Services in August 2015.

11.2 Ward Closure at Adamson – Mr Little

Mr Little raised the issue of the ward closure at Adamson and asked if this was an exercise to scale back staff. Mrs Fenton advised she had recruited some staff and there was a drive on to recruit more. Beds would be re-introduced as staff are recruited. Staff would also be moved across the service to cover staffing gaps.

Mrs Brown asked where the decision was taken to close the ward when other solutions were available. Mrs Fenton advised she had considered all the avenues including the Bank but when the risks were identified the decision was taken to close the ward.

Dr Birnie advised there was a significant issue with staffing in the Acute Division. Mr Little asked if a whole system review was required. Dr Elliot confirmed HR were working on this and a wider review of the system was required. Dr Bisset agreed to await the outcome of the review.

12 Date of Next Meeting

Wednesday 12 August 2015 - at 2pm within the Board Room, Hayfield Clinic, VHK
Distribution:

<table>
<thead>
<tr>
<th>Members</th>
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<tr>
<td>Dr Les Bisset</td>
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<td>Mr Nick Barber</td>
<td>Prof Ian Campbell</td>
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