

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355
www.nhsfife.org



Jeane Freeman MSP
Cabinet Secretary for Health & Sport
Scottish Government
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

Date 18 September 2018
Your Ref
Our Ref PH/FME/JG/VM/letters/0918freeman
Enquiries to Valerie Muir
Extension 28080
Direct Line 01592 648080
Email valerie.muir@nhs.net

Dear Cabinet Secretary

NHS Boards Governance Assurance Mechanisms

Thank you for your letter of 5 September 2018. I have set out NHS Fife's response to the questions asked about our internal governance arrangements:

NHS Complaints

In NHS Fife, the mechanisms to detect and respond to clusters of complaints include the regular reporting at Acute Services Division (ASD) of all complaints. There are updates on numbers of complaints, types of complaint and areas where complaints have been registered by service, directorate and Acute Services Division (ASD) level.

The Board has a Quality Report which is discussed at the ASD Clinical Governance Group, and the Clinical Governance Committee of the Board. This includes patient safety data, information about complaints, adverse incidents, and a summary of key issues is then incorporated into the Integrated Performance Report which goes to the Board at every meeting.

Our Patient Relations Department records and coordinates the responses to complaints and has introduced a daily safety brief where the team discuss any recurring themes relating to a service or individual professionals. They can escalate concerns to service management and clinical leads. Specifically, if clusters of complaints about a service or clinician are identified, this is followed up directly with the management team of the service for individual discussion and investigation where appropriate. The Clinical Director for Planned Care, where our surgical services sit within the organisation, reads all complaints as they are received and can informally monitor any recurring themes or clinicians with multiple complaints to pick up any potential issues early.

Page 2



Chair Tricia Marwick
Chief Executive Paul Hawkins
Fife NHS Board is the common name of Fife Health Board

The Clinical Director also takes an overview of any major and extreme Datix reports for the specialties within the Directorate and can be proactive if there are recurring incidents involving any single clinician.

Surgical Safety and M&M Reviews

NHS Fife has applied the principles of the WHO Safe Surgery checklist. There is a mandatory “brief” in theatre before sending for the first patient. A three stage surgical safety checklist is applied to all patients undergoing surgery – this incorporates Sign-in, Surgical Pause and Sign-out”. Surgical marking is performed on the ward and checked at sign-in before induction of anaesthesia. As part of this process, all staff are encouraged to “call out” any concerns they have on any aspect of the checklist.

Monitoring workloads: annual job plan reviews are undertaken for consultants and other trained medical staff. The theatre team regularly assesses surgical capacity, balancing waiting list requirements with clinician and theatre availability.

Processes to support clinicians in presenting cases: there are a number of initiatives in place to encourage sharing of learning across the system. There is a quarterly inter-specialty clinical governance meeting at which specialties will share learning from adverse incidents. Clinicians are encouraged to attend these as are medical students and doctors in training. All of our surgical specialties, as well as our Emergency Department, undertake M&M reviews. The Planned Care Directorate has recently mailed Lead Clinicians of surgical specialties, asking for further details of M&M reviews, including frequency and format. This is being collated at present as we wish to encourage a standard approach in line with the Healthcare Improvement Scotland pilot work on M&M reviews.

Supervision of Junior Medical Staff

Through the Department of Medical Education, our Director of Medical Education works closely with Educational Supervisors and trainers to ensure that they have undertaken the appropriate training to deliver high quality training and this is now discussed at annual appraisal. Consultant supervision of junior medical staff is a priority and is highlighted to doctors in training at their induction in terms of what we expect their supervisors to deliver. The annual GMC survey of medical students and doctors in training further informs us of areas where we need to focus on improving the training experience and this is highlighted to the Board in an annual report from the Director of Medical Education. This is presented to the clinical governance Committee and the Board.

Openness and Transparency

As a result of the new Duty of Candour legislation, the organisational requirements have been incorporated into our adverse incident policy and procedures so that we can be open and transparent with patients and families if we identify harm. This information is triangulated in our Quality Report which is still being refined with every report that is presented to our Clinical Governance Committee and the Board.

18 September 2018

Additional training has been provided since April this year as a result of updating the Board's adverse incident policy to incorporate Duty of Candour requirements and the list of adverse incidents which constitute 'never events' has been added to as a result of discussions with clinical leaders. Copies can be supplied if required.

Quality outcomes are monitored at service level and this information is aggregated by Directorate and then reported at Division level. These reports are discussed at the regular performance meetings held by the Acute Services Division Management Team and reported through their Clinical Governance Group. These minutes go to the Board's Clinical Governance Committee and the high level performance is reported in the Quality Report and the Integrated Performance Report to the governance committees of the Board and then to the Board at every meeting.

Staff are encouraged to speak up about harm and report incidents as quickly as possible. The Board has a Whistleblowing Champion who is available to staff who wish to raise issues of concern which are then followed up and investigated.

Yours sincerely

A handwritten signature in black ink, appearing to read "J Gardner". The signature is written in a cursive style with a large initial "J" and a long horizontal stroke.

Paul Hawkins
Chief Executive

Enc

(signed by Jann Gardner, Chief Operating Officer/Interim Deputy Chief Executive, in Paul Hawkins' absence)