Kirkcaldy & Levenmouth CHP Committee Meeting

TUESDAY 15th JANUARY 2013 AT 1:30PM
THOMSON HOUSE. METHIL

1. Welcome and Introduction

2. Apologies for Absence – Dr Anderson

3. Declaration of interest – Committee members are asked to declare an interest in any of the Agenda items at this point and state what form that interest takes.

4. Minutes of previous meeting held on 13th November 2012 Page 3 - 11

5. Matters Arising Page 13

6. General Manager’s Update (Verbal Report) MP Page 15

7. Improving Health
    7.1 Muiredge Surgery Project FMcK SM Page 17 - 19

8. Patient/Staff Experience
    8.1 PPF Reference Group (Verbal Report) RP Page 21
    8.2 Domestic and Estates Audit Report BH Page 23 - 29
    8.3 Catering Survey Results BH Page 31 - 44
    8.4 Staff Briefing Sessions BAN Page 45 - 51
    8.5 Attendance Management Report BAN Page 53 - 58

9. Planning For Service Improvement
    9.1 Update on the Health and Social Care Integration Programme in Fife MP Page 59 - 61
    9.2 Sexual Health Service - Transfer of Service from Carnegie Clinic HB Page 63 - 64
    9.3 Sexual Health Service - Annual Report 2011/2012 HB Page 65 - 66

10. Delivery & Efficiency
    10.1 Financial Governance AMcC Page 67 - 72
    10.2 Balanced Scorecard/CHP Workplan Comparison MP Page 73 - 76

11. Items for Information:
    (a) NHS FIFE MCN Conference Page 77 - 78
    (b) Local Partnership Forum - 20th September 2012 Page 79 - 81
    (c) CHP Clinical Governance Group - 6th September 2012 Page 83 - 88
    (d) FHWA - 6th September 2012 Page 89 - 94
    (e) PPF Reference Group - 1st June 2012 & 17th August 2012 Page 95 - 104

12. Dates for Diary Page 105 - 106

MR ALASTAIR ROBERTSON
CHAIR
KIRKCALDY & LEVENMOUTH CHP
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 4.

MINUTES OF PREVIOUS MEETING HELD ON TUESDAY 13th NOVEMBER 2012

UNCONFIRMED MINUTE OF THE KIRKCALDY AND LEVENMOUTH CHP COMMITTEE MEETING HELD ON TUESDAY 13th NOVEMBER 2012 AT 2:00PM WITHIN WARD 7, TRAINING CENTRE AT CAMERON HOSPITAL

PRESENT:
Mr Alastair Robertson, Chair of Kirkcaldy and Levenmouth CHP
Dr Lynda Anderson, Clinical Director
Mrs Mary Porter, Acting General Manager
Mr Harry Blyth, Non Executive Board Member
Mr Peter Adams, Non-Executive Board Member
Dr Stephen Rogers, Registered Medical Practitioner (non-primary care) Representative
Mrs Samantha Allen, Registered Nurse Representative
Mr Simon Fevre, Area Partnership Forum Representative
Mr Simon Little, NHS Fife Non-Executive Board Member
Mr Allan Shields, Pharmacy Representative
Councillor Andrew Rodger, Council Representative
Councillor Lawrence Brown, Council Representative
Mrs Nicky Connor, Acting Associate Nurse Director
Dr Brian Wilson, Registered GP Representative
Mr Jim Bett, Voluntary Sector Representative

IN ATTENDANCE
Mr Andrew McCreadie, Assistant Director of Finance
Ms Barbara Anne Nelson, Deputy Director of Human Resources
Mrs Lesley Eydmann, Localities Manager, D&WF CHP
Mr Bob McLean, General Manager, Mental Health Services
Mrs Brenda Ward, Corporate Services Administrator (Minute)

ACTION

34/12 WELCOME AND INTRODUCTION
The Chair opened the meeting and welcomed the Committee members to the November Meeting. A welcome was also given to Mrs Lesley Eydmann, Localities Manager, D&WF CHP and Mr Bob McLean, General Manager, Mental Health Services.

A paper listing all the events that Chair had attended since the last meeting was distributed.

35/12 APOLOLOGIES FOR ABSENCE
Apologies for absence were received from Professor Ian Campbell, Mrs Moira Dunsire, Mr George Sime, Mr Ron Parsons and Mr Gordon Penman.
36/12  DECLARATION OF INTEREST
Mrs Sam Allen declared an interest in Item 10.2 – Reprovision of the Intensive Psychiatric Unit (IPCU) as she is a Senior Nurse at Stratheden Hospital.

37/12  MINUTE OF THE PREVIOUS MEETING HELD ON 11th SEPTEMBER 2012
The minute of the previous meeting held on Tuesday 11th September 2012 were agreed as a true and accurate record of the meeting.

38/12  MATTERS ARISING
There were no items raised.

39/12  UPDATE ON THE REVIEW OF THE PRIMARY CARE OUT OF HOURS, TREATMENT CENTRES (PCES)
Chair reminded the Committee that a paper on the review of the clinical arrangements in the Primary Care Out of Hours Treatment Centres (PCES) was brought to the Committee in March 2012. At that time the Committee asked for reassurances that adequate staffing would be in place at Victoria Hospital. Mrs Eydmann thanked Chair for the opportunity to attend the Committee and advised that this paper is an updated version. Mrs Eydmann confirmed that if the proposal to transfer PCES from Glenrothes Hospital to Victoria Hospital was approved, then some of the staffing would be re-aligned to the Victoria Hospital to ensure adequate staffing was in place.

Mrs Eydmann advised that in January 2012 the proposal to transfer PCES from Glenrothes Hospital to Victoria Hospital was taken forward by way of communicating with a variety of community staff and attending public meetings. However, as a result of a public meeting in November 2012, D&WF CHP has decided to take a step back on the consultation and take on board all comments and concerns, with a final paper being brought back to the Committee, prior to moving forward with a proposal.

Chair advised that he had attended the public meeting and suggested at the meeting, perhaps four recommendations be considered i.e., ; status quo, complete closure at Glenrothes, partial closure at Glenrothes (eg overnight) and expand service to include Minor Injuries Unit. It was noted that the PCES review will now be an NHS Fife Board decision. Chair added that the Committee are asking D&WF CHP to rethink all of the recommendations available, possibly phase in the change and suggested a slower and careful approach. Mrs Porter agreed and said the timing of Mrs Eydmann attending the K&L CHP Committee is unfortunate due to recent decisions, however, the CHP will have the opportunity to review the final paper at a later date.

Dr Wilson enquired as to why the out of hours service should be closed altogether and perhaps D&WF CHP may consider that the 6pm to midnight service remain at Glenrothes Hospital, with
only the midnight to 8am service being relocated to Victoria Hospital. Mrs Eydmann advised that there are concerns around clinical safety at Glenrothes Hospital. Dr Wilson agreed that this may be the case during the hours of midnight to 8am however, in his opinion when covering Glenrothes Hospital, this was not an issue during the 6pm to midnight service.

Mr Shields highlighted that the paper does not mention Community Pharmacy. Mrs Eydmann accepted the point and added that a number of Pharmacies are interlinked and there will be no change to Pharmacy Services, however, would take his comment on board.

It was noted that D&WF now intend to consult with the CHP Public Partnership Forums (PPF) and Mrs Porter asked that Mrs Eydmann liaise with Julie O’Neill as the contact for Kirkcaldy and Levenmouth PPF.

The Committee noted the update on the Review of the Primary Care Out Of Hours, Treatment Centres (PCES).

40/12 GENERAL MANAGERS UPDATE

Standardisation of Committee Reports
Chair advised that the three CHP’s have been looking at standardising Committee reports. Chair advised that he has attended D&WF Committee meetings and thought the General Manager’s update was a successful agenda item, that gives the opportunity to talk about other items that are not on the Agenda.

Upgrades to Cameron Hospital
Mrs Porter added that work has been going on in Cameron Hospital and they have secured additional resources for upgrades, this will be used for; conversion of wetrooms and the hire of a gardener on site at Cameron Hospital. In addition small painting projects have been taking place in the wards and the CHP have received great feedback from both patients and the public. In addition Nicky Connor has been given additional funding towards Healthcare Associated Infection (HAI) in respect of work around Infection Control, Kitchen Areas, Soft Furnishings etc. and the work is ongoing around the Cameron Site.

Chair advised that he took part in a visit of the wards at Cameron Hospital with Nicky Connor and Professor McGoldrick on Thursday 1st November 2012.

Chair added that money within NHS Fife remains tight however, when small amounts of funding do become available, small improvements can be made to make the hospital a lot more habitable and the wards have created a wish list.

Staff Briefing Sessions
Mrs Porter advised that the K&L CHP Staff Briefing Sessions have taken place in Stratheden Hospital, Whyteman’s Brae
Hospital and Cameron Hospital with 69 members of staff in attendance and providing positive feedback. The Briefing Sessions include sharing of hot topics, where the CHP/NHS Fife are, as well as an update on national work and pensions. One further session is scheduled to take place in Queen Margaret Hospital on 21st November 2012.

**Major Incidents**

Mrs Porter updated that, as a result of the NHS Healthcare Improvement Scotland (HIS) review, of NHS Ayrshire & Arran management of significant adverse events, a visit is scheduled to take place in NHS Fife on 6th December 2012.

Within K&L CHP Julie O’Neill is leading with the K&L Heads of Service and until national guidance is available, the CHP Management Team will receive monthly reports on how the CHP are managing and engaging. A report will be brought to the Committee next year.

**K&L CHP Newsletter**

Mrs Porter advised that K&L CHP published a Newsletter in November and this will be distributed to the Committee for information.

Councillor Rodger said that as Chair of H&SCP he welcomes the upgrades to Cameron Hospital as he feels it helps staff value what they are doing and agrees that the grounds within Cameron Hospital should be maintained.

The Committee noted the General Manager’s Verbal Report

41/12 **IMPROVING HEALTH**

**MMR IMMUNISATIONS**

Mrs Connor advised that this paper was being presented to the Committee to provide an update with regards to the MMR 1 Childhood Immunisation. The CHP is currently showing “Not on Track” within the CHP Workplan, however, various strands of work are taking place to address this. The data is being reviewed regularly and the names of children that have not been immunised by 20 months of age is now available to lead nurses and teams. This will allow a proactive approach to promoting immunisation and also to aid understanding of why people are choosing not to have this immunisation. Lead nurses are supporting a proactive approach to promoting immunisation at contacts they have with families. There are some examples of good practice in promoting immunisation and these are also being shared. This is monitored through the NHS Fife Immunisation Group and the target is for 95% of children to have their first MMR by age 2.

Mrs Connor said that a report would be brought back to the Committee next year once there are been opportunity to implement and review the measures being put in place.

The Committee noted the MMR Immunisation Report.
PPF REFERENCE GROUP (VERBAL REPORT)
Chair added that unfortunately Mr Parsons could not attend the Committee meeting, therefore an email update had been provided to Chair. The last PPF meeting was a combined meeting at Queen Margaret Hospital with the other two CHP’s. It was the second meeting and Mr Parsons felt that the combined format is maturing well. There is a genuine desire from PPF members to be more involved with patient oriented affairs within the NHS and particularly the 'hot topics of the day'. Dependent on how the PPF's evolve in the future, this combined approach is well worth considering.

The Committee noted the PPF Reference Group Verbal Report.

CATERING SURVEY RESULTS (CHPS) APRIL 2012 – JUNE 2012
Chair advised that the Catering Survey Results paper would be deferred to the next Committee meeting in January 2013 as Mr Barrie Higgins was unavailable.

Chair asked the Committee Members to send any queries on the paper to Brenda Ward, Corporate Services Administrator.

Mr Adams added that after reviewing the survey, one third of patients did not receive what they had ordered.

The Committee noted that the Catering Survey results paper was deferred until January 2013.

STAFF GOVERNANCE STANDARD
Ms Nelson advised the Committee that NHS Scotland has, for some time, had in place a Staff Governance framework. This was introduced within NHS Scotland to ensure that a framework is in place which enables staff related issues to be dealt with fairly, reasonably and effectively within each system. The existing Standard has been the subject of a recent review and the purpose of this report is to raise awareness to Committee members of the Standard and the specific issues arising from the recent review.

The review was carried out by The Scottish Workforce and the Staff Governance Committee (SWAG) in the summer of 2011. Within NHS Fife and K&L CHP well established arrangements are in place for developing both an NHS Fife Corporate Staff Governance Action Plan and the local CHP Action Plan which is undertaken through the Local Partnership Forum.

The revised version of the Staff Governance Standard takes into account developments within NHS Scotland. It recognises the importance of a motivated and engaged workforce to a successful NHS. One new element of the Standard is the introduction of staff responsibilities in addition to the already enshrined employer responsibilities. The employee
responsibilities are: to keep themselves up to date with developments related to their job; to commit to continuous personal and professional development; to adhere to the standards set by their regulatory bodies; to actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation; to treat all staff and patients with dignity and respect while valuing diversity and to ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

For information the five strands of the Staff Governance Standard for NHS Fife and the CHP are; to ensure that staff are well informed; appropriately trained and developed; involved in decisions that affect them; treated fairly and consistently with dignity and respect in an environment where diversity is valued and provided with a continuously improving safe and working environment, promoting the health and wellbeing of staff, patients and the wider community.

The Committee noted the Staff Governance Standard paper and arrangements within the CHP for both developing and monitoring the Staff Governance Action Plan.

43/12 PLANNING FOR SERVICE IMPROVEMENT

HOSPITAL AT HOME – PROGRESS REPORT

Mrs Connor updated that significant progress had taken place on Hospital at Home (H@H). Dunfermline and West Fife CHP will have rolled out the service to all GP Practices by the end of November. The Nursing Team is now in place and they are continuing to develop and explore H@H further and a Fife wide interim plan is being developed to support the roll out over November 2012 - March 2013. The Medical Model is continuing to be developed and currently there are plans in place to implement a Fife Wide ward round which will bring patients together to be reviewed by a consultant. This will provide better use of facilities using joined up work across Fife as well as supporting a consistent approach in reviewing details. Mrs Porter advised that each CHP will eventually have their own ward rounds once H@H is fully established and the Fife Wide Ward round was an interim measure. Three GP Practices have expressed an interest supporting early implementation and meetings have taken place with these Practices. The start date for accepting referrals will be confirmed once the medical model and Fife Ward round are in place. Arrangements are also being put in place to have on-call nursing systems to support meeting patient’s needs out of hours.

Further discussions took place around the need to move to H@H to assist Acute Services and Social Work as they are under pressure on delayed discharge. It was also confirmed that referrals from Fife Wide ward rounds will be using the single point of access.

The Committee noted the Hospital at Home Progress Report.
REPROVISION OF THE INTENSIVE PSYCHIATRIC CARE UNIT (IPCU)
Mr McLean advised that the paper contained a proposal for the Reprovision of the Intensive Psychiatric Care Unit (IPCU) at Stratheden Hospital. The IPCU facility currently remains one of the Victorian buildings on the hospital site and it has been identified that it is no longer fit for purpose. The NHS Fife Chief Executive tasked the Mental Health Service to prepare options for the most effective solution. The paper contains four options with the preferred option of a new build on the Stratheden Hospital. At the moment no formal confirmation is available, however, there is a strong indication that capital resource will be made available for IPCU, subject to a formal proposal from NHS Fife to the Scottish Government.

The Committee noted the paper and endorsed the proposal.

Mr McLean referred to a book which was found during a recent archive exercise at Stratheden Hospital. The book contained the records of the Board established in 1857 to commission and build at Stratheden Hospital. It was noted that many of the issues occupying our minds today were equally prominent in the late 19th century. For example, the original cost of the hospital was estimated at £13,500, but the eventual cost was double that at £26,000. There was also reference in the minutes to debate over the lack of single rooms for patients. The Board, formally known as the “District Board of Lunacy for Fife and Kinross Shires”, was chaired for part of the time by the Earl of Rosslyn. The land on which Stratheden now sits was known as the “Lands of Retreat” and purchased from a Mr Robert Wilson at a cost of £3,000.

The book will be kept within NHS Fife for a few months for staff to review and will then sent to archive at Markinch. Chair thanked Mr McLean for sharing this with the Committee and as the CHP have reinstated the newsletter suggested an article in relation to this be included in the next publication.

GETTING BETTER IN FIFE
Dr Anderson advised that NHS Fife’s overarching Health Care Improvement plan for the next five years is set out in Getting Better in Fife. This was brought to the Committee to raise awareness.

Getting Better in Fife aims to improve the patient experience thorough reducing harm, waste and unwarranted variation. The programme has identified five priority areas, which are: Improving Flow and Emergency Access, Improving Elective Flow, Reshaping Older People’s Services (Including Integration Health & Social Care), Safe and Accessible Mental Health Services and Safe and Effective Medicines Management. Each priority area contains workstreams being implemented throughout Fife. These have Clinical, Executive and Programme Managers taking the lead. The aims are to improve the service to clients and patients in Fife. It is important that the
Committee is aware of the work taking place and given the opportunity to comment.

With regards to Medicines Management/Reconciliation, Mr Shields advised that Patient Representatives are being asked to replenish stocks of medicines for inpatients. Dr Anderson said she would will feed this back as this could have a significant impact on the budget within Primary Care and there are significant governance issues. Dr Rogers advised that he was not aware of this as a directive; however, the hospital does encourage patients to bring in and use their own medicines on admissions. Both agreed to enquire and feedback to Mr Shields.

The Committee noted the Getting Better in Fife Report

44/12 DELIVERY & EFFICIENCY

FINANCIAL GOVERNANCE
Mr McCreadie presented the Financial Report which covered six months to September 2012. The overall position showed that the CHP was reporting an underspend of £54K against Managed Clinical Services. For the year to date Prescribing was also reporting an underspend of £287K. Overall Prescribing prices have reduced, however Mr McCreadie noted that NHS Fife remained a high cost prescriber when compared to the rest of Scotland. Within Clinical Services the underspend is mainly due to vacancies, within Fife Wide Services, Local Services and Management & Administration.

Mental Health are reporting a slight overspend in non-pay, largely due to patients receiving treatment in facilities outside Fife. Methadone has previously been an issue for the CHP within the supplies line, however at present they are on budget.

The Efficiency Saving plans for K&L CHP identified in the financial framework £1.27M of schemes for this financial year. The level of Efficiency Savings identified for this year is £1.299m at period 6.

The allocation of capital related to CHP expenditure is in excess of £1M for the CHP, and this is expected to be fully committed by the year-end.

The Chair congratulated Mrs Porter and her team on their financial performance.

The Committee noted the Financial Governance paper

BEST VALUE FRAMEWORK
Mrs Porter advised that this paper sets out the Best Value Framework that will continue to be used by all of the Board’s Governance Committees and asked the Committee to note the paper.
Mr Little asked about the availability of performance reports on Partnership Working i.e., to be able to demonstrate and evidence the impact of, and the outcomes from, any partnership working. The Chair advised that he had recently met with the other two CHPs to discuss this item and Mrs Porter agreed to take this comment on board.

The Committee noted the Best Value Framework

**NHS FIFE BALANCED SCORECARD / CHP WORKPLAN COMPARISON**
Mrs Porter advised that this was the second report to the Committee this year and provides comparative data between the CHP Workplan and Balanced Scorecard for 2012/13. This report highlights the performance of the CHP Workplan’s nineteen key priorities which also relate to NHS Fife’s Targets.

In addition, K&L CHP Management Team have identified an additional eighteen local priorities which are monitored on a regular basis and the performance reported to the CHP Committee at regular intervals.

The five targets identified as not on track were discussed and Mrs Porter suggested the evidence highlighting the good work ongoing to improve these target’s status, would be reported at future Committee meetings. It was noted that, overall, the CHP is in a good place but should not become complacent.

The Committee were asked to note the status as at September 2012.

The Committee noted the NHS Fife Balance Scorecard / CHP Workplan Comparison Report

**45/12 ITEMS FOR INFORMATION**
Local Partnership Forum – 16th August 2012
CHP Clinical Governance Group – 24th July 2012
FHWA – 6th September 2012
Dates of Committee meetings/Development Sessions 2013/14

**46/12 DATES FOR DIARY**

**Next Development Session:**
Tuesday 11th December 2012 at 1:00pm – 3:00pm within Meeting Room 1, Cameron House, Cameron Hospital

**The next K&L CHP Committee:**
Tuesday 16th January 2013 at 1:30pm – 4:30pm within the Seafield Suite, Thomson House, Methil
MATTERS ARISING:
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 6.

GENERAL MANAGER’S UPDATE

Verbal Report.

REPORT BY:  MARY PORTER, ACTING GENERAL MANAGER
KIRKCALDY & LEVENMOUTH CHP
1. **INTRODUCTION**

1.1 This paper provides an update report to the CHP Committee, outlining the outcomes of this Project, the next steps for the Practice, as well as the wider learning that can be shared both locally and nationally.

1.2 The CHP has provided support to the Practice to take forward the implementation of the Alaskan “Nuka” system of care. The support provided was through the provision of nursing backfill. From June 2012 a dedicated “Nuka” team within the Practice comprising a General Practitioner, Case Manager (Nurse Practitioner), Practice Nurse, Administrator and Behavioural Health Consultant (Health Psychologist) was established. The team were supported by the Organisational Development Department to develop the relational style that is fundamental to this system of care.

1.3 The Nuka Team supported a random and representative sample of approximately 1350 patients from the Practice list. Data was collected to compare the consultations profile as well as staff and patient satisfaction. The short timescales did not allow for longer term evaluation of a larger patient group in respect of health indicators and use of secondary care services.

1.4 The Practice has also participated in national primary care initiatives, exploring new models and use of tools, to facilitate transformational change in GP Practices.

1.5 As a result of support from national initiatives, the addition of a Behavioural Health Consultant into the team at Muiredge has been possible. The Behavioural Health Consultant role was developed and performed by a Health Psychologist from within the Psychology Service for one day per week for 4 months of the Project. Much of this work was the development of the role within the local context. It has demonstrated the value in helping the team develop approaches that enable collaboration in decision making and treatment. This post also supported development of a holistic model of care within the team and also working with the team, to identify which patients may benefit.

2. **COMMUNITY INVOLVEMENT**

2.1 Community involvement in the new system has been central to the implementation and evaluation of the model and two community events for patients registered with the Practice have been held.

2.2 The initial event was held on the 14th of June when over 150 people who were registered with the Practice attended. The project was fully explained and questions were answered and comments received.

2.3 Community volunteers were recruited in order to set up a Reference Group and this remains in place.
2.4 The patient volunteers who formed the Reference Group were invited to a further meeting in September. They provided valuable feedback to the Practice and were extremely positive and supportive of the model. The main concerns related to timescale and practicalities for the roll out to the rest of the Practice.

2.5 The Project ended on the 30th November 2012 and two further events have been held. The Reference Group met on the 22nd November with a follow up community event held on the 3rd of December. The feedback remained positive, and the involvement of the wider Practice was welcomed.

3. PROJECT OUTCOMES

3.1 The Project GP, on average, undertook significantly less face to face consultations compared to other GP’s in the Practice, and performed more telephone consultations. This shift in activity represents more flexibility for the GP’s to spend longer time with patients who need more time. The nurses in the team undertook many more consultations by phone compared to the other nurses working in the Practice.

3.2 The Health Psychologist, aligned to this project to develop the role of Behavioural Health Consultant in the Scottish context, was able to see 22 patients in the duration of the project. A full evaluation is being carried out separately.

3.3 Patients reported being very satisfied with the change in service e.g. “Having used the service four times since the pilot began I found this to be much better and patient friendly service. I can now get an on the day appointment, without having problems trying to get through on the phone only to find out that all the appointments have gone.”

3.4 Staff within the Nuka Team completed a satisfaction questionnaire before the Project, and after 6 weeks of working within the new system. A scale from the Productive GP Measures was used and indicated significant improvements in relation to the satisfaction with decision making, team working, handling conflict, internal communications, work life balance, change and innovation.

3.5 Roll out to the whole Practice, and the development of a financially sustainable model, would have attracted further support from Scottish Government. The indications are that the skill mix within the Practice would need to change in the longer term i.e. fewer GPs, more Case Managers and administrative time. The Practice partners do not feel able to commit to this.

3.6 Some aspects of the system will be difficult to completely transfer to the Scottish context. Changing skill mix, and creating several small teams within the existing physical environment will not be simple to accommodate in most Practices that are designed for the current model. Further exploration will be required to discover how to fully implement Nuka in respect of these issues.

4 RESOURCES AND SUSTAINABILITY

4.1 The project was completed within the budget of £40k, and the agreed time period of the project. No further costs are being incurred by the CHP from 1st December 2012, with the Practice fully funding the next stage of change.

4.2 Given the short period of the pilot, and the involvement of only a proportion of the patients and staff, the Practice feel unable to fully adopt this model and now wish to further explore a triage model. The whole Practice will be involved in
this, in order to find a financially sustainable way forward. The patients are aware that the Practice is now testing a triage model rather than the small team integrated model.

5. CONCLUSIONS AND NEXT STEPS

5.1 The opportunity for the Practice to explore a new way of working has been greatly appreciated within the Practice and by the patients registered at Muiredge. The improvements noted above have confirmed that this model has the potential to work in the Scottish context. Early results suggest positive changes in the interactions between staff and patients, improved access, delivering a better service and increasing staff satisfaction.

5.2 The whole Practice is now involved in how the learning can be applied, agreeing which aspects to adopt and develop across the Practice. The next phase commenced early December, with a reconfigured clinical team, including the Case Manager role, serving the whole Practice population. This new model is not the Nuka system of care.

5.3 The Practice aims to meet the needs of patients on the same day, encouraging patients to call throughout the day, and not early morning only when queues can form.

5.4 The Practice has decided not to continue with the Organisational Development work to support the whole team to transition to a more relational model of care. This will mean that the essence of the Nuka system of care will be missing and therefore cannot be taken further with Muiredge.

5.5 The project had shown mixed results. On the positive side, the development of the integrated team, able to work in a relational way, provided significant learning locally and nationally as well as benefits to patients and staff in a very short period. The Behavioural Health Consultant role has shown to have exciting possibilities, and there are others keen to learn more from us. On the less positive side, absorbing a radical new model into a health care system that has been working in another way for several decades, was always going to be challenging. This has proved to be the case but, without the agreement to work on process and attitude to take the model forward across the Practice, the full impact cannot be achieved.

5.6 The full learning from this project will be shared nationally and locally through Clinical Forum and directly with Fife Practices who wish to learn more. There is also significant national interest in this model and the learning from this project. Several other Board areas have expressed an interest and the Scottish Government remains committed to continuing to explore the full Nuka model with willing Practices.

6. RECOMMENDATION

6.1 The Committee is asked to:-

• **Note** the outcomes of this project

REPORT BY:   FIONA MACKENZIE, LOCAL CLINICAL SERVICE MANAGER
KIRKCALDY & LEVENMOUTH CHP

DR SWAPAN MUKHERJEE
GENERAL PRACTITIONER, MUIREDGE SURGERY, BUCKHAVEN
Verbal Report.

REPORT BY: RON PARSONS, CHAIRMAN OF PPF REFERENCE GROUP
KIRKCALDY & LEVENMOUTH CHP
1. INTRODUCTION
1.1 Health Boards have been required to monitor cleaning standards since April 2006. From April 2010 environmental issues linked to Estates Maintenance were included in the monitoring framework.

2. MONITORING RESULTS
2.1 All of the Domestic scores for K&L CHP are green. The results for Wards 1-4, QMH are particularly good, consistently scoring above 97%. The only area of some concern has been Cameron Hospital where for 2 months of the year (April and June) the scores were only just above 90%.

2.2 There is more variance in Estates scores which in part is due to building age and condition. Stratheden produces the most consistent scores, being green for every month so far this year. Wards 1 - 4, QMH have also been green with the exception of Ward 2 in April where the score was 89.89%. Whyteman’s Brae has produced the poorest scores being amber in 4 of the 8 months. Cameron has also produced 2 amber scores this year.

3. SUMMARY
3.1 Scores indicate a good level of cleanliness in CHP premises although there are some areas of concern around maintenance where improvement is required.

4. RECOMMENDATION
4.1 The Committee is asked to:

- Note the Estates and Facilities Audit Report for the period April 2012 – October 2012.

REPORT BY: BARRIE HIGGINS, FACILITIES MANAGER
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<td></td>
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</tr>
</tbody>
</table>

**Compliance Key**
- 90% or higher
- 70% - 90%
- Less than 70%
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Apr-12</th>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
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</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>100</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward 2</td>
<td>89.89</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward 3</td>
<td>97.1</td>
<td>90.24</td>
<td>96.49</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Ward 4</td>
<td>96.45</td>
<td>95.05</td>
<td></td>
<td></td>
<td>95</td>
<td>98.8</td>
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</tbody>
</table>

**Compliance Key**
- 90% or higher
- 70% - 90%
- Less than 70%
<table>
<thead>
<tr>
<th></th>
<th>Apr-12</th>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
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<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
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</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Stratheden</td>
<td>96.94</td>
<td>96.71</td>
<td>95.90</td>
<td>96.17</td>
<td>96.09</td>
<td>94.70</td>
<td>90.8</td>
<td></td>
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</tr>
</tbody>
</table>

**Compliance Key**

- **90% or higher**
- **70% - 90%**
- **Less than 70%**
### Stratheden April 2012 - March 2013 Estates Results

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Apr-12</th>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratheden</td>
<td>96.81</td>
<td>95</td>
<td>100</td>
<td>94.31</td>
<td>94.85</td>
<td>93.29</td>
<td>93.01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Compliance Key
- **90% or higher**: Green
- **70% - 90%**: Yellow
- **Less than 70%**: Red

---

**Stratheden Estates Results**

[Graph showing estates results with bars for each month from April 2012 to March 2013, indicating compliance levels.

Page 27 of 106
K&L CHP April 2012 - March 2013 Domestic Results

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Apr-12</th>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron</td>
<td>90.31</td>
<td>93.47</td>
<td>90.45</td>
<td>97.9</td>
<td>94.27</td>
<td>96.7</td>
<td>94.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randolph Wemyss</td>
<td>96.71</td>
<td>97.6</td>
<td>95.1</td>
<td>95.48</td>
<td>96.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whytemans Brae</td>
<td>97.69</td>
<td>92.54</td>
<td>95.3</td>
<td>93.4</td>
<td>98</td>
<td>96.77</td>
<td>96.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Compliance Key
- 90% or higher
- 70% - 90%
- Less than 70%
### K&L CHP April 2012 - March 2013 Estates Results

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Apr-12</th>
<th>May-12</th>
<th>Jun-12</th>
<th>Jul-12</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
<th>Mar-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron</td>
<td>81.61%</td>
<td>94.4%</td>
<td>94.74%</td>
<td>97.97%</td>
<td>90.83%</td>
<td>97.36%</td>
<td>89.33%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Randolph Wemyss</td>
<td>98.24%</td>
<td>95.81%</td>
<td>98.77%</td>
<td>100%</td>
<td>99%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whytemans Brae</td>
<td>93.12%</td>
<td>77.67%</td>
<td>95.47%</td>
<td>79.46%</td>
<td>88.5%</td>
<td>98.8%</td>
<td>79.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Compliance Key
- **90% or higher**
- **70% - 90%**
- **Less than 70%**
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 8.3

PATIENT/STAFF EXPERIENCE: CATERING SURVEY RESULTS (CHPs)
APRIL 2012 – JUNE 2012

1. PURPOSE
1.1 The purpose of this report is to update the Committee on patient’s views about the Catering Services in CHP hospitals. The Catering Service Survey Results (Appendix 1) relates to hospitals within the CHPs and is for the period April 2012 – June 2012.

2. AIMS AND OBJECTIVES
2.1 The Aims and Objectives of the survey is as follows:-
- To collect patient views about the Catering Services in Fife Hospitals.
- To provide statistics for HFS (Health Facilities Scotland) and Food Fluid and Nutrition standards.
- To collate patient views and comments about the food and how it is served in Fife hospitals.
- To provide statistics for HFS.
- To use the information to maintain a good quality of Catering Service for patients in Fife.

3. SUMMARY
3.1 The Catering Service Survey is a requirement by HFS’ Catering Plan. This is a prioritised audit for Estates and Facilities and the results will be used in two standards, in action plans for HFS.

3.2 Support Services Managers are responsible for issuing and collection of the questionnaires in their area. Comments and concerns can be identified and investigated, by the Catering Department, before the questionnaires are forwarded to the Quality Assurance Department for data processing and analysis.

3.3 The Quality Assurance Department produces a summary report quarterly and an Annual Report.

4. RECOMMENDATION
4.1 The Committee is asked to:-
- **Note** the Catering Services Satisfaction Report for the period April 2012 – June 2012.

REPORT BY: MURIEL BLAKE, SUPPORT SERVICES MANAGER

PRESENTED BY: BARRIE HIGGINS, FACILITIES MANAGER
A total of 100 questionnaires were completed for the period April - June 2012.

**Hospital Details**

<table>
<thead>
<tr>
<th>Hospital Details</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Whytemans Brae</strong>&lt;br&gt;Ravenscraig (5)</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Stratheden</strong>&lt;br&gt;Lindores (6), Falkland (6), IPCU (4), Dunino (4), Bayview (5), Edenvie (5), Lomond (5), Elmview (5), Muirview (4)</td>
<td>44</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Cameron</strong>&lt;br&gt;Balgonie (4), Balcurvie (3), Letham (5)</td>
<td>12</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Adamson</strong>&lt;br&gt;</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Glenrothes</strong>&lt;br&gt;Ward 1 (5), Ward 2 (3), Ward 3 (5), Day Hospital (5)</td>
<td>18</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Randolph Wemyss</strong>&lt;br&gt;CRU (2), Wellesley Unit (3)</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td><strong>St Andrews</strong>&lt;br&gt;Ward 1 (5)</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Lynebank</strong>&lt;br&gt;Daleview (2), Levendale (3), Mayfield (6)</td>
<td>11</td>
<td>11%</td>
</tr>
</tbody>
</table>

| Total | 100 | 100% |

**Graph 1: Returns by Hospital - CHP**
## Patient Details

### Table 2: Gender *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>47</td>
<td>47%</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>44%</td>
</tr>
<tr>
<td>Missing data</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

![Graph 2: Gender](image-url)
Table 3: Age (Figures are calculated +/- to nearest %)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 21</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>21 - 30</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>31 - 40</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>41 - 50</td>
<td>17</td>
<td>17%</td>
</tr>
<tr>
<td>51 - 60</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>61 - 70</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Over 70</td>
<td>45</td>
<td>45%</td>
</tr>
<tr>
<td>Missing data</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Graph 3: Age

![Graph showing age distribution with percentages for each age group: Under 21 (1%), 21-30 (5%), 31-40 (14%), 41-50 (17%), 51-60 (6%), 61-70 (9%), Over 70 (45%), Missing data (3%).]
### Table 4: Length of Hospital Stay *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day hospital patient</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>1 - 3 days</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>4 - 10 days</td>
<td>11</td>
<td>11%</td>
</tr>
<tr>
<td>11 - 30 days</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>1 - 3 months</td>
<td>26</td>
<td>26%</td>
</tr>
<tr>
<td>4 - 8 months</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>9 - 12 months</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Over a year</td>
<td>31</td>
<td>31%</td>
</tr>
<tr>
<td>Missing data</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Graph 4: Length of Hospital Stay
### Table 5: Menu Choice and Content (n=100) *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Not applicable</th>
<th>Missing data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Did you receive a “Question of Catering” leaflet</td>
<td>37</td>
<td>37%</td>
<td>44</td>
<td>44%*¹</td>
<td>11</td>
</tr>
<tr>
<td>Was the meal ordering system easy to understand</td>
<td>76</td>
<td>76%</td>
<td>5</td>
<td>5%</td>
<td>2</td>
</tr>
<tr>
<td>Were you aware that you could choose a large or small portion</td>
<td>65</td>
<td>65%</td>
<td>24</td>
<td>24%*²</td>
<td>3</td>
</tr>
<tr>
<td>Do you select your own meals</td>
<td>84</td>
<td>84%</td>
<td>11</td>
<td>11%*³</td>
<td>1</td>
</tr>
<tr>
<td>Is the meal ordering system easy to use</td>
<td>76</td>
<td>76%</td>
<td>6</td>
<td>6%</td>
<td>5</td>
</tr>
<tr>
<td>Do the menus provided meet your dietary needs</td>
<td>79</td>
<td>79%</td>
<td>11</td>
<td>11%*⁴</td>
<td>2</td>
</tr>
<tr>
<td>Do you always receive the meal you ordered</td>
<td>61</td>
<td>61%</td>
<td>31</td>
<td>31%*⁵</td>
<td>2</td>
</tr>
<tr>
<td>If not, were you offered a replacement meal (n=31)</td>
<td>28</td>
<td>90%</td>
<td>2</td>
<td>6%</td>
<td>0</td>
</tr>
<tr>
<td>Is there usually something on the menu to your liking</td>
<td>82</td>
<td>82%</td>
<td>11</td>
<td>11%*⁶</td>
<td>1</td>
</tr>
<tr>
<td>Was there enough choice of vegetarian or vegan meals</td>
<td>34</td>
<td>34%</td>
<td>10</td>
<td>10%*⁷</td>
<td>3</td>
</tr>
</tbody>
</table>

* Area of concern – greater than or equal to 10%  
¹ Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Lindores, Falkland, IPCU, Dunino, Bayview, Edenview, Lomond & Elmview); Cameron (Balcurvie & Letham) Glenrothes (Ward 1 & Day Hospital); Randolph Wemyss (Wellesley Unit & CRU); Lynebank (Mayfield)  
² Hospitals and wards concerned: Stratheden (Bayview, Edenview, Lomond & Elmview); Lynebank (Levendale & Mayfield)  
³ Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Lindores, Falkland, Dunino, Bayview & Lomond); Cameron (Balcurvie) Glenrothes (Day Hospital); Lynebank (Daleview, Levendale & Mayfield)  
⁴ Hospitals and wards concerned: Stratheden (Falkland, Dunino & Lomond); Cameron (Balcurvie) Glenrothes (Wards 2 & 3); Randolph Wemyss (CRU); Lynebank (Levendale & Mayfield)  
⁵ Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Lindores, Falkland, Dunino, Edenview & Lomond); Cameron (Balgonie & Balcurvie) Glenrothes (Wards 1, 2, 3 & Day Hospital); Randolph Wemyss (CRU & Wellesley Unit); Lynebank (Daleview, Levendale & Mayfield)  
⁶ Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (IPCU, Dunino, Bayview & Lomond); Cameron (Balcurvie) Glenrothes (Wards 2 & 3); Randolph Wemyss (CRU); Lynebank (Levendale & Mayfield)  
⁷ Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Dunino & Lomond); Glenrothes (Wards 1, 2 & 3); Randolph Wemyss (CRU); Lynebank (Mayfield)
Table 6a: Are you on: (n=100)  
(Figures are calculated +/- to nearest %)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Missing data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Special Diet</td>
<td>13</td>
<td>13%</td>
<td>78</td>
<td>78%</td>
<td>9</td>
<td>9%</td>
</tr>
<tr>
<td>Therapeutic Diet</td>
<td>1</td>
<td>1%</td>
<td>66</td>
<td>66%</td>
<td>33</td>
<td>33%</td>
</tr>
<tr>
<td>Religious Diet</td>
<td>0</td>
<td>0%</td>
<td>67</td>
<td>67%</td>
<td>33</td>
<td>33%</td>
</tr>
<tr>
<td>Ethnic Diet</td>
<td>0</td>
<td>0%</td>
<td>67</td>
<td>67%</td>
<td>33</td>
<td>33%</td>
</tr>
</tbody>
</table>

Table 6b: If Yes, were your needs met during your hospital stay  
(Figures are calculated +/- to nearest %)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Missing data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Special Diet (n=13)</td>
<td>9</td>
<td>69%</td>
<td>1</td>
<td>8%</td>
<td>3</td>
<td>23%</td>
</tr>
<tr>
<td>Therapeutic Diet (n=1)</td>
<td>1</td>
<td>100%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Table 7: Do you feel the food offered is: (n=100)  
(Figures are calculated +/- to nearest %)

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Very Poor</th>
<th>Not Applicable</th>
<th>Missing Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Breakfast</td>
<td>21</td>
<td>21%</td>
<td>43</td>
<td>43%</td>
<td>22</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Lunch</td>
<td>20</td>
<td>20%</td>
<td>47</td>
<td>47%</td>
<td>23</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Evening Meal</td>
<td>15</td>
<td>15%</td>
<td>46</td>
<td>46%</td>
<td>24</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

Graph 5: Rating of Food Offered

- Excellent - Good - Acceptable - Poor - Very Poor - Not Applicable - Missing Data
Table 8: How would you rate: (n=100) *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Very poor</th>
<th>Missing data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>The taste of the meals</td>
<td>21</td>
<td>21%</td>
<td>39</td>
<td>39%</td>
<td>27</td>
<td>27%</td>
</tr>
<tr>
<td>The appearance of the meals</td>
<td>23</td>
<td>23%</td>
<td>39</td>
<td>39%</td>
<td>23</td>
<td>23%</td>
</tr>
<tr>
<td>The temperature of the meals</td>
<td>22</td>
<td>22%</td>
<td>41</td>
<td>41%</td>
<td>27</td>
<td>27%</td>
</tr>
<tr>
<td>The portion size of the meals</td>
<td>16</td>
<td>16%</td>
<td>45</td>
<td>45%</td>
<td>24</td>
<td>24%</td>
</tr>
</tbody>
</table>

Graph 6: Rating of Meals Provided
Drinks and Snacks

Table 9: Were you offered: (n=100) *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Don't know</th>
<th></th>
<th>Not applicable</th>
<th></th>
<th>Missing data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n %</td>
<td></td>
<td>n %</td>
<td></td>
<td>n %</td>
<td></td>
<td>n %</td>
<td></td>
<td>n %</td>
<td></td>
</tr>
<tr>
<td>Condiments</td>
<td>85 85%</td>
<td></td>
<td>4 4%</td>
<td></td>
<td>0 0%</td>
<td></td>
<td>4 4%</td>
<td></td>
<td>7 7%</td>
<td></td>
</tr>
<tr>
<td>Hot/cold drinks</td>
<td>91 91%</td>
<td></td>
<td>2 2%</td>
<td></td>
<td>0 0%</td>
<td></td>
<td>1 1%</td>
<td></td>
<td>6 6%</td>
<td></td>
</tr>
<tr>
<td>Mid-morning snacks</td>
<td>80 80%</td>
<td>13 13%*1</td>
<td>0 0%</td>
<td></td>
<td>1 1%</td>
<td></td>
<td>6 6%</td>
<td></td>
<td>5 5%</td>
<td></td>
</tr>
<tr>
<td>Mid-afternoon snacks</td>
<td>83 83%</td>
<td>9 9%</td>
<td>0 0%</td>
<td></td>
<td>2 2%</td>
<td></td>
<td>6 6%</td>
<td></td>
<td>5 5%</td>
<td></td>
</tr>
<tr>
<td>Mid-evening snacks</td>
<td>81 81%</td>
<td>6 6%</td>
<td>0 0%</td>
<td></td>
<td>8 8%</td>
<td></td>
<td>5 5%</td>
<td></td>
<td>5 5%</td>
<td></td>
</tr>
<tr>
<td>Fresh drinking water</td>
<td>79 79%</td>
<td>12 12%*2</td>
<td>0 0%</td>
<td></td>
<td>2 2%</td>
<td></td>
<td>7 7%</td>
<td></td>
<td>7 7%</td>
<td></td>
</tr>
</tbody>
</table>

*Area of concern – greater than or equal to 10%*

1 Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Falkland, Dunino, & Lomond); Randolph Wemyss (Wellesley Unit); Lynebank (Mayfield)

2 Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Bayview, Lomond & Elmview); Cameron (Balcurvie & Letham); Lynebank (Mayfield)

Graph 7: Provision of Drinks and Snacks
## Service

Table 10: Service (n=100) *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>Don’t know</th>
<th></th>
<th>Not applicable</th>
<th></th>
<th>Missing data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Are you given the chance to wash/cleanse your hands before your meals</td>
<td>91</td>
<td>91%</td>
<td>3</td>
<td>3%</td>
<td>1</td>
<td>1%</td>
<td>2</td>
<td>2%</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Are the staff who serve the meals pleasant and helpful</td>
<td>94</td>
<td>94%</td>
<td>2</td>
<td>2%</td>
<td>2</td>
<td>2%</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Are your meals served at appropriate times</td>
<td>92</td>
<td>92%</td>
<td>4</td>
<td>4%</td>
<td>1</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Are you given adequate time to finish your meals</td>
<td>94</td>
<td>94%</td>
<td>4</td>
<td>4%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>If you need help to eat your meal, did you get it</td>
<td>43</td>
<td>43%</td>
<td>3</td>
<td>3%</td>
<td>1</td>
<td>1%</td>
<td>46</td>
<td>46%</td>
<td>7</td>
<td>7%</td>
</tr>
<tr>
<td>If you required adapted cutlery, did you receive it</td>
<td>34</td>
<td>34%</td>
<td>3</td>
<td>3%</td>
<td>2</td>
<td>2%</td>
<td>55</td>
<td>55%</td>
<td>6</td>
<td>6%</td>
</tr>
<tr>
<td>Are your meals ever interrupted</td>
<td>29</td>
<td>29%* 1</td>
<td>61</td>
<td>61%</td>
<td>3</td>
<td>3%</td>
<td>4</td>
<td>4%</td>
<td>3</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Area of concern – greater than or equal to 10%

1 Hospitals and wards concerned: Whytemans Brae (Ravenscraig); Stratheden (Lindores, Falkland, IPCU, Bayview, Edenview & Elmview); Glenrothes (Wards 1, 2 & 3); Randolph Wemyss (CRU); St Andrews (Ward 1); Lynebank (Daleview & Mayfield)

### Reasons for meal interruptions:
- To see doctor *(Whytemans Brae - Ravenscraig)*
- Walking in and out of dining room *(Stratheden - Lindores)*
- Phone ringing/telephone calls (4) *(Stratheden – Falkland & Bayview)*
- People talking (2) *(Stratheden – IPCU & Lynebank - Mayfield)*
- Medication, other patients *(Stratheden - Bayview)*
- Occasionally doctors, medication and other patients *(Stratheden - Bayview)*
- People shouting *(Stratheden – Edenview)*
- Sometimes *(Stratheden – Elmview)*
- Phone ringing, other noisy or disruptive patients *(Stratheden – Elmview)*
- Visitors to wards, telephone and other patients *(Stratheden – Elmview)*
- Noisy disruptive patients phone ringing *(Stratheden – Elmview)*
- When GP comes - frequently at lunch times *(Glenrothes – ward 1)*
- Medicines *(Glenrothes – ward 2)*
- Occasionally doctors rounds *(St Andrews ward 1)*
- When alarms go off *(Lynebank – Daleview)*
- Other residents make a noise and interrupt meal times *(Lynebank – Mayfield)*
- Not specified (9)
Table 11: Overall rating of catering service (n=100)
(Figures are calculated +/- to nearest %)

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>19</td>
<td>19%</td>
</tr>
<tr>
<td>Good</td>
<td>46</td>
<td>46%</td>
</tr>
<tr>
<td>Acceptable</td>
<td>27</td>
<td>27%</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Very poor</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Missing data</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Graph 8: Overall Rating of Catering Service

- **Excellent**: 19%
- **Good**: 46%
- **Acceptable**: 27%
- **Poor**: 5%
- **Very poor**: 2%
- **Missing data**: 1%
Comments about the catering service:

- Patient refused to complete form (*Stratheden - IPCU*)
- Finger food unsuitable for patients needs meatloaf too chewy and thick food not pureed enough (*Stratheden - Bayview*)
- No water cooler, only available when asked for (*Stratheden - Bayview*)
- Generally good service and staff pleasant (*Stratheden - Lomond*)
- Choice not always good as we do not use an ordering system. Best choice is pudding, main course veg watery and often overcooked, scrambled egg is something not to be desired (*Stratheden - Lomond*)
- More choice on the menu, unable to follow a healthy eating diet (*Stratheden - Lomond*)
- Could do with water coolant dispenser especially in hot weather (*Stratheden - Elmview*)
- Water dispenser on ward would be beneficial (*Stratheden - Elmview*)
- Need water cooler on ward (*Stratheden - Elmview*)
- Every time I feed my dad, at least once a week I have no complaints Thank you (*Stratheden - Elmview*)
- Food too good and not enough. If small tub like yogurt need to be offered a teaspoon to eat these easily (*Cameron - Balcurvie*)
- Food is good (*Cameron - Letham*)
- Food would be better if made on premises. Would like more salt on food (*Cameron - Letham*)
- Could do with more pasta meals (*Glenrothes – ward 1*)
- Food would not be bad if it was seasoned and served hot (*Glenrothes – ward 2*)
- One day pasta bolognaise upset my stomach (*Glenrothes – day hospital*)
- Sometimes scotch egg too hard and over heated (*Glenrothes – day hospital*)
- No problems with meals (*Glenrothes – day hospital*)
- Forgot what was ordered a week prior (*Randolph Wemyss - CRU*)
- Confusion about what was ordered. When we choose menu we think we will get this on our next immediate visit. No Cold meat on menu, no veg salad offered. (*Randolph Wemyss - CRU*)
- I think that the catering staff does a great job, thank you. (*Randolph Wemyss - CRU*)
- Feel visitors should be offered tea/coffee even if they paid (*St Andrews – ward 1*)
- Would be nice if visitors could have a cup of tea/coffee when they visit patients even if they paid small donation (*St Andrews – ward 1*)
- Everything is excellent no complaints. The staff are excellent. (*St Andrews – ward 1*)
- Terrible sometimes (*Lynebank - Mayfield*)
- Pizza and chips. Haggis. Tomato Soup. Good food for Jubilee Party (*Lynebank - Mayfield*)
- I like my favourites (*Lynebank - Mayfield*)
Table 12: Form completed by: (n=209) *(Figures are calculated +/- to nearest %)*

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>46</td>
<td>46%</td>
</tr>
<tr>
<td>Patient representative</td>
<td>8</td>
<td>8%</td>
</tr>
<tr>
<td>Staff member on behalf of patient</td>
<td>42</td>
<td>42%</td>
</tr>
<tr>
<td>Missing data</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Anne Henderson  
Quality Assurance Officer  
31<sup>st</sup> October 2012
1. INTRODUCTION
1.1 As previously reported to the Committee, as part of the local Staff Governance Action Plan, Staff Briefings are routinely held throughout the CHP. The Sessions are held to ensure that staff are informed in respect of any issues which may affect them directly and also the sessions enable them to raise directly with senior management any issues that they wish to. This supports the strands of Staff Governance relating to staff being involved in the decisions which may affect them.

1.2 This report contains details of both the content and attendance levels for the most recent Staff Briefings sessions which were held in October and November 2012.

2. DETAILS OF STAFF BRIEFING SESSIONS
2.1 Briefing Sessions were held as follows:

- 31 October 2012 within Whytemans Brae Hospital (25 staff attended)
- 06 November 2012 within Stratheden Hospital (30 staff attended)
- 12 November 2012 within Cameron Hospital (14 staff attended)
- 21 November 2012 within Queen Margaret Hospital (15 staff attended)

2.2 Attached at Appendix 1 are details of the Staff Briefing used at the above sessions.

3. RECOMMENDATION
3.1 The Committee is asked to

- Note the content of this report.

REPORT BY: BARBARA ANNE NELSON,
DEPUTY DIRECTOR OF HUMAN RESOURCES
INTRODUCTION
As feedback received to the Briefing Sessions held over the last few years has been positive, it was decided that follow-up Briefing Sessions be held twice per year, for CHP staff, at various venues throughout Fife. This is, therefore, the second set of Briefing Sessions to be held this year.

The Briefing Sessions are aimed at improving communication with staff, as part of the Staff Governance Action Plan and are delivered in conjunction with Staff Side colleagues.

If you wish to discuss any of the items in the Briefing Session with Staff Side representatives, you will have the opportunity to do this at the end of the session.

INTEGRATION OF HEALTH & SOCIAL CARE
In December 2011, the Cabinet Secretary for Health, Wellbeing and Cities Strategies announced the intention to establish Health and Social Care Partnerships across Scotland.

The Scottish Government’s integration proposals have the following objectives:

- Health and Social Care Services are firmly integrated around the needs of the individuals, their carers and other family members;
- That they are characterised by strong and consistent clinical and care professional leadership;
- That the providers of services are held to account, jointly and effectively, for improved delivery; and
- That services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve – rather than the organisations through which they are delivered.

In May 2012 consultation on the proposals commenced and the closing date for the consultation period was 11th September 2012. The consultation is, therefore, complete with both NHS Fife and Fife Council submitting separate responses. It will now take time to finalise the legislation, however, the Chief Executives of Fife Council and NHS Fife have jointly been clear on the expectation that there is much we can do now, to move forward, based on the existing successful partnership arrangements.

The development of the new arrangements will be in step with the national guidance as it emerges and builds on a history of strong local partnership work. The new Health and Social Care Partnership will be established in a timely fashion, focussed on the joint delivery of better outcomes for the people of Fife.
HOSPITAL AT HOME
Hospital at Home is a new service that is being developed on a Fife wide basis to provide an alternative to hospital admission for older adults.

It is recognised that many older adults are currently admitted to hospital at present as there is not an alternative to meet their health needs at home. At times a hospital admission will be required, however, in many circumstances (about a quarter of all admissions) people could have their health care needs met in the home environment.

Hospital at Home is one component part of the Integrated Community Assessment and Support service (ICASS) which also comprises of intermediate care services and re-ablement. Hospital at Home aims to not only prevent admission but also help reduce length of stay which enables people to remain at home or in a homely environment, promotes independence and it is believed this may in some instances also reduce the need for long term institutional care.

The Hospital at Home service has already commenced in Dunfermline and West Fife CHP with plans to roll this into both Kirkcaldy/Levenmouth and Glenrothes/North East Fife in the coming months. Some of the key conditions that have been managed through Hospital at Home team are chest infections, urinary tract infection or cellulitis, chronic heart failure, dehydration, palliative care.

Within Kirkcaldy and Levenmouth CHP the Hospital at Home team are based at Whyteman’s Brae and are co-located with the rest of the ICASS team. The Hospital at Home team consists of both medical and nursing staff. Referral will be made via sci-gateway or telephone contact. The nurse practitioner will visit the patient within 1-2 hours and undertake a full assessment and plans of care will be developed in consultation with the consultant/staff grade doctor. Based on the experience to date people have been managed within H@H for between 3-7 days.

There is a comprehensive education programme in place which all nurse practitioners are undertaking. This education programme includes both university models in assessment of the older adults, non medical prescribing as well as agreed core competencies such as administration of intravenous fluids, cannulation etc. Fife wide pathways and protocols have been developed to support continuity across NHS Fife. A robust evaluation framework is in place.

HEALTHY WORKING LIVES
The last meeting of the Healthy Working Lives Group was held on the 10\textsuperscript{th} October 2012 and the topics covered were:-

- 2\textsuperscript{nd} Cycle to Work Scheme; 30 people applied for this on a first come, first served basis and all funds were used up within an hour. 75% of the people who applied had been unsuccessful for the first scheme. There have been no defaults on any of the payments. Up until now, 60 staff have benefited from the programme.

- Bike Boost; at the end of 5 weeks, staff who were cycling into the VHK area, could purchase their bike. Approximately 50 staff took part.

- Maps; there are now a range of maps available which show cycle and walk to work pathways for Kirkcaldy and Dunfermline available on the intranet.
Cycle racks and shelters are being provided in a number of the hospital grounds.

Reports from each of the CHP’s and the Operating Division sub groups are provided at each Steering Group.

Davina Clark is working on the Health and Safety at Work document which is currently being updated. She will be working with HR and this will be piloted before it is rolled out.

Yvonne Telfer is providing a draft plan for marketing and communications.

HWL Bronze Award Action Plan; this is being circulated to the steering group and the CHP sub groups have updated and are currently collecting evidence of events.

NHS Fife Tobacco Policy; a report to the Strategic Management Team has been prepared to provide them with an update.

Physical Activity; Emma Broadhurst is working with NHS Fife to promote physical activity with staff and the current two four week programmes in the Operating Division.

Well at Work event; this is planned for November across three NHS Sites, more details will be in the October payslip and the Working Well newsletter.

Working Well Newsletter; a newsletter has been developed and has been circulated to staff.

WORKING WELL SUB GROUP

There are 9 staff bases identified around Kirkcaldy & Levenmouth where staff notice boards will be used to promote the Working Well activities.

All the notice boards have the new Well at Work poster which describes what the national award is, has the website address and identifies who the local reps are.

Well at Work letter has been added to the notice boards which describes the Healthy Lives Bronze award and also gives the membership details of the subgroup.

Posters have been developed and were displayed on notice boards over the summer describing; sun awareness, dental registration and OHSAS vaccination programmes.

A number of posters are in development to describe nutritional issues; e.g Vitamin D, and there will also be some healthy eating recipes in the future.

An article has been written for the Well at Work newsletter describing the Kingdom Weight Challenge event at the beginning of the year.

Physical activities; walking/jogging have been promoted.

Looking at sourcing pedometers for some type of staff challenge later in the year.
FINANCE
At the last Briefing Session in June 2012, the CHP’s financial position, as at March 2012, showed an underspend position of £168,000 for 2011/12. This was achieved, in the main, by successful redeployment of staff and reduced expenditure in project funding.

I am now pleased to report that the CHP’s financial position for the six months to 30th September 2012 continues to show an underspend position of £53,626 against Managed Clinical Services. If the CHP continues with the same spending trend, the year end position as at March 2013, is predicted to be in an underspend position of over £125,000.

In addition to ensuring that the CHP achieves the financial balance for 2012/13, the CHP is expected to deliver on their cash efficiency savings targets. Proposed saving schemes continue to be considered to meet some of the efficiency savings however, there is a balance of £100k outstanding, therefore, additional schemes to meet the recurring savings are still required for 2012/13.

If you have suggestions which you feel the Management Team could consider to help contribute to the Cash Efficiency Savings, please discuss this with your Head of Service/Staff Side representative in the first instance.

PROTECTING VULNERABLE GROUPS (PVGs)
The PVG Scheme is a statutory scheme which was introduced on 28 February 2011 and replaced and strengthened some elements of the previous Disclosure arrangements. The legislation means that it is illegal for anyone to work with vulnerable children or adults unless they are a member of the scheme. NHS Fife have amended its employment policies to take account of these changes.

Retrospective checking for existing staff commences on 29th October 2012. This does mean that there will be staff that have not been subject to a Disclosure check previously that will now be required to undergo such a check. NHS Fife is commencing the checking of existing staff and the first areas to be processed will be staff on Bands 1 – 4 within Mental Health Services and Estates and Facilities. There is no cost involved for staff in these Bands to process their Scheme Membership Application. There is ongoing discussion at a national level in respect of existing Band 5 staff and how the costs involved in retrospective checking are to be dealt with. Discussion in respect of PVG is an item which is considered by the Area Partnership Forum on a regular basis.

Should it be the case that information comes to light about a member of staff as a result of the Disclosure this will be discussed with the employee and their staff representative. It is anticipated that this should not be a regular occurrence.

PENSIONS/AUTO ENROLMENT
National discussions continue in respect of the proposed changes to the NHS Pension Scheme. Staff organisations and representatives are involved in these discussions.

AUTO ENROLMENT
Staff may have seen on the television the “I’m In” advertisements about auto-enrolment. Auto-enrolment is about the Government’s aim to have more people to have another income, on top of the state pension, when they come to retire. The aim is to have employers enrol their workers automatically into a scheme to make it easier for people to start saving.

What does this mean for NHS Staff? Not all employees of NHS Fife are currently members of the NHS Pension Scheme administered by the Scottish Public Pensions Agency (SPPA).
Currently 83% of NHS employees in Scotland are members of the Pension Scheme. Out of about 156,000 employees 26,600 are not members of the scheme.

Auto enrolment means that for staff who are not currently members of the Scheme they will be automatically enrolled by NHS Fife and will need to formally opt out of this membership by submission of a form which can be obtained from SPPA. Also if a member of staff does opt out of membership they will be automatically enrolled within the Scheme again after a 3 year period and would have to opt out again at that point if they still did not wish to be a member.

Communication about effective dates and the arrangements to be adopted will be undertaken both within the normal communication channels (e.g. payslip, intranet, dispatches, and staff briefings) but also to staff on an individual basis.

LOW SECURE UNIT AT STRATHEDEN HOSPITAL
Capital funding has been provided by NHS Fife to develop a Forensic Low Secure inpatient unit on the Stratheden hospital site. This will be achieved by relocating the elderly patients, currently cared for in Radernie ward, to the former Cairnie House day hospital following it’s refurbishment. Radernie ward will then be redesigned and refurbished to function as a 10 bed male low secure ward. The work on Cairnie has commenced. The whole project is scheduled to be completed by the end of March 2013.

The opening of the local low secure unit will allow the repatriation of Fife patients currently being cared for in a private facility in Ayr, with a significant saving in expenditure. The development of the low secure unit will also include an additional investment in staffing to the forensic service, over and above the ward nursing staff.

WINTER PLANNING
A number of areas to focus on have been highlighted as part of this years winter plan – available on the staff intranet.

■ Make sure you know your local business continuity plan for your area

■ Make a personal plan, to make sure you can get to normal place of work wherever possible, or have an agreed alternative that supports the essential work of the NHS.

■ Make sure you discuss with your manager and share with your colleagues.

■ Prepare yourself and your vehicle (if you drive) for winter weather.

Another feature this year is improved management of activity and flow from acute care into community and preventing unnecessary admissions. As well as making sure activity e.g. discharges from hospital do not drop over the festive fortnight, staff leave will be managed to achieve this. Activity information will be prepared and discussed with The Acute Operational Division staff on daily basis to make sure we plan together for the impact of adverse weather and the holiday period. These steps are to make sure access to emergency care is maintained. Staff support for these measures has been really positive.
ATTENDANCE MANAGEMENT

As reported at previous Briefing Sessions, the Sickness Absence Rate is a Scottish Government HEAT Standard and the standard NHS Boards are expected to achieve is 4%.

The CHP has not met the 4% target this year, however, I would like to congratulate staff in achieving under 5% sickness absence for the months of June and July. Unfortunately, the sickness absence rate has increased from 5.51% in April this year to 6.61% in September. Over the six months period this equates to 60 staff absent from work each day, during the month of September, within Kirkcaldy and Levenmouth CHP.

In an effort to reduce the sickness absence within the CHP, the Management Team has decided to introduce a local CHP Attendance Management Group, to meet with managers, to review areas where sickness absence is causing most concern.

MARY PORTER
ACTING GENERAL MANAGER
October 2012
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 8.5

PATIENT/STAFF EXPERIENCE: ATTENDANCE MANAGEMENT REPORT

1. INTRODUCTION
1.1 This report contains both statistical data and narrative in respect of the current absence levels within Kirkcaldy / Levenmouth CHP. In addition it provides specific detail of the actions being adopted within Mental Health Services to manage attendance in line with the relevant NHS Fife Policies.

1.2 As reported in July 2012, work has continued to date to reduce sickness absence within NHS Fife. The HEAT standard of 4% remains in place for all NHSS systems.

2. CHP ABSENCE POSITION
2.1 Details of the CHP’s percentage absence position for the 7 month period from 1 April 2012 to 31 October 2012 are provided below:

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2012</td>
<td>5.51%</td>
</tr>
<tr>
<td>May 2012</td>
<td>5.54%</td>
</tr>
<tr>
<td>June 2012</td>
<td>4.40%</td>
</tr>
<tr>
<td>July 2012</td>
<td>4.52%</td>
</tr>
<tr>
<td>August 2012</td>
<td>5.04%</td>
</tr>
<tr>
<td>September 2012</td>
<td>6.61%</td>
</tr>
<tr>
<td>October 2012</td>
<td>5.84%</td>
</tr>
</tbody>
</table>

2.2 The position again reflects a variable pattern. The CHP average for the period is 5.35% with June being the best month so far in relation to attendance, when the percentage was 4.40% and the peak to date was in September when the percentage recorded was 6.61%.

2.3 Over the 7 months from April 2012 to October 2012, comparisons can be drawn between the CHP performance for 2012/13 against the overall performance within NHS Fife for the same period, Appendix 1. In addition, comparative data has been provided between the CHP performance for 2011/12 and 2012/13, Appendix 2.

2.4 There are a variety of reasons for this absence rate, including both short-term absence and staff with long-term health problems and localized issues in relation to staff absence.

3. CHP ABSENCE RATES
3.1 The data contained within Appendix 3 provides a more detailed breakdown of the absence levels within all CHP service areas for the period April 2012 to October 2012.
4. ATTENDANCE MANAGEMENT ACTIVITY

4.1 A local Attendance Management Group has been established to oversee attendance management within the CHP. The Group is chaired by Mr Bob McLean, General Manager, Mental Health Services, and includes representation from all business areas of the CHP. This Group will also be responsible for identifying any targeted actions which are necessary to improve performance in this area. In addition, it will be possible for this Group to identify any shared learning and good practice from both within the CHP and the wider NHS Fife which may be adopted. All of the initiatives previously reported to the Committee continue to be progressed and monitoring of the monthly absence figures will continue.

4.2 Local absence figures continue to be produced and monitored via the CHP Management Team. Reports are currently being developed to provide more targeted detail in respect of individual, short-term and long-term absence. This data will help in ensuring that appropriate action is being taken in the correct areas to manage absence as effectively as possible.

4.3 Scrutiny panels have been established at an NHS Fife level involving the Board Nurse Director and the Director of Human Resources and the CHP will be required to discuss with this panel the action being taken locally to manage absence. It is important, therefore, that the CHP has well established internal processes to fully inform the discussions within these panels.

4.4 Within the CHP, as has been reported to Committee previously, the two areas with the highest and most variable levels of absence are Mental Health Services and Nursing In Patient areas. These are also two of the largest areas within the CHP.

4.5 As previously discussed at Committee in order to provide more context to the absence figures detailed within this report within Section 5 below is further detail in respect of Mental Health Services. This information contains a narrative in respect of the absence levels experienced to date along with details of the specific actions being taken to manage absence. Future reports will provide a similar background in respect of In Patient Services.

4.6 In conclusion, as reported previously there is continued room for improvement and the CHP General Manager and the Management Team are committed to ensuring that an improvement is achieved in the next financial year.

5. ABSENCE MANAGEMENT – MENTAL HEALTH SERVICES

5.1 The Mental Health Service is one of the largest service areas within NHS Fife, with a high proportion of inpatient areas. Inpatient areas, historically, tend to experience higher sickness absence rates than other areas of service.

5.2 The overall sickness absence rate for the mental health service remains higher than desired, however the average overall rate tends to be skewed by particularly high levels in a few areas.

5.3 The Mental Health Service is organised into seven distinct management units, plus the senior clinical management team, and sickness absence is monitored and recorded on that basis. If you present the management units separately, then the average sickness absence rates for the first 8 months of this year are
as follows:

Addictions Service 4.6%
CAMHS 2.7%
Administration Services 6.7%
NE MH Service 5.9%
Central MH Service 3.1%
West MH service 7.2%
MH Improvement Team 1.5%
Senior Management Team 0.2%

5.4 The average sickness absence rate for the Mental Health Service has reduced steadily over the past six years. In 2007/08, when the detailed monitoring first commenced, the overall annual average absence rate was over 7%. The overall average absence rate to date this year is 5.5%.

5.5 The performance this year has been quite affected by a high level of long term sickness absence, particularly in one or two areas and by persistent very high levels of absence amongst certain groups of nursing staff, especially in the inpatient wards at QMH. Improvement in these areas would reduce significantly the overall absence rate in the Mental Health Service, and bring us very close to or below the national standard of 4% (the overall service absence rate has been below 5% on two occasions this year: as low as 4.3% in June 2012).

5.6 The application of robust and consistent absence monitoring and adhering to the absence management procedures is essential for controlling and reducing the sickness absence rate.

5.7 Analysis of the high rates in the wards at QMH, earlier this year, revealed improper application of the procedures. This was leading to ineffective corrective action in relation to the absence management of individual members of staff. Particular focus has now been given to that area and is having a positive effect.

5.8 The Mental Health Service is also acting as a pilot area for embedding sickness absence performance monitoring in the operational units. Confined to the inpatient wards at the present time, each ward is issued with a monthly breakdown of their absence rate, the performance difference from the previous month (better or worse), the status of their performance against the national standard, and where they sit in comparison to the other wards. The pilot has been running for four months.

6. RECOMMENDATION
6.1 The Committee is asked to
• Note the content of this report and the activity which is continuing in relation to attendance management.

REPORT BY: BARBARA ANNE NELSON,
DEPUTY DIRECTOR OF HUMAN RESOURCES
Comparison of CHP Absence Rates and NHS Fife Absence Rates for 2012/13

Month
April May June July August September October

Percentage

CHP 2012/13
NHS FIFE 2012/13
HEAT TARGET

Appendix 1
Comparison of CHP Absence Rates for 2011/12 and 2012/13

Appendix 2
## Comparison of Absence Figures Between Services (2012)

<table>
<thead>
<tr>
<th>Service</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCAL SERVICES</td>
<td>6.71%</td>
<td>5.73%</td>
<td>4.70%</td>
<td>4.54%</td>
<td>6.68%</td>
<td>9.55%</td>
<td>7.38%</td>
</tr>
<tr>
<td>FIFE WIDE SERVICES</td>
<td>4.33%</td>
<td>4.47%</td>
<td>3.12%</td>
<td>1.92%</td>
<td>1.78%</td>
<td>2.30%</td>
<td>3.34%</td>
</tr>
<tr>
<td>IMPROVING HEALTH TEAM</td>
<td>0.00%</td>
<td>4.62%</td>
<td>4.62%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.03%</td>
</tr>
<tr>
<td>MCN TEAM</td>
<td>0.53%</td>
<td>0.28%</td>
<td>0.00%</td>
<td>1.02%</td>
<td>0.00%</td>
<td>4.83%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PHARMACY SERVICE</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>9.04%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>2.92%</td>
</tr>
<tr>
<td>A&amp;C SERVICES</td>
<td>10.95%</td>
<td>9.12%</td>
<td>7.88%</td>
<td>5.53%</td>
<td>4.23%</td>
<td>2.91%</td>
<td>2.65%</td>
</tr>
<tr>
<td>MENTAL HEALTH SERVICE</td>
<td>5.06%</td>
<td>5.52%</td>
<td>4.34%</td>
<td>4.89%</td>
<td>5.15%</td>
<td>6.44%</td>
<td>6.01%</td>
</tr>
<tr>
<td>TOTAL CHP</td>
<td>5.51%</td>
<td>5.54%</td>
<td>4.40%</td>
<td>4.52%</td>
<td>5.04%</td>
<td>6.61%</td>
<td>5.84%</td>
</tr>
</tbody>
</table>
1. PURPOSE OF PAPER
1.1 As previously reported, a Health & Social Care Integration Programme has been established in response to the Scottish Government’s intention to establish integrated Health & Social Care Partnerships across Scotland.

1.2 A Programme Board, jointly chaired by the Chief Executives of NHS Fife and Fife Council, has been set up to lead the planning and service redesign necessary to achieve greater service integration.

1.3 The purpose of this paper is to update the CHP Committee on the work of the Programme Board and note progress.

2. BACKGROUND
2.1 Six work streams have been established to take forward the Integration Programme in Fife as follows:-

- Governance and Accountability
- Finance and Integrated Budgets
- Whole System Working
- Outcomes and Measures
- Communications
- Workforce Development

2.2 Membership of the work streams is made up of representation of Fife Council and NHS Fife and they mirror the work being taken forward nationally. They meet on a regular basis and have made good progress in taking forward the work necessary to establish a new Integrated Health & Social Care Partnership in Fife in a number of areas as outlined.

3. PROGRESS
3.1 The Governance Group is considering the options for models of integration set out in the Government consultation document and assessing them against the principles jointly agreed by the current Health & Social Care Partnership.

3.2 The Whole System Group has looked at the range and scope of services which should be included in the new Integrated Health & Social Care Partnership to achieve greater service integration and associated joint budgets. The overarching criteria used by the Group to determine the services for inclusion was considered in the context of Health and Social Care Services which have the prime purpose of providing care and support to people in a community setting.
3.3 It is suggested that the initial scope of the Partnership in terms of the direct responsibility for delivery would include all adult social work, the CHP services, acute elderly medicine, all services within the change fund and some elements of housing. The detailed report to the Programme Board from the whole system work stream is in Appendix 1. Please note this document will distributed separately to the K&L CHP Committee Report.

Appendix 1 - HealthSocalCareIntegration.doc

3.4 Detailed discussion will be planned to consider an integrated model for Children’s Services taking into account the management impact of the changes suggested.

3.5 The emphasis is on least structural change with the expectation that the partnership is likely to evolve as new outcomes emerge and the opportunity for change becomes available. That is, some services may move out of the delivery arrangements and some may move in.

3.6 The Outcomes Group is scoping the range of local and national outcomes we currently have identifying gaps and areas for improvement. In additional this Group is taking account the lesson learned from the Reshaping Care for Older People work.

3.7 Taking into account anticipated national Guidance, the Workforce Group will develop proposals for the process required to recruit the Jointly Accountable Officer. In addition this group will lead on the development of the Organisational Development plan including a Staff Engagement Strategy across the NHS and Council.

3.8 The Communication Group has implemented a strategy to ensure that staff, service users, patients, stakeholders and the general public are informed and involved in the development of the new Integrated Health & Social Care Partnership. This includes a shared Intranet system to inform staff across NHS Fife and Fife Council, Key Briefings for staff, media coverage and the establishment of a Public Reference Group.

4. GOVERNANCE REQUIREMENTS
4.1 The Work Stream leads report progress to the Programme Board through the Programme Manager.

4.2 There will be regular reports to update on progress which will be presented to the relevant Committees in NHS Fife, Fife Council and the Health & Social Care Partnership Group.

4.3 Final decisions on the design and content of the new Health & Social Care Partnership in Fife will be made by the Executive Committee of Fife Council and the Board of NHS Fife.

5. EQUALITY & DIVERSITY
5.1 The impact assessment methodology will be used as the organisation/service change proposals emerge.
6. SERVICE USER AND PUBLIC INVOLVEMENT
6.1 The development of a framework for patient and public involvement will be led by the Communications work stream. As outlined in the report, a reference group is currently being established.

7. RISK MANAGEMENT
7.1 Risks will be assessed through the existing management and partnership arrangements.

8. RECOMMENDATION
8.1 The Committee is asked to:–

- **Note** the progress on Adult Health and Social Care integration.

REPORT BY: SUSAN MANION, GENERAL MANAGER
DUNFERMLINE AND WEST FIFE CHP

PRESENTED BY: MARY PORTER, ACTING GENERAL MANAGER
KIRKCALDY AND LEVENMOUTH CHP
1. **INTRODUCTION**

1.1 In 2002, a proposal was set out for an integrated Sexual Health Service for Fife, outlining a hub and spoke model approach to the management and provision of Sexual Health Services.

1.2 The initial strategy set out four phases to the integration which included the development of a hub in Kirkcaldy, followed by the development of a hub in Dunfermline and Glenrothes.

1.3 As the Committee are already aware, a hub has been established at Whyteman’s Brae in Kirkcaldy and the purpose of this paper is to update the Committee on the work towards developing the Dunfermline hub.

2. **BACKGROUND**

2.1 At present, sexual health services are provided from two locations in Dunfermline, namely Carnegie Clinic and Queen Margaret Hospital.

2.2 Traditionally a family planning service, Carnegie Clinic offers eight clinics a week and the number of patients attending the service at Carnegie Clinic accounts for around 30% of the overall departmental activity.

   At present the majority of patients accessing the clinic are female, mainly for routine contraception.

   The accommodation available at Carnegie Clinic is outdated and no longer meets the needs of modern sexual healthcare. There is also limited accommodation available and this has an impact on the service’s ability to extend the range of services available.

2.3 The service provided at Queen Margaret Hospital is historically a genitourinary medicine service, offered twice a week. The accommodation is shared with other services, therefore, the ability to extend the service in the current location is curtailed.

3. **PROPOSAL**

3.1 To allow the full integration of the sexual health service and to improve the provision of services to patients in Dunfermline and West Fife, it is proposed to relocate the service from Carnegie Clinic and Clinic 4, Queen Margaret Hospital to a larger clinical space in Queen Margaret Hospital.

3.2 This will provide additional improved clinical accommodation and allow the service to further develop. In particular, it will allow greater access to services
for men as at present these services are limited due to capacity.

3.3 A space has been identified at Queen Margaret Hospital and £50,000 capital has been allocated to improve the facilities and ensure they meet the required standards.

3.4 It is proposed that the service will transfer to Queen Margaret Hospital in March 2013.

4. RECOMMENDATION
4.1 The Committee is asked to:-

- **Note** the content of this paper.

REPORT BY: HEATHER BETT, CLINICAL SERVICES MANAGER
KIRKCALDY & LEVENMOUTH CHP
1. **INTRODUCTION**  
1.1 This is the second annual report prepared by Sexual Health Fife and covers the period 2011-2012.

1.2 The report demonstrates the significant work being taken forward within the service and highlights the achievements and improvements made during the year.

1.3 The report also sets out the work plan for 2012/13.

2. **SIGNIFICANT ACHIEVEMENTS**  
2.1 The most significant achievement during 2011/12 was the relocation of the service from The Beeches to Whyteman’s Brae Hospital. This was achieved during February 2012 and has been beneficial for team development and the ongoing integration of the service.

2.2 Scottish Government issued the Sexual Health and BBV Framework 2011-2015 in 2011 and, in order to respond to this, Sexual Health Fife has further integrated the work of the BBV specialist nurses with the sexual health team.

2.3 The relocation of services from Forth Park Hospital provided the opportunity to re-align the provision of the termination of pregnancy services within the Operational Division. This took place in January 2012 and has resulted in improved service provision.

3. **CHALLENGES**  
3.1 The annual report and work plan identify some key challenges for the service:

- Reducing attendances
- Low uptake of services by Under 16s
- Low uptake of services by men of all ages

The service is working to address these challenges and will report on progress in next year’s annual report.

Please note this document will distributed separately to the K&L CHP Committee Report.

4. **RECOMMENDATION**  
4.1 The Committee is asked to:-
- Note the content of the Sexual Health Annual Report 2011/12.

**REPORT BY:** HEATHER BETT, CLINICAL SERVICES MANAGER  
KIRKCALDY & LEVENMOUTH CHP
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 10.1

DELIVERY & EFFICIENCY: FINANCIAL GOVERNANCE

NHS FIFE
Report to Kirkcaldy and Levenmouth CHP Committee
Financial Report for the 8 Months to 30th November 2012

Income and Expenditure

The Income and Expenditure position for the CHP for the eight months to 30th November 2012 is showing an overspend of £8k against Managed Clinical Services and an underspend of £400k in Prescribing.

This information is summarised in the following table:-

<table>
<thead>
<tr>
<th></th>
<th>Budget for Year £’000</th>
<th>Budget for Period £’000</th>
<th>Expenditure for Period £’000</th>
<th>over/under £’000</th>
<th>October over/under £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife Wide Services</td>
<td>9,352</td>
<td>6,177</td>
<td>6,127</td>
<td>50</td>
<td>65</td>
</tr>
<tr>
<td>Local Services</td>
<td>13,225</td>
<td>8,842</td>
<td>8,862</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Management, Admin &amp; Other</td>
<td>3,965</td>
<td>2,403</td>
<td>2,327</td>
<td>76</td>
<td>62</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>35,220</td>
<td>23,411</td>
<td>23,525</td>
<td>114</td>
<td>80</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td>716</td>
<td>542</td>
<td>542</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Efficiency Savings to be allocated</td>
<td>(103)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Clinical Services</td>
<td>62,375</td>
<td>41,375</td>
<td>41,383</td>
<td>8</td>
<td>48</td>
</tr>
<tr>
<td>Prescribing</td>
<td>19,755</td>
<td>13,136</td>
<td>12,736</td>
<td>(400)</td>
<td>(384)</td>
</tr>
<tr>
<td>Total</td>
<td>82,130</td>
<td>54,511</td>
<td>54,119</td>
<td>(392)</td>
<td>(432)</td>
</tr>
</tbody>
</table>

Memorandum: Fife Wide - PMS Service and FHS

<table>
<thead>
<tr>
<th></th>
<th>Budget for Year £’000</th>
<th>Budget for Period £’000</th>
<th>Expenditure for Period £’000</th>
<th>over/under £’000</th>
<th>October over/under £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMS</td>
<td>45,754</td>
<td>30,491</td>
<td>30,358</td>
<td>(133)</td>
<td>(114)</td>
</tr>
<tr>
<td>Dental</td>
<td>22,159</td>
<td>14,796</td>
<td>14,796</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>6,494</td>
<td>4,401</td>
<td>4,401</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>11,369</td>
<td>7,576</td>
<td>7,576</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Income Analysis

The Financial Framework and budgets for 2012/13 were approved by the Board at their meeting in May 2012. As further allocations are received adjustments are made to the individual budgets in line with the available funding.
A total budget of £62,375k is available for Clinical Services at this stage, an increase of £109k on the Period 7 position, largely due to the following adjustments:

<table>
<thead>
<tr>
<th></th>
<th>£k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis C</td>
<td>25</td>
</tr>
<tr>
<td>ICASS</td>
<td>36</td>
</tr>
<tr>
<td>Research Bursary Award</td>
<td>15</td>
</tr>
<tr>
<td>Tissue Viability</td>
<td>30</td>
</tr>
</tbody>
</table>

**Expenditure Commentary**

In line with previous years, expenditure will be monitored against budgets throughout the financial year and the following table summarises variances being reported against the individual budgetary areas. More detailed reports behind the individual service areas are provided to the relevant managers via the CHP Management Accountants.

The main variances are:-

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Pay</th>
<th>Supplies</th>
<th>Variance</th>
<th>Percentage</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fife Wide Services</strong></td>
<td>£23k</td>
<td>£28k</td>
<td>(0.6%)</td>
<td>(1.1%)</td>
<td>Vacancies within the Sexual Health service and within Dietetics is partially offset by an overspend within the Fife Rehab Service. The underspend is against drugs in Sexual Health Service and medical supplies in Dietetics.</td>
</tr>
<tr>
<td>Pay</td>
<td></td>
<td></td>
<td>(£23k)</td>
<td>(0.6%)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td>(£28k)</td>
<td>(1.1%)</td>
<td></td>
</tr>
<tr>
<td><strong>Local Services</strong></td>
<td>£45k</td>
<td>£65k</td>
<td>(0.6%)</td>
<td>5.9%</td>
<td>An underspend in Community Nursing and AHPs arising from vacancies is partially offset by an overspend within Physiotherapy, Podiatry and use of bank staff at RWMH and Cameron. The overspend relates to equipment rental at Cameron Hospital, costs of a complex care package &amp; Marie Curie, partially offset by a Podiatry supplies underspend.</td>
</tr>
<tr>
<td>Pay</td>
<td></td>
<td></td>
<td>(£45k)</td>
<td>(0.6%)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td>£65k</td>
<td>5.9%</td>
<td></td>
</tr>
<tr>
<td><strong>Management, Admin &amp; Other</strong></td>
<td>£83k</td>
<td>£8k</td>
<td>(4.0%)</td>
<td>2.4%</td>
<td>An underspend within Business Management and the Long Term Conditions team. Supplies is showing a small overspend relating to travel costs.</td>
</tr>
<tr>
<td>Pay</td>
<td></td>
<td></td>
<td>(£83k)</td>
<td>(4.0%)</td>
<td></td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td>£8k</td>
<td>2.4%</td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health Pay and Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay</td>
<td>(£301k)</td>
<td>(1.4%)</td>
</tr>
<tr>
<td>Supplies</td>
<td>£416k</td>
<td>19.8%</td>
</tr>
</tbody>
</table>

The underspend is within the Addiction Service, Whyteman’s Brae and Stratheden. This is offset in part by an overspend in Nursing at QMH.

The overspend relates to costs associated with transfers to the Ayr Clinic. In addition, additional costs have been incurred for referrals to Lothian for the CAMHS service.

### Voluntary Organisations Pay and Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay and Supplies</td>
<td>£0k</td>
<td>-</td>
</tr>
</tbody>
</table>

This is at break-even.

### Prescribing

<table>
<thead>
<tr>
<th>Item</th>
<th>Expenditure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescribing</td>
<td>(£400k)</td>
<td>(3.0%)</td>
</tr>
</tbody>
</table>

The prescribing position is based on 6 months of actual data and 2 months accruals.

A memorandum note has also been included in the main table to show the overall position on PMS Services and FHS Services across the whole of Fife.

Graphs are included for the CHP to show the movement in year for both Pays and Supplies expenditure against budget.
Efficiency Savings

Across NHS Fife, sufficient schemes have been identified within the Financial Plan to meet this year’s savings target, with shortfalls against targets within delivery units expected to be recovered from corporate schemes identified. The table below sets out the CHP savings target for this year, the value of plans identified in support of the financial plan and the progress against this after 6 months.

<table>
<thead>
<tr>
<th></th>
<th>Carry Forward gap from 2011/12</th>
<th>New target for 12/13</th>
<th>Total target for 12/13</th>
<th>Plans identified per the financial framework</th>
<th>Planned Delivery to P8 (£)</th>
<th>Delivered at Period 8 (£)</th>
<th>Surplus/ (Shortfall) (£)</th>
<th>Total Plans Identified at P8 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K&amp;LM</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
<td>(£000)</td>
</tr>
<tr>
<td></td>
<td>696</td>
<td>1,383</td>
<td>2,079</td>
<td>1,277</td>
<td>709</td>
<td>802</td>
<td>93</td>
<td>1,174</td>
</tr>
</tbody>
</table>

Capital

The Capital allocation for the CHP as at 30th November 2012 is shown in the attached appendix.

The specific allocation for Kirkcaldy & Levenmouth at this time is £700k. Other CHP general allocations bring the total capital allocation to £935k. Expenditure to date totals £220k. The capital allocation is expected to be spent in full by the year-end.

Summary

The position as at 30th November 2012 is showing an overspend of £8k on revenue budgets for Clinical Services.

Recommendation

The CHP Committee is asked to:

- **Note** the contents of this report.

REPORT BY: ANDREW MCCREADIE, ASSISTANCE DIRECTOR OF FINANCE (MANAGEMENT ACCOUNTING)
## CAPITAL PROGRAMME EXPENDITURE REPORT - NOVEMBER 2012

### FOR FINANCIAL YEAR 2012/13

<table>
<thead>
<tr>
<th>Project</th>
<th>CRL New Funding</th>
<th>Total Expenditure to Date</th>
<th>Projected Expenditure 2012/13</th>
<th>Projected Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratheden - Low Secure Inpatient (IPCU - In Patient Care Unit)</td>
<td>700,000</td>
<td>152,009</td>
<td>700,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total K &amp; LM CHP</strong></td>
<td><strong>700,000</strong></td>
<td><strong>152,009</strong></td>
<td><strong>700,000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CHP Statutory Compliance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stratheden/Cameron Hospital</td>
<td>- Legionella</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital</td>
<td>- Workplace Transport Works</td>
<td>70,000</td>
<td>70,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital</td>
<td>- Stonework Repairs</td>
<td>21,000</td>
<td>21,000</td>
<td></td>
</tr>
<tr>
<td>Masterton Health Centre</td>
<td>- Renewal of Gas Boiler</td>
<td>29,000</td>
<td>16,500</td>
<td>29,000</td>
</tr>
<tr>
<td>Masterton Health Centre</td>
<td>- Re-Roofing</td>
<td>60,000</td>
<td>40,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Cameron Hospital</td>
<td>- Patient Environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whytemans Brae</td>
<td>- Hospital at Home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total CHP Statutory Compliance</strong></td>
<td><strong>190,000</strong></td>
<td><strong>56,500</strong></td>
<td><strong>190,000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>CHP Capital Minor Works</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital</td>
<td>- Drumcarrow Lodge Improvements</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Stratheden Hospital</td>
<td>- Lomand Ward Shower</td>
<td>40,000</td>
<td>6,163</td>
<td>40,000</td>
</tr>
<tr>
<td><strong>Total CHP Capital Equipment</strong></td>
<td><strong>45,000</strong></td>
<td><strong>11,163</strong></td>
<td><strong>45,000</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL ALLOCATION FOR 2012/13</strong></td>
<td><strong>935,000</strong></td>
<td><strong>219,672</strong></td>
<td><strong>935,000</strong></td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

1.1 The CHP Workplan for 2012/13 was agreed at the CHP Committee meeting held on 8th May 2012. As reported at previous CHP Committee meetings this year, the reporting of the CHP Workplan to the Committee changed to mirror that of the CHP Balanced Scorecard progress reports, to the Board. It was also indicated that the CHP would provide comparative reports to the Committee on a regular basis. This is the third comparative report being presented to the Committee this year in relation to the Balanced Scorecard and CHP Workplan for 2012/13.

1.2 The attached (Appendix 1) is a comparative report which identifies the 19 key priority targets for NHS Fife which also specifically relate to the Kirkcaldy and Levenmouth CHP for 2012/13. This report highlights the CHP’s performance, as at December 2012, in comparison to NHS Fife’s performance.

1.3 Within the CHP’s 2012/13 Workplan there are, however, an additional 18 targets relating to the CHP’s local priorities and the performance in relation to these targets, is reported to the Committee at regular intervals.

2. PERFORMANCE 2012/13

2.1 NHS Fife’s performance is assessed by the Strategic Management Team and Kirkcaldy and Levenmouth’s performance is self assessed by the CHP Management Team, against criteria agreed with performance monitoring colleagues.

2.2 For monitoring purposes, NHS Fife and the CHP continue to use the “traffic lights” system. The four traffic lights are:-

- Blue – Target achieved early;
- Green – On track to complete by agreed date;;
- Yellow – Not on track but within agreed tolerance levels;
- Red – Not on track and not within agreed tolerance levels.

2.3 Table 1 highlights NHS Fife and the CHP’s performance positions, in relation to the 19 key priority targets, as at 31st December 2012.
Table 1

<table>
<thead>
<tr>
<th></th>
<th>NHS Fife Balanced Scorecard</th>
<th>CHP Workplan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue – Complete</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Green On Track</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Yellow – Likely to be Delayed</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Red – Will not or unlikely to be met</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

The data in Table 1 identifies that Kirkcaldy and Levenmouth CHP are on track, at this stage, with 58% with the remainder of NHS Fife meeting 42%.

The CHP Management Team is in discussion with the relevant Heads of Service, in relation to the two delayed targets, in an effort to address and improve these targets’ status.

Further investigation and discussion is ongoing at the CHP Management Team, on a regular basis, in relation to the six red targets and the additional steps required, to meet these areas by the target dates identified.

It should also be noted that there are two CHP targets where the status has changed from the September report (presented at the Committee November meeting) i.e., 2.03 changed from Delayed to Not on Track (red) and 4.03 changed from on track to delayed (yellow). Discussions are ongoing with our colleagues from other Divisions within NHS Fife, as to what additional actions are required to improve in these areas.

3. **RECOMMENDATION**

3.1 The Committee is asked to:-

- **Note** the comparative report between the NHS Fife Balanced Scorecard and the CHP Workplan as at 31st December 2012.
### Kirkcaldy and Levenmouth CHP
#### Performance at a Glance
Comparison – Balanced Scorecard/CHP Workplan 2012/13

<table>
<thead>
<tr>
<th>ID No</th>
<th>Target</th>
<th>Target Origin</th>
<th>CHP Lead</th>
<th>CHP Workplan December 2012</th>
<th>NHS Fife Balanced Scorecard December 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.02</td>
<td>Alcohol Brief interventions – we will aim to deliver 4,505</td>
<td>National HEAT Standard</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.03</td>
<td>Smoking Cessation – we will aim to deliver 3,550 – 1 month smoking quits in the 40% most deprived areas of Fife.</td>
<td>National HEAT Target</td>
<td>NC</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.06</td>
<td>Child Health Weight interventions – we will aim to deliver 1,060 interventions.</td>
<td>National HEAT Target</td>
<td>LA</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.09</td>
<td>Childhood Immunisation – we will improve the NHS Fife uptake of MMR1 at Age 2 and Age 5, against the standard of 95%.</td>
<td>NHS Fife Local Priority</td>
<td>NC</td>
<td>Not on Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>1.10</td>
<td>Suicide Rate – We will achieve a 20% reduction in suicide rate based on 2002 figures.</td>
<td>National HEAT Target</td>
<td>BMcL</td>
<td>Not On Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>2.01</td>
<td>Delayed Discharges – We will aim to achieve no waits over 4 weeks</td>
<td>National HEAT Target</td>
<td>MP</td>
<td>Not on Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>2.03</td>
<td>HAI – We will aim to reduce the rate of staphylococcus aureus bacteraemia (including MRSA) to 0.26 and maintain a rate of C Diff infection in the over 65’s of less than 0.39.</td>
<td>National HEAT Target</td>
<td>NC</td>
<td>Not on Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>2.06</td>
<td>Sickness Absence – We will aim to achieve and sustain a sickness absence rate of no more than 4%.</td>
<td>National HEAT Standard</td>
<td>MP</td>
<td>Not on Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>2.08</td>
<td>Staff Governance – We will aim to ensure staff governance strategy setting and auctioning planning processes are in place.</td>
<td>NHS Fife Local Priority</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>2.13</td>
<td>Reduction in Emergency Bed Day Rates for patients Aged 75+ by 2014/15. We will aim to reduce the bed days rate to 3,556.</td>
<td>National HEAT Target</td>
<td>MP</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>3.04</td>
<td>Dementia – We will aim to have 2908 diagnosed patients</td>
<td>National HEAT</td>
<td>BMcL</td>
<td>Not On Track</td>
<td>Not on Track</td>
</tr>
<tr>
<td>ID No</td>
<td>Target</td>
<td>Target Origin</td>
<td>CHP Lead</td>
<td>CHP Workplan December 2012</td>
<td>NHS Fife Balanced Scorecard December 2012</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>registered on the Quality Outcome Framework.</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.05</td>
<td>Patient Safety – One clinical area will be identified and participate in the scoping phase of the programme.</td>
<td>NHS Fife Local Priority</td>
<td>BMcL</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>3.09</td>
<td>Stroke Services – We will aim for 90% of all patients admitted with a diagnosis of stroke to be admitted to a stroke unit on the day of admission, or the day following presentation.</td>
<td>National HEAT Target</td>
<td>FMcK</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.03</td>
<td>Child Protection – We will ensure information is shared appropriately to support Child Protection.</td>
<td>NHS Fife Local Priority</td>
<td>NC</td>
<td>Delayed</td>
<td>Delayed</td>
</tr>
<tr>
<td>4.07</td>
<td>Financial Performance – We will aim to i) operate within our RRL, ii) operate within our CRL and meet our cash.</td>
<td>National HEAT Target</td>
<td>MP</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>4.13</td>
<td>18 weeks Waiting Time – We will aim to deliver a maximum 18 weeks RTT timescale.</td>
<td>National HEAT Standard</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.14</td>
<td>Drug and Alcohol Waiting Times – We will aim to have 90% of clients wait no longer than 3 weeks from referral to treatment.</td>
<td>National HEAT Target</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.15</td>
<td>Child and Adolescent Mental Health Services – We will aim to have no-one waiting longer than 26 weeks from referral to treatment for specialist CAHMS services.</td>
<td>National HEAT Target</td>
<td>BMcL</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>4.17</td>
<td>Faster Access to Mental Health Services – We will aim to have no-one waiting longer than 18 weeks from referral to treatment for Psychological Therapies.</td>
<td>National HEAT Target</td>
<td>BMcL</td>
<td>Delayed</td>
<td>Delayed</td>
</tr>
</tbody>
</table>
ITEMS FOR INFORMATION: NHS FIFE MCN CONFERENCE

1. INTRODUCTION
1.1 The three Vascular MCNs in NHS Fife held their Conference on 7th November 2012.

The Conference gave colleagues the opportunity to gain a better understanding of the work being undertaken by the Vascular MCNs and the afternoon provided a choice of workshops delivered by clinical specialists from each of the Diabetes, Heart Disease and Stroke MCNs.

Over 100 delegates attended from across Fife.

The Conference was financially supported by the Pharmaceutical Industry in line with NHS Fife’s Policy “Working with the Pharmaceutical Industry”.

2. CONTENT
2.1 The Guest Speaker was Professor Helen Colhoun, Professor of Public Health at the University of Dundee and Honorary Consultant for NHS Fife. She has a particular interest in the public health aspect of diabetes.

Professor Colhoun gave an interesting talk citing the increasing incidence of diabetes and its relative impact on vascular disease in Fife and Scotland.

Attendees were given the opportunity to take part in 2 different workshops specific to each of the MCNs.

The workshops for Stroke looked at:
- The Chest Heart & Stroke Scotland (CHSS) Nurse service and its support for patients with stroke after discharge from hospital
- Recognition of Stroke and TIA and the need for speedy access to acute services

The Heart Disease workshops highlighted:
- The Pathway for atrial fibrillation
- The care of patients with Heart Failure and access to the Palliative Care services in primary care

The Diabetes workshops covered:
- Prescribing initiatives
- The multi-disciplinary foot clinic

There was also a further workshop allowing an opportunity to participate in a discussion session which focused on the increase in prevalence of diabetes and...
its impact on all services with a panel including representatives from Diabetes, Podiatry and Dietetics. A vibrant discussion ensued with delegates around how the increasing incidence of diabetes is impacting on these services and the primary care teams based in General Practice.

There were also available a number of education stands and exhibits open during lunch and coffee breaks and delegates were able to view current and ongoing work.

3. EVALUATION
3.1 A full evaluation is not yet available as there are still evaluation forms to be returned; however this will be completed in January.

4. CONCLUSION
4.1 There is no doubt that a huge amount of work went into organising the MCN Conference and those involved are to be congratulated for their efforts.

5. RECOMMENDATION
6.1 The Committee is asked to:-

- **Note** this report on the NHS Fife MCN Conference 2012.
- **Consider** making this an annual event.

REPORT BY: DR LYNDA ANDERSON, CLINICAL DIRECTOR
KIRKCALDY & LEVENMOUTH CHP
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013

Agenda Item No 11 (b)

ITEMS FOR INFORMATION: LOCAL PARTNERSHIP FORUM - 20.09.12

MINUTE FROM THE KIRKCALDY & LEVENMOUTH CHP LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 20TH SEPTEMBER 2012 IN MEETING ROOM 2, CAMERON HOUSE

CHP Representation
Mary Porter, Acting General Manager, K&L CHP (CHAIR)MP
Bob McLean, General Manager, Mental Health ServicesBM
Nicky Connor, Acting Associate Nurse Director of NursingNC

Staff Side Representation
Lynne Parsons, Staff Side RepresentativeLP
Simon Fevre, Staff Side RepresentativeSF
Steven Portsmouth, Staff Side Representative SP

In Attendance:
Brenda Ward, Corporate Services Administrator (Minutes)

Action

1. APOLOGIES FOR ABSENCE
Apologies were received from: Fiona McKenzie, Heather Bett, Heather Fernie, Barbara Anne Nelson, Dr Lynda Anderson and Linda Small.

2. MINUTES FROM PREVIOUS MEETING HELD ON 16 AUGUST 2012
The minutes from the meeting held on 16th August 2012 were agreed as a true and accurate record.

3. MATTERS ARISING

Reimbursement of Travel Costs
Simon Fevre advised that this item was taken to APF meeting to discuss the advance notice of mileage allowance and car lease scheme. It was agreed at the APF meeting that a meeting will be arranged to review the revised mileage allowance and the potential impact this will have on staff. Simon Fevre added that the APF Meeting is taking place on 26th October 2012 and Wilma Brown will be raising this directly with Rona King.

Mary Porter said that the LPF should await the outcome of the meeting being chaired by Rona King.

Payment of Enhanced Hours whilst on Annual Leave
Bob McLean reported that he has received no feedback from Human Resources in terms of taking the CHP’s proposal forward. Simon
Fevre advised that this will be discussed at the next APF Meeting which is taking place on 26th October 2012.

4. FEEDBACK FROM CHP COMMITTEE AND MANAGEMENT TEAM
Mary Porter updated that the K&L CHP Committee took place on Tuesday 11th September 2012 and was attended by Councillor Lawrence Brown in his role as Fife Council's Kirkcaldy Area Committee Representative.

With regards to the K&L CHP Management Team Mary Porter added that George Cunningham’s secondment into the Operations Division has been extended until March 2013. Therefore, Mary Porter, Nicky Connor and Judith Gemmell will remain in their current secondment roles.

5. FAIR ISLE CLINIC
Simon Fevre raised that the K&L CHP Health & Safety Group (H&SG) meeting on 6th September 2012 discussed the risks and issues at Fair Isle Clinic.
Following concerns raised by the Fair Isle Clinic Staff a risk assessment was carried out by Julia Johnston, Assistant Health & Safety Advisor, OHSAS.
A report is being compiled and that will be discussed at the Management Team, H&SG and LPF thereafter.

Mary Porter agreed to have a discussion with Barrie Higgins, Facilities Manager around the maintenance programme for Fair Isle Clinic and how long staff, are having to wait to get issues resolved.

6. HEI AND HAI MOCK INSPECTIONS
Nicky Connor advised that HEI Inspections are currently taking place within the Operating Division and from 1st September 2012 the CHP could potentially be subject to unannounced visits. In an aim to support staff, the CHP have identified all clinical areas and mock audits are taking place with Nicky Connor, Julie O’Neill and other managers who are using the HEI Tool to prepare staff.

7. WINTER PLANNING
Mary Porter said that annually the CHP are required to submit plans for Winter Planning which are then submitted to the Scottish Government. A planning event is taking place on 11th September 2012 and Fiona Mackenzie is preparing a brief, for the Management Team, which will be brought to a future LPF meeting.

8. STAFF GOVERNANCE ACTION PLAN 2012/13
Lynne Parsons advised that she met with Heather Fernie to discuss the new Staff Governance Standard and Action Plan for 13/14, however, this new format was not yet available. Heather Fernie attended the Management Team with suggestions how to populate the new report. Lynne Parsons said that she has concerns as a lot of the information is usually taken from the staff survey, therefore the CHP may have to give some thought on providing staff feedback as the new standard sets out employees responsibility. Simon Fevre added
that he would receive an update at the APF Meeting which will assist in populating the action plan.

9. FINANCE
Mary Porter reported that K&L CHP were underspent by £44K at the end of August 2012 and the Efficiency Savings Plan was submitted and is currently on track. NHS Fife are currently reporting an overspend.

10. SICKNESS ABSENCE
Bob McLean provided feedback from the NHS Fife Attendance Management Group. It was discussed that HEAT target on absence should be treated the same as any other target to ensure that staff are aware of the current performance. It was agreed that a couple of Services would carry out a pilot on reporting absence figures and Mental Health was chosen. BM has used the wards at Stratheden Hospital and after a Management Team meeting it was agreed to roll these reports out to Whyteman’s Brae Hospital and Queen Margaret Hospital. The report for August identifies the Department’s absence percentage together with the previous month’s with an arrow indicating the travel of direction and this is reported in a league table of all the wards.

Simon Fevre thought reporting absence in a league table was positive as changes generate discussions with the staff.

11. HEALTHY WORKING LIVES
Community Sport
Simon Fevre spoke about the Community Sport initiative which has been launched by Fife Council. It was agreed that the CHP should distribute the poster to staff to encourage groups and local members to add details, which will get them known and recognised. In the longer term staff will be able to access all information about clubs through the Fife Direct website (www.fifedirect.org.uk/joinourclub).

Healthy Working Lives
A letter on the review on Healthy Working Lives was brought to the LPF for information.

12. DATE AND TIME OF NEXT MEETING
The next LPF Meeting will take place on Tuesday 20th November 2012 at 12:30pm within Meeting Room 2 at Cameron House.
11:30 pm Staff Side
12:30 pm Local Partnership Forum
MINUTE OF THE KIRKCALDY & LEVENMOUTH CHP
CLINICAL GOVERNANCE GROUP
THURSDAY 6TH SEPTEMBER 2012
MEETING ROOM 1, CAMERON HOUSE

Present:
Dr Lynda Anderson, Clinical Director, Kirkcaldy & Levenmouth CHP (Chair)
Jackie Barbour, Improving Health Team
Nicky Connor, A/Associate Nurse Director
Avril Eardley, Clinical Effectiveness Facilitator
Heather Fernie, Business Manager
Judith Gemmell, A/Lead Nurse, Community Nursing
Julie O’Neill, Risk Manager

In Attendance:
Abisola Olapeju, Health Improvement Officer, Sexual Health & BBV Team
Lynne Garvey, HD MCN Co-ordinator
Maureen Sullivan, PA to Clinical Director

Action

1. WELCOME
Dr Anderson welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE
Apologies were received from: Heather Bett, Anne Callaghan, Jill Dow, Moira Dunsire, Janie Gordon, Norma Hamilton-Dyer, Mhairi Leslie, Fiona MacKenzie, Wilma Phillips, Marian Sapcote and Sally Tyson.

3. PREVIOUS MINUTES (24TH JULY 2012)
The minutes from 24th July 2012 were accepted as a true reflection of the meeting and were confirmed.

4. MATTERS ARISING
4.1 There were no matters arising.

5. GOVERNANCE
5.1 Annual Reports Due
5.1.1 The following reports were presented to the Group:

ANNUAL REPORTS/WORK PLANS
5.2 Heart Disease Competency Framework

5.2.1 Lynne Garvey explained that the Framework had been brought to the Clinical Governance Group for endorsement. The Framework had been produced following comprehensive consultation and had been developed using e-Learning and is aligned to KSF competencies.

There will be a Learning nexus site where an e-learning module (5 modules will have to be completed before a certificate can be issued) will be available which will be advertised to nurses. Judith Gemmell queried if the site would be monitored and Lynne Garvey said that Jackie Ballantyne would be arranging this. Dr Anderson asked if this learning would also be available to Practice nurses and Lynne Garvey confirmed that it would.

The Clinical Governance Group duly endorsed the Heart Disease Competency Framework.

Lynne Garvey added that NHS Scotland also wanted to use the Framework and they would be acknowledging that it had originated from the NHS Fife HD MCN.

6. PERSON CENTRED

6.1 Complaints Quarterly Report

6.1.1 This is the regular quarterly report and covers the period to 30 June 2012 and gave details of both formal and informal complaints received.

The Clinical Governance Group noted the number of complaints received and noted the key issues raised and actions taken/additional actions identified.

6.2 Carer Information Strategy Funding Report

6.2.1 This report outlined how the CHP had allocated the £18,000 funding received from the Scottish Government in relation to implementing the NHS Fife Carer Information Strategy. The projects approved related to the following areas:

- Fife Rehabilitation Carers Programme
- Living with Aphasia Support Group for Carers
- Support Group for Carers of Heart Failure Patients
- Palliative Care – Carer Information Pack

After each presentation there was the opportunity for the Group to ask any questions of the presenter if they wished to do so.

The K&L CHP Clinical Governance Group noted the Annual Reports.
• Carer Stories in Mental Health
• Caring for Carers

Each area, apart from Mental Health who are currently producing a DVD, provided reports which are included in the main report submitted to the Clinical Governance Group.

The Clinical Governance Group noted the contents of the report and associated attachments.

PFPI Standing Committee Report

6.3

This is the regular report for the Standing Committee and will be presented to the Committee on 06 September 2012. The report has come to the Clinical Governance Group for information only.

NHS Fife Sexual Health Online Social Networking Action Plan

6.4

Abisola Olapeju, Health Improvement Officer for the Sexual Health & BBV Services spoke to the Action Plan. She explained that it was intended to use Social Networking Sites (SNS) in sexual health communication strategies. The 2 SNS chosen by Sexual Health Fife are Facebook and Twitter as they have the largest target audience and they will be linked to the Sexual Health official web site.

The objectives of the Sexual Health Service are:
• To establish an active online presence
• To have a wider reach
• To contribute to sexual health awareness and improve health communication to the public
• To improve communication among partner agencies

The main risks associated with its use relate to security and a risk assessment has been carried out with the Communications Team to look at security issues & potential threats and how they can be prevented or controlled. Jackie Barbour queried how the proposal had been cleared by IT Security and Abisola Olapeju said that she was not sure of the exact detail but Heather Bett has attended meetings to get the necessary clearance.

A detailed analysis will be done quarterly to evaluate the success of the strategy and the content generated on the SNS will be scrutinised by K&L CHP Clinical Governance Group to ensure it meets the required standard. At present a survey is being carried out in order to decide the name for the web page – once this is agreed then the site will be launched.

The Clinical Governance Group noted the NHS Fife Sexual Health Online Social Networking Action Plan.

7. SAFE

7.1 Risk Register

7.1.1 The following risks were reviewed:
Risk 2870 – an update from Bob McLean is awaited. Heather Fernie advised that Bob McLean has sent an update for the CHP Work Plan and she will forward this on to Julie O’Neill.

Risk 2859 – Dr Anderson confirmed that a recent report showed that prescribing costs were coming down and prescribing was currently coming in on budget but as only part way through the year the risk level should remain unchanged at present. An exercise is currently ongoing targeting the highest spending Practices.

Risk 2902 – Heather Fernie advised that £56,000 funding has been secured for the DRS and new cameras are being purchased. The status of this risk will be reviewed at the next meeting.

Risk 2903 – Heather Fernie advised that this target may not be met so remains high risk.

Risk 1125 – Dr Anderson stated that work was ongoing in respect of developing a Neuro Rehab Service and if this goes ahead then it would address this particular risk as Stroke and Neuro services would be re-aligned. A paper is currently being prepared for SMT for approval to develop the Service.

### 7.2 Review of Major and Extreme Incidents

7.2.1 Julie O’Neill explained that, following an investigation into NHS Ayrshire & Arran relating to significant incidents, NHS Fife Risk Management Team undertook an exercise to examine all incidents in the DATIX system with a grading of major or extreme severity between 01 January 2009 and 11 May 2012. K&L CHP received a copy of the report and the Risk Manager reviewed the incidents (129 major or extreme and 439 unknown) and a copy of the CHP response is embedded in today’s report to the Clinical Governance Group.

Julie O’Neill will be preparing a weekly report to the Service Managers on the major or extreme incidents entered to ensure an Incident review has been completed.

### 7.3 NHS Scotland Mobile Data Protection Standard CEL (2012) 25

7.3.1 This is a Scottish Government Circular which has come to the Clinical Governance Group for information. It relates to tablets, smart phones and digital pens etc. and highlights the standards required to use this type of equipment.

### 8. EFFECTIVE

8.1 Clinical Effectiveness Update

8.1.1 This is the regular reports which gives an update on the K&L CHP Quality Improvement Register and gives details of HIS projects in the CHP.

8.2 K&L CHP SIGN Update Jan – July 2012
8.2.1 This update coversSIGN Guideline Activity during the period January – July 2012. It also gives information on SIGN guidelines, NHS QIS best practice statements & evidence notes and NICE guidance. Avril eardley confirmed that this update is also circulated to the GP Practices.

9. ORGANISATIONAL
9.1 Alert & Distribution of NHS Fife Clinical & General Policies – Information System
9.1.1 This is a revision of the CHP Procedure to alert staff to the introduction of new or revised policies. The procedure will be reviewed bi-annually by the K&L CHP Clinical Governance Group. Alerts will be issued by e-mail and will also go out to Practice Managers.

9.2 The Clinical Governance group approved the revised procedure.
9.2.1 Staff Governance Standard: A Framework for the NHS Scotland Organisations and Employees CEL (2012) 22

9.3 Professional Registration
9.3.1 The A/General Manager had asked for this to come to the Clinical Governance Group to ensure that systems were in place to check professional registration of relevant staff was up to date. Nicky Connor confirmed that a monthly check was carried out in Community Nursing via a check by the senior nurses. Dr Anderson queried the position regarding medical staff and Maureen Sullivan will check with Mary Porter to ascertain who has responsibility for this section of staff so that the necessary assurances can be obtained.

10. QUALITY
10.1 NHS Fife Quality Delivery Plan
10.1.1 This has come to the Clinical Governance Group for information only at this point. Julie O'Neill advised that Mary Porter will be leading one of the work streams and Nicky Connor will be a member of the Fife-wide group.

11. DEPARTMENTAL CLINICAL GOVERNANCE MINUTES
It has been agreed that there is a need to ensure that this Group’s review of CHP Departmental minutes were recorded. A record is now being kept of all minutes received and it is agreed that groups be discussed at least 3 times per year.

Areas to be covered:

- Quality Ambitions – Safe, Effective and Person-Centred
11.1 Minutes/Extracts received:
- Sexual Health Management Team minutes from 25/04/12
- Extract from Dietetics Team Meeting 14/03/12
- Charge Nurse Meetings – minutes from 29/02/12 and 25/04/12

The CHP CG Group noted the minutes/extracts received.

There are a number of services who have not submitted minutes/extracts for over a year and Julie O’Neill will chase these up.

12. FOR INFORMATION/NOTING
12.1 Ombudsman Reports for August 2012 – for information.

12.2 Unconfirmed Minutes from the Equality & Diversity Strategy Group Meeting 11/05/12 – for information

13. AOCB
13.1. Following on from discussions at the earlier CHP H&S Meeting over possible changes to the format of the meeting agenda, this subject will be referred to the Agenda Group and Dr Anderson will subsequently take this to the CHP Management Team for further discussion on options.
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 15th January 2013
Agenda Item No 11 (d)

ITEMS FOR INFORMATION:  FHWA – 06.09.12

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**Fife Health & Wellbeing Alliance**

**Fife Council**
- Councillor Judy Hamilton
- Councillor Tim Brett
- Councillor Andrew Rodger

- Stephen Moore, Executive Director (Social Work) & Lead for Health
- Bryan Kirkaldy, Head of Education North, Education Service
- Vivienne Brown, Health Improvement Adviser

**Fife Voluntary Action**
- Kenny Murphy, Chief Executive

**NHS Fife**
- Professor James McGoldrick, Chair
  - Chair of Fife NHS Board
- Moira Adams, Chair, Dunfermline/West Fife CHP
- Fiona Purdon, Fife NHS Board
- Dave Stewart, Fife NHS Board

**Scottish Government**
- Donald Henderson, Head of Public Health

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**Note of Meeting held on Thursday 6th September 2012**

2pm, Committee Room 1, Fife House

**Present:** Moira Adams, Tim Brett, Vivienne Brown, Edward Coyle, Judy Hamilton, Bryan Kirkaldy, Dave Stewart, Fiona Purdon, Stephen Moore, Kenny Murphy, Andrew Rodgers

**In Attendance:** Robert McGregor, Fife Council; Mark Steven, Alcohol and Drug Partnership; Sharon Turnbull, Community Safety Partnership; Jo-Anne Valentine, NHS Fife; Calum McGregor, Fife Council (minutes)

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1. **APOLOGIES**
James McGoldrick, Chair was unable to attend, Judy Hamilton chaired the meeting in his absence. Apologies were also received from John Wilson, and Donald Henderson.

2. **NEW MEMBERS**
Councillors Judy Hamilton and Tim Brett were welcomed as returning members. Cllr Andrew Rodger and Kenny Murphy were welcomed as new members.

Special thanks to Bryan Poole (Manager, CVS Fife) for his key contribution to the work of the Alliance over several years was noted.

Cllr Brett asked that it be noted that elected members were unable to attend the previous meeting due to delay in decisions around elected member representation on strategic partnerships.

3. **MINUTES OF PREVIOUS MEETING**
The minute of the previous meeting held on 7th June 2012 was agreed.

4. **MATTERS ARISING**

4.1 **Health and social care integration**
Stephen Moore provided a verbal update on progress. Fife Council and NHS Fife have submitted their response to the Scottish Government’s consultation.

The programme board is continuing to progress work towards integration of health and social care services, although formal guidance is still awaited.

Regular progress reports are submitted to both Fife Council Executive Committee and NHS Fife Board.

4.2 **National review of community planning and local review of Fife Partnership structures**
The outcome theme leads and partnership coordinators met to discuss how best to jointly support the ‘making communities safer’ and ‘improving health of Fifer’s and narrowing the health inequalities gap’ outcomes of the community plan.

Common themes were identified as:-
- alcohol
5.

- youth work
- healthier safer places and communities (Greenspace)
- gender based violence.

Strengthening joint working across these areas will be taken forward, rather than a merger of the partnerships.

**HEALTH AND WELLBEING FUNDING REPORT 2011-12**

Vivienne Brown and Jo-Anne Valentine introduced the funding report on behalf of the funding subgroup.

The report outlined:

- the funding which was available to the Alliance for 2011-12 and how it was used
- processes for allocation approval and management of funding
- monitoring, evaluation and learning

Funded initiatives across the three funding programmes (Fairer Scotland Fund, Health Improvement Fund and Choose Life) were targeted at reducing health inequalities.

Analysis of the monitoring returns highlighted the following learning in relation to reducing health inequalities:

- the importance of training for workers, volunteers and communities
- sustainability was starting to be addressed during 2011-12
- mainstream services have been influenced by the approach of projects but mainstream change is still hard to effect
- the importance of flexible services in working with vulnerable groups
- the on-going difficulty in evidencing impact and importance of supporting evaluation
- there can be unexpected outcomes from funding initiatives.

Although the potential for changing lives through innovative initiatives was recognised, concern was raised over how to ensure key managers consider adopting different ways of working within mainstream services.

It was agreed that the funding programme can only try to influence ways of working, whereas members of the Alliance can potentially influence the re-design of services, and encourage working across

partnerships and agencies, in line with health and wellbeing plan’s focus on organisational change.

It was noted that changes to funding guidance for new projects for 2012/15 discourages use of funding for new posts and emphasises sustainability from the beginning.

**WELFARE REFORM**

Robert McGregor introduced the paper ‘Welfare Reform and Health Inequalities’. The paper outlined the UK Government’s Welfare Reform programme and set out how Fife partner organisations are preparing to address some of the challenges that the reforms pose and how they will support vulnerable people through the changes.

There was recognition that welfare reform will impact on people already experiencing the social and economic disadvantages associated with risk of poorer health.

Discussion around the potential impact of welfare reform on efforts to reduce the health inequalities gap in Fife raised the following issues:-

- how the impact of welfare reform will be monitored and the impact on health inequalities understood
- how best to support initial claims for universal credit for the 70% of benefits claimants who do not currently have access to the internet.
- welfare reform is happening within the context of reducing public services
- the importance of ensuring front-line NHS staff are also aware of benefit changes
- the Education Service is keen to ensure staff are skilled up around welfare reform because of the potential impact on educational attainment, particularly on children and young people living in disadvantaged circumstances
- concern around the effect on young people’s benefits and potential increase in youth homelessness

Although most of FHWA’s funding has been allocated up until March 2015, it was recognised that many of the existing initiatives work with groups
who may be affected by welfare reform. Ensuring projects are aware of the changes and able to support people through them would be beneficial. However, the combined effort of partner agencies across sectors will be needed to support people through welfare reform.

Members remitted to the Co-ordination Group to highlight any action needed to minimise any negative impact of welfare reform on the outcomes of the Health and Well Being Plan and report back to the Alliance in due course.

**FIFE ALCOHOL AND DRUG PARTNERSHIP UPDATE**

Mark Steven updated members of the Alliance on activity undertaken by Fife Alcohol and Drug Partnership since January 2012.

The update highlighted:-

- the level of drug and alcohol government funding for Fife up to 2015 - ensuring stable funding for core service delivery
- the range of work Fife ADP has undertaken to support the redesign of services to meet local needs and strategic priorities
- how people affected by substance misuse services were consulted to ensure that local needs are met
- the mechanisms that have been put in place to monitor service performance and outcomes for service users, their families, and communities.

It was agreed that Fife ADP and FHWA will continue to work together, ensuring we are working towards the same outcomes. There was discussion around overlaps such as the importance of community assets in supporting recovery, substance misuse education and mental health and alcohol.

Fife ADP’s Annual Reports to the Scottish Government will also provide Fife Health and Well Being Alliance with information on the progress being made in tackling substance misuse in Fife.

**PARTNERSHIP CO-ORDINATORS UPDATE**

The partnerships update provided a summary of some of the current work being progressed by FHWA and its supporting groups.
| 10. | **NEXT MEETING**  
Date of the next meeting is Tuesday 11\textsuperscript{th} December 2012 at 2pm in Committee Room 1, Fife House. |
KIRKCALDY & LEVENMOUTH CHP
MINUTES OF THE PUBLIC PARTNERSHIP REFERENCE GROUP MEETING
HELD ON FRIDAY 1ST JUNE, 2012 AT 2.00PM,
IN MEETING ROOM 1, CAMERON HOUSE, CAMERON HOSPITAL

Present: Ron Parsons (Chairman)
       David Balfour
       Jack Carr
       David Henderson
       Alison Simpson

Apologies: Nick Barber
            Roy Nelson
            George Sime
            Senga McLeod

In attendance: Julie O’Neill
                Judith Knox
                Sharlyn Dobbie

Action

1. WELCOME AND INTRODUCTION
   Ron welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE
   Apologies were received from Nick Barber, Roy Nelson, George Sime
   and Senga McLeod.

3. MINUTES OF PREVIOUS MEETING HELD ON 10th FEBRUARY,
   2012
   Minute of the meeting held on 10th February, 2012 were confirmed as
   an accurate record.

4. MATTERS ARISING
   4.1 Promoting PPF
   Ron advised the presentation to Largo Community Council was well
   received. Ron to arrange dates with other Community Councils.

5. UPDATE ON MEETINGS ATTENDED
   5.1 CHP Committee Meeting held on 8th May, 2012
Ron provided an update:-

• Mental Health Forensic Unit – The CHP and Mental Health Service has secured a plan for the local provision of an appropriate and suitable low secure unit.

• Reshaping Care for Older People. Remit has been broadened to Fifewide. The structure for reporting has also been reviewed.

• Sir George Sharp Unit - CARF accreditation (outside agency) – full results will be available at the end of June.

5.2 CHP Clinical Governance Meeting held on 16th May, 2012
Wilma Phillips absent from meeting. Julie advised a copy of the Agenda was available if anyone wanted a copy of any of the papers.

5.3 Reshaping Care for Older People:
David Henderson provided an update:-

• Timings have been optimistic, setting goals not achievable i.e in term of recruiting and training. Lack of continuity at meetings, same person raises an issue never seem to get answers.

• Since last meeting on 19th April only started moving forward into Dunfermline - last week with an uptake of 2 people.

• Draft literature to the public – enjoying making sure it is in language understandable by the public. Julie advised information for public in draft need to come to the PPF members for comments.

Julie agreed to check date for next meeting and to advise David Henderson.

Int:Julie

5.4 PFPI Standing Committee Meeting held on 30th May, 2012
Ron provided an update:-

• Integration of PPF’s / Patients Forum

• PPF Promotion
6. PPF ANNUAL REPORT (DRAFT)

PPF members approved report. Julie confirmed report will be submitted to the next CHP Committee meeting. **JON**

7. PFPI Standing Committee Report

Julie advised that this is the quarterly report that was submitted to the PFPI Standing Committee on 30th May.

8. PPF PROJECT REGISTER REPORT 1ST OCTOBER – 31ST MARCH, 2012

Sharlyn advised that this is the 6 monthly status report for information on the projects the PPF have been involved in.

9. PPF EVALUATION REPORT 1ST OCTOBER – 31ST MARCH, 2012

Sharlyn advised that this is the 6 monthly update report on the feedback received from PPF members and staff on their involvement with the various groups across Fife.

The feedback is very positive and captures some information on how the PPFs are making a difference.

Ron suggested having evaluation forms completed by wider audience i.e community councils. Julie agreed to put something together. **JON**

10. PATIENT INFORMATION FEEDBACK REPORT - 1ST OCTOBER – 31ST MARCH, 2012

Sharlyn advised that this is the first 6 monthly report for information on the patient information requests submitted to the PPF members for comment.

11. MENTAL HEALTH SERVICE – FORENSIC SECURE UNIT

Julie advised that the attached paper on the setting up of a Forensic Low Secure Unit was approved at the last CHP Committee meeting.

12. PPF WORKPLAN – LOCAL MEETINGS

The PPF workplan was discussed for the remaining year.

Julie asked the members if they would like to invite the Project Team from the Muiredge Surgery. This is a pilot project that would consider the rolling out of the Alaska model of care within general practice. PPF members agreed to invite the members of the Project Team to the next PPF meeting in August. Julie agreed to arrange with Lead. **JON**

Julie asked the members if there are any other specific topics they would like to attend a future meeting. Any suggestions to be submitted to Julie.

**Joint PPF Meetings**

The next Joint PPF meeting will be held on 20th June, 2012 and will be hosted by Dunfermline & West Fife CHP in the Main Hall, Lynebank Hospital, Dunfermline. It is hoped that Joint Health and Social Care and
Patient Rights Act will do topics at this meeting. Louise Ewing is meeting with representatives from the Scottish Government to confirm.

13. DISCUSSION ON THE INTEGRATION OF ADULT HEALTH AND SOCIAL CARE IN SCOTLAND – CONSULTATION ON PROPOSALS

It was noted that the consultation period has been extended to September, 2012. Julie advised the group that the PFPI Leads are trying to organise someone from the Scottish Government to discuss proposals at a Joint PPF meeting.

Julie asked the group to look at the two options and how it is going to work and how it will be implemented locally.

The two PPF members on Committee currently have full voting rights. With the new proposals members would have no voting rights (page 25 on consultation). Julie asked the group how they would feel about having no voting rights and to think about this.

Any further questions on consultation to be discussed at Joint PPF Event.

14. ITEMS FOR INFORMATION

14.1 CHP Committee Minutes of 17th January and 13th March, 2012

14.2 CHP Clinical Governance Group Minutes of 18th January and 14th March

14.3 PFPI Standing Committee of 22nd February, 2012

14.4 Health and Social Care Partnership Service Delivery Plan (Summary 2012 – 2015)

15. ANY OTHER COMPETENT BUSINESS

15.1 Website – Fife patients

Judith Knox advised of a new website that has been developed by a web company. This site provides negative views of health services in Fife. Patient Relations Team have been made aware of this site.

15.2 CHP Committee Development Session

Invitation received to attend the next CHP Committee Development Session on 12th June, 2012 at 1.00pm in Meeting Room, 1, Cameron House. Confirmation of attendance and apologies to be sent to Brenda Ward.

15.3 Agenda Items – Joint Meeting

Julie advised if anyone has any items to be added to the Agenda for the Joint Meeting on 20th June, 2012 to let her know as soon as possible.

15.4 Reshaping Care Event – 7th June, 2012

It was noted that the above event was cancelled due to a poor
response (15 people responded with 6 people being from the K&L CHP).

16. DATE & TIME OF NEXT MEETING
The next meeting will be held on 17th August at 2.00pm in the Training Room, Ward 7, Cameron Hospital, Windygates. Please note change of date and venue.
Present: Ron Parsons (Chairman)  
George Sime  
Nick Barber  
David Balfour  
Jack Carr  
David Henderson  
Alison Simpson

Apologies: Wilma Phillips  
Senga McLeod  
Judith Knox

In attendance: Julie O’Neill  
Sharlyn Dobbie

1. WELCOME AND INTRODUCTION
Ron welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE
Apologies were received from Wilma Phillips, Senga McLeod and Judith Knox

3. MINUTES OF PREVIOUS MEETING HELD ON 1st JUNE, 2012
Minute of the meeting held on 1st June, 2012 were confirmed as an accurate record.

4. MATTERS ARISING
4.1 Muiredge Project Presentation  
Julie confirmed the Project Team from Muiredge Project will present at the next PPF meeting on 14th December, 2012.

5. UPDATE ON MEETINGS ATTENDED
5.1 CHP Committee Meeting held on 10th July, 2012  
Ron provided an update:-  
- Muiredge Project – presentation received. Project going extremely well with 98% on system very enthusiastic.

5.2 CHP Committee Development Session on 12th June, 2012
George provided an update:-

- Primary Care Emergency Services (PCES) – presentation received on relocating PCES from Glenrothes Hospital to Victoria Hospital.

5.3 CHP Clinical Governance Meeting held on 24th July, 2012
Wilma Phillips absent from meeting. Julie advised three presentations received from the Managed Clinical Network for Diabetes Stroke and Heart Disease, copies of reports distributed for information.

6. PFPI STANDING COMMITTEE REPORT (DRAFT)
Julie advised that this is the quarterly report for submission to the PFPI Standing Committee on 5th September, 2012. Any comments on report to be submitted to Julie.

7. CARER INFORMATION STRATEGY FUNDING REPORT
Julie advised that this is the report that was submitted to the CHP Clinical Governance Group meeting on 24th July, 2012 outlining the CHP part of the Carer Information Strategy, funding was allocated.

8. PUBLIC PARTNERSHIP FORUM REFERENCE GROUP REPRESENTATION
Julie advised that this is the list of groups that have PPF members. Comments / additions to be submitted to Julie for updating.

9. ITEMS FOR INFORMATION

9.1 CHP Committee Minutes of 8th May, 2012
9.2 CHP Clinical Governance Group Minutes of 16th May, 2012
9.3 Heart Disease MCN Annual Report
9.4 Stroke MCN Annual Report
9.5 Diabetes MCN Annual Report

10. ANY OTHER COMPETENT BUSINESS
10.1 Reshaping Care

It was noted that the group members are not happy that there is no public representation at the Reshaping Care meeting. Julie to raise at Project Team meeting next week.

JON Action
Julie advised that NHS Fife plans to conduct option appraisal events towards the end of October to determine where community inpatient beds would be best provided in future. This will form either a full day or 2 half day workshops.

10.2 **Adult Health & Social Care**

NHS Fife would like to hear your views on the consultation on proposals to integrate Adult Health and Social Care. For members who have sent a response direct to the Scottish Government could they send a copy to Sharlyn.

10.3 **NHS Fife Joint PPF Meeting**

Following the first Joint PPF meeting, Julie asked the group how they thought it went and was there anything that could be done better.

The members advised the following:-

- Like this, it has been a great move
- Well represented from the K&L CHP
- Too many strange faces, will take time to get to know new faces
- It was suggested having colour ID name plates

10.4 **Postal Service**

Alison advised that a family member was in the “new wing” at Victoria Hospital and did not receive mail to the ward during their stay. When the patient returned home there were 2 parcels of cards sent to their address. She asked if this was change to the previous system where they got cards during their stay, because if it was they felt we should be telling families not to send cards to the wards.

Sharlyn to contact Estates and report back to Alison.  

10.5 **NHS 24 Visit**

It was agreed that members who would like a visit to NHS 24, South Queensferry to contact Julie. Dates of availability to be requested from NHS 24.

10.6 **Forensic Secure Unit at Stratheden**

PPF member requested an update from Bob McLean, General Manager on the Forensic Secure Unit.

**Action**
10.7 **HEAT Targets**

PPF member requested an update from Karen Gibb, Clinical Nurse Specialist on the current position of Smoking Session HEAT target. JON

10.8 **CHP Committee Dates**

Remaining dates for 2012 to be sent to D Henderson. SD

11. **DATE & TIME OF NEXT MEETING**

The next meeting will be held on 14th December at 2.00pm in Meeting Room 1, Cameron House, Cameron Hospital, Windygates.

12. **PRESENTATION FROM NATALIE BATE, COMMUNICATIONS OFFICER (PHARMACY)**

Presentation received from Natalie Bate regarding NHS Fife Medicines Waste Campaign. Natalie advised the campaign will be launched on 10th September, 2012. Leaflets were distributed to group for information.

**Question** - Why are we given 2 months supply for new medicines, then if they don’t agree with you and need to stop the medicine?

**Answer** - We are now introducing another system.

**Question** - How can GP’s manage a drug budget if they are not aware of the drug costs?

**Answer** - GP’s being encouraged to adhere to the Drug Formulary, but they will prescribe medicines if it is best for the patient.

**Question** - Why, when you need food supplements you receive a large supply in huge crates when you only need 1 or 2?

**Answer** - This is the way that they are supplied.

**Statement** - If I tick every box on prescription, a note is returned from Medical Centre advising me that this item is not required, so there are some areas trying to look at this problem.

One of the main reasons for wasted medicines is that we don’t pay for prescriptions – if we did it may get people to think do they actually need the item requested.

**Question** - This is a national problem, have you considered advertising i.e TV.

**Answer** - Yes we would love to but due to budget limitations – there is a national campaign in the future.

Ron thanked Natalie on behalf of the Reference Group for this presentation and would welcome Natalie to a future meeting to discuss the evaluation of the campaign.
Next CHP Committee Development Session:
Tuesday 12th February 2013 at 1:00pm – 3:00pm, Activities Room, Playfield Institute

Next CHP Committee Meeting:
Tuesday 12th March 2013 at 1:30pm – 4:30pm, Thomson House, Methil
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<td>13:30 - 16:30pm</td>
<td>Committee Meeting</td>
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<tr>
<td>12(^{th}) February 2013</td>
<td>13:00 - 15:00pm</td>
<td>Joint CHP MT/Committee Development Session</td>
<td>Activities Room, Playfield Institute</td>
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<td>Development Session</td>
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