<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td>2.</td>
<td>Apologies for Absence</td>
</tr>
<tr>
<td>3.</td>
<td>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.</td>
</tr>
<tr>
<td>4.</td>
<td>Minutes of Previous Meeting held on 8&lt;sup&gt;th&lt;/sup&gt; November 2011 PAGE 3 to 11</td>
</tr>
<tr>
<td>5.</td>
<td>Matters Arising</td>
</tr>
<tr>
<td>5.1</td>
<td>Prescribing Projects (Verbal Report) PAGE 13</td>
</tr>
<tr>
<td>6.</td>
<td>Improving Health</td>
</tr>
<tr>
<td>6.1</td>
<td>Sexual Health Service</td>
</tr>
<tr>
<td></td>
<td>● Move to Whyteman’s Brae Hospital</td>
</tr>
<tr>
<td></td>
<td>● QIS Report</td>
</tr>
<tr>
<td></td>
<td>● Annual Report PAGE 15 to 48</td>
</tr>
<tr>
<td>7.</td>
<td>Patient/Staff Experience</td>
</tr>
<tr>
<td>7.1</td>
<td>Complaints Report PAGE 49 to 51</td>
</tr>
<tr>
<td>7.2</td>
<td>Staff Absence Report PAGE 53 to 55</td>
</tr>
<tr>
<td>7.3</td>
<td>CHP Annual Conference PAGE 57 to 62</td>
</tr>
<tr>
<td>8.</td>
<td>Planning for Service Improvement</td>
</tr>
<tr>
<td>8.1</td>
<td>Pharmacy Services – Clinical Governance Action Plan PAGE 63 to 71</td>
</tr>
<tr>
<td>8.2</td>
<td>Muiredge Project PAGE 73</td>
</tr>
<tr>
<td>8.3</td>
<td>Re-Shaping Care – In-patient Services Review PAGE 75 to 76</td>
</tr>
<tr>
<td>9.</td>
<td>Delivery &amp; Efficiency</td>
</tr>
<tr>
<td>9.1</td>
<td>Financial Governance PAGE 77 to 82</td>
</tr>
<tr>
<td>9.2</td>
<td>CHP Workplan 2011/12 - NHS Fife Balanced Scorecard Comparison PAGE 83 to 86</td>
</tr>
<tr>
<td>9.3</td>
<td>Endowment Request – Greening of Stratheden Hospital PAGE 87</td>
</tr>
<tr>
<td>10.</td>
<td>Items for Information:</td>
</tr>
<tr>
<td>(a)</td>
<td>Local Partnership Forum – 15&lt;sup&gt;th&lt;/sup&gt; September 2011 PAGE 89 to 93</td>
</tr>
<tr>
<td>(b)</td>
<td>PPF Reference Group – 14&lt;sup&gt;th&lt;/sup&gt; October 2011 PAGE 95 to 99</td>
</tr>
<tr>
<td>(c)</td>
<td>CHP Clinical Governance Group – 6&lt;sup&gt;th&lt;/sup&gt; October 2011 PAGE 101 to 109</td>
</tr>
<tr>
<td>(d)</td>
<td>CHP Committee Meetings/Development Sessions 2012/13 PAGE 111 to 112</td>
</tr>
<tr>
<td>11.</td>
<td>Dates for Diary PAGE 113</td>
</tr>
</tbody>
</table>

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

Tuesday 17th January 2012
Agenda Item No 4.

MINUTE OF PREVIOUS MEETING HELD ON TUESDAY 8TH NOVEMBER 2011

UNCONFIRMED MINUTE OF THE KIRKCALDY AND LEVENMOUTH CHP COMMITTEE MEETING HELD ON TUESDAY 8TH NOVEMBER 2011 WITHIN TOWN HOUSE, KIRKCALDY

PRESENT:
Mr Alastair Robertson, Chair of Kirkcaldy and Levenmouth CHP
Mr George Cunningham, General Manager
Dr Les Bisset, Clinical Director
Mrs Mary Porter, Associate Nurse Director
Mrs Samantha Allen, Registered Nurse Representative
Mr Ron Parsons, Public Partnership Forum Representative
Mr Harry Blyth, Non Executive Board Member
Councillor Andrew Rodger, Council Representative
Mrs Moira Dunsire, Registered Allied Health Professional Representative
Councillor David Ross, Council Representative
Mr Simon Fevre, Area Partnership Forum Representative
Mr George Sime, Public Partnership Forum Representative
Mr Allan Shields, Community Pharmacy Representative
Mr Peter Adams, Non-Executive Board Member

IN ATTENDANCE:
Ms Barbara Anne Nelson, Deputy Director of HR
Mr Andrew McCreadie, Assistant Director of Finance
Ms Rona Laing, Fife Council Officer Representative
Ms Frances Mackie, Fife Family Support Project Representative
Mr Bob McLean, General Manager, Mental Health Services
Mrs Fiona MacKenzie, Local Clinical Manager
Mrs Heather Fernie, Business Manager
Mrs Yvonne McLaren, Administrator (Minute)

53/11 WELCOME AND OPENING REMARKS FROM THE CHAIR

Mr Robertson opened the meeting and welcomed Mr Allan Shields who is the new Community Pharmacy Representative on the Committee.

Mr Robertson also welcomed Mrs Fiona MacKenzie who will give a presentation under item 6.1 and Mr Bob McLean who will give a presentation under item 7.1.

A paper was distributed listing events Mr Robertson had attended since the last Committee Meeting. Mr Robertson referred to the excellent and informative presentation given by Ms Rona Laing at the Development Session on 11th October 2011.

Mr Robertson informed the Committee that he had attended the CHP Conference on 3rd November at the Bay Hotel, Kinghorn and advised that the event had been very successful.
Mr Robertson informed the Committee of changes that will happen within NHS Fife, as follows:

- NHS Fife Board are looking for two Non-Executive Members with the departure of Mr Ben Conway Chair, Dunfermline & West Fife CHP and Mr Graham Watson, Chair, Glenrothes & North East Fife CHP.

- Mr George Brechin, Chief Executive has announced his intention to retire at the end of March 2012 and it is hoped to find a successor by the end of the calendar year.

- Prof Jim McGoldrick, Chair of NHS Board, is due to finish his term as Chair in May 2012.

54/11 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr Gordon Penman, Ms Fiona Purdon and Mr Jim Bett.

55/11 DECLARATION OF INTEREST

Item 6.1, Podiatry Service – Change to Service Delivery. Mrs Dunsire declared an interest in this item.

56/11 MINUTES OF THE PREVIOUS MEETING HELD ON 13TH SEPTEMBER 2011

The Minute of the previous meeting held on 13th September 2011 was agreed as a true and accurate record of the meeting.

57/11 MATTERS ARISING

Service Reconfiguration
Dr Bisset gave a verbal report on Service Reconfiguration informing the Committee that the transfer of patients from Drumcarrow Lodge to Muirview Ward at Stratheden was now complete.

He also advised that all staff bases have now been moved from Loughborough Road Clinic – Podiatry Services moved on 30th September to Whytemans Brae Hospital and the Baby Clinic has relocated to Gallatown Nursery. Dr Bisset advised there are no outstanding issues.

Dr Bisset informed the Committee that continuing care patients from Carlyle Ward have now been transferred to Randolph Wemyss Memorial Hospital and 50% of staff on re-deployment have now found alternative posts, with the remainder working in wards within the CHP or Victoria Hospital. This, in turn, reduces the need for employing Bank Nurses.

Alcohol and Drugs Partnership
Mr Adams referred to the previous minutes and asked if a date had been set for taking recommendations back to the Health & Social Care Partnership. Mr Cunningham advised that the committee meeting had been brought forward and would now take place on 26th January 2012.
Reshaping Care for Older People
Cllr Rodger referred to problems with the elderly obtaining appointments with their GPs and informed the Committee that he had met separately with Dr Bisset and Dr Mukherjee from Muiredge Surgery recently. A statement has been issued to the Press advising that Muiredge Surgery will be employing a Nurse Practitioner who will be able to direct patients telephoning the surgery to the appropriate service for them. This should cut down the time patients have to wait for the telephone to be answered. Patients also may not have to wait so long to get an appointment as they may be seen by someone other than a GP.

Cllr Rodger added that GPs are under immense pressure dealing with issues relating to patient’s sickness benefits, social work and housing issues, many of which are not appropriate for GPs to try to resolve. Cllr Rodger also has concerns in relation to the number of cancelled appointments per month that GP Practices experience and whether steps could be taken to reduce these.

Cllr Rodger stated that he would like GPs to be involved in the Change Fund and the virtual ward within the community. He feels this is a positive message and would like the GPs to be more engaged with this.

On a personal note, Cllr Rodger advised that, after the last meeting, he considered resigning from the Committee as there are occasions whereby he requires to ask awkward questions on behalf of his constituents. However, he did not always feel that the awkward questions were welcomed by the Committee.

The Chair of the Committee advised that it is accepted, there are occasions whereby Committee members must ask awkward questions, however, each Committee member is bound by the Code of Business Conduct.

58/11  PLANNING FOR SERVICE IMPROVEMENT

Podiatry Service – Change to Service Delivery
Mrs MacKenzie introduced the report on Open Access to Podiatry Services which had been prepared by Cheryl Easton, Podiatry Professional Head of Service. This report provided information of an improved referral system across Fife for people who require a lower limb or foot assessment. Mrs MacKenzie explained that this system is a different way of accessing the service and it has already been used in Dunfermline & West Fife for some time. Under the new system residents of Fife can be referred to the service via health and social services colleagues or patients can self refer to the service as opposed to being referred by their GP. In the long term this should free up GP appointments and cut down on waiting time.

Mr Robertson asked how people would know about the service without first seeing their GP and a discussion followed regarding access and promotion of the service.

It was noted that Mr Allan Shields, Community Pharmacy Representative, would look into the possibility that pharmacies could be a possible referral pathway for the Podiatry Service.

Ms Laing said that the information should be shared with the Home Care Service and she would ensure the services are linked in the future.

The Committee Noted the progress of this part of the Podiatry Service redesign and Supported the ongoing project.
Reshaping Care for Older People – Qualitative Appraisal Criteria

Mr Cunningham referred to the presentation given to Kirkcaldy & Levenmouth and Glenrothes / North East Fife Committees which took place at the joint Development Session in August. At this event there was discussion in relation to the impact of both the Change Fund and the in-patient beds in Randolph Wemyss, Cameron and Glenrothes Hospitals. Mr Cunningham advised this is the now the next stage and referred to Appendix 1 (Option Appraisal – Qualitative Appraisal Criteria) advising that discussions would be centred on Glenrothes and Cameron Hospitals. He added that if the Committee agreed, a group would be set up to discuss weighting of each criteria and thereafter, he would try to report back to Committee early next year. Mr Robertson invited questions on this paper.

Cllr Ross advised that although he had no problem in principle of the direction to transfer resource into the community, he does have concerns on how bed closures would be implemented. Mr Cunningham explained that it will be a requirement to evidence that a change would be successful before any beds are closed. Mr Cunningham referred to recent discussions in relation to Carlyle Ward, whereby in-patients in this ward had been awaiting appropriate placement within care homes in the private sector. Mr Cunningham added that the Hospital at Home plan would have to be in place before the closure of any facilities.

Cllr Ross also questioned whether GPs were fully aware of the plans and if they have reservations, this will undermine the whole approach. Dr Bisset referred to a paper that he presented to the Committee in July in relation to ICASS. This paper clearly stated that there would be no bed closures until there was sufficient evidence that this new service was working satisfactorily and that remains very much the CHP’s position. Dr Bisset added that approximately half the GPs present, at the CHP Annual Conference on Thursday 3rd November, had attended the session on ICASS. Dr Bisset also said that he had spoken to the LMC, who are enthusiastic about the model, which is working successfully in Gwent and added that the LMC believe this is the right thing to do. Dr Bisset agreed that it is very important to engage with the GPs, as the vast majority of referrals will be from GPs. Dr Bisset then gave reassurance to the Committee that nothing would go ahead until all the mechanics were in place.

Ms Laing requested, in relation to Section 2 of the criteria, that the Private Sector be included within integration with other services as they are a key partner in this model of care and it is important that they are not missed out. It was agreed this should be added.

Cllr Rodger suggested that in terms of closing a hospital site, it would be more favourable to retain the Cameron site as the Sir George Sharp Unit was located there. Cllr Rodger added that he has no problem closing beds if something else is in place, however he would like to know how many beds there are in Fife as there is confusion over capacity. Dr Bisset explained that the number of patients admitted to hospital and the length of stay will require to be presented as evidence rather than number of beds. Mr Cunningham explained that statutory works in relation to both sites will also be considered.

Mr Fevre advised that he also shares some of these concerns, however it is reassuring that no beds will close until evidence is presented. Mr Fevre requested that a Staff Side member be invited to sit on the group to look at the criteria and weighting. Mr Fevre also requested that
Section 7 of the criteria be changed to Staff Governance and include redeployment opportunities within the bullet points. This was agreed.

Mr Parsons advised that he is keen to know what the weighted format is and would wish to ensure that the key priority is towards patients and staff. Mr Parsons also enquired if NHS24 have had any involvement and Dr Bisset explained that Hospital at Home was being discussed with NHS 24 and PCES.

Mr Robertson asked the Committee to agree the criteria.

The Committee Agreed the criteria and Noted the timescale for future reports.

59/11 DELIVERY & EFFICIENCY

Child & Adolescent Mental Health – Waiting Times
Mr McLean was invited to bring this report to the Committee as Child & Adolescent Mental Health is a Scottish Government HEAT target. Mr McLean said that from the point of view of Kirkcaldy & Levenmouth CHP this is an interesting target as they only hold responsibility for specific services and he pointed out that Dunfermline & West Fife has the biggest waiting times for Child Psychology.

Mr McLean added that a considerable amount of work has been undertaken to deliver a unified approach and that key issues and improvements have been identified which are shown in section 3.2 of the report. Mr McLean further explained that waiting lists across Fife appear to be high comparatively, which could be attributed the fact that Fife take children up to the age of 18 years, whereas some other areas of Scotland only take children up to the age of 16 years. In addition, Fife has developed quite a range of specialist services which generate demand. The services are confident that they will meet the HEAT target prior to March 2013.

Mr Robertson asked if additional doctors had been employed in order to improve the service. Mr McLean explained that the Scottish Government had allocated additional funding to expand the CAMHS workforce and in Fife this had focused on nurse therapists and psychologists.

Mr McLean advised there is now a triage assessment system in place. This ensures referrals are seen by the most appropriate practitioner for their needs and prevents young people being held on lengthy waiting lists. The triage system also ensures that urgent referrals can be dealt with immediately. Referrals are dealt with based on the urgency of their needs. Mr McLean also confirmed that each school in Fife has an identified link professional.

Referring to 4.2 of the report Mr Robertson thought that 80 new referrals each month is a considerable amount and asked why this figure was so high. Mr McLean suggested that issues with children and young people tended to be multi-factorial and complex and with a number of agencies involved, and could include a wide range of social, familial, developmental and psychological problems.

Mr Robertson thanked Mr McLean and his team.

The Committee Noted the contents of the paper and the progress made.
**Financial Governance**

Mr McCreadie advised that the Financial Report for the CHP for the first six months to 30th September 2011 shows an overspend position of £159k against Managed Clinical Services and a £384k overspend in Prescribing. Mr McCreadie added that the rate of overspend has slowed down and it is hoped this trend will continue in the second half of the year.

Mr McCreadie explained the budgetary positions in relation to each of the clinical services detailed in the paper and outlined the actions that were being taken to reduce those areas of overspend.

The prescribing overspend was discussed. It was noted this issue has been discussed at the CHP Committee previously and that this expenditure continues to be challenging across NHS Fife. A number of measures have been put in place to try to reduce the expenditure this year and for future years through the efficiency programme.

It was noted in relation to Efficiency Savings that the CHP’s target for this year is £1,574,000. The CHP remains short of identifying schemes to meet its target and the plans identified per the financial framework show efficiency savings of £903,000 to be achieved this year. At period 6 the CHP have delivered £388,000 savings for the year-to-date.

The CHP Capital allocation as at September 2011 is identified as £312,000 with various projects underway throughout Stratheden, Cameron and Whyteman’s Brae Hospitals.

Mr McCreadie invited questions from the Committee members and various concerns and issues were raised in relation to Prescribing. Dr Bisset provided an explanation in relation to work ongoing with GPs through MCNs and Brian Montgomery’s work with consultants in an effort to address the Committee’s concerns. Dr Bisset explained that the Fife Formulary was used for prescribing drugs and that all clinicians were expected to comply with this. Concerns were also raised in relation to patient’s repeat prescriptions i.e., some patients may be prescribed all medications on their repeat prescriptions but not all are required. It was noted that Community Pharmacy carried out an audit in relation to this issue recently which highlighted this as a concern.

Mr Cunningham suggested, as there appears to be various pieces of work ongoing in relation to prescribing, that further information be brought back to the Committee at a future meeting for discussion.

The Committee noted the contents of the report.

**CHP Workplan / Balanced Scorecard Comparison 2011 / 12**

Mr Cunningham addressed this report and pointed out in section 2.3 it should read ‘The above data identifies that Kirkcaldy and Levenmouth CHP are 68% on track and completed’. Mr Cunningham explained that Appendix 1 of the report gives a good picture of where we are at and said he was happy to answer any questions.

The Committee noted the comparative report between NHS Fife Balanced Scorecard and the CHP Workplan as at August 2011.
**Best Value Framework**

Mr Cunningham reported on this paper stating that the Audit Committee had revamped the Best Value Framework. Mr Cunningham informed the Committee that the Framework would be incorporated in the CHP Workplan and reported within the Annual Report at the year end. Mr Cunningham said he was happy to answer any questions on the paper and Mr Parsons enquired if the Finance Department was involved in the Best Value Framework. Mr Cunningham advised that Central Procurement sits within the Finance Department and that the majority of procurement now came from national contracts.

The Committee **Noted** the Best Value Framework which has been adopted by NHS Fife.

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### 60/11 IMPROVING HEALTH

#### MMR Immunisation

Mrs Porter introduced this report on behalf of the Immunisation Steering Group which has been set up across the 3 CHPs in Fife and explained that the report aims to provide information of the MMR immunisation within Kirkcaldy/Levenmouth CHP and show a comparison across Fife. Mrs Porter advised that data previously provided showed that NHS Fife has the lowest uptake in Scotland for MMR Immunisation by age 24 months. However, it is not known if this is because parents just didn’t turn up or they actually chose not to have their children immunised.

Mrs Porter explained the ISD data was compared with information generated from a business objects report and when compared to the Fife data, it shows that Fife is not as poor, as was first thought.

Mrs Porter said she was happy to answer any questions anyone had about the report.

Mr Adams pointed out the second sentence under 11.14 of the report appeared incorrect and it was agreed that the words ‘has been’ should be deleted.

It was quoted from the report that target rates are aimed at 5 years of age whereas in Fife we appear to be aiming for 24 months. Mrs Porter advised this is because more children are engaging with nurseries by the age of 24 months.

Mr Robertson asked if organisations such as the Cottage Family Centre in Kirkcaldy could be used to encourage parents to bring children forward for immunisation. Mrs Porter explained that promotion is mainly via Health Visitors and GPs at the moment and a discussion followed around health promotion work with families.

The Committee **Noted** the content of the report and **Noted** the proposed action plan.

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### 61/11 PATIENT / STAFF EXPERIENCE

#### Implementation of the Electronic Employee Support System (eEES)

Ms Nelson advised that this paper had been prepared to inform the Committee about eEES which is a new workforce information system which is being introduced throughout NHS Scotland. The system will
support line management in relation to the day to day management of their staff. It will also assist in workforce planning, attendance management and the administration of recruitment and training and development. NHS Fife are in Phase 1 of the implementation plan along with Forth Valley, Lothian and Orkney and the go live date is 1st December. A Project Board and a local Implementation Group have been set up within NHS Fife to ensure that both governance requirements and the required timescales are met.

Ms Nelson explained the modules available within the system and advised that the system will give managers the ability to view staff records themselves and to prepare reports without having to request these from HR or Finance colleagues which is the position at the moment.

Mr Robertson asked if this system would help when recording staff absence and Ms Nelson confirmed that the system has an attendance management module. Introduction of the system will also cease the need for the paperwork currently used in managing workforce information for staff. This will happen on a phased basis within the CHP following the go live date and the completion of training for those who will be involved in using the system.

The Committee Noted the content of the paper.

Staff Governance Action Plan – 6 Monthly Review

When introducing this report Ms Nelson advised she wished to draw members’ attention to the Staff Governance Standards, ie: A, Well informed, B, Appropriately Trained, C, Involved in decisions which affect them, D, Treated fairly and Consistently, and E, Provided with an Improved and Safe Working Environment. Ms Nelson added that action plans are driven by the results of the staff survey and the review of the previous year's action plan. Kirkcaldy & Levenmouth are well placed in terms of the process for both developing and reviewing their action plan.

Mr Fevre responded to the report by saying that most staff were quite clear that they were happy to work for the NHS, although it is fair to say that the morale of staff has deteriorated, however, this may be due to factors which is outwith our control to change. Mr Fevre gave an outline of the things that staff are not happy about and said that Pension Reforms are having a big effect. He also said that he feels that the action plans are not as vibrant as they used to be and that we struggle to improve options for staff. Mr Fevre is requesting people’s support on the day of action on 30th November. Ms Nelson commented that the Pensions issue is obviously a national and not a local issue which NHS Fife has no ability to resolve.

Mr Robertson wished to point out that he is a regular visitor to Cameron Hospital and he is very impressed with the way administrative staff make every effort to adapt and co-operate with the changes in their department.

Cllr Rodger expressed concern at the low response rate to the staff survey and also has concerns regarding staff leaving and not being replaced. He also commented that managers are not seen around the wards in hospitals. In response, Mr Cunningham said that he takes that point on board as he feels that he does not get enough opportunities to get out and talk to staff.
There was a discussion around the low response rate from staff and Mr Fevre thinks it is all about morale and that whilst staff may have held views about the confidentiality and security of the survey, this was not the only issue. He said that the vast majority of staff do have issues and he feels that local managers need to sit down with staff to discuss any changes.

The Committee Noted the content of the paper.

62/11 ITEMS FOR INFORMATION

Local Partnership Forum – 21st July 2011
PPF Reference Group – 19th August 2011
CHP Clinical Governance Group – 27th July 2011
FHWA – 14th September 2011
Dates of Committee Meetings / Development Sessions 2012 / 13

63/11 AOCB

There was no AOCB to discuss

64/11 DATES FOR DIARY

Next Development Session:
1.00 pm on 13th December 2011 in Thomson House, Methil

Next CHP Committee Meeting:
2.00 pm on 10th January 2012 in Thomson House, Methil
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 5.1

MATTERS ARISING: PRESCRIBING PROJECTS

Verbal Report

REPORT BY:   DR LES BISSET
             CLINICAL DIRECTOR, KIRKCALDY & LEVENMOUTH CHP
## IMPROVING HEALTH: SEXUAL HEALTH SERVICE

### 1. INTRODUCTION

1.1 In January 2011, a presentation was made to Kirkcaldy and Levenmouth CHP Development Session to make the committee aware of the challenges facing the Sexual Health Service.

1.2 Two of the challenges set out to the committee were:
- The requirement to move off the Forth Park site – early 2012;
- The Quality Improvement Scotland review visit scheduled to take place in March 2011.

1.3 The purpose of this paper is to update the committee on the above challenges and to present the first annual report for Sexual Health Fife.

### 2. RELOCATION OF SEXUAL HEALTH SERVICE

2.1 The Beeches Centre was opened in 2007 in a reconfigured ward at Forth Park Hospital and provided clinical and office accommodation for the Genitourinary Medicine (GUM) Service and the Contraception and Sexual Health (CASH) Service.

2.2 In addition to providing good quality clinical accommodation, The Beeches Centre also operates as the administrative centre for Sexual Health and provides accommodation for the management and administrative staff who help to run the service.

2.3 Although the two services initially located to The Beeches Centre as two separate services, work has been ongoing to integrate the service and, as a result, it was possible to release clinical accommodation for use by the Colposcopy Service in the summer of 2010.

2.4 The BBV Health Improvement Team is currently accommodated in a large office at Cameron Hospital and it is hoped that this team could be relocated alongside the Sexual Health Team. This would allow a closer working relationship and better use of resources.

2.5 It was therefore proposed that Sexual Health Fife relocated to Carlyle Ward at Whyteman’s Brae Hospital when it became available.

2.6 NHS Fife has allocated £198k capital funding to allow this scheme to progress and it is anticipated that the accommodation will be available in February 2012.

### 3. QUALITY IMPROVEMENT SCOTLAND – SEXUAL HEALTH STANDARDS

3.1 In 2008, Quality Improvement Scotland (QIS) issued a set of standards for sexual health services. These set out appropriate clinical standards in relation to sexual health services provided by or secured by NHS Scotland.

3.2 There are nine standards set out in the QIS document:
- Comprehensive provision of specialist sexual health services
- Sexual health information provision
- Services for young people
- Partner notification
3.2 (cont)

- Sexual healthcare for people living with HIV
- Termination of pregnancy
- Hepatitis B vaccination for men who have sex with men
- Intrauterine and implantable methods of contraception
- Appropriately trained staff providing sexual health services

3.3 Each standard is assessed against a number of criteria, although QIS do not intend to assess against all criteria on this visit. The criteria are assessed on a “met/not met” basis.

3.4 The review took place in March 2011 and the local report was issued in May 2011. The national report was issued in November 2011 and is available at www.healthcareimprovementscotland.org.

3.5 Following the publication of the local report, an action plan was developed and is being progressed through the Sexual Health Management Team and the Sexual Health Standards Steering Group (copy attached).

3.6 NHS Fife met 50% of the criteria assessed, at the time of the submission (January 2011) and review, however significant progress has been made in the following nine months.

4. SEXUAL HEALTH FIFE ANNUAL REPORT

4.1 This is Sexual Health Fife’s first annual report which will demonstrate the significant work being taken forward within the service as part of our processes for ensuring governance and continuous quality improvement.

4.2 This has been a considerable time of change for Sexual Health Fife and this annual report offers all staff in the service the opportunity to celebrate the progress that has been made and highlight some of the key challenges and development opportunities that will be embraced over the coming year.

4.3 Cognisance has been given to key national and local strategies and priorities to ensure that there is synergy in the work that is being taken forward in Sexual Health Fife to support delivery of corporate objectives.

4.4 The NHS quality standard is the underpinning framework that has been used to structure this report. Consideration will be given to all six dimensions of quality to outline how the sexual health service is delivering a service that is:

- Safe
- Effective
- Efficient
- Equitable
- Timely
- Person Centred

4.5 The report also contains the work plan for 2011/2012.

5. RECOMMENDATION

5.1 The Committee is asked to:

- Note the content of this paper
- Note the Sexual Health Fife annual report

REPORT BY:  HEATHER BETT
CLINICAL SERVICES MANAGER
### QIS Local Report Sexual Health Actions

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<th>Actions</th>
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| **Standard 1**  
A comprehensive range of specialist sexual health services provided locally and individuals with the greatest need are treated as a priority | 1.1 Integrate a local specialist sexual health service which offers, as a minimum, a full range of contraception options, facilities for the diagnosis and treatment of all sexually transmitted infections in both men and woman, and HIV testing and counselling | Resolve barriers to integration and rapidly progress plans to ensure patients receive a comprehensive service across all sexual health service locations  
• Common set of sexual health protocols including patient referral pathways for all groups | ▪ Work is already underway to develop competencies, training programme and other skill mix review  
Further review skill mix  
▪ A list of all protocols in use in the dept to be developed and staff to identify those which would be most useful to be updated and a programme to update developed  
KP confirmed that a meeting had taken place and that updated protocols would be circulated for comment by mid-Jan  
• Common NHS Fife Sexual Health branding  
▪ All services to be known as “Sexual Health” with immediate effect. Staff to act as ambassadors  
▪ Input into NaSH in a consistent and comprehensive way  
▪ A minimum data set for NaSH to be agreed  
Data fields to be audited 6-monthly | JT/MC | Jan 2012 |
| | | | | KP | Jan 2012 |
| | | | | HB | Complete |
| | | | | IB | Complete |

Page 17 of 113
<table>
<thead>
<tr>
<th>Standard</th>
<th>Criteria</th>
<th>Recommendation</th>
<th>Actions</th>
<th>Lead</th>
<th>Timescale</th>
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| **Standard 1 (cont’d)** | 1.2 Minimum of 2 full days per week of [integrated local specialist sexual health service provision available within 30 minutes travel time from each settlement of over 10,000 people](#) | As per part 1 above | ▪ Actions above will lead to integrated clinics to ensure that there are a minimum of 2 full days per week  
This requires staff to be fully trained and will be reviewed when the training is complete. | HB | Jan 2012 |
| **Standard 2** | 2.1 NHS Board has a system in place to identify the diverse sexual health information needs of its population and to respond to those needs appropriately using relevant information formats | Complete Communications Strategy  
Information needs of patients  
Work to provide comprehensive and up-to-date electronic information on sexual health to the public. Meet specific information needs of adults within the LGBT community | ▪ Work underway to develop Communications Strategy  
Draft has gone to SHSG for approval. Workplan requires some shaping.  
▪ Work underway to gather information needs of patients SH Week, WADS, Summer Keep Safe Campaign and providing services. Focus on 20-29 yr old population in areas of deprivation.  
▪ Branding being considered.  
▪ Work underway to resolve website issues.  
▪ Work on LGBT Charter has started. | YK/HB | Sept 2011  
| | | | | | Mar 2012  
| | | | | | Mar 2012  
<p>| | | | | | Mar 2012 |</p>
<table>
<thead>
<tr>
<th>Standard</th>
<th>Criteria</th>
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<th>Actions</th>
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</table>
| **Standard 2 (cont’d)** | 2.2 There are clear and effective arrangements to ensure accurate information describing sexual health conditions and local service provision arrangements. The information details links with partner organisations outside the NHS, such as local authorities | Develop an overarching process to ensure accurate information is available | ▪ To be developed  
 HB to contact other boards to see how this is done  
 ▪ Work underway to develop Communications Strategy  
 ▪ Work underway to resolve website issues. | YK/HB | Sept 2011 |
| | | Communications Strategy  
 Website | | YK/HB | Sept 2011 |
<p>| | | | | YK/HB | Mar 2012 |
| <strong>Standard 4</strong> Individuals who are diagnosed with a sexually transmitted infection see an appropriately trained member of staff to organise partner notification (contact tracing) | 4.1 A sexual health adviser or a professional trained and supported by a sexual health adviser (e.g., a practice nurse), is available to all individuals diagnosed with Chlamydia or gonorrhoea | Work to ensure GPs are aware of and follow referral procedures to enable patients to be fully supported by the Sexual Health service | ▪ To be developed | MC/HB | Mar 2012 |
| | 4.2 Individuals are offered partner notification in all settings delivering sexual healthcare, including in Primary Care, youth services and Community Pharmacies | Work with Primary Care to increase the rate of partner notification | ▪ To be developed | MC | Mar 2012 |</p>
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<th>Criteria</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td><strong>Standard 5</strong>&lt;br&gt;Individuals attending for ongoing HIV care are offered high quality sexual and reproductive healthcare to improve personal wellbeing and to minimise the risk of transmitting infections to others.</td>
<td>5.1 90% of adults receiving ongoing HIV care have the result of syphilis serology taken within the preceding 6 months recorded in their HIV records, or documentation why this is not required updated at 6 monthly intervals</td>
<td>Consistency between Sexual Health and ID</td>
<td>Re-audit to assess if change in practice has improved performance. &lt;br&gt;Audit sent to HB – numbers have increased. Move to NASH will make it easier to get data.</td>
<td>IB</td>
<td>Sept 2011</td>
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<td></td>
<td>5.3 80% of adults receiving ongoing HIV care have an offer of a sexual health screen at least once every 12 months</td>
<td>Offer sexual health screening within ID Services</td>
<td>Undertake relevant audit &lt;br&gt;Hold until Lead Clinician in place</td>
<td>IB</td>
<td>Sept 2011</td>
</tr>
<tr>
<td><strong>Standard 6</strong>&lt;br&gt;Women receive safe termination of pregnancy with minimal delay, followed by contraceptive advice and psychological support</td>
<td>6.1 70% of women seeking termination of pregnancy undergo the procedure at 9 weeks gestation or earlier</td>
<td>HB to transfer to Women and Children &lt;br&gt;ISD data for 2010 indicates that the rate achieved under 63 days has dropped to 60.5%. &lt;br&gt;An action plan will be developed with Obs/Gynae</td>
<td></td>
<td>Oct 2011</td>
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<tr>
<td>Standard</td>
<td>Criteria</td>
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<tr>
<td><strong>Standard 7</strong>&lt;br&gt;Men who have sex with men who are at risk of sexually transmitted hepatitis B are offered vaccination.</td>
<td>7.2 Men who have sex with men have a choice of where Hepatitis B vaccination is available, the protocol to promote Hep B vaccination of all individuals at outside specialist services</td>
<td>Review practice of referring patients to GPs with a view to treating within the specialist service</td>
<td>- ID to commence Hep B vaccination – speak to Dr J Wilson&lt;br&gt;- HB to write to Medical Directorate&lt;br&gt;- Train nurses&lt;br&gt;- Develop PGDs for Hep B&lt;br&gt;Has been raised at Treatment and Care Meeting – no progress so far.&lt;br&gt;- Identify routes into MSM to engage with them&lt;br&gt;- Needs assessment re BBV in general&lt;br&gt;- ISD Data</td>
<td>HB</td>
<td>Aug 2011</td>
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<td>Expand choices available to MSM accessing Hep B and other health promoting activities, such as risk reduction and sexually transmitted infections</td>
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<tr>
<td><strong>Standard 8</strong>&lt;br&gt;All individuals have access to intrauterine and implantable methods of contraception.</td>
<td>8.2 60 or more females per 1,000 females of reproductive age per year are prescribed intrauterine and implantable contraceptives</td>
<td>Continue to work with GPs and specifically target GPs, in particular when there is a low update</td>
<td>Continue to train GP’s as and when required&lt;br&gt;- LARC Action Plan&lt;br&gt;LARC figures from ISD did not show the expected improvement, however, local investigation shows improvement in some locations</td>
<td>KP/HB</td>
<td>Ongoing</td>
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<tr>
<td>Standard 8 (cont’d)</td>
<td>8.4 A consultation appointment with a service providing intrauterine and implantable contraceptives is available within 5 working days</td>
<td></td>
<td>• Re-audit</td>
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<td>• Action Plan</td>
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<td></td>
<td></td>
<td></td>
<td>Need for telephone counselling to be increased</td>
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4 January 2012
Contents

1. Introduction 3

2. Integrated Sexual Health Service 4-5

3. Clinic Activity 6-7

4. Patient Satisfaction 8-9

5. Development of NaSH within Sexual Health Fife 10-11

6. Quality Improvement Scotland – Sexual Health Standards 12

7. Key Clinical Indicators
   7.1 HIV 13
   7.2 Men who have Sex with Men 14
   7.3 Chlamydia 14
   7.4 Provision of Long Acting Reversible Contraception 14
   7.5 Termination of Pregnancy Services 15-16
   7.6 Sexual Health Specialist Link Nurse 16-17

8. Training
   8.1 Medical Staff 18
   8.2 Nursing Staff 18
   8.3 Training and Teaching – NHS Fife-wide 19
   8.4 Research 19

9. Contribution to/Involvement in Wider NHS Activities 20

10. Audit and Research
    10.1 Contraception and Sexual Health (CASH) 21
    10.2 Genitourinary Medicine (GUM) 21
    10.3 Sex and Relationship Education (SRE) 22

11. Work Plan 2011/12 23

Appendices

Appendix 1 – List of QIS Standards

Appendix 2 – Training Programme

Appendix 3 – Work Plan
1. Introduction

This is Sexual Health Fife’s first annual report which will demonstrate the significant work being taken forward within the service as part of our processes for ensuring governance and continuous quality improvement.

This has been a considerable time of change for Sexual Health Fife and this annual report offers all staff in the service the opportunity to celebrate the progress that has been made and highlight some of the key challenges and development opportunities that will be embraced over the coming year.

Cognisance has been given to key national and local strategies and priorities to ensure that there is synergy in the work that is being taken forward in Sexual Health Fife to support delivery of corporate objectives.

The NHS quality standard is the underpinning framework that has been used to structure this report. Consideration will be given to all six dimensions of quality to outline how the sexual health service is delivering a service that is:

- Safe
- Effective
- Efficient
- Equitable
- Timely
- Person Centred

Each piece of work demonstrated within this report will be directly linked back to the quality strategy to demonstrate what dimension(s) it supports delivery against. The following key will be used for this purpose:

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2. Integrated Sexual Health Service

Sexual Health Fife has been developed by bringing together two different specialities, namely genitourinary medicine and contraception and sexual health.

In 2002 a proposal was set out for an integrated sexual health service which outlined a hub and spoke model for the management and provision of sexual health services.

During 2010/11 significant progress has been made towards achieving this model. Through work with the organisational development department, the sexual health team has developed a philosophy of care:

“Sexual Health Fife is a friendly, confidential service working together to meet your sexual and reproductive health needs”

To enable the staff to achieve this philosophy, the following work has been developed:

(i) Dual Competencies

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To ensure that all staff are competent to provide the broad range of services required within an integrated service, a set of competencies have been developed for trained and untrained nursing staff. During 2010/11 staff will assess themselves against these competencies to determine their training requirements.

(ii) Training Programme

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a) Nurse Training
A monthly trained nurse training session has been developed, which allows staff the opportunity to present on topics of interest.

b) Medical Staff Training
Doctors within Sexual Health Fife are in the process of undertaking a rotation within the service to ensure that they are competent in all aspects of sexual healthcare.

(iii) Appointment of a Clinical Lead

To provide leadership to the clinical team, Dr K Piegsa was appointed as clinical lead.

The post of lead nurse was also identified, however, attempts to fill this post were unsuccessful. This will be re-visited in 2011/12.
(iv) Development of Joint Clinics

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The most significant progress towards offering an integrated service to patients was the development of joint drop-in clinics at Dovect Clinic in Glenrothes and Carnegie Clinic in Dunfermline.

The clinics established a model of drop-in clinics for patients with any sexual health needs. The clinic was staffed with two sexual health practitioners, one with experience in contraception and one with experience in genitourinary medicine. Whilst initially staff attended to the patients within their area of expertise, as staff have developed their competencies, cross over of patients occurred.

Dovect Clinic was traditionally a female only clinic, however, following the development of drop-in clinics, a third of the patients attending the clinics are male. In addition, Dovect clinics had been primarily for contraception, however at the drop-in clinics 50% of the patients attending the clinic are attending for STI screening. This indicates that, by developing these clinics, access to sexual health services has increased for patients in the Glenrothes locality.

With regard to the drop-in clinics at Carnegie Clinic, two sessions have been developed. As with Dovect, Carnegie Clinic was traditionally a contraception and sexual health clinic. The weekly clinics have seen around 400 patients (15 patients per clinic).

(v) Development of Integrated PGDs

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Several sexual health nurses are independent nurse prescribers. The remaining nurses are working to PGDs. All existing PGDs for contraception and antibiotic/anti-fungal medicines are being adapted to allow them to be used across the Sexual Health Service.

New PGDs for the treatment of genital herpes and genital warts are in the process of being developed. In addition, a further PGD for Hepatitis B vaccination is under discussion.
3. **Clinic Activity**

3.1 During 2010/11 clinic activity continued to be recorded as:

- Contraception and Sexual Health (CASH)
- Genitourinary Medicine (GUM)
- Integrated Clinics (4 clinics per week)

3.2 **CASH Clinic Activity**

A total of 11,311 patients attended CASH clinics throughout Fife during 2010/11. This shows a decrease of 25% on activity compared to 2009/10. There are a number of reasons for this:

(i) **NaSH**
   The implementation of NaSH required a reduction in the number of patients seen in every clinic. Initially this was from 20-minute appointments to 40-minute appointments to accommodate the speed of the computer system and the staff's familiarity with the system. The timescale has subsequently been changed to 30-minute appointments.

(ii) **Change of Clinics**
   Three CASH clinics have been re-designated as integrated sexual health clinics (two at Dovecot and one at Carnegie), therefore, the activity at these clinics has been included in other statistics. For example, Dovecot attendances have dropped by 44%, however 2/5ths of the activity has been recorded elsewhere.

   However, DNAs have reduced from 21% to 16.7%. This is, in part, due to the decision to stop making review appointments for IUDs and repeat appointments for routine contraception.

3.3 **GUM Clinic Activity**

Within GUM 5,412 patients attended the service. This is a reduction of 21% and again is due to the impact of NaSH and the throughput of patients, as well as the development of integrated clinics which have resulted in GUM staff providing services for Dovecot Clinic and Carnegie Clinic.

A weekly GUM clinic was established at Carnegie in September and this clinic has seen 76 patients.

The DNA rate within GUM was 33.7% in 2010/11 compared to 34.5% in 2009/10. In order to address this high DNA rate, a number of drop-in clinics will be established in 2011/12 to allow open access to the service.

3.4 **Integrated Clinic Activity**

The service developed four drop-in clinics across Fife and the activity within these clinics has been significant. The clinics (twice weekly) at Dovecot Clinic commenced in July 2010 and since that date around 900 patients have been treated.
The weekly clinic at The Beeches started in September 2010 and has seen 450 patients, while the weekly clinic at Carnegie Clinic has seen around 410 patients.

It is anticipated that drop-in clinics will form a significant aspect of service provision moving forward. This is due to the high DNA rate experienced in booked clinics.

3.5 Total Activity - 2010/11

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<tr>
<th>Service</th>
<th>Q1</th>
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<tbody>
<tr>
<td>CASH</td>
<td>1,311</td>
</tr>
<tr>
<td>GUM</td>
<td>412</td>
</tr>
<tr>
<td>Drop-In</td>
<td>750</td>
</tr>
<tr>
<td>Total</td>
<td>8,473</td>
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When compared with activity in 2009/10, this indicates a 15% overall reduction in activity which can be accounted for by the move from 20-minute appointments to 30-minute appointments to accommodate NaSH as this has resulted in a loss of a third of all appointments.

The challenge for 2011/12 is to maintain the activity and increase across the services. It is anticipated that this will be achieved through the introduction of drop-in clinics and the use of technology to remind patients of their appointments in an attempt to improve the DNA rate.

3.6 Waiting Times

On average the waiting times throughout the year for a GUM appointment have been two weeks or less. With regard to access for priority conditions, 100% of patients are seen within two working days (see Item 4.1.3).

Within CASH, waiting times for appointments are significantly longer particularly for long acting reversible contraception.

There is a need to ensure that the move to drop-in clinics does not disadvantage patients who routinely attend for contraception, smears etc who may prefer to attend on a given date and time. This will be monitored over the coming year.

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4. Patient Satisfaction

4.1 Audit of Clinic Appointments

4.1.1 Standard 1.3 of the QIS sexual health standards requires 80% of individuals with priority sexual health conditions are offered the opportunity to be seen within 2 working days of initial contact with the specialist sexual health service.
In addition, Standard 8 criterion 8.4 requires a consultation appointment with a service providing intrauterine and implantable contraception is available within 5 working days.

4.1.2 In order to evidence compliance with these standards, an audit was undertaken in November 2010 over a 4-week period. During that time a total number of 67 clients presenting with a sexual health priority condition were included in the audit.

<table>
<thead>
<tr>
<th>Priority Sexual Health Conditions – ranked</th>
<th>No (%)</th>
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<tbody>
<tr>
<td>Individuals with symptoms suggestive of an acute sexually transmitted infection (eg genital pain or ulceration, genital discharge or systemic symptoms suggestive of a sexually transmitted infection or HIV seroconversion)</td>
<td>22 (32.7%)</td>
</tr>
<tr>
<td>Request for IUD / IUS / Implanon</td>
<td>12 (17.9%)</td>
</tr>
<tr>
<td>Women who have run out of hormonal contraceptive supplies or who are late for a contraception injection</td>
<td>9 (13.4%)</td>
</tr>
<tr>
<td>Individuals who have had sexual contact with a person known to have been diagnosed with an acute sexually transmitted infection</td>
<td>9 (13.4%)</td>
</tr>
<tr>
<td>Individuals who have been diagnosed with an acute sexually transmitted infection</td>
<td>9 (13.4%)</td>
</tr>
<tr>
<td>Requests for emergency contraception or termination of pregnancy</td>
<td>3 (4.5%)</td>
</tr>
<tr>
<td>Recent sexual assault</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Recent HIV or Hepatitis B exposure</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Not a priority condition</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Individuals aged less than 16 years</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

4.1.3 The results indicated that 80% of patients were seen within 2 working days (excluding weekends) for priority sexual health conditions.

4.1.4 With regard to appointments for LARC methods, only 58% of the clients included in this audit were seen within 5 working days.

4.1.5 As a result of this audit, an action plan has been developed and work is ongoing to improve performance against these targets.
4.2 St Andrews Community Hospital

A patient survey was undertaken with patients attending St Andrews Community Hospital sexual health clinics to establish if patients would prefer a drop-in clinic or a known appointment time.

Sixty-two patients took part in the survey and 50% of them indicated that they would prefer a known appointment time. As a result, the decision was taken to continue with booked clinics.

The DNA rate for the clinic continues to be high; however this will be addressed in other ways such as texting patients to remind them of their appointment.

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5. Development of NaSH within Sexual Health Fife

5.1 Introduction

NaSH is a National Sexual Health IT system which has been implemented across many Health Boards in Scotland. It allows strict confidentiality to all patients attending the service, keeping it a separate system from any other e-Health system. It does allow the transfer of electronic patient information across other sexual health departments in Scottish Health Boards with patients’ permission.

There are two aspects to the NaSH system, a facility to manage appointments through a scheduling facility and a clinical aspect allowing a full electronic patient record. Prior to the implementation of NaSH, patients could only contact a clinic to make an appointment whilst the clinic was running and could not gain access to appointments in other locations.

In addition, patients could have multiple notes because they attended at a variety of locations. This could give rise to clinical risk as notes may not be available when the patient was seen.

5.2 Progress in 2010/11

NHS Fife implemented the system on 1 March 2010 at The Beeches Centre, Forth Park Hospital and St Andrews Community Hospital, initially with the appointment scheduler only. This gave the benefit of electronic appointment booking, allowing staff to easily find the next available appointment slots specific to patient needs. It also allowed patients to make appointments Monday-Friday 8.30am-4.30pm, rather than only being able to make these during clinic hours.

In May 2010 The Beeches then implemented the use of the special forms within NaSH, allowing clinical information to be captured electronically. These included medical, family, social, sexual and reproductive history taking.

At the beginning of June 2010 Carnegie Clinic and Queen Margaret Hospital adopted the system, with Dovecot Clinic in Glenrothes, Randolph Wemyss Memorial Hospital in Buckhaven and Cowdenbeath Clinic following at the end of June. This gave patients the flexibility to book into various clinics in Fife by contacting just one telephone number.
In September 2010 the roll out of more of the special forms took place across all clinics which included prescribing, requesting of tests, recording of procedures and using checklists and letters that are pre-loaded into the system. At this point the real benefits of the system were being recognised which allowed prescribing across sites, notes accessible from separate venues on the same day and the production of some simple data reports.

5.3 **Plans for 2011/12**

There is still ongoing work on the link between NaSH and the labs which will allow results to be imported directly into a patient’s NaSH record rather than a paper result being sent to the clinic.

There is still ongoing work Scotland-wide to improve the functionality of NaSH, in keeping with concerns identified by various health boards.

Apart from the paper results that are held within the department, as from 1 January 2011 the service ceased the use of paper case records, using NaSH as the only means of recording patient consultations. In the future, reports can be created from this starting point on a range of aspects that has never been available to the service before.

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6. **Quality Improvement Scotland – Sexual Health Standards**

6.1 **Introduction**

Quality Improvement Scotland (QIS) issued a set of standards for sexual health services in 2008 and set in place a process of self-assessment and peer review to take place during 2010/11.

Within Sexual Health Fife, a steering group was established in 2009 to carry out a baseline assessment of the service against the standards and establish work plans to take forward the activities required to meet the standards.

There are nine standards (see Appendix 1) and on this occasion QIS opted to review only some of the associated criteria.

6.2 **Outcome**

Sexual Health Fife’s review was undertaken on 10 March 2011 and the final report is outwith the scope of this report. However, at the end of the review day, the review group identified the following:

**Overview**

Various good plans – but how do we take these forward?
Awareness of particular challenges
Integration – implement one common set of actions across the entire service
Challenge to gather and use data to inform service delivery
Strengths
Specific interventions – young persons hub/website, LGBT, combined drop-ins
Targeting areas of deprivation
Improved access to abortion
Multi-agency training

Challenges
Integration
Work with Men who have Sex with Men
Adult Lesbian, Gay, Bi-sexual and Transgender population
Achieving Long Acting Reversible Contraception target

Other points raised during the review
Accredited Health Advisers training
Contraception and pre-conception care for women with HIV
TOP counselling to be made available/obvious
Practice of referring MSM to GP for Hep B
Training of ID nurses to undertake sexual health screen

6.3 Plans for 2011/12
An action plan will be developed and will be the focus of activity of 2011/12.

A number of the sexual health team participated in reviews of other Health Boards which provides an opportunity to learn more about how services are provided elsewhere.

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7. Key Clinical Indicators

7.1 HIV

7.1.1 Update for 2010/11
Within sexual health there is a cohort of 20 patients, this shows an increase of 21% on 2009/10.

7.1.2 Areas of Future Development
The number of those diagnosed with HIV in Fife continues to rise and, in view of the Sexual Health Strategy and the QIS HIV and Sexual Health recommendations, the following actions have been identified:

- Work more closely with other agencies, principally Infectious Diseases
- Build up a strong multi-disciplinary workforce across agencies
- Continue to increase expertise of nursing staff
- Encourage increased testing in community and other hospital specialities
- Increase awareness of ADI and those symptoms/signs indicative or suspicious of HIV in other services
- Increase awareness around HIV in at-risk groups and encourage testing

7.1.3 Condom Distribution Scheme (CDS)

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As well as Sexual Health Services, there are currently around 50 organisations across Fife registered as Condom Distribution Points, mainly from the voluntary sector, although there are also some GP practices registered.

Over the period April 2010 – March 2011, the CDS distributed almost 300,000 condoms to its Distribution Points, with Naturelle being the most popular condom, followed by Mixed Flavours and Extra Strong.

The CDS has been operating in Fife for the past 15 years. It was initially set up in response to the HIV ‘crisis’ but now encompasses wider aims, such as the prevention of unwanted pregnancy and to stop the transmission of STIs (including HIV). In 2010, a number of changes were made to the CDS following a small-scale review of service provision. These changes were as follows:

- The full and half-day training courses have been replaced by a 2-hour briefing session which focuses on the mechanics of the Scheme, such as how to order and the paperwork required. If an individual feels they require more general sexual health awareness, they are encouraged to attend one of our general sexual health training courses being delivered across Fife.
- Pregnancy testing is no longer offered through the Scheme.
- NHS Fife no longer undertakes any disclosure checks for new condom distributors.

### 7.2 Men who have Sex with Men

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The numbers of MSM seen in GUM/sexual health service continue to rise and GUM/sexual health service remains the only source of Hepatitis vaccination to this cohort in Fife. There is a requirement, therefore, to increase awareness in non-GUM/sexual health services around risk assessment to identify this at risk cohort.

Clear guidance and pathways around testing/treating/referral to GUM/sexual health services will be delineated and voluntary sector delivered support within Fife for MSM/HIV positive people will be developed.

Areas where services are requiring development are in relation to accessing Fife’s African population and MSM. 2010 saw the closure of Fife Men, the only MSM organisation in Fife. Discussions are currently underway with national 3rd sector organisations experienced in working with these two groups to provide or develop services and signpost to existing referral pathways.

### 7.3 Chlamydia

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An action plan for SIGN guideline 109 regarding Chlamydia has been developed and work is ongoing to take this forward.

Local data suggests that in non-sexual health services the right cohort is not being fully targeted and this will be addressed in 2011/12 in conjunction with the Laboratory and GPs.
7.4 Provision of Long Acting Reversible Contraception

The QIS standards for sexual health services set a standard for the uptake of LARC amongst women of reproductive age of 60 per 1,000 women.

KCI's produced by ISD in 2010/11 indicated that NHS Fife had achieved 46.1 per 1,000 women. To try to address this shortfall, a number of activities have been undertaken.

(i) Dr Piegsa, Consultant in Sexual Health, has trained a number of GPs in fitting LARC devices in order to increase the provision of LARC within Primary Care.

(ii) A mapping exercise has been carried out to establish where fitting was taking place to allow a focus on areas that had low levels of uptake.

(iii) One of the sexual health nurses has completed her training to allow her to fit IUDs, thus increasing capacity within the sexual health service.

(iv) A LARC Action Plan has been developed to promote the uptake of LARC within GP surgeries.

(v) An audit undertaken in January 2011 indicated that access to appointments for LARC did not meet the standards set by QIS, therefore work is underway to increase access to appointments.

7.5 Termination of Pregnancy Services

(i) Introduction
The ISD data for 2010/11 indicates that NHS Fife achieved 60.5% of women undergoing termination at 9 weeks or less gestation and in response to this actions have been taken to increase capacity in Termination of Pregnancy Assessment Clinics to ensure procedures are being carried out at less than 9 weeks gestation, as detailed below, with the aim of achieving 70%.

Referrals can be made via GPs/sexual health services or other professionals/young persons services (the Fife-wide Hubs) and appointments are made by telephone via main appointments at Victoria Hospital, Kirkcaldy or appointments can be made if referrals are sent by letter.

Assessment clinics which were previously run over two afternoons, accommodating only 20 women, are now held on a daily basis (Monday/Wednesday/Friday mornings and Tuesday/Thursday afternoons) and accommodate 28 women with no waiting list.

(ii) Service Improvements
Introduction of Early Discharge Termination of Pregnancy has shown an increase of four women per week. Clients attend Ward 3 Gynaecology at Forth Park Hospital on a Sunday morning for medication and return on the Monday morning for medication and information. A nurse calls the client at regular intervals once they have returned home.

Additional capacity in the Early Medical Termination of Pregnancy – increase to 6 women undergoing procedures on a Saturday and Sunday (three each day) at Forth Park Hospital Ward 3 Gynaecology.

Surgical Termination of Pregnancy procedures are carried out at the Day Bed Area,
Victoria Hospital on a Tuesday and accommodate 8 women. An additional 2 patients can be added to the gynaecology theatre list on a Wednesday resulting in a total of 10 procedures being available per week.

All GP practices/sexual health services in Fife were sent the new clinic timetables and information leaflets. These also detail an advice line to a link nurse for information or fast track priority service, if required, for Addiction clients/young people/gestation approaching 9 weeks due to referral delay.

(iii) **Use of LARC Methods**
There is a mechanism to ensure that all women are offered, at the time of termination of pregnancy, a range of contraceptives including implants or intrauterine methods, were appropriate, in addition to condoms.

At the Termination of Pregnancy clinic a medical and social history is taken which includes contraception used prior to pregnancy and the potential reason for failure. A discussion is then held in regard to future contraception with a focus on LARC methods – intrauterine methods, IUS/IUD or Implanon implants. All other methods are discussed and instructions/information leaflets are provided.

Patients are proactively encouraged to have a contraceptive method in place prior to the procedure. If a patient selects a LARC method, this can be fitted in one of the following:

- Early Discharge Terminations – in the ward setting prior to going home
- Early Medical Terminations – an appointment is made for her GP/sexual health clinic after the termination
- Surgical Terminations – at time of procedure in Day Bed Area
- Mid-trimester Terminations – in the Labour Suite or an appointment is made for her GP/sexual health clinic

Contraceptive pills/patches, together with instructions and leaflets, can be dispensed at the Assessment Clinic visit. Depo-Provera injections can be given at time of procedure.

(iv) **Post-Termination of Pregnancy counselling to provide psychological support is available within four weeks for women (and their partners) who request it.**

All information leaflets in regard to the specific procedure the patient is booked for has an advice line that can be used to access post-termination or pregnancy counselling. When a patient calls, the message is passed on to the relevant staff member who returns the call and a clinic appointment is made for a one-to-one consultation within a week of first contact. The appointments are available for both women and their partners and review contact or appointments can be booked if required. Referral to psychologists can be made if necessary. All patients and their partners who contact the service for counselling are seen within four weeks.

7.6 **Sexual Health Specialist Link Nurse**

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We have developed a Sexual Health Specialist Link Nurse post to work with vulnerable groups, including those vulnerable in pregnancy and looked after children.

A one-off project funded Band 6 nurse sessions for contraception and sexual health advice for ante-natal and post-natal addiction clients. This included home visits and follow-up appointments for long acting contraception where relevant. Referrals were also taken from Family Health Project Midwives for vulnerable clients for long acting contraception. To date, there is a caseload of 20+ clients on review. This service has been well received by clients who, once they have completed their review with the Drug Liaison Midwife, are happy to link with the Specialist Nurse for one-to-one follow-up in sexual health services.

Links have been made with Family Health Project Midwives who are involved with the care of women vulnerable in pregnancy (those with substance misuse issues) who receive intensive support on a one-to-one basis. The referrals received from this service were for termination of pregnancy and follow-up contraception, encouraging the use of LARC methods and to date four clients have been referred.

Schools and alcohol/drug agencies were sent invitation letters offering Specialist Nurse input in the form of drop-in sessions to offer advice, leaflets, condoms, teaching sessions or displays to raise awareness of contraception and sexual health and how to access sexual health services. The aim was to target young people to reduce the rising rates of sexually transmitted infections and teenage pregnancy.

Also included in the invitation were talks/presentations to professionals within schools/agencies to update their knowledge in current trends of sexual health and the services available for clients and how to access these.

Fast track priority access is available for looked after children, linking to the Health Psychology Project for Looked After Children. It is also available for vulnerable clients at all sexual health clinics via the Specialist Link Nurse.

8. Training

8.1 Medical Staff

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- CASH sessional doctors are currently being trained in GUM, with two have completed this training.
- First joint post of GUM/CASH sessional doctor established.
- The sexual health service now sees a continuous stream of medical students/FY trainees/GP trainees, with a total of 26 medical students from Dundee University and Edinburgh University sitting in on clinics last year.
- Plan to increase contact with St Andrews University.
- The Contraception and Sexual Health Service organises a provides practical DFSRH (Diploma of the Faculty of Sexual & Reproductive Health, previously known as Family Planning Certificate) training, as well as training in the ‘Letters of Competence (LoC)’ in subdermal implants (LoC SDI) and intrauterine techniques (LoC IUT) for doctors.

Approximately 35% of IUD and implant training is done as outreach training, ie training taking place in General Practice premises.
Due to the introduction of NaSH, training activity had to be reduced but it is anticipated that this will increase again.

Practical training activity 2010/11:–

General DFSRH : 2 trainees
LoC IUT (coil) : 5 trainees
LoC SDI (contraceptive implants insertion/removal) : 7 trainees

- Obstetrics and Gynaecology junior doctor and specialist registrar teaching on topics of contraception, sexual health issues, forensic gynaecology.
- Teaching sessions for GPST Core Medical Education Programme on topics of contraception.

8.2 Nursing Staff

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- Nurse educational meetings, led by nursing staff, have been established on a monthly basis and presentations are made on topics of interest.
- Two nurses have recently completed their nurse prescribing at Abertay University, bringing the total number of nurse prescribers up to seven. A Nurse Prescribers Group has been established.
- Post-registration family planning students have practical sessions within the department and there are 2 qualified assessors in the department.
- Pre-registration students have started placements and there are 2 qualified mentors within the department.
- Shadowing is taking place within the department.
- One CASH specialist nurse has been trained in IUD (coil) insertions.
- All CASH specialist nurses have been trained in subdermal implant insertions and removals.

8.3 Training and Teaching – NHS Fife-wide

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(i) Presentations given at NHS Fife-wide multi-disciplinary postgraduate update meetings and PLT sessions:

- 4.3.10 GP Update Meeting : Implanon User Forum
- 8.3.10 NHS Fife Sexual Assault Conference : ‘Health Response to Sexual Assault’
- 18.5.10 Pharmacist Emergency Contraception Update
- 24.6.10 GP Update Meeting : IUD (Intrauterine Contraception) Master class
- 26.8.10 Pharmacist Emergency Contraception Update
- 9.9.10 D&WF CHP Joint Locality Conference : Update in Contraception & GUM
- 9.9.10 K&L CHP PLT Teaching Session : Update in Contraception & GUM
(ii) A Fife wide programme of education and training has been co-ordinated through the BBV and Sexual Health Team and has included training on:-

- SHARE
- Understanding Sexual Health and Wellbeing
- Condom Distribution
- Sexual Health and Learning Disabilities
- Sexual Health Awareness for Youth Workers
- Understanding Sexual Health and Wellbeing (mainly for Social Workers)
- SRE for Primary Schools

Various sessions covering aspects of blood borne viruses (HIV, Hep B and Hep C) have been run for dentists, GP’s, NHS staff and various 3rd sector organisations and range from general awareness raising to dried blood spot testing.

The courses which were delivered across Fife during the period April 2010-March 2011 are shown in Appendix 2.

8.4 Research

Participation in EURAS (European Active Surveillance) Study for Intrauterine Devices - this is a multicentre post-marketing surveillance study. Approximately 200 patients have recruited since September 2009.

9. Contributions to/Involvement in Wider NHS Activities

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- Development of NHS Fife Guidelines (approved by Area Drugs & Therapeutics Committee, NHS Fife):
  - Contraceptive Prescribing
  - Emergency Contraception
  - Menopause and HRT
  - Use of FSH levels for diagnosis of menopause and assessment of contraceptive needs

- Advisory function to NHS Fife ADTC on cost-effective contraceptive pill prescribing. Authorship of article for Fife ADTC Bulletin on a new range of contraceptive pills to encourage cost effective prescribing in Primary Care (June 2011).

- Senior Medical Sexual Health staff acting as Clinical Expert Advisor for Scottish Medicines Consortium.


- Reviewer/advisor for Emergency Contraception PGDs for Pharmacists (PGD review).

- FSRH (Faculty of Sexual Health & Reproductive Health) : Examination Committee and Examiner for MFSRH (Membership of FSRH).
- Development of DFCASA (Diploma of Forensic Aspects of Sexual Assault) and Examiner for the Exam.
- Host the provision of psychosexual counselling
- Act as a resource to and work with GP colleagues to improve understanding of sexual health.

10. Audit and Research

10.1 Contraception and Sexual Health (CASH)

Current Audits:-

Audit of Users of Depo Provera – this audit looks at the assessment of women commencing Depo Provera and also on the assessment at follow-up. Depo Provera use is associated with a mild reversible loss of bone density and potential users of this method should be assessed for potential osteoporotic risk factors. With regard to long term use of Depo Provera, the FSRH (Faculty of Sexual and Reproductive Healthcare) advises that women should have a risk benefit assessment with regard to continuing Depo Provera use at least at 2-yearly intervals. The audit was undertaken by a Junior Doctor in Gynaecology under the supervision of Dr Piegsa. The audit is currently in the process of being written up.

- IUD (contraceptive intrauterine device) Insertion Audit – this audit is looking at patient demographic data, feasibility of inserting IUDs at first visit, need for pre-insertion testing for infection/outcome of testing, need for local anaesthesia/cervical dilation in relation to parity, incidence of intra-/post-insertion complications, patient experience/pain scores.
- Audit of Women with Lost IUD Threads – this audit looks at success rates of removal in an outpatient setting, applying similar parameters as in previous audit above.

Previous Audit Projects and Surveys:

- CASH Casenotes Audit – looking at the quality of documentation (August 2006, re-audit in 2010)
- Implanon Continuation Rates in CASH (February 2009)
- Mirena IUS Insertion in the Gynaecology Department – this audit was done by a Gynaecology Registrar under the supervision of Dr Piegsa (2010)
- IUD/IUS Continuation Rates in CASH (2010)

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10.2 Genitourinary Medicine (GUM)

- Sexual Assault Clinical Audit – patient management data in line with established standards/recommendations, however it was identified that there is a need for a standardised questionnaire and this is currently being tested.
- BBV Pre-test Counselling – identified lack of uniformity in data capture, matters counselled on and recorded. As a result, a pre-test counselling proforma was created. This will be re-audited in 2010/11.
- Post HIV Positive Result Counselling – audit showed lack of uniformity in data capture. As a result, a proforma was created and will be re-audited in 2010/11.
• PEPSI Audit – audit identified lack of uniformity in data capture. As a result, an updated proforma and departmental guidance will be produced.

• GC Clinical Audit – analysis pending.

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10.3 **Sex and Relationship Education (SRE)**

There have been two audits undertaken in Fife secondary schools focusing on the provision of SRE. The first audit was carried out in 2007 and was undertaken to ascertain what was currently being delivered across the curriculum and also to gather views on what the needs were deemed to be in order to deliver effective SRE to young people.

The main findings from the first audit were that SRE was being delivered in the majority of schools in Fife but that this was patchy. There was little consistency in terms of what was being delivered and who was doing the delivery, along with the use of a huge range of different resources. The audit also identified that the main topics focused on within SRE were very medical, e.g. prevention of pregnancy, Sexually Transmitted Infections etc, with little or no focus on other areas such as relationships.

Another main finding was the lack of training for those delivering SRE; this was identified as a huge issue. Funding was then brought into Fife from Learning Teaching Scotland which was used to deliver a programme of SHARE (Sexual Health and Relationships Education) training. This was primarily targeted at teaching staff but was also offered on a multi-agency basis so a wide range of other professionals took part, including school nurses, youth workers and staff from the voluntary sector. In total, 128 teachers have undertaken the 2-day SHARE course.

Following this training programme, a follow-up audit was undertaken in 2010. The main aim of this was to investigate what, if any, impact the SHARE training had had on the delivery of SRE across Fife secondary schools. The audit was undertaken in exactly the same way as the first one with very similar questions being asked; this was to enable as close a comparison as possible between the two audits.

This second audit found some positive results, the main one being the marked increase in the number of teaching staff delivering SRE who had now received training in the topic area, the training itself evaluated very highly. The majority of schools who responded also stated that they were using the SHARE programme as a basis for their SRE delivery in the school which was also part of the aims of the training. The topics covered had also expanded, with all schools reporting they now included relationships within their SRE curriculum, as well as information on sexual health services in Fife.
The audit did identify, however, continuing issues within SRE delivery across Fife, the main ones being around the need for continued and ongoing training for those delivering the topic, as well as the need for greater consistency both within and across schools. A recommendation from the 2010 audit was the need to focus on more vulnerable groups, eg young people with a learning disability and those who are absent from school. SRE provision in Fife will be moving towards this focus over the coming year.

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11. Work Plan 2011/12

The Sexual Health Service work plan is included in Appendix 3. This draws together all of the work the department will take forward in 2011/12.
NHS QUALITY IMPROVEMENT SCOTLAND
SEXUAL HEALTH SERVICE – STANDARDS 2008

SUMMARY

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
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<tbody>
<tr>
<td>Standard 1</td>
<td>Comprehensive provision of specialist sexual health services</td>
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<td>Standard 2</td>
<td>Sexual health information provision</td>
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<td>Standard 3</td>
<td>Services for young people</td>
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<td>Standard 4</td>
<td>Partner Notification</td>
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<td>Standard 5</td>
<td>Sexual healthcare for people living with HIV</td>
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<td>Standard 6</td>
<td>Termination of pregnancy</td>
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<td>Standard 7</td>
<td>Hepatitis B vaccination for men who have sex with men</td>
</tr>
<tr>
<td>Standard 8</td>
<td>Intrauterine and implantable methods of contraception</td>
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<tr>
<td>Standard 9</td>
<td>Appropriately trained staff providing sexual health services</td>
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Full Standards can be downloaded from:

http://www.healthcareimprovementscotland.org/previous_resources/standards/sexual_health_services_final_s.aspx
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<tr>
<th>Course Title</th>
<th>Course Content</th>
<th>Attended By</th>
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<tr>
<td>SHARE Training (2 days)</td>
<td>SHARE (Sexual Health and Relationships Education) is a nationally developed resource for SRE and the only one that has been tested and evaluated. SHARE training has been running in Fife since 2007/8 and, although aimed primarily at teaching staff, is offered on a multi-agency basis.</td>
<td>48 individuals attended in total 34 from Education 14 being a mix of school nurses, Hub nurses, voluntary sector and Fife Council employees</td>
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<tr>
<td>SHARE Special (Train the Trainers) (2 days)</td>
<td>As above, SHARE Special has been adapted to suit the needs of young people with mild to moderate learning disabilities. In order to increase capacity, it was agreed to undertake Train the Trainer training in Fife to enable more training within this topic area to be delivered.</td>
<td>11 individuals are now trained as SHARE Special trainers and work is progressing around using this group for rollout</td>
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<tr>
<td>Hepatitis C Training</td>
<td>This was an update on Hepatitis C for colleagues in the Primary Care sector.</td>
<td>7 individuals attended in total 5 GPs 1 Practice Nurse 1 Nurse Practitioner</td>
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<tr>
<td>An Introduction to LGBT</td>
<td>A basic introduction to issues surrounding LGBT populations and how services can make themselves accessible. This is delivered by LGBT Youth Scotland who are bought in to deliver the training.</td>
<td>10 individuals attended in total from a range of backgrounds but mainly from the voluntary sector</td>
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<tr>
<td>Condom Distribution (1 day or ½ day)</td>
<td>This was training which took place prior to changes made to the Condom Distribution Scheme in 2010 following a small scale review of service provision. Originally delivered as a full or half day course, this training is now delivered as a 2-hour briefing session.</td>
<td>A total of 80 individuals attended, this was a combination of multi-agency an in-house courses</td>
</tr>
<tr>
<td>Understanding Sexual Health and Wellbeing</td>
<td>This is our general introduction to Sexual Health and Wellbeing course which is often the first course participants will direct themselves to if they wish to find out more about this topic area. People will register for this course as a means of refreshing and updating their knowledge.</td>
<td>25 individuals attended in total, a large number were from Adult Services (Resources) with the remainder coming from Fife Council and the voluntary sector</td>
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<tr>
<td>Sexual Health Matters for People with Learning Disabilities (1 day)</td>
<td>This course focuses on the issues relating to sexual health and wellbeing for people who have some kind of learning disability or difficulty. It is targeted at those who are working this field supporting clients, rather than at people with learning difficulties themselves.</td>
<td>18 individuals attended, mainly from organisations working with this group (eg Richmond Fellowship) and also from Additional Support Needs teaching staff</td>
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<tr>
<td>Dried Blood Spot Testing</td>
<td>Training on how to administer dried blood spot testing in line with BBV work being undertaken in Fife</td>
<td>30 individuals from Addiction Services attended</td>
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### SEXUAL HEALTH FIFE - WORK PLAN

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<tr>
<th>SOURCE</th>
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<th>MEASUREABLE OUTCOMES</th>
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<tr>
<td>K&amp;L CHP Clinical Strategy</td>
<td>Increase patient participation/public responsibility</td>
<td>Carry out patient survey at The Beeches and use information to re-design service</td>
<td>HB</td>
<td>April 2011</td>
<td>An increase in the number of patients using the service and a reduction in DNAs</td>
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<td>K&amp;L CHP Clinical Strategy</td>
<td>Establish a way to gather views of young people about Sexual Health Service</td>
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<td>YK</td>
<td>April 2012</td>
<td>An increase in the number of under 20’s using the service across Fife</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy &amp; Staff Organisational Development</td>
<td>Workforce planning</td>
<td>Develop, agree and implement competencies for nursing staff</td>
<td>JT/HS</td>
<td>July 2011</td>
<td>Increased efficiency in clinics</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy &amp; Staff Organisational Development</td>
<td></td>
<td>Review staffing levels and staff mix in all clinics</td>
<td>JT/MC</td>
<td>July 2011</td>
<td>Increased efficiency in clinics</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy &amp; Staff Organisational Development</td>
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<td>Develop, agree and deliver nurse training across both disciplines to ensure a fully competent workforce</td>
<td>HS/SB</td>
<td>April 2012</td>
<td>Increased efficiency in clinics, More effective service to patients</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy &amp; QIS Standards &amp; Sexual Health Strategy</td>
<td>Ways of supporting General Practice and Primary and Community Care teams</td>
<td>Promote the uptake of LARC in GP practices and in other non-hospital settings</td>
<td>HB/KP</td>
<td>April 2012</td>
<td>ISD data should show an uptake in LARC</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy &amp; QIS Standards &amp; Sexual Health Strategy</td>
<td></td>
<td>Roll out SIGN Guideline 109 for Chlamydia in GP practices</td>
<td>IB/MC</td>
<td>April 2012</td>
<td>Increase in partner notification, Increase in Chlamydia testing in appropriate age group</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy</td>
<td>Improving Health – greater use of e-Health, tele-Health</td>
<td>Implement results reporting service</td>
<td>HB</td>
<td>Sept 2011</td>
<td>Uptake of patients accessing information</td>
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<tr>
<td>K&amp;L CHP Clinical Strategy</td>
<td></td>
<td>Continue to implement and develop use of NaSH in line with national drivers, eg web booking, kiosk registration</td>
<td>IB/KM</td>
<td>Ongoing</td>
<td>Improved use of resources, reduced DNA rate</td>
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<td>------------------------------------------</td>
</tr>
<tr>
<td>K&amp;L CHP Clinical Strategy</td>
<td>Develop models of care to deliver CHP options for future service delivery</td>
<td>Develop and implement transfer of services to WMB site</td>
<td>HB</td>
<td>March 2012</td>
<td>Services re-located</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review activity data to ensure services are provided in correct location</td>
<td>HB/KP</td>
<td>Ongoing</td>
<td>Increased uptake by patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with QMH Re-development Group to establish appropriate service provision</td>
<td>HB</td>
<td>March 2012</td>
<td>Services re-located</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review provision of Social Termination of Pregnancy services in light of move off site</td>
<td>JT</td>
<td>Jan 2012</td>
<td>New arrangements in place for STOP clinic</td>
</tr>
<tr>
<td>Staff Organisational Development Session</td>
<td>Develop integrated patient pathway for care and specialist services</td>
<td>To include common guidelines, protocols and standards</td>
<td>KP</td>
<td>Aug 2011</td>
<td>Staff have clear guidelines</td>
</tr>
<tr>
<td>Develop a Communications Plan for Sexual Health team</td>
<td>Development of common information documentation for service users</td>
<td></td>
<td>HB</td>
<td>May 2011</td>
<td>Staff feel there is improved communication</td>
</tr>
<tr>
<td>Review data set for NaSH</td>
<td>Identify a minimum data set Communicate this to all staff Undertake audit</td>
<td></td>
<td>KM</td>
<td>30 Apr 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>KP</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>IB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review access for appointments</td>
<td></td>
<td></td>
<td>HB</td>
<td>30 Apr 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>KM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOURCE</td>
<td>AIM</td>
<td>ACTIONS</td>
<td>LEAD</td>
<td>TIMESCALE</td>
<td>MEASUREABLE OUTCOMES</td>
</tr>
<tr>
<td>--------</td>
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<td>------</td>
<td>-----------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish marketing campaign</td>
<td>YK</td>
<td>Dec 2011</td>
<td>Programme of marketing activities in place</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop SHS brand with revised leaflets</td>
<td>YK</td>
<td>Dec 201</td>
<td>New leaflets available and brand communicated to Fife</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop website</td>
<td>HB</td>
<td>Sept 2011</td>
<td>Increased number of 'hits’ on website</td>
</tr>
<tr>
<td>Sexual Health Strategy Action Plan &amp; QIS Standards</td>
<td>Achieve LGBT Charter for specialist sexual health service</td>
<td>Prepare submission for evaluation</td>
<td>HB</td>
<td>March 2012</td>
<td>Charter achieved</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify training needs of staff</td>
<td>YK</td>
<td></td>
<td>Training programme in place</td>
</tr>
<tr>
<td>QIS Sexual Health Standards</td>
<td>Review the communities or individuals with specific needs within Fife</td>
<td>Undertake a health needs assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Establish priority groups and ensure service meets their needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improve the uptake of partner notification</td>
<td>MC</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop plan to work with GP practice nurses and pharmacies to improve partner notification and the onward referral</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual healthcare for people living with HIV</td>
<td>Review contraception arrangements for women with HIV</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review arrangements for women with HIV who want to get pregnant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOURCE</td>
<td>AIM</td>
<td>ACTIONS</td>
<td>LEAD</td>
<td>TIMESCALE</td>
<td>MEASUREABLE OUTCOMES</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>---------</td>
<td>------</td>
<td>-----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>QIS Sexual Health Standards (cont’d)</td>
<td>Aim to improve the percentage of women undergoing termination at 9 weeks or less</td>
<td>Audit current arrangements to find out where the delay is.</td>
<td>JT</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Improve uptake of contraception by women undergoing termination of pregnancy</td>
<td>Implement action plan</td>
<td>JT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 7.1

PATIENT/STAFF EXPERIENCE: COMPLAINTS REPORT
FOR THE PERIOD 1ST JULY TO 30TH SEPTEMBER 2011

1. INTRODUCTION

This report is a review of patient feedback received during 1st July to 30th September 2011. The focus of the report is on feedback received which may impact on patient safety and wellbeing. It also provides information about cases considered or concluded by the Scottish Public Services Ombudsman (SPSO) during the quarter.

The data used in this report has been sourced from the Complaints Module on the Datix Risk Management Software System and the quarterly reports produced by Scottish Public Services Ombudsman (SPSO).

2. ACTIVITY

2.1 Key Facts

During the reporting period there were 89,741 patient contacts, with 25 formal complaints received representing 0.03% of clinical interventions.

Percentage of formal complaints responded to within 20 days: 94%

2.2 Category of complaints

Chart 1: Complaints by Service – comparison to previous quarter
Chart 2: Category of formal complaints received – comparison to previous quarter

Please note that a complaint can have more than one category within it.

2.3 Outcome of complaints

Table 1: Outcome of formal complaints

<table>
<thead>
<tr>
<th>Outcome</th>
<th>June – April</th>
<th>July – September</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Partially upheld</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Fully upheld</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

3. SHARING & LEARNING

3.1 Complaints within CHP Upheld or Partially Upheld

To ensure that there is continued learning from the concerns raised by the patients and their relatives, a review is undertaken by the lead nurses and the associate nurse directors and the learning shared with our workforce as appropriate.

3.2 Recommendations from Scottish Public Services Ombudsman (SPSO) Reports related to Health Services

Administration

- That if a complainant decides to attend a different dentist, the Board refer him there and send him a copy of the referral letter before his appointment.
- That a health centre ensure that they have a protocol to deal with requests for urgent appointments or telephone conversations, and interim systems in place to record requests for emergency appointments or for telephone discussions with a doctor.
That a Board ensure that a written record is completed and filed after the completion of therapeutic sessions to comply with NHS record-keeping guidelines.

That a Board update the Ombudsman on action taken about out of hours reporting arrangements with a hospital, the protocol for using a CT scanner and written and verbal communication between consultants involved with a patient’s care.

That a GP apologise to a complainant for inappropriately asking a family to chase up his referral letter.

That a medical practice apologise for removing a woman and baby from the practice list without any prior warning, discussion or reasonable explanation.

Care and treatment

That a medical practice review their management of cases of recurrent skin infections in the light of relevant guidance.

That a Board ensure that sufficient communication tools are in place to ensure families and carers of patients at a hospital are informed of care and treatment issues.

That a Board remind staff of procedures for manual handling.

That a Board apologise for their failure and in recognition of the distressing, extenuating circumstances endorse it with a small financial payment.

That a Board apologise that a complainant was not seen by a specialist epilepsy nurse before being discharged from hospital.

That a Board emphasise to staff the importance of taking into account a patient’s medical history when prescribing drugs.

That a Board apologise for misplacing a sample and for the upset and distress this caused.

That a Board emphasise to nursing staff the importance of properly completing patient profile documentation.

That a GP maintains his records in accordance with the standard set out by the General Medical Council and provide confirmation that he will do so.

That a Board review documentation provided to patients about intrathecal Phenol injections and consider written materials.

That a Board provide the Ombudsman with a copy of their nutritional care strategy as outlined in the NHS Quality Improvement Scotland Clinical Standards for Food, Fluid and Nutritional Care in Hospitals and provide details of the action plan for a particular hospital.

That a Board put in place a plan to monitor the quality of record-keeping at a hospital, to ensure records are kept in line with the principles of good record-keeping outlined in the NMC Record Keeping Guidance for nurses and midwives.

That a Board ensures a doctor has established a tinnitus protocol for his patients.

4. RECOMMENDATIONS

4.1 The CHP Committee is asked to note the number of complaints received.

4.2 The CHP Committee is asked to note the key issues raised during the quarter and actions taken and to identify any additional actions that may be required.

REPORT BY: MARY PORTER
ASSOCIATE DIRECTOR OF NURSING
PATIENT/STAFF EXPERIENCE: STAFF ABSENCE REPORT

1. INTRODUCTION

This report follows the same format as previous absence reports, with narrative on the current activity and statistical information.

As reported in July 2011, work has continued to date to reduce sickness absence within NHS Fife. From April 2009, the HEAT target became a HEAT standard of 4% on an ongoing basis.

2. CHP ABSENCE POSITION

Details of the CHP’s percentage absence position for the 8 month period from 1 April 2011 to 30 November 2011 are provided below. The position again reflects a variable pattern. The CHP average for the period is 5.31%, with April being the best month so far in relation to attendance, when the percentage was 4.80% and the peak to date was in November when the percentage recorded was 6.30%.

Over the 8 months from April 2011 to November 2011, the following comparisons can be drawn between the CHP performance 2010/11, CHP performance 2009/10 and NHS Fife performance 2010/11.

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010/11</td>
<td>5.52%</td>
<td>5.17%</td>
<td>4.72%</td>
<td>4.61%</td>
<td>4.88%</td>
<td>5.45%</td>
<td>5.59%</td>
<td>5.86%</td>
</tr>
<tr>
<td>2011/12</td>
<td>4.80%</td>
<td>4.99%</td>
<td>5.09%</td>
<td>4.96%</td>
<td>5.16%</td>
<td>5.76%</td>
<td>5.49%</td>
<td>6.30%</td>
</tr>
<tr>
<td>Fife 2011/12</td>
<td>4.31%</td>
<td>4.76%</td>
<td>5.07%</td>
<td>5.08%</td>
<td>5.09%</td>
<td>5.05%</td>
<td>5.09%</td>
<td>5.59%</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Month</th>
<th>Local Services</th>
<th>Fife Wide Services</th>
<th>Improving Health Team</th>
<th>LTC &amp; MCN</th>
<th>Pharmacy Services</th>
<th>A&amp;C Services</th>
<th>Mental Health Service</th>
<th>KL CHP Total April-Nov 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>April ‘11</td>
<td>5.21%</td>
<td>1.04%</td>
<td>0.00%</td>
<td>4.50%</td>
<td>14.02%</td>
<td>1.28%</td>
<td>5.40%</td>
<td>4.80%</td>
</tr>
<tr>
<td>May ‘11</td>
<td>5.25%</td>
<td>1.64%</td>
<td>5.64%</td>
<td>4.69%</td>
<td>14.56%</td>
<td>2.70%</td>
<td>5.47%</td>
<td>4.99%</td>
</tr>
<tr>
<td>June ‘11</td>
<td>4.31%</td>
<td>2.48%</td>
<td>2.60%</td>
<td>4.68%</td>
<td>15.03%</td>
<td>2.18%</td>
<td>5.95%</td>
<td>5.09%</td>
</tr>
<tr>
<td>July ‘11</td>
<td>3.88%</td>
<td>2.07%</td>
<td>9.46%</td>
<td>4.84%</td>
<td>14.02%</td>
<td>2.31%</td>
<td>5.89%</td>
<td>4.96%</td>
</tr>
<tr>
<td>August ‘11</td>
<td>4.35%</td>
<td>3.24%</td>
<td>2.60%</td>
<td>2.77%</td>
<td>7.51%</td>
<td>2.84%</td>
<td>5.95%</td>
<td>5.16%</td>
</tr>
<tr>
<td>Sept ‘11</td>
<td>4.62%</td>
<td>5.41%</td>
<td>0.00%</td>
<td>0.34%</td>
<td>0.00%</td>
<td>3.92%</td>
<td>6.57%</td>
<td>5.76%</td>
</tr>
<tr>
<td>October ‘11</td>
<td>5.77%</td>
<td>4.45%</td>
<td>0.00%</td>
<td>0.54%</td>
<td>0.00%</td>
<td>3.97%</td>
<td>5.79%</td>
<td>5.49%</td>
</tr>
<tr>
<td>November ‘11</td>
<td>4.77%</td>
<td>4.84%</td>
<td>2.60%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.28%</td>
<td>7.50%</td>
<td>6.30%</td>
</tr>
</tbody>
</table>

4. **ATTENDANCE MANAGEMENT ACTIVITY**

As reported previously to the Committee, Managers and HR staff within the CHP are continuing to review areas of concern and to build on training previously undertaken. The HR Absence Management Tool is being used routinely to identify hot spots and ensure that the NHS Fife Management of Ill Health and Capability Policies are used appropriately. All of the initiatives previously reported to the Committee continue to be progressed and monitoring of the monthly absence figures will continue.

The NHS Fife Attendance Management Group has been re-established whose purpose and function is to provide strategic leadership and oversee the management of attendance across NHS Fife. It has to be emphasized that the Group is not there to take responsibility for or to replace the requirement for local management to manage absence on a day-to-day basis.

The group is chaired by the Director of Human Resources and the Board Nurse Director is also a member along with the Employee Director. Senior Management representation is involved from the Operational Division, all three CHPs and OHSAS.

At the meeting held on 15 December 2011 useful discussion was held in respect of the current Capability Policy and Procedure, shared learning from the experiences of colleagues and agreement on a range of specific actions to be taken forward in respect of attendance management. A briefing note from the meeting will be distributed throughout NHS Fife to make managers, staff and staff representatives aware of the issues discussed and addressed by the Group.

As a result of this meeting, the CHP is considering establishing a local attendance management group to enable more targeted action to be taken at a local level, as appropriate.
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.

The CHP Committee is asked to note the content of this report and the activity which is continuing in relation to attendance management.

REPORT BY:  BARBARA ANN NELSON
DEPUTY DIRECTOR OF HUMAN RESOURCES
# PATIENT/STAFF EXPERIENCE: CHP ANNUAL CONFERENCE

## 1. INTRODUCTION

### 1.1 The CHP Annual Conference for 2011 was held in November at The Bay Hotel, Kinghorn.

This paper provides the Committee with an overview of and feedback from the event.

## 2. THEME

### 2.1 The theme of this year’s Conference was Reshaping Care – Facing The Challenge.

This reflects the need over the next year or two for the CHP to develop, adapt and redesign its services to face the increasing demands that will be placed upon it e.g. in relation to the increase in the population and in particular the elderly.

The Conference gave attendees not only the opportunity to be updated on progress with current projects but also to contribute to the CHP’s future planning.

The tone of the Conference was set by our keynote speaker, Mr John Paterson, the Site Director for Diageo Plc in Leven. His experience in terms of change management leadership in relation to major redevelopment at the Diageo Levenmouth plant set an appropriate and useful tone for the Conference.

## 3. ATTENDANCE

### 3.1 A total of 237 people attended the Conference including speakers and those leading workshops. Attendees included staff from a wide range of NHS Services including Clinicians and Administrators, representatives from Fife Council, the Voluntary Sector, Patient Groups and the Public.

There were also 31 General Practitioners present which represents almost 50% of all the GP’s in the CHP. Their attendance was facilitated through the afternoon being designated a Protected Learning Session.

We also welcomed some of our colleagues from the Operational Division within some of the workshops.

## 4. WORKSHOPS

### 4.1 Attendees at the Conference were given the opportunity to attend 2 workshops out of the following list of topics:-

- Improve outcomes for patients with heart failure.
- Reshaping Older Adult Psychiatric Services.
- Reshaping Care for Older People.
- MSK Community Assessment and Treatment Centre.
- Digital Dictation
5. EVALUATION

5.1 “Appendix A” summarises the evaluation results from responses received from those who attended the Conference.

As can be seen all aspects of the Conference were considered to be good or excellent by the vast majority of attendees.

The Evaluation Report also highlights some of the comments received in relation to the Conference which will inform future improvements.

6. FINANCE

6.1 We are grateful to the Pharmaceutical Industry for the contribution which they make annually to the overall cost of the Conference. In return for this they are given the opportunity to discuss with Clinicians attending the Conference the products produced by their particular Company.

This year there were 13 Pharmaceutical Industry Representatives present.

Taking into account the contribution made by them, the cost of the Conference to the CHP was £1,820.

6. RECOMMENDATION

6.1 The Committee is asked to:-

• **Note** this Report on the Annual Conference.

REPORT BY: DR LES BISSET  
CLINICAL DIRECTOR, KIRKCALDY & LEVENMOUTH CHP
Kirkcaldy & Levenmouth CHP (KLCHP)

Annual Conference

“DID WE GET IT RIGHT FOR OUR STAFF AND STAKEHOLDERS?”

Evaluation Results

November 2011
Kirkcaldy & Levenmouth CHP (KLCHP) Annual Conference
Evaluation Results November 2011

“DID WE GET IT RIGHT FOR OUR STAFF AND STAKEHOLDERS?”

1 RESPONSE RATE: Number of evaluation forms = 160/202 (79% response rate)

<table>
<thead>
<tr>
<th>Reason for attending conference</th>
<th>Nos(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in topics covered</td>
<td>84 (53%)</td>
</tr>
<tr>
<td>Interest in theme of conference</td>
<td>52 (33%)</td>
</tr>
<tr>
<td>Interest in the parallel sessions</td>
<td>42 (26%)</td>
</tr>
<tr>
<td>Networking</td>
<td>32 (20%)</td>
</tr>
<tr>
<td>Supporting organisation/participants</td>
<td>29 (18%)</td>
</tr>
<tr>
<td>Location</td>
<td>24 (15%)</td>
</tr>
<tr>
<td>Interest in guest speaker</td>
<td>21 (13%)</td>
</tr>
<tr>
<td>Interest in exhibits/stands</td>
<td>20 (13%)</td>
</tr>
<tr>
<td>Timing of events</td>
<td>13 (8%)</td>
</tr>
<tr>
<td>Missing Data</td>
<td>14 (9%)</td>
</tr>
</tbody>
</table>

2 PARALLEL SESSIONS

Representative response rates: Comparison of the overall number of respondents with the number of participants who attended each of the sessions

<table>
<thead>
<tr>
<th>Parallel sessions attended by respondents compared with the representative percentage for each session</th>
<th>No of respondents (overall representative % number)</th>
<th>Representative % nos for each individual session</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Shaping Sexual Health Care</td>
<td>56/160(35%)</td>
<td>92%</td>
</tr>
<tr>
<td>The use of a care bundle to improve outcomes for patients with heart failure: the Fife experience</td>
<td>50/160(31%)</td>
<td>83%</td>
</tr>
<tr>
<td>Re-Shaping Child Protection</td>
<td>49/160(31%)</td>
<td>74%</td>
</tr>
<tr>
<td>Re-Shaping Care for Older People</td>
<td>42/160(28%)</td>
<td>98%</td>
</tr>
<tr>
<td>MSK: Community Assessment &amp; Treatment Centre</td>
<td>41/160(26%)</td>
<td>93%</td>
</tr>
<tr>
<td>Re-shaping care: Stroke MCN: recognition of patients with acute stroke</td>
<td>24/160(15%)</td>
<td>69%</td>
</tr>
<tr>
<td>Digital Dictation/Copyright</td>
<td>22/160(14%)</td>
<td>61%</td>
</tr>
<tr>
<td>Keeping Our Patients Safe</td>
<td>16/160(10%)</td>
<td>59%</td>
</tr>
<tr>
<td>Re-Shaping Care Mental Health Services/ Making Sense of the Drivers</td>
<td>6/160(4%)</td>
<td>25%</td>
</tr>
</tbody>
</table>
3 Respondents were asked to rate the following aspects of the conference:

![Bar chart showing overall combined percentage results rated "good to excellent".](image)

4 **GUEST SPEAKER**: respondents were asked to rate how they felt the guest speaker related to the conference theme

<table>
<thead>
<tr>
<th>Guest Speaker</th>
<th>Nos</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Yes, partially”</td>
<td>67</td>
<td>42%</td>
</tr>
<tr>
<td>“Yes, fully”</td>
<td>66</td>
<td>41%</td>
</tr>
<tr>
<td>“No, not all”</td>
<td>13</td>
<td>8%</td>
</tr>
<tr>
<td>Missing Data</td>
<td>14</td>
<td>9%</td>
</tr>
</tbody>
</table>

5 **SESSIONS**: respondents were asked to rate the parallel sessions & presentations

<table>
<thead>
<tr>
<th>Length of session</th>
<th>Nos</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Just right”</td>
<td>116</td>
<td>73%</td>
</tr>
<tr>
<td>“A little long”</td>
<td>22</td>
<td>14%</td>
</tr>
<tr>
<td>“Much too long”</td>
<td>7</td>
<td>4%</td>
</tr>
<tr>
<td>“A little short”</td>
<td>6</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentations</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Good”</td>
<td>87</td>
<td>54%</td>
</tr>
<tr>
<td>“Excellent”</td>
<td>46</td>
<td>29%</td>
</tr>
</tbody>
</table>

6 **Overall conference**: respondents were asked to rate the conference overall

<table>
<thead>
<tr>
<th>Overall conference</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>“Good”</td>
<td>83</td>
<td>52%</td>
</tr>
<tr>
<td>“Excellent”</td>
<td>38</td>
<td>24%</td>
</tr>
</tbody>
</table>
7 SUMMARY OF COMMENTS:

“Emerging Themes”

- Environmental
  - Ventilation/air conditioning (too hot)
  - Microphones in main hall (especially for the Sexual Health session)

- Location
  - Venue more central

- Annual Conference
  - Smaller conferences over the year with a more focussed approach (e.g. for individual disciplines)

- Sessions
  - Some of the rooms cramped (especially Family Room)
  - Sessions over running

Report compiled by
Avril Eardley
KLCHP Quality Improvement Co-ordinator
1. INTRODUCTION
1.1 NHS Fife Pharmacy Services are managed by Dunfermline & West Fife CHP for the whole of Fife and the Action Plan for that department (attached as Appendix 1) which was produced in July 2011 was discussed at the last meeting of the Kirkcaldy and Levenmouth CHP Clinical Governance Group.

Whilst this CHP is not responsible for leading on the delivery of the Action Plan, we nevertheless have a major contribution to make in several areas detailed within the Plan. It was, therefore, thought useful to bring the Action Plan to the attention of the CHP Committee.

It should be noted that the NHS Fife Pharmacy Services include the support given to our community hospital wards, our managed services and our GP Practices, but does not include community or “high street” pharmacies which are either independent contractors or parts of multiple retailers. They too, however, have a significant contributory part to play in the delivery of the Plan.

2. MAIN THEMES
2.1 As can be seen from the Action Plan, the main areas covered include the following:-
- Service changes/redesign.
- Continuing professional development.
- Patient focus/public involvement.
- Communications.
- Clinical effectiveness.
- Risk management.

Each of the objectives within these main themes have a designated clinical lead with responsibility to take an oversight on the delivery of that particular objective.

3. REVIEW PROCESS
3.1 The Dunfermline & West Fife CHP have a responsibility for the oversight of the delivery of the Action Plan across the whole of Fife.

The plan and in particular the individual objectives directly relating to this CHP are, however, regularly reviewed by our own CHP Clinical Governance Group and progress and decisions noted in the Minutes of that Group.

4. RECOMMENDATION
4.1 The CHP Committee is asked to:-

- note the NHS Fife Pharmacy Services Clinical Governance Action Plan.

REPORT BY: DR LES BISSET, CLINICAL DIRECTOR
KIRKCALDY & LEVENMOUTH CHP
## Service Changes/Redesign

<table>
<thead>
<tr>
<th>Title</th>
<th>Objective</th>
<th>Measure of Progress</th>
<th>Evidence</th>
<th>Lead</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Community pharmacies to routinely stock Fosfomycin</td>
<td>Reduced hospital admissions</td>
<td>Prescriptions dispensed in Primary Care</td>
<td>A Smith</td>
<td>December 2011</td>
<td></td>
</tr>
<tr>
<td>Just in Case Anticipatory prescribing</td>
<td>Reduced hospital admissions, OOH GP call-outs</td>
<td>Audit &amp; evaluation JIC SLWG minutes PLT &amp; CHP conference sessions</td>
<td>A Smith</td>
<td>June 2012</td>
<td></td>
</tr>
<tr>
<td>Chronic Medication Service (CMS) is rolled out and provided by all 83 community pharmacies.</td>
<td>Patients registered &amp; patients with a pharmaceutical care plan</td>
<td>Awareness sessions NES Events Pharmacy Champions Regular e-Pharmacy reporting Minutes of Champions meetings Minutes of CMS Implementation meetings</td>
<td>A Smith</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>Pharmacist Prescribers are supported to enable them to prescribe effectively and within their competence.</td>
<td>Peer review events NES Education events PEF &amp; PEC (practice education facilitator/co-ordinator)</td>
<td>No of clinics PRISMS data</td>
<td>A Smith</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>Review of medicines management arrangements across K&amp;L CHP</td>
<td>Use of medicines management tool and development of action plan</td>
<td>Action plan developed</td>
<td>Isobell Easson</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Development of strategic pharmacy plan</td>
<td>Meeting of pharmacy staff to develop and validate priorities</td>
<td>Development of action plan and staff engaging in process and delivering.</td>
<td>Evelyn McPhail</td>
<td>2 to 5 years</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
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</tr>
<tr>
<td>Review of skill mix of staff</td>
<td>Review all post as they become vacant to review skill mix with reference to strategic pharmacy plan</td>
<td>Review of job descriptions as appropriate</td>
<td>Evelyn McPhail</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Department to become paperless wherever possible.</td>
<td>Printing and stationary costs reduced and maintained.</td>
<td>All departmental forms, reports, minutes, action lists, information etc stored on the Pharmacy Services Shared drive and accessible to all or in protected folders where appropriate.</td>
<td>All</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Redesign of the Community Pharmacy Additional Service for Dispensing and Supervision of Methadone to a holistic Community Pharmacy Substance Misuse Service</td>
<td>New Service Specification accepted by Fife Chemist Contractors</td>
<td>All service providers fulfilling minimum training requirement and participating in regular service audit.</td>
<td>E. Hutchings</td>
<td>April 2012-March 2013</td>
<td></td>
</tr>
<tr>
<td>Redesign of the Community Pharmacy Additional Service for Needle Exchange to a Community Pharmacy Injecting Equipment Provision and Harm Reduction Service</td>
<td>New Service Specification accepted by Fife Chemist Contractors</td>
<td>All service providers fulfilling minimum training requirement and participating in regular service audit.</td>
<td>E. Hutchings</td>
<td>April 2012-March 2013</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
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<tr>
<td><strong>Continuing Professional Development</strong></td>
<td>Statutory requirement for pharmacists and registered technicians recording a minimum of 9 CPD entries per annum.</td>
<td>CPD submissions requests submitted timely and accurately.</td>
<td>Pharmacists and registered technicians remain registered with the General Pharmaceutical Council.</td>
<td>All Pharmacists and Registered Technicians</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Review of training needs and CPD requirements done during PDP and eKSF reviews annually and as opportunities arise</td>
<td>PDP / eKSF reviews</td>
<td>Feedback from General Pharmaceutical Council regarding CPD and records of training and feedback</td>
<td>Evelyn McPhail and line managers</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Meet education and training needs as identified via strategic pharmacy plan</td>
<td>Education and training subgroup to review</td>
<td>Delivery or facilitation of training</td>
<td>Education and Training Subgroup</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Community pharmacy staff are aware and up to date with new services, guidance etc</td>
<td>Rolling programme of educational events delivered to meet training needs.</td>
<td>Attendance at meetings and evaluation shared.</td>
<td>A Smith S Menzies</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Continuation of training events for community pharmacy staff in substance misuse related subjects.</td>
<td>Events planned for 2011 include Personal Safety and de-escalation techniques, Child Protection and Substance Misuse, Alcohol detox and relapse prevention.</td>
<td>Good attendance and evaluation</td>
<td>E. Hutchings</td>
<td>Last event planned for March 2011</td>
</tr>
<tr>
<td></td>
<td>Training on pharmaceutical aspects of Substance Misuse treatment for Addiction Service staff and Third Sector Agencies</td>
<td>Sessions included in planned staff training</td>
<td>Sessions delivered.</td>
<td>E. Hutchings</td>
<td>March 2012</td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
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</tr>
<tr>
<td>Patient Focus /Public Involvement</td>
<td>To provide information on pharmacy services to patients and the general public.</td>
<td>Event attended well by mix of students.</td>
<td>Carnegie College information event attended in May 2011.</td>
<td>N.Bate/F. Forsyth</td>
<td>May 2011</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key messages determined. Posters designed for use within community pharmacies/GP surgeries</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Making these resources available across NHS Fife</td>
<td></td>
<td>I Wright</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Increase the awareness of patients and the public of the services provided through community pharmacy and the process for awarding new community pharmacy contracts.</td>
<td>Involvement in Fife Drug Forum and ADP identification and development of appropriate service user groups</td>
<td>More PPF members indicating their interest in pharmacy. Additional lay members for the Pharmacy Practices Committee recruited.</td>
<td>E McPhail</td>
<td>November 2010</td>
</tr>
<tr>
<td></td>
<td>Work toward Service User involvement in Substance Misuse service evaluation and audit</td>
<td></td>
<td>Progress in Service User Involvement across Substance Misuse services</td>
<td>E. Hutchings</td>
<td>ongoing</td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
<td>Evidence</td>
<td>Lead</td>
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<tr>
<td><strong>Develop participation by community pharmacy in “shared care” of patients by use of Partnership Agreement across substance misuse services</strong></td>
<td>Improved communication between substance misuse services and community pharmacy</td>
<td>All patients with Partnership Agreement in place and communication facilitated by access to new Addiction Service web based patient management system.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communications</strong></td>
<td>To keep community pharmacies and acute sites aware of development of pharmacy services</td>
<td>Feedback from newsletters</td>
<td>Fife Pharmacy News produced 4/5 times per year, Staff N Nonsense magazine, Intranet</td>
<td>N Bate/ F Forsyth</td>
<td>ongoing</td>
</tr>
<tr>
<td></td>
<td>To keep general public informed of development of pharmacy services and celebrating success</td>
<td>Coverage within local Fife newspapers, Fife Life, online sites and Pharmaceutical Press</td>
<td>Publishing of press releases throughout year on projects such as stop smoking service, Keep Well and Counterweight</td>
<td>N Bate/ F Forsyth</td>
<td>ongoing</td>
</tr>
<tr>
<td><strong>Clinical Effectiveness</strong></td>
<td>Involvement in development of Integrated Care Pathways (ICPs) in Mental Health</td>
<td>ICPs are in use</td>
<td>ICPs are being regularly reviewed</td>
<td>Mental Health Clinical Governance Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Development of policies and guidance relating to medicines, e.g. Code of Practice medicines</td>
<td>Policies and guidance documents are authorised by NHS Fife</td>
<td>Policies and guidance documents are in regular use and reviewed based on user feedback</td>
<td>I Wright</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
<td>Evidence</td>
<td>Lead</td>
<td>Timescale</td>
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<tr>
<td>Underpinning prescribing data available to support delivery and monitoring of prescribing projects within GP practices.</td>
<td>GP practices sign up to and deliver agreed prescribing projects.</td>
<td>Prescribing expenditure monitored and focussed on areas of highest spend and/or variation in prescribing either between practices or comparing NHS Fife to other Boards.</td>
<td>G Kerr</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Ensure safe storage systems for medicines are in place.</td>
<td>Medicines are stored appropriately and ready for use by patients.</td>
<td>Rolling programme of audits carried out, reported and remedial actions carried out e.g. Medical Gases, Medicine Fridges etc.</td>
<td>M Vass</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Development, review and implementation of Patient Group Directions (PGDs) for use by a range of clinical staff to improve access to medicines.</td>
<td>Patients receive medicines in a timely and appropriate way depending on need.</td>
<td>Regular review of PGDs undertaken with full engagement of relevant clinicians.</td>
<td>M Reid</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>All staff have ready access to Code of Practice – Medicines policies and Patient Group Directions.</td>
<td></td>
<td>All Code of Practice-Medicines policies and Patient Group Direction available on the intranet and updated regularly.</td>
<td>I Wright, M Reid</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Deliver prescribing efficiency savings to support NHS Fife meet its financial targets.</td>
<td>Prescribing Quality Group established and has agreed work plan to deliver savings in collaboration with the Operational Division and GP Practices.</td>
<td>Prescribing expenditure is within budget.</td>
<td>E McPhail</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
<td>Evidence</td>
<td>Lead</td>
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<tr>
<td>Update the Community Pharmacy Substance Misuse Service Guidelines in collaboration with Tayside and Forth Valley</td>
<td>Update the Community Pharmacy Substance Misuse Service Guidelines in collaboration with Tayside and Forth Valley</td>
<td>Standard Guidelines accepted across ECSAS MCN</td>
<td>Patients receiving equitable, auditable and quality service across East Central Scotland Area</td>
<td>E. Hutchings</td>
<td>September 2011</td>
</tr>
<tr>
<td>Set up rolling review and redesign of Addiction Service Guidelines</td>
<td>Set up rolling review and redesign of Addiction Service Guidelines</td>
<td>Identification of review groups</td>
<td>Production of new guidelines</td>
<td>E. Hutchings</td>
<td>ongoing</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td><strong>Involvement of pharmacy staff in patient safety initiatives e.g. SPSP</strong></td>
<td>Development of safe systems</td>
<td>Implementations of safe systems</td>
<td>Depends on individual clinical situation</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Reviewing NPSA safety alerts and their implications for NHS Fife</td>
<td>Reviewing NPSA safety alerts and their implications for NHS Fife</td>
<td>Developing action plans to deal with the alerts via Patient Safety Programme and Medication Safety Groups</td>
<td>Implementation of action plan e.g. lithium patient information / record books and development of support for Chronic medication service in Community Pharmacy</td>
<td>I Wright</td>
<td>Ongoing as alerts arrive</td>
</tr>
<tr>
<td>All clinical staff understand the implications of and behave appropriately when engaging with the Pharmaceutical Industry.</td>
<td>All clinical staff understand the implications of and behave appropriately when engaging with the Pharmaceutical Industry.</td>
<td>Clinical staff understand the influence of the pharmaceutical industry.</td>
<td>Guidance developed, approved by SMT and incorporated into the Code of Corporate Governance.</td>
<td>E McPhail.</td>
<td>November 2010</td>
</tr>
<tr>
<td>Title</td>
<td>Objective</td>
<td>Measure of Progress</td>
<td>Evidence</td>
<td>Lead</td>
<td>Timescale</td>
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</tr>
<tr>
<td>Clinical and Social Services staff trained in relevant aspects of medicines management.</td>
<td>DATIX medication incidents reviewed and learning shared.</td>
<td>Rolling programme of education and training events in place e.g. Medical Gas training, PGDs, anaphylaxis, medicines awareness etc.</td>
<td></td>
<td>E Hutchings</td>
<td>ongoing</td>
</tr>
<tr>
<td>Ensure compliance with Controlled Drug legislation with respect to Controlled Drug instalment prescriptions produced across Fife</td>
<td>Input into Addiction Service prescribing system.</td>
<td>All prescribers producing prescriptions compliant with current legislation.</td>
<td></td>
<td>G Smith</td>
<td></td>
</tr>
</tbody>
</table>
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 8.2

PLANNING FOR SERVICE IMPROVEMENT:
MUIREDGE PROJECT

1. INTRODUCTION

1.1 In June 2011 four NHS Fife staff travelled to Alaska in order to follow up on the learning gained from the South Central Foundation visit to Scotland and Fife in 2010. This visit was supported by NHS Fife and NHS Scotland in order to gain a deeper understanding of the Nuka System of Care, on the basis that this learning could then be applied in the Scottish setting. The roles of Case Manager and Behavioural Health Consultant were explored in some depth during this visit.

1.2 This paper outlines the local project, to be based at the Muiredge Practice, that has emerged from this learning and as fully discussed at the CHP Committee Development Session on the 13th of December 2011.

2. PROPOSED PROJECT

2.1 The CHP will provide community nursing backfill to the practice to support practice staff to develop and implement the new Case Manager role. This is in addition to investment from the practice itself in order to take forward this project.
   - The CHP will support this project for 12 months and this has been made possible due to the current inpatient changes and the opportunity to use staff that have been displaced within the current system.
   - The timescale for this Project is until November 2012 at which point impact of the change will be known and the sustainable financial framework identified.

2.2 Support from the Organisational Development Department continues with the Primary Care Team at Muiredge, in building their understanding of the relational model embodied in the Nuka System of Care.

2.3 Discussions continue to develop within the wider system in relation to how other services can interact and work in the emerging new model at Muiredge, in particular the Behavioural Health Consultant role.

2.4 Baseline data is currently being gathered in order to measure the impact of the new model.

2.5 The model for engaging the practice population is being developed in order to fully involve and prepare patients for the changes within the practice.

2.6 Update Reports will be provided to the Committee throughout the duration of this Project.

3. RECOMMENDATION

3.1 The Committee is asked to:

   note the progress of this Project.

REPORT BY: FIONA MACKENZIE, LOCAL CLINICAL SERVICE MANAGER
KIRKCALDY & LEVENMOUTH CHP
## PLANNING FOR SERVICE IMPROVEMENT: RE-SHAPING CARE – IN-PATIENT SERVICES REVIEW

### 1. BACKGROUND

1.1 Re-Shaping Care for Older People is the Scottish Government’s vision that older people are supported to live at home, or in the community, for as long as possible and that when they require health and social care, their experience is a positive one.

1.2 In order to respond to the Reshaping Care for Older People vision and the changing community model, it has been agreed to consider how the beds and, therefore, the community hospital sites in Central Fife should be used in the future.

1.3 Further investment in the community is directly linked to moving resources from inpatient areas to sustain community models of care. In August 2011, a joint development session took place whereby CHP Committee members from Glenrothes and North East Fife (GNEF) and Kirkcaldy and Levenmouth (K&L) met to discuss the Reshaping Care for Older People initiative and consider the options available, to move from an inpatient service to a community model of care.

1.4 Evidence from other areas who have implemented a more community focussed model of care, identifies approximately 50% of admissions by older people can be avoided by providing a level of specialist care at home. It is anticipated that the potential impact could see the consolidation of inpatient beds in Central Fife with current projections indicating a minimum of 50 beds in excess of requirements.

### 2. OBJECTIVES

2.1 The CHPs are working closely together to consider how to best respond to this shift in demand for patients, their families and staff. The best use of available public funding will also be a factor. There is a shared interest particularly in relation to services managed by the CHPs and hospital facilities in Central Fife i.e., Randolph Wemyss, Cameron and Glenrothes.

2.2 A review of community hospital facilities will be undertaken in central Fife in line with the requirements of the new models of care.

2.3 The CHP’s aim is to create access to the best, supporting infrastructure, community based facilities (including inpatient beds) and home based care services.

### 3. KEY TASKS

3.1 It has been agreed that the undernoted will be the keys tasks of the Project Team:-

- Establish the details of the project plan and key milestones;
- Manage the project plan;
- Produce reports for submission to the Project Board;
- Engage stakeholders as part of the review;
- Secure input and involvement from appropriate clinical teams;
• Prepare evaluation criteria and performance measures in collaboration with other areas of Fife;
• Develop and conclude a review of facilities in line with service changes;
• Develop a model for facilities based services that complements the community based model;
• Develop the Risk Register and manage and mitigate the identified risks;
• Develop the communications strategy for approval and implement key aspects with Public Partnership Forum (PPF) leads and colleagues from the Scottish Health Council (SHC);
• Develop aligned workforce plans;
• Develop a joint finance and resource plan including planned efficiencies for consideration by the Project Board;
• Prepare an option appraisal for consideration by the Project Board, SMT and CHP Committees.
• Establish transitional arrangements and implementation of the final business case.

4. KEY MILESTONE DATES
4.1 Table 1 below identifies key milestone dates in respect of the project:-

<table>
<thead>
<tr>
<th>Item</th>
<th>Milestone</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Project Initiation Document prepared</td>
<td>January 2012</td>
</tr>
<tr>
<td>2</td>
<td>Project plan finalised and approved by Project Board</td>
<td>End of February 2012</td>
</tr>
<tr>
<td>3</td>
<td>Produce updates for committees</td>
<td>March 2012</td>
</tr>
<tr>
<td>4</td>
<td>Options appraisal completed for consideration by Project Board</td>
<td>End of August 2012</td>
</tr>
<tr>
<td>5</td>
<td>Consultation on Options available</td>
<td>September - November 2012</td>
</tr>
<tr>
<td>6</td>
<td>Submission of preferred option for change – K&amp;L and GNEF CHP Committee</td>
<td>December 2012</td>
</tr>
</tbody>
</table>

5. RECOMMENDATION
5.1 The Committee is asked to:-

• note the key tasks and milestone dates the Project Team are working to.

REPORT BY: GEORGE CUNNINGHAM, GENERAL MANAGER
KIRKCALDY AND LEVENMOUTH CHP
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 9.1

DELIVERY & EFFICIENCY: FINANCIAL GOVERNANCE

NHS FIFE REPORT TO KIRKCALDY AND LEVENMOUTH CHP COMMITTEE
FINANCIAL REPORT FOR THE 8 MONTHS TO 30TH NOVEMBER 2011

Income and Expenditure

The Income and Expenditure position for the CHP for the eight months to 30th November 2011 is showing an overspend of £181k against Managed Clinical Services and a £372k overspend on Prescribing.

This information is summarised in the following table:-

<table>
<thead>
<tr>
<th>Budget for Year</th>
<th>Budget for Period</th>
<th>Expenditure for Period</th>
<th>over/ (under)</th>
<th>October over / (under)</th>
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</thead>
<tbody>
<tr>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
<td>£'000</td>
</tr>
<tr>
<td>Fife Wide Services</td>
<td>9,152</td>
<td>6,065</td>
<td>6,136</td>
<td>71</td>
</tr>
<tr>
<td>Local Services</td>
<td>13,667</td>
<td>9,153</td>
<td>9,105</td>
<td>(48)</td>
</tr>
<tr>
<td>Management, Admin &amp; Other</td>
<td>4,212</td>
<td>2,569</td>
<td>2,469</td>
<td>(100)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>35,413</td>
<td>23,744</td>
<td>24,002</td>
<td>258</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td>682</td>
<td>485</td>
<td>485</td>
<td>0</td>
</tr>
<tr>
<td>Efficiency Savings to be allocated</td>
<td>(543)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Clinical Services</strong></td>
<td><strong>62,583</strong></td>
<td><strong>42,016</strong></td>
<td><strong>42,197</strong></td>
<td><strong>181</strong></td>
</tr>
<tr>
<td><strong>Prescribing</strong></td>
<td><strong>21,423</strong></td>
<td><strong>14,198</strong></td>
<td><strong>14,570</strong></td>
<td><strong>372</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>84,006</strong></td>
<td><strong>56,214</strong></td>
<td><strong>56,767</strong></td>
<td><strong>553</strong></td>
</tr>
</tbody>
</table>

**Memorandum: Fife Wide - PMS Service and FHS**

<table>
<thead>
<tr>
<th></th>
<th>Budget for Year</th>
<th>Budget for Period</th>
<th>Expenditure for Period</th>
<th>over/ (under)</th>
<th>October over / (under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMS</td>
<td>45,362</td>
<td>30,324</td>
<td>30,189</td>
<td>(135)</td>
<td>(115)</td>
</tr>
<tr>
<td>Dental</td>
<td>22,636</td>
<td>15,066</td>
<td>15,066</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>6,831</td>
<td>4,513</td>
<td>4,513</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>11,676</td>
<td>7,719</td>
<td>7,719</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Income Analysis

The Financial Framework and budgets for 2011/12 were approved by the Board at their meeting in May 2011. As further allocations are received adjustments are made to the individual budgets in line with the available funding.
A total budget of £62,583k is available for Clinical Services at this stage, an increase of £140k on the Period 7 position, largely due to following adjustments:

<table>
<thead>
<tr>
<th>(£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife Elderly Forum</td>
</tr>
<tr>
<td>BBV/HIV</td>
</tr>
<tr>
<td>HNC Healthcare</td>
</tr>
<tr>
<td>Discretionary Points</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></th>
<th>(£111k)</th>
<th>(3.1%)</th>
<th>Vacancies within the Sexual Health service and within Dietetics is partially offset by an overspend within the Fife Rehab Service and Rheumatology.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(£183k)</td>
<td>7.3%</td>
<td>The overspend is largely due to increased anti-TNF costs within Rheumatology arising from increases in patient numbers. This continues to be closely monitored.</td>
</tr>
<tr>
<td><strong>Fife Wide Services</strong></td>
<td><strong>Pay</strong></td>
<td><strong>Supplies</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(£27k)</td>
<td>0.3%</td>
<td>An overspend within Nursing at Cameron Hospital and Carlyle Ward due to staff absence, and within AHPs in the Physio Service is offset by an underspend in community nursing arising from vacancies.</td>
</tr>
<tr>
<td></td>
<td>(£21k)</td>
<td>1.9%</td>
<td>The underspend is within podiatry supplies.</td>
</tr>
<tr>
<td><strong>Local Services</strong></td>
<td><strong>Pay</strong></td>
<td><strong>Supplies</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(£93k)</td>
<td>(4.2%)</td>
<td>An underspend within Business Management and the Long Term Conditions team, partially offset by an overspend within CASH &amp; GUM.</td>
</tr>
<tr>
<td></td>
<td>(£7k)</td>
<td>(1.9%)</td>
<td>The underspend is prevalent across lines.</td>
</tr>
<tr>
<td><strong>Management, Admin &amp; Other</strong></td>
<td><strong>Pay</strong></td>
<td><strong>Supplies</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pay Supplies

<table>
<thead>
<tr>
<th></th>
<th>£164k</th>
<th>0.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£93k</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

The overspend is mainly within QMH Nursing and Medical Staffing across sites.

The overspend is partly within drugs, driven in part by an overspend of £33k against Methadone and similarly the costs for the first eight months total £286k against a budget of £253k.

In addition, recharges from external facilities have significantly contributed to the overspend, in respect of CAMHS and IPCU.

- **Voluntary Organisations**
  - Pay and Supplies
    - £0k
    - This is at break-even.

- **Prescribing**
  - £372k
  - The prescribing position is based on 6 months of actual data and 2 months accruals. The ongoing position will be carefully monitored.

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.
Management Actions to Control Spend

The key area of overspend within the CHP is the Mental Health Service. In order to reduce the level of expenditure the following actions have been implemented: An Eating Disorders Intensive Treatment Team has been introduced to reduce the length of hospital stay in other units out-with Fife; Consultants have been recruited to remove the requirement for locums; Methadone prescribing continues to be closely monitored – a price reduction is anticipated from January 1\textsuperscript{st} 2012 and the average level of Methadone dispensed in Fife has been reduced.

In addition to Mental Health, Fife-wide Services is also overspent. The key action here is to address the overspend in drugs. A new contract for a lower cost anti-TNF was agreed this year, and patients are being moved over to this where appropriate. This continues to be a challenge for the service.

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. Whilst the CHP remains short of identifying savings to meet its local target, it will continue to work towards achievement of this throughout the year. 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 8 months.

<table>
<thead>
<tr>
<th></th>
<th>Carry Forward gap from 2010/11 (£000)</th>
<th>New target for 11/12 (£000)</th>
<th>Total target for 11/12 (£000)</th>
<th>Plans identified per the financial framework (£000)</th>
<th>Planned Delivery to P8 (£)</th>
<th>Delivered at Period 8 (£)</th>
<th>Surplus/ (Shortfall) (£)</th>
<th>Total Plans Identified at P8 (£000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K&amp;LM</td>
<td>169</td>
<td>1,405</td>
<td>1,574</td>
<td>903</td>
<td>526</td>
<td>573</td>
<td>47</td>
<td>1,032</td>
</tr>
</tbody>
</table>
Year End Forecast

The CHP requires to deliver a break-even outturn in support of NHS Fife’s requirement to break even by year-end. At this stage the CHP is not estimating a year-end outturn in financial balance, however work continues to ensure this can be met.

Capital

The Capital allocation for the CHP as at 30th November 2011 is shown in the attached appendix.

The specific allocation for Kirkcaldy & Levenmouth at this time is £302k. Other CHP general allocations bring the total capital allocation to £822k.

The expenditure against the specific allocation to date is £80k. The CHP currently estimates a break-even against the capital programme by the year-end.

Summary

The position as at 30th November 2011 is showing an overspend of £181k on revenue budgets for Clinical Services, and a £372k overspend against Prescribing. The capital programme is expected to achieve break-even by the year end.

Recommendations

The CHP Committee is asked to:

- note the contents of this report.

REPORT BY: ANDREW MCCREADIE, ASSISTANCE DIRECTOR OF FINANCE (MANAGEMENT ACCOUNTING)
## FOR FINANCIAL YEAR 2011/12

<table>
<thead>
<tr>
<th>Project</th>
<th>New Funding £</th>
<th>Total Expenditure to Date £</th>
<th>Projected Expenditure 2011/12 £</th>
<th>Projected Variance £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratheden - Asbestos Removal</td>
<td>10,000</td>
<td>10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameron - Electrical Distribution System</td>
<td>40,000</td>
<td>2,000</td>
<td>10,000</td>
<td>(40,000)</td>
</tr>
<tr>
<td>Cameron - Legionella Works</td>
<td>10,000</td>
<td>500</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Cameron - Neopost Folder Insertor</td>
<td>5,000</td>
<td>5,000</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>S.H.S. Accommodation</td>
<td>198,000</td>
<td>7,253</td>
<td>198,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden - Dry Good Store Floor</td>
<td>12,000</td>
<td>2,000</td>
<td>12,000</td>
<td></td>
</tr>
<tr>
<td>Cameron - Pipework Improvements</td>
<td>30,000</td>
<td>9,000</td>
<td>32,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Whytemans Brae - Lampost Replacement</td>
<td>7,000</td>
<td>6,882</td>
<td>19,000</td>
<td>12,000</td>
</tr>
<tr>
<td><strong>Total K &amp; LM CHP</strong></td>
<td><strong>312,000</strong></td>
<td><strong>32,136</strong></td>
<td><strong>286,000</strong></td>
<td><strong>(26,000)</strong></td>
</tr>
</tbody>
</table>

### Vehicle Replacement

<table>
<thead>
<tr>
<th>Project</th>
<th>New Funding £</th>
<th>Total Expenditure to Date £</th>
<th>Projected Expenditure 2011/12 £</th>
<th>Projected Variance £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyster Fork Lift Truck</td>
<td>14,968</td>
<td>14,343</td>
<td>14,968</td>
<td></td>
</tr>
<tr>
<td>Citroen Relay with supertruck conversion</td>
<td>25,032</td>
<td>25,032</td>
<td>25,032</td>
<td></td>
</tr>
<tr>
<td><strong>Total Vehicle Replacement</strong></td>
<td><strong>40,000</strong></td>
<td><strong>39,375</strong></td>
<td><strong>40,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Dental Service Centres

<table>
<thead>
<tr>
<th>Project</th>
<th>New Funding £</th>
<th>Total Expenditure to Date £</th>
<th>Projected Expenditure 2011/12 £</th>
<th>Projected Variance £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Service Centres</td>
<td>480,000</td>
<td>480,000</td>
<td>480,000</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL ALLOCATION FOR 2011/12**  

<table>
<thead>
<tr>
<th>Project</th>
<th>New Funding £</th>
<th>Total Expenditure to Date £</th>
<th>Projected Expenditure 2011/12 £</th>
<th>Projected Variance £</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>832,000</strong></td>
<td><strong>551,511</strong></td>
<td><strong>806,000</strong></td>
<td><strong>(26,000)</strong></td>
</tr>
</tbody>
</table>
1. INTRODUCTION
1.1 As advised at previous CHP Committee meetings, this year the reporting of the CHP Workplan to the Committee has changed, to mirror that of the CHP Balanced Scorecard progress reports to the Board. It has also been indicated that the CHP would provide comparative reports to the Committee on a regular basis. This is the third comparative report presented this financial year with the final comparative report being presented at the March Committee meeting.

1.2 The attached (Appendix 1) is a comparative report which identifies the 22 NHS Fife targets, which specifically relate to Kirkcaldy and Levenmouth CHP for 2011/12. This report highlights the CHP’s performance, as at October 2011, in comparison to NHS Fife’s performance.

1.3 Within the CHP’s 2011/12 Workplan there are an additional 19 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 2011/12
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 overall performance positions, in relation to the 22 targets, as at 31st October 2011.

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>2</td>
</tr>
<tr>
<td>Green On Track</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Yellow – Likely to be Delayed</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Red – Will not or unlikely to be met</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>
The above data identifies that Kirkcaldy and Levenmouth CHP are on track, at this stage, with 59% as is the remainder of NHS Fife. This data appears identical to the August 2011 position, presented at the November 2011 CHP Committee meeting, however, is an update as at October 2011 with no change to the target status.

The CHP Management Team is in discussion with the relevant Heads of Service, in relation to the 7 delayed targets, in an effort to address and improve these targets' status.

Table 2 identifies the same target, as highlighted in the August comparison, whereby the CHP are not performing as well as the remainder of NHS Fife and work is ongoing in an effort to improve this area.

Table 2

<table>
<thead>
<tr>
<th>ID No</th>
<th>Target</th>
<th>NHS Fife Balanced Scorecard</th>
<th>CHP Workplan</th>
</tr>
</thead>
<tbody>
<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>On Track</td>
<td>Delayed</td>
</tr>
</tbody>
</table>

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 October 2011.
<table>
<thead>
<tr>
<th>ID No</th>
<th>Target</th>
<th>Target Origin</th>
<th>CHP Lead</th>
<th>NHS Fife Balanced Scorecard October 2011</th>
<th>CHP Workplan October 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.02</td>
<td>Alcohol Brief interventions – we will aim to deliver 4,505</td>
<td>NT</td>
<td>BMcL</td>
<td>Not Met</td>
<td>Delayed</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>NT</td>
<td>MP</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>1.06</td>
<td>Child Health Weight interventions – we will aim to deliver 1,060 interventions.</td>
<td>NT</td>
<td>LB</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.09</td>
<td>Childhood Immunisation – Ensure that all childhood immunisation targets are met.</td>
<td>LP</td>
<td>MP</td>
<td>Not Met</td>
<td>Delayed</td>
</tr>
<tr>
<td>2.01</td>
<td>Delayed Discharges – We will aim to achieve no waits over 6 weeks</td>
<td>NS</td>
<td>GC</td>
<td>Not Met</td>
<td>On Track</td>
</tr>
<tr>
<td>2.02</td>
<td>Equality and Diversity legislative requirements to be embedded into NHS Fife.</td>
<td>LP</td>
<td>FMcK</td>
<td>On Track</td>
<td>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>NT</td>
<td>MP</td>
<td>On Track</td>
<td>Complete</td>
</tr>
<tr>
<td>2.05</td>
<td>Health &amp; Safety – We will develop and implement the annual local action plans for Health and Safety.</td>
<td>LP</td>
<td>LB</td>
<td>On Track</td>
<td>Complete</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>NS</td>
<td>GC</td>
<td>Not Met</td>
<td>Delayed</td>
</tr>
<tr>
<td>2.07</td>
<td>New Deal/EWTD – We will comply with the requirements of New Deal and European Working Time Directive (EWTD)</td>
<td>LP</td>
<td>BMcL</td>
<td>Delayed</td>
<td>Complete</td>
</tr>
<tr>
<td>2.08</td>
<td>Staff Governance – We will aim to ensure staff governance strategy setting and action planning processes are in place.</td>
<td>LP</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>3.01</td>
<td>Reduction in Emergency Bed Day Rates for Patients Aged 75+ - we will aim to reduce the bed days for people aged 75 and over to 3,750.</td>
<td>NT</td>
<td>GC</td>
<td>Delayed</td>
<td>Delayed</td>
</tr>
<tr>
<td>3.08</td>
<td>Resilience Planning – We will continually review and refine our emergency planning arrangements A – Business Continuity, B – Flu Pandemic.</td>
<td>LP</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>ID No</td>
<td>Target</td>
<td>Target Origin</td>
<td>CHP Lead</td>
<td>NHS Fife Balanced Scorecard October 2011</td>
<td>CHP Workplan October 2011</td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
<td>---------------</td>
<td>----------</td>
<td>--------------------------------------</td>
<td>--------------------------</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>NT</td>
<td>LB</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>3.10</td>
<td>Clinical Redesign - We will deliver sustainable health and healthcare services which support improvements in the care, treatment and health of our population.</td>
<td>LP</td>
<td>LB</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.03</td>
<td>Child Protection - We will comply with Child Protection Standards set for HMIe inspection.</td>
<td>LP</td>
<td>MP</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.06</td>
<td>E’Health – We will identify and implement solutions to support improved and safer patient care.</td>
<td>LP</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.07</td>
<td>Financial Performance – We will aim to operate within our revenue and capital resource limit.</td>
<td>E5</td>
<td>GC</td>
<td>Delayed</td>
<td>On Track</td>
</tr>
<tr>
<td>4.08</td>
<td>Cash efficiencies – We will aim to achieve £1.5 m cash efficiency savings.</td>
<td>E6</td>
<td>GC</td>
<td>Delayed</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>NT</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.14</td>
<td>Drug and Alcohol Waiting Times – Drug and Alcohol Mis-users - We will aim to have 90% of clients wait no longer than 3 weeks from referral to treatment.</td>
<td>NT</td>
<td>BMcL</td>
<td>Delayed</td>
<td>Delayed</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 CAMH Services.</td>
<td>NT</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
</tbody>
</table>
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 9.3

DELIVERY & EFFICIENCY:
ENDOWMENT REQUEST – GREENING OF STRATHEDEN HOSPITAL

1. INTRODUCTION

The NHS Fife Financial Operating Procedures describe the level of authority required for approving expenditure from Endowment Funds within specified delegated limits.

The overall delegated budget for K+L CHP in 2011/12 is £80,000 which was approved at a meeting of the Endowment Committee on the 28th June 2011.

The following requests exceeds £5,000 and therefore requires to be brought to the CHP Committee for consideration and approval.

2. PROPOSAL

GREENING THE NHS ESTATE – STRATHEDEN HOSPITAL COURTYARD

The primary aim of the project is to fully refurbish a number of ward garden areas which are now in a state of disrepair, rendering them inappropriate for the patients and restricting their use and therapeutic functionality. The gardens require upgrading to improve access to and use of by patients, a desired improvement noted and supported by the Mental Welfare Commission, and the service has been searching for opportunities to address the problem for some time. The ‘Greening the NHS Estate Fund 2011/12’ has provided an opportunity to now resolve this.

The Green Exercise Partnership (GEP) comprises Forestry Commission Scotland, NHS Health Scotland and Scottish Natural Heritage. The partnership was set up to encourage greater use of the outdoors to promote better health and quality of life for people in Scotland.

The GEP fund is available for a fixed one year period (financial year 2011/12) in the first instance and will support projects that green the NHS estate and optimise the provision of, and access to, woods and greenspace for recreation, relaxation and therapeutic activity. The total available fund is fixed and bids have been invited against this fund. Bids will be given higher priority where health boards have committed to match funding.

In December The GEP communicated to NHS Fife that it would be prepared to offer a grant of £37,350 for the courtyard and garden development on the basis that NHS Fife makes a contribution of £11,450 towards the total cost.

It is proposed that the Dementia Wards General Fund be used to support this initiative. The balance on this fund is currently £46,613. The Dementia Wards General Fund was established from a legacy, with the specific condition that it was used to improve services and conditions for elderly patients in the mental health services. The gardens identified are all attached to wards with elderly patients.

3. RECOMMENDATION

The CHP Committee is requested to consider and approve this proposal.

REPORT BY: ANDREW MCCREADIE, ASSISTANCE DIRECTOR OF FINANCE (MANAGEMENT ACCOUNTING)
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 10 (a)

ITEMS FOR INFORMATION: LOCAL PARTNERSHIP FORUM

MINUTES OF THE MEETING OF LOCAL PARTNERSHIP FORUM HELD AT 2.00 P.M. ON THURSDAY 15TH SEPTEMBER 2011 IN THE SEMINAR ROOM, WHYTEMAN'S BRAE.

Present:

Management
George Cunningham, General Manager (GC)
Fiona MacKenzie, Local Clinical Manager (FM)
Bob McLean, General Manager, Mental Health (BM)
Heather Bett, Manager, Sexual Health (HB)
Karen Laird, HR Manager (KL)

Staff Side
Simon Fevre, Staff Side Chair (SF)
Marie Innes, RCN Representative (MI)

In Attendance: Dorothy Guthrie (minutes)

<table>
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<tr>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. Apologies: Apologies were received from Lynn Parsons, Barbara Anne Nelson and Mary Porter</td>
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<tr>
<td>2. Minutes of meeting held 21st July 2011</td>
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<tr>
<td>BAN title to be amended to read Deputy Director of HR. Other than this the minutes were accepted as an accurate record. DG</td>
</tr>
<tr>
<td>3. Matters Arising</td>
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<tr>
<td>3.1 Reshaping Care</td>
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<tr>
<td>Discussion was around the staff briefing issued jointly by GNEF and KL CHPs about the potential consolidation of 50 in patient beds in Central Fife – Randolph Wemyss, Cameron and Glenrothes hospitals.</td>
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<tr>
<td>Management is aware that the briefing has caused some anxiety amongst staff but stressed that this is just the start of the conversation. FM said that talks have already started with senior staff and discussion forums are being arranged.</td>
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<td>Cameron staff are already worried about potential closures of wards and redeployment issues. FM stressed that discussions on redeployment will be conducted on a Fife-wide basis and not by site/location. GC said that we are talking about a rationalisation of sites and agreed that the situation is more complex as it is not merely a local management issue. All staff will be eligible for redeployment to what final location is decided and skills will be utilised in the best way possible. GC said that, as services develop, beds will close but this will be at the end of the timeline of change after reshaping care (at least 12 months away).</td>
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<tr>
<td>SF suggested that staff in wards awaiting closure should have the first pick of permanent new jobs being created. KL said that redeployment will be handled on a Fife-wide basis and overseen by HR. She confirmed that the process will be done through the formal recruitment process in a fair manner</td>
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</table>
and not just through discussion with individual departments. GC said that this is where complexities come in and advised that staff should attempt to take control of their own destiny by applying for new posts that may interest them and not waiting until wards close.

It was agreed that there are a huge number of questions to answer and FM will get dates out for briefing forums as soon as possible. GC said that this will also be taken to the Cameron Site Management Group to ensure that colleagues accommodated on the site, including Public Health, Estates and Facilities, have the opportunity to be involved in the sessions.

<table>
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<tr>
<th>3.2 Old Age Psychiatry/Drumcarrow Lodge</th>
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<tr>
<td>BM said that papers on the closure of Drumcarrow Lodge had been approved by the PPF and the Committee. BM wished to reassure those around the table that the decision, taken on the basis of an analysis of figures over a 3 year period, is the correct one.</td>
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<tr>
<td>Background discussions have already been held with Service Managers and Senior Nurses and the plan now is to fully engage with staff and propose closure takes place within a quick timescale. Appropriate vacancies are available to accommodate all staff involved therefore it is desirable to start the closure process, with an orderly clinical rundown time, on 1st October. There are no patient implications as essentially the service to them is not changing and they are potentially gaining.</td>
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<tr>
<th>3.3 LPF Constitution</th>
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<tr>
<td>SF said that he had distributed the proposed changes to LPF members for comment by 15th August but had received none.</td>
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<tr>
<td>KL said that BAN wanted to have a chance to speak to Wilma Brown as she felt this would require broader discussion with the other CHPs then, if all in agreement, could be discussed outwith the LPF. KL said that HR want the wording to be shared with other LPF groups in Fife and, once developed, it will require to be tabled at the APF. SF thinks he needs to get comments back from this LPF and not generally from BAN/Wilma Brown. He said that staff side have discussed the wording therefore Wilma is aware of it however he has received no written feedback.</td>
</tr>
<tr>
<td>GC said that, while he understands steward involvement is hard to come by, he would prefer trade unionists with some local knowledge. The management side of this LPF does not have an issue with this however it is an issue for staff side and HR and HR wrote the constitution in the first place. GC said that a lot of our partnership structures are dictated by the partnership at a higher level i.e. APF and the Director of HR.</td>
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<tr>
<td>SF said that the changes would mean that, where a union didn’t have a rep in this LPF, we would be entitled to have another rep from another part of Fife until such time as they had a rep in the LPF. SF thinks that UNISON should be around this table even if from another part of Fife. GC said that we, as a management side would need some reassurance that UNISON is attempting to find local representation. HB suggested putting a time limit (e.g. 3 months) while a local rep is sought.</td>
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<tr>
<td>SF said that the issue is that, if the management side of this LPF are not happy with the changes, then it can’t go to APF. The management side agreed that they were happy for the draft constitution to go to APF but acknowledged that HR is not happy with this route.</td>
</tr>
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</table>
3.4 Catering, Cameron Hospital

GC confirmed that the CHPMT has received an update. Barrie Higgins has been reminded of the need to communicate any potential changes, at an early stage, with people on sites that will be involved in the changes.

4. Feedback from CHP Committee and Management Team

Finance

At yesterday’s Committee meeting the position for the CHP was £151k over after 5 months, up from £121k over last month. GC acknowledged that the rate of going up is slowing down but there are a couple of things to be factored in which might have kept us at an even rate including bills from NHS Lothian.

GC said that the current position is not as good as we hoped. Despite everyone doing everything they can we still haven’t found all of our £903k efficiency savings however work is in hand to achieve this target. The challenge is to find the £903k get down to break even, then find the difference between the £903k and the £1.5M we should have found. He said that the final position is likely to be a £600k overspend.

Next we will be discussing 2012/2013 finances and the potential for next year’s efficiency savings. We have to find £1.5M next year which, with unachieved CRES, goes up to £2.1M.

There will be a special F&R meeting of the Board in October where we will be required either to know we will break even or to tell the Board we will not. GC thinks it may be possible, if politicians want things to go smoothly pre elections in May, they may find a way to get us out of the position we are in. He believes that other Boards have already had special help.

5. ADP –Addiction Service

SF said that the issue is about the impact on staff and what has been communicated. There has been no feedback from staff to the union. The focus of staff is the effect on people who were on temporary contracts.

BM said that the majority of staff who were on temporary contracts have left and the service is now 12.0 WTE down. All those who left have secured jobs elsewhere, not necessary in Fife.

Despite the suspension of recruitment BM said that we are now about to advertise for people on temporary contracts. Currently contracts will be up to 31st March 2012 however GC said that, following discussions to-day, he thinks they can be offered for 12 months.

BM realises that there is potential for redeployment and doesn’t want to overload with temporary contracts. Staff are entitled to take temporary contracts and then go back on the redeployment list.

GC acknowledged that a significant proportion of Addictions money is still subject to clarification for the year following on from the 12 month period.

SF queried whether current staffing levels within Addictions will achieve HEAT targets for waiting times for people who require addiction services.
BM said that the service would expect to deliver on this.

6. Carlyle Ward Closure – Staff Issues

GC confirmed that at the Committee on Tuesday approval was given to close the ward on 31st October 2011.

MI said that the main issues brought up at 1:1 meetings with staff were around travel to work for staff that don’t drive. FM said that management is well aware of this type of issue and Anne Callaghan has prepared a military plan around them. FM is meeting with AC tomorrow to discuss the plan.

KL said that HR is arranging meetings with all staff. For interim working arrangements we would try to see where travel can be minimised taking into account the organisation’s vacancies and hotspots. They are looking at posts that have been held in the recruitment suspension which may create opportunities. There are a number of opportunities for Band 2 staff and staff are keen to take these up. There is more of an issue for trained staff.

FM said that, in relation to timescale, we would like to close the ward at the beginning of next week. She said that, once we are down to 3 patients, the quality of the environment will deteriorate. There is therefore an urgency to get plans in motion before the weekend. FM said that, for the first few weeks, it will be necessary to send staff to Randolph Wemyss Hospital with continuing care patients.

7. Finance – covered under Item 4

8. Staff briefings

The time for the Stratheden meeting is to be changed from 09.00 a.m. to 2.00 p.m. It was noted that, to accommodate this change, the date may need to be changed.

Suggestions for topics were as follows:

GC thinks that, in October it would be good to ask staff to make suggestions so that briefs are, at best, topical. GC will write out to managers asking for topics to be sent to SF. SF to agree with HF that this can go out via Communications.

It was agreed however that we will need a fallback script to include:

- Reshaping Care and Redesign Agenda
- Absence Management (praising staff for improved attendance)
- Winter – proper reporting arrangements/clarification of expectations during adverse weather.

There was a long discussion on this. KL said that HR is going to clarify some of these issues so the key issues can be reiterated at the briefings.

9. Staff Governance Action Plan 2011/12

SF said that we are getting near to the end of September which is the 6 monthly monitoring of the SGAP. He said that it would be useful for the plan to be circulated asking local managers to add in progress as at September. HF to send out with a note to managers asking for updates to be sent to her during the first week in October as BAN will probably ask for it in mid October.
10. Sickness Absence

Overall there was a reduction in July but there are individual hotspots in particular inpatients and mental health. GC is happy that we are managing our absence timeously but we need to look at areas that are above 5.5% - 6%. He said that managers are doing exceptionally well but there is still a need to monitor it robustly.

11. Healthy Working Lives

GC to ask Janie Gordon where she is with setting up a group to populate the Health Needs Assessment Healthy Working Lives Action Plan. GC

12. AOCB

12.1 SF said that he was interested in the paper to Committee on the potential re-use of green space at Stratheden for both the organisation and the community at large. There is potential for structured nature walks and areas to be used for sporting activities. BM said that it is hoped this will start to break down issues around mental health. Elmwood College wants to use some of the ground at Stratheden for land management students and there is talk of other projects such as turning the current bowling greens into a putting green. BM said that this is forging ahead and Facilities are talking about ending the Council contract for the grounds and employing a ranger. Graham Buchanan is taking the lead. BM said there is a lot of interest across Scotland in this and there is £140,000 available.

12.2 HB said that information on Sexual Health Week is being distributed to schools and employers.

13. Date of Next Meeting: 17th November 2.00 p.m., Board Room, Cameron Hospital

1.00 p.m. Staff Side
2.00 p.m. Local Partnership Forum

Addendum to confirmed minutes:

The APF constitution was written in partnership with the Director of Human Resources and the Employee Director. Following on from this the LPF agendas were drawn up, on the basis of the APF, and also done in partnership.

HR are more content with the wording of the new version however it still needs to be discussed with the Employee Director to ensure consistency across the three CHPs.

Prior to the constitution being taken to APF it needs to be discussed at an organisational level.
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 10(b)

ITEMS FOR INFORMATION: PPF REFERENCE GROUP

MINUTES OF THE PUBLIC PARTNERSHIP REFERENCE GROUP MEETING HELD ON FRIDAY 14th OCTOBER, 2011 AT 2.00PM, IN MEETING ROOM 1, CAMERON HOUSE, CAMERON HOSPITAL

Present:
Ron Parsons (Chairman)
David Balfour
Nick Barber
Jack Carr
David Henderson
Roy Nelson
Wilma Phillips
George Sime

Apologies:
Ken Halley

In attendance:
Julie O’Neill
Judith Knox

1. **WELCOME AND INTRODUCTION**

   Ron welcomed everyone to the meeting.

2. **APOLOGIES FOR ABSENCE**

   Apologies were received from Ken Halley.

3. **MINUTES OF PREVIOUS MEETING HELD ON 19TH AUGUST 2011**

   Minute of the meeting held on 19th August was confirmed as an accurate record.

4. **MATTERS ARISING**

   4.1 **Podiatry Waiting Room**

   Julie O’Neill to contact Cheryl Easton about putting a poster on wall to ask staff and patients to leave a space for wheelchair.

   4.2 **Podiatry Redesign Meeting**

   Julie O’Neill advised session will now include a presentation by the Primary Care Emergency Service (PCES).
5. **UPDATE ON MEETINGS ATTENDED**

5.1 **CHP Committee Meeting held on 13th September 2011**

Ron provided an update on what had been discussed:

- Closure of Loughborough Road Clinic was approved.
- Carlyle Ward at Whytemans Brae to be closed.
- Complaints had been received about appointment systems within GP surgeries.

5.2 **CHP Committee development Session on 11th October 2011**

Unfortunately Ron had been unable to attend but once minutes are available a copy to be issued to Group.

5.3 **CHP Clinical Governance Meeting held on 6th October 2011**

Wilma provided an update on what had been discussed:

- Copyright presentation
- Update from Diabetic Retinopathy Service

5.4 **PFPI Standing Committee Meeting held on 31st August 2011**

Ron provided an update on what had been discussed:

- Reports from the various PFPI Leads on activity
- Patients Forum integration with the PPFs

6. **BETTER TOGETHER UPDATE**

The results for Cameron Hospital had been issued for information.

Julie advised that the Best Practice Group for the Cameron site was taking forward the issues from the Better Together Report on Cameron Hospital.

The Improvement Plan once in draft will be submitted to the PPF for approval.

The members of the Group agreed to this process.

7. **PARTICIPATION STANDARD**

Julie provided an update on the feedback received from the Scottish Health Council.

8. **WORKING AGREEMENT**

The group discussed and agreed to the amendments made to the Working Agreement to bring it into line with the NHS Fife Policy on Volunteering.

Julie advised that the K&L CHP Working Agreement Framework has now been adopted as a Fife-wide Working Agreement.

A revised copy of the Working Agreement to be issued to the Group along with a new copy of the Codes of Conduct.
9. **PPF PROJECT REGISTER 6 MONTHLY REPORT**

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

10. **PPF EVALUATION 6 MONTHLY REPORT**

Julie 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 contribution and also how they feel valued by the groups they are involved with.

11. **IN VolVING PeOPLe 6 MONTHLY REPORT**

Julie advised this is the 6 monthly update report on the patient or public projects currently ongoing within the CHP.

10. **ITEMS FOR INFORMATION**

10.1 CHP Committee Minutes of 12th July 2011

10.2 CHP Clinical Governance Group Minutes of 27th July 2011

10.3 PFPI Standing Committee Minutes of 4th May 2011

10.4 Taking Care of the Future: Leaflet

11. **ANY OTHER COMPETENT BUSINESS**

11.1 Publicity

Ron advised that he had prepared a presentation for promoting the PPF. It was agreed he would bring to the PPF for any other comments. Ron intends to go out to various local community groups across Kirkcaldy & Levenmouth.

Judith highlighted the work that was being piloted in Glenrothes & North East Fife for members of the PPF to go out to community groups to discuss various service developments.

Ron raised concerns around this as he felt the members of the PPF would not be equipped to answer any specific detailed questions about a service.

At the sessions being delivered by Ron it has been agreed with the CHP Clinical Director that any issues raised if personal Ron would provide them with a complaints leaflet and any other issues he would take note of and discuss with Julie after the presentation session.

11.2 CHP Conference

Julie reminded everyone of the CHP Conference being held on Thursday, 3rd November 2011 at the Bay Hotel, Kinghorn.
11.3 GH&MS Meeter & Greeters

Julie advised that if anyone was interested in being involved as a Volunteer Meeter and Greeter for the opening of the new hospital wing they should contact her as soon as possible.

11.4 GH&MS Information Point

Members of the group enquired if the information point would still be in place within the new wing of the hospital. Julie informed that there had been discussion at the Carers Information Strategy Group on this and a letter had been sent to the Project Manager requesting an update.

Julie to bring update to the next meeting if available.  

11.5 Training Venue

Jack produced a document which he had received detailing training venues across Fife and their accessibility. He asked if this was due to be updated. Julie to find out and report back to the next meeting.  

11.6 Keep Well

Nick advised that he had been selected to attend this Fife-wide Group and would bring updates to future meetings.

12. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday, 2\textsuperscript{nd} December at 2.00pm in Meeting Room 1, Cameron House, Cameron Hospital, Windygates.

13. PRESENTATION BY BRENDA WILSON, RESUSCITATION OFFICER

DO NOT ATTEMPT CARDIO PULMONARY RESUSCITATION (DNACPR)

<table>
<thead>
<tr>
<th>Question</th>
<th>How is it documented if a patient does not want it to be shared with their family?</th>
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<tbody>
<tr>
<td>Answer</td>
<td>On the Form there is a section for the patient to say not to share with their family.</td>
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<tr>
<th>Question</th>
<th>When the patient is discharged home how are ambulance and social services informed?</th>
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<tr>
<td>Answer</td>
<td>The GP informs them from the Palliative Care Summary and the ambulance crew would be aware of the patients DNA CPR status.</td>
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<tr>
<th>Question</th>
<th>Is this how the family may find out?</th>
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<tr>
<td>Answer</td>
<td>Yes, we encourage the patient to have a discussion with their family in case they are at home and there is an emergency situation.</td>
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<tr>
<th>Question</th>
<th>What happens if a patient is in the first stages of dementia and is not competent to complete?</th>
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<tr>
<td>Answer</td>
<td>There are 2 senior clinicians who make decision if the patient is not competent.</td>
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| Statement | Concern there may be a public perception about official euthanasia. |
Question  Do the family know to call 999 even with the order?

Answer  Yes hopefully this will be part of the discussion they have with the patient.

Brenda left some information leaflets but there is also a frequently asked question section on the government website.

Ron thanked Brenda on behalf of the Reference Group for this interesting presentation.

Distribution:  Those Present
John McKendrick
Senga McLeod
Ken Halley
Bill Campbell

For info:-  Dr L Bisset
Mr G Cunningham
Mr A Robertson
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 10(c)

ITEMS FOR INFORMATION: CHP CLINICAL GOVERNANCE GROUP

MINUTE OF THE KIRKCALDY & LEVENMOUTH CHP CLINICAL GOVERNANCE GROUP HELD on THURSDAY 6TH OCTOBER 2011 IN THE STAFF CLUB VICTORIA HOSPITAL

Present
Isabel Easson, Clinical Governance Manager, Kirkcaldy & Levenmouth CHP (Chair)
Alyssa Bell, Clinical Effectiveness, Mental Health Service
Anne Callaghan, Lead Nurse, Older People, Cameron Hospital
Nicky Connor, Lead Nurse, Community Nursing
Jill Dow, Head OT, Older People’s Services
Avril Eardley, Clinical Effectiveness Facilitator
Heather Fernie, Business Manager
Janie Gordon, Head of Service, Dietetics
Julie O’Neill, Risk Manager
Wilma Phillips, PPF Representative
Marian Sapcote, Business Development Manager (for Fiona MacKenzie)

In Attendance:
Moira Bell, Physiotherapy Service
Marie Muszynski, Library Services Co-ordinator, Education Centre, VHK
Dave Stewart, MCN Systems Administrator (for Karen Gibb)

Maureen Sullivan, P/A to the K&L CHP Clinical Director
Yvonne McLaren, Administrator, K&L CHP

1. WELCOME

Isabel Easson welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE

Apologies were received from: Dr Les Bisset, Moira Dunsire, Barrie Higgins, Mhairi Leslie, Fiona MacKenzie, Morag Maillie, Mary Porter and Sally Tyson.

3. PREVIOUS MINUTES (27TH JULY 2011)

Morag Maillie had advised (via e-mail) that Dr Chalmers would like Item 5.2 of the minutes to be amended to include the following statement:

“Dr Chalmers indicated that the diabetes service as a whole was being put under increasing pressure owing to the steady year on year increase in the prevalence of diabetes”.

Following agreement to this amendment the minutes from 27/07/11 were accepted as a true reflection of the meeting and were confirmed.

4. MATTERS ARISING
4.1 Any matters arising will be dealt with through the agenda.

5. CLINICAL GOVERNANCE

5.1 Hot Topic – Copyright

5.1.1 Marie Muszynski, Library Services Co-ordinator, Education Centre, VHK gave a verbal presentation outlining the issues that have arisen around copyright.

The issues arose as a result of the Scottish Government’s decision to terminate the NHS Scotland copyright license with the Copyright Licensing Agency (CLA) with effect from 01/04/2011 with the resulting saving of £1 million per annum.

Marie Muszynski advised that the Copyright Designs and Patent Act 1988 covers, amongst a variety of other subjects, literary and dramatic works. The CLA has offered £100,000 to “whistle blowers” to inform them of areas of infringement. The CLA focus is on photocopying of copyrighted material but all areas are under scrutiny.

The issues for NHS staff locally arise with the photocopying for training purposes of material that is covered by copyright, photos/videos from the Internet and adapted original material.

In order to overcome any problems then NHS staff can:

- use material from the Knowledge Network as this is subscribed to by NES for NHS Scotland use
- look for material where explicit permission to copy has already been given
- use material which is covered by Crown Copyright (this includes Scottish Government publications)
- seek permission from the copyright owner
- use SIGN/NICE guidelines

Nicky Connor queried if a challenge had been made with regard to the decision not to pay for copyright as she felt it could be time consuming for individuals to chase around to obtain copyright permission – was a cost benefit analysis done? Marie Muszynski said that she did not know but she was aware that challenges to some of the CLA decisions were being considered.

Heather Fernie referred to the recent Freedom of Information request from the CLA but Marie Muszynski advised that this related to work requested by library users.

Nicky Connor felt that the concerns of the Group should be fed back to the NHS Fife Clinical Governance Committee and the K&L CHP Clinical Governance Group agreed that the concerns should be referred in the first instance to the NHS Fife Clinical Governance Steering Group.

5.2 K&L CHP Clinical Governance Work Plan

5.2.1 Isabel Easson referred to the issues that had arisen in relation to PLT following the changes in personnel and the basic level of support now available to GPs and CHP Services. A resource Pack is being developed by Julie O’Neill and this will come to the November meeting.
Clinical Governance reporting arrangements for the MCNs have now been finalized.

Isabel Easson will contact Fiona MacKenzie regarding the eHealth issues listed on the Work Plan which have been outstanding for some time

5.3 K&L CHP Clinical Governance Role & Remit

5.3.1 The Role & Remit was due for review and had been circulated to the Group for comment. Isabel Easson confirmed that the MCN Manager and the PPF Representative were now listed on the composition of the Group. The following amendments were put forward on the day by the Group members:

- Amend “Contraception and Sexual Health Service (CASH)” to read “Sexual Health Service”
- Remove the entry for the Administration Manager
- Remove the entry for Long Term Conditions/MCN Representative as the MCN Manager is now a member of the Clinical Governance Group
- Amend “Clinical Effectiveness Facilitator” to read “Quality Improvement Co-ordinator”
- Amend “Head of Nursing” to read “Associate Director of Nursing”
- Amend “Dietetics” to read “Nutrition and Dietetics”

5.4 Annual Reports Due

5.4.1 As Norma Hamilton-Dyer is on annual leave and unable to attend, the Annual Report for the Bone Health & Falls MCN will come to the November meeting.

5.5 DRS Root Cause Analysis Report

5.5.1 Dave Stewart attended the meeting on behalf of Karen Gibb to speak to the paper. He outlined the background which gave rise to the decision to carry out a Root Cause Analysis (RCA).

An incident had arisen involving a patient who had never been called for screening by the Diabetic Retinopathy Screening Service (DRS) and they were suspended in the DRS System due to the fact that they had been wrongly coded as gestational.

Investigations revealed that there were issues with the SCI DC clinical system in QMH which meant patients with type 1 or type 2 diabetes could inadvertently be wrongly coded anywhere in the system. One GP Practice was chosen for checking which indicated that 50% of relevant patients could have been missed for screening. A further check with another 6 Practices was carried out and 30% of the patients were potentially missed. Overall the review identified 597 patients who could possibly have been affected by the miscoding.

Karen Gibb then approached Julie O’Neill to consider if this issue should be logged on the Risk Register. The process in the hospital has now changed but over 600 patients were identified who needed to be checked. The RCA was then carried out and a list of recommendations were agreed and actions identified – including a proposed future structure for reporting and communication.
Work is ongoing in Primary Care working with the GP Practices and operational procedures are being developed for GPs and at hospital level and the procedures are likely to be ready by January/February 2012 with a user manual also being produced. It is also intended to produce a Communication Plan but due to staff sickness this is not likely to be ready until February 2012.

5.6 Audit Report B20-11 – Clinical Governance

5.6.1 This report has come to the Clinical Governance Group for information and to note that the Audit opinion was listed as a Category A for Systems and Processes.

5.7 Sexual Health

Peer Review Visit

5.7.1 Heather Bett referred to the Peer Review Visit which took place in March 2011. She said the findings of the report were much as expected and an Action Plan has been prepared and is being worked through and will form part of the Sexual Health Annual Report for 2011 – 2012.

5.8 Food, Fluid & Nutrition Audit Results

5.8.1 Julie O’Neill advised that this report was carried out by the Central Clinical Effectiveness Team and has been submitted to the NHS Fife Clinical Governance Steering Group. The report has come to K&L CHP CG Group for discussion.

5.9 Medication Incident Report

5.9.1 This is the regular quarterly report and covers the period 01/04/11 – 30/06/11. There were a total of 20 incidents in the quarter – an increase of 5 from the previous period and there is also a backlog of incidents within the mental Health Service awaiting input. There has been an increase from 7 to 13 in respect of Admin incidents. The report has highlighted the need to ensure proper categorising and whether it is administration or dispensary error and Julie O’Neill will be reviewing this at the time of each report.

5.10 Bone Health & Falls Prevention Training Pilot

5.10.1 Moira Bell spoke to this report. The Pilot was introduced as a result of the wish of the Fife Bone Health & Falls Training Implementation Group to design, pilot, implement and facilitate an education programme on Falls and Bone Health.

A total of 119 staff from NHS Fife, Fife Council and the private sector attended the training which was aimed at training Bone Health & Falls Champions by using nationally developed outcomes with a 3 step evaluation based on the Kirkpatrick model of evaluation.

The report showed that, providing the resource was used uniformly and anticipatory action put in place, it was estimated falls could potentially be reduced by approximately 20% by October 2012 and between 25% - 30% by 2015. The introduction of the Fife Toolkit for the prevention and management of falls, which incorporates a bone screen, could result in a reduction in hip fractures by October 2012 being achieved. With even a
1% reduction in hip fractures there would be a resulting saving of £90,000 per annum.

Isabel Easson queried when a web page would be ready to publicise this and Moira Bell advised that her group was due to meet next week and if the Clinical Governance group was in agreement then they would look to put information on the Web.

Nicky Connor said that District Nurses were looking to develop screening tools and Karen Robertson was working on this – Moira Bell agreed to speak to Nicky Connor outwith this meeting in order to discuss pathways.

Julie O’Neill is preparing an Implementation Plan which she will take to the K&L CHP CG Agenda Group in November.

6. CLINICAL EFFECTIVENESS

6.1 K&L CHP Clinical Effectiveness Update September 2011

6.1.1 This report gave an update on the SIGN Guidelines and on Research and Development in K&L CHP.

Avril Eardley informed everyone that a Research Conference is planned for 24th November at Lynebank Hospital. The theme is “Research: The key to achieving more with less”.

6.2 K&L CHP Joint Clinical Effectiveness Audit Report

6.2.1 Avril Eardley stated that there have been some teething troubles with the on-line Register but work is ongoing to resolve the issues. The Appendices to the report gives details of the 2 completed audits.

7. RISK MANAGEMENT

7.1 CHP Risk Work Plan

7.1.1 Julie O’Neill presented the 6-monthly update on the CHP Risk Work Plan. She advised that she has been working with the services who did not have a Risk Register and one is now registered on DATIX. She is working to finalise processes with the remaining 2 Services within the next few weeks and she anticipates all necessary action will be completed by the next Clinical Governance Group meeting.

7.2 CHP Risk Register

7.2.1 There are currently 2 risks on the register. Julie O’Neill advised that she is waiting for an update in relation to Risk 1125 – Rehab. This will now link in with the work ongoing in relation to Reshaping Care and discussions are ongoing with Acute and Stroke Services.

8. IM & T (eHealth) (Capacity)

8.1 E-Health Board Update

8.1.1 Fiona MacKenzie was not able to be in attendance at the meeting but she had provided a written update which was circulated to the Group in advance of the meeting.
The update covered:

- The eHealth Boards and Groups and the intention to refer the composition of these groups to SMT for approval
- The work currently ongoing in Fife to support the Integrated Community and Assessment Service (ICASS)
- The move by health Boards towards an outcome based approach which will be developed over the next 12 months
- The recent work carried out in relation to the new IT Hub in Whyteman’s Brae to serve the changing staff needs

Heather Fernie referred to the fact there may be issues with patient records when a patient transfers, as no provision has been made for a medical records room in the new build at VHK.

8.2
8.2.1

Heather Bett advised the group of the eHealth Audit where NaSH had been audited. She will bring an update on the audit to the next Clinical Governance Group meeting

K&L CHP Web Site

The following documents were submitted to the Group for approval for uploading on to the Web Site:

- CPA in Fife Review
- NHS Fife Mental Health Service Procedures (Index list provided)

The Clinical Governance Group duly approved the documents to be placed on to the Intranet.

Heather Bett requested an update on the Web Site and Julie O’Neill confirmed that the Intranet framework was now on the Intranet. The Internet site is still under development. Heather Fernie said that it was likely that information originally supplied for the site would now be out of date as it has taken so long to achieve progress. Julie O’Neill felt that the majority of the information would still be okay. She advised that work was ongoing to finalise the details for the Sexual Health and MCN pages.

Heather Bett said that she would like to commend Julie O’Neill for the work that she has done in relation to the CHP Web Site.

Julie O’Neill stated that the procedure for uploading information on to the web was due for review and she will issue a draft for comment.

9. ORGANISATIONAL DEVELOPMENT (Learning & Development)

9.1 PLT – Admin Cover

9.1.1 Isabel Easson had referred to this earlier during discussions around the Clinical Governance Work Plan. She confirmed that Julie O’Neill and Sharlyn Dobbie are putting together a pack to assist everyone in organising their PLT sessions.

9.2 K&L CHP Annual Conference

9.2.1 Isabel Easson confirmed that the booking form for the Conference would be issued by the end of the week – final draft currently being checked.

Heather Bett queried if the PLT dates for 2012 were available yet and...
Isabel Easson said that she would send them to Maureen Sullivan to issue to the Group.

10. PATIENT FOCUS PUBLIC INVOLVEMENT

10.1 Better Together Results & Way Forward

10.1.1 Julie O’Neill advised that these results were from the second round of surveys. The reports have been produced in respect of NHS Fife and also a separate set of results specific to Cameron Hospital.

A Quality Improvement Plan will be required and Julie O’Neill will take this forward through the Best Practice group for Cameron and the PPF. Julie O’Neill expressed her concerns over the robustness of the data as there was confusion over some of the terminology used in the survey as it related specifically to Acute services. She will bring her proposals in relation to the Improvement Plan to the next Clinical Governance meeting.

10.2 Complaints Report

10.2.1 This was the standard quarterly report and covered the period 01/04/11 – 30/06/11 and had been submitted to the Clinical Governance Group to:

- note the number of complaints received and;
- note the key issues raised, actions taken and identify any further actions needed

Julie O’Neill advised the Group that the Report now contained details of Ombudsman’s Reports as well as details of informal complaints and enquiries.

The K&L CHP Clinical Governance Group duly noted the Complaints Report.

11. PATIENT SAFETY PROGRAMME

11.1 Patient Safety Report

11.1.1 This is the report that will be submitted to the Patient Safety Implementation Group on 12/10/11 and had come to the Clinical Governance Group for information.

Julie O’Neill said that work was ongoing with testing the new Kardex system and Version 3 was currently being tested at Cameron Hospital; the new SSkin bundle is being tested in the Wellesley Unit in Randolph Wemyss Hospital and the custom measure for Hydration is to be rolled out to all Older People’s Wards starting from November.

12. For Information/Noting

12.1 Ombudsman’s Reports for August 2011, September 2011 – for noting
12.2 PFPI Standing Committee Report for August – for noting
12.3 Departmental Clinical Governance Minutes
Dr Bisset originally advised there was 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 Dr Bisset advised that he was looking for groups to be having discussions at least 3 times per year.

Areas to be covered:
- Clinical Effectiveness
- Risk Management
- IM & T (eHealth)
- Organisational Development
- Patient Focus Public Involvement

Reports received as follows:
- Community Nursing – Interim Report for the 6 months to 30/09/11 – for noting
- Occupational Therapy – minutes from meetings on 10/03/11 and 08/09/11 – for noting
- Older People’s Service – minutes from meetings on 28/04/10, 01/09/10, 02/02/11, 30/03/11 and 25/05/11 – for noting
- Physiotherapy – minutes from meeting on 04/07/11 – for noting
- Podiatry – extracts from Podiatry Management meetings on 24/02/11, 14/04/11 and extracts from Podiatry Staff meetings on 23/02/11, 28/03/11 – for noting
- Dietetics – extract from meeting on 08/06/11 – for noting
- Pharmacy – extracts from meetings on 20/01/11, 24/03/11, 12/05/11, 18/08/11 – for noting

12.4
Isabel Easson thanked everyone for complying with the request from the Clinical Director to submit minutes/reports to the Clinical Governance Group for noting.

12.5 K&L CHP Clinical Effectiveness Standards & Guidelines Update – for noting
Minutes from R&D Meeting 13/06/11 – for noting
Minutes from Learning & Development Partnership Forum 25/08/11 – for noting

13. PROPOSED MEETING DATES FOR 2012

The proposed dates for meetings in 2012 were circulated to the Group in advance of the meeting – no issues were raised with the dates.

13. ANY OTHER COMPETENT BUSINESS

13.1 Isabel Easson advised the Group that this would be her last meeting as she is due to retire next month and she thanked everyone for the help and support that she had received over the years. Everyone in the Group wished her well for the future.

14. DATE OF NEXT MEETING: 2.45 PM ON THURSDAY 24TH NOVEMBER 2011 IN MEETING ROOM 1, CAMERON HOUSE
DISTRIBUTION
Dr L Bisset, Clinical Director, Cameron House
Mrs Isabel Easson, Clinical Governance Manager Kirkcaldy & Levenmouth CHP
Ms Alyssa Bell, Clinical Effectiveness, Mental Health Service
Mrs. Heather Bett, Clinical Services Manager, CASH/GUM Forth Park
Mrs. Anne Callaghan, Lead Nurse, Older People, Cameron Hospital
Mrs. Nicky Connor, Lead Nurse Community Nursing
Mr. George Cunningham, General Manager Kirkcaldy & Levenmouth CHP
Mrs. Jill Dow, Head OT, Older People Services Cameron Hospital
Mrs. Moira Dunsire, Podiatry Development Co-ordinator
Mrs. Avril Eardley, Clinical Effectiveness Facilitator Kirkcaldy & Levenmouth CHP
Mrs. Heather Fernie, Business Manager Cameron House
Dr Harris, Consultant, Rheumatology Cameron Hospital
Mr. Barrie Higgins, Facilities Manager
Mrs. Janie Gordon, Dietetics & Nutrition Pentland House
Ms. Mhairi Leslie, Physiotherapy Services
Mrs Fiona MacKenzie, Local Clinical Service Manager Cameron House
Ms Barbara Anne Nelson, Head of Human Resources, Hayfield House
Mrs Julie O’Neill, Risk Manager, Kirkcaldy & Levenmouth CHP Cameron Hospital
Mrs Wilma Phillips, PPF Representative
Mrs. Mary Porter, Head of Nursing, Cameron House, Cameron Hospital
Dr Carol Skelton, Fife Rehabilitation Service, Cameron Hospital
GP, vacant

Copied for information to:
Simon Fevre, Staff Side Representative
<table>
<thead>
<tr>
<th>ITEMS FOR INFORMATION:</th>
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<tbody>
<tr>
<td>CHP COMMITTEE MEETINGS/DEVELOPMENT SESSIONS 2012/13</td>
</tr>
</tbody>
</table>
## Kirkcaldy and Levenmouth CHP
### Dates for CHP Committee Meetings/Development Sessions 2012/13

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>Venue</th>
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<tbody>
<tr>
<td>17th January 2012</td>
<td>14:00 – 16:30</td>
<td>Committee Meeting</td>
<td>Thomson House, Methil</td>
</tr>
<tr>
<td>14th February 2012</td>
<td>13:00 - 15:00</td>
<td>Joint CHP MT/Committee Development Session</td>
<td>Activities Room, Playfield House</td>
</tr>
<tr>
<td>13th March 2012</td>
<td>14:00 – 16:30</td>
<td>Committee Meeting</td>
<td>Town House, Kirkcaldy</td>
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<td><strong>April 2012</strong></td>
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<td><strong>NO MEETING</strong></td>
<td></td>
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<tr>
<td>8th May 2012</td>
<td>14.00 – 16.30</td>
<td>Committee Meeting</td>
<td>Thomson House, Methil</td>
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<tr>
<td>12th June 2012</td>
<td>13.00 – 15.00</td>
<td>Development Session</td>
<td>Meeting Room 1, Cameron House</td>
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<tr>
<td>10th July 2012</td>
<td>14.00 – 16.30</td>
<td>Committee Meeting</td>
<td>Thomson House, Methil</td>
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<td><strong>August 2012</strong></td>
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<td><strong>NO MEETING</strong></td>
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<tr>
<td>11th September 2012</td>
<td>14.00 – 16.30</td>
<td>Committee Meeting</td>
<td>Thomson House, Methil</td>
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<tr>
<td>9th October 2012</td>
<td>13.00 – 15.00</td>
<td>Development Session</td>
<td>Activities Room, Playfield House</td>
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<tr>
<td>13th November 2012</td>
<td>14.00 – 16.30</td>
<td>Committee Meeting</td>
<td>Thomson House, Methil</td>
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<tr>
<td>11th December 2012</td>
<td>13.00 – 15.00</td>
<td>Development Session</td>
<td>Meeting Room 1, Cameron House</td>
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<tr>
<td>15th January 2013</td>
<td>14.00 – 16.30</td>
<td>Committee Meeting</td>
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Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 17th January 2012
Agenda Item No 11.

DATES FOR DIARY

Joint CHP Committee / Management Team Development Session
Tuesday 14th February 2012 @ 13.00 – 15.00pm, Activities Room, Playfield House, Stratheden Hospital, Cupar.

CHP Committee Meeting
Tuesday 13th March 2012 @ 14.00pm, Town House, Kirkcaldy.