UNCONFIRMED MINUTES OF THE MEETING OF GLENROTHES AND NORTH EAST FIFE COMMUNITY HEALTH PARTNERSHIP COMMITTEE HELD ON 18 SEPTEMBER 2013 AT 2PM WITHIN THE JP COURTROOM, CUPAR

Present:
Mr A Morris, Chair
Ms D Adams, Dental Representative
Mr K Cochran, NHS Fife Board Non Executive
Mrs M Harper, NHS Fife Board Non Executive
Mrs V Irons, CHP General Manager
Councillor M Kennedy

Mrs L Mackenzie, AHP Representative
Mrs A Nicol, Area Partnership Forum
Dr C Preston, Registered Medical Practitioner
Councillor I Sloan
Mrs M Tevendale, Associate Nurse Director
Dr E Wallace, Clinical Lead

In Attendance:
Mr B Anderson, Deputy Director of HR
Mr A Briggs, Assistant Director of Finance
Mrs T Briggs, Asst Director, Clinical Delivery

Mr K Chater, Corporate Support Manager
Mrs J Paterson, Fife Council

NO  HEADING  ACTION
53/13  DECLARATION OF MEMBERS’ INTERESTS
There were no declarations of interest noted.

54/13  CHAIR’S WELCOME AND OPENING REMARKS
Mr Morris welcomed all to the meeting and noted the good news that the XRay department in Glenrothes Hospital reopened on 29 July.

The Community Cafe at the Adamson Hospital has also recently opened to patients, relatives and staff and an official opening ceremony will be planned for October.

Visits have been made to in-patient areas in Adamson, Glenrothes and St Andrews Community Hospitals as well as the Hospice Unit at Victoria Hospital and the Renal Unit based within St Andrews Hospital to present certificates to celebrate not having had a hospital acquired infection in the past 12 months. Local staff greatly value these visits.

The upgrade to the hospice unit at Queen Margaret Hospital (QMH) is underway and the ward has been decanted to allow the refurbishment to go ahead with minimal disruption to patients. The area will be refurbished to a high standard as agreed by the CHP using endowment funds.

Concern was noted however regarding further works advised at the Acute Services Division meeting. These are to be commenced within QMH on wards near the hospice unit which may disturb patients. To be investigated.

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55/13 APOLOGIES FOR ABSENCE

Apologies were received from Mrs T Anderson, Nurse Representative, Ms I Corbin, PPF Representative, Ms Sarah Donaldson, Pharmacy Representative, Dr A Kyle, General Practitioner, Mr Kenny Murphy, Voluntary Sector Representative and Ms F Purdon, NHS Fife Board Non Executive

Attendees
Apologies were received from Mrs T Anderson, Nursing Representative, Mrs R Fearon, Fife Council, Mr J Rotheram, Facilities Manager

56/13 MINUTES OF PREVIOUS MEETING HELD ON 3 JULY 2013

The minutes of the meeting held on were confirmed as an accurate record with an amendment to the venue.

56/13 MATTERS ARISING

56/13/1 FEEDBACK FROM NHS BOARD - PRIMARY CARE EMERGENCY SERVICE (PCES) GLENROTHES HOSPITAL

Noted extensive discussion held at NHS Fife Board where all information was presented to members who then voted 9-8 for the service to remain in Glenrothes.

The paper included advantages and disadvantages of the service being in Glenrothes. Work is ongoing to identify works required now there is agreement to sustain service. Once developments are confirmed these will be reported back to the Committee.

57/13 ICASS DEVELOPMENT UPDATE

An update on the continued development of the Integrated Community Assessment and Support Service (ICASS) was presented to the Committee.

Single Point of Access - Patient Flow Co-ordinators will work across both acute and community hospitals to facilitate the flow of patients requiring complex packages of care

Hospital at Home - All nursing staff have completed the initial training programme and the first cohort have now passed the course. Service commenced in Glenrothes taking referrals from the Admissions Unit. Five patients referred so far as part of the system testing. Further roll out is planned from 23 September.

The new Medicine for the Elderly Consultant, Dr Suzanne Burns commenced on 16 September 2013 and will provide support to GNEF.

The MIDAS system will connect with SCI Gateway through a portal.

Health Care Support Workers have been advertised as permanent and are being recruited through NHS Fife.

It was agreed that it would be useful for Committee members to have an opportunity to meet the ICASS team. To be arranged.

Links with Social work were queried and it was confirmed that there had been various discussions with council colleagues.
It was noted that an informal briefing/visit to the Hub had been arranged for Councillors and that this could be arranged for anyone interested. Also noted that Mrs Irons would be attending the Area Committee meeting to give a brief of the work to date.

Concern raised that only 5 people were referred in a 4 week period. It was explained that 5 patients had been identified as appropriate for the test period. Rapid access clinics have been discussed with new consultant who will also look at GP input.

Members queried how the system will cope once service is upscaled. Dunfermline & West Fife have now had 500 through their system and referrals and workloads will be monitored to ensure delivery in GNEF.

Noted that the dynamics of GNEF CHP are quite different and we use our community hospitals and staff in a different way. Services are very heavily monitored and should show if any service is reaching surge capacity.

The virtual ward will be monitored weekly and surge capacity identified for how many can be treated at home during winter months. Reports can be made available to Committee members to demonstrate how this works and an update will be provided at a future meeting.

58/13  ANTICIPATORY CARE

Dr Wallace gave an interesting presentation on the role of Clinical Director and the benefits/challenges of anticipatory care.

Anticipatory care planning is a process of discussion between a patient and carer, family and/or friends. An Anticipatory Care Plan (ACP) is given to patients with high risks or complex issues eg dementia. They are patient centred, based on patient’s and family’s wishes and are a simple description of what should happen in an emergency or if a care problem occurs.

ACPs can reduce emergency admissions and a recent study showed that their use reduced the number of days a patient might spend in hospital, with fewer re-admissions. An electronic form documents patient’s needs and is available through their GP system to NHS 24, out of hours, ambulance and acute services.

Support from secondary care and social work is required to ensure the launch to general practice is successful. Agreed links should be made to ICASS, etc.

It was noted that Fife Council’s Care Programme Approach which is a similar programme has worked very well.

59/13  LOCAL DELIVERY PLAN

59/13/1  Finance & Activity

Mr Briggs presented the financial report for the first 4 months of the year to 31 July. The CHP is currently £16k overspent on managed clinical services and £116k overspent on prescribing based on 2 months actual and 2 month estimated spend.

The prescribing overspend has reduced due to significant work being undertaken. There have been savings identified by the CHP and also from national discounts. The Board overall is £300,000 underspent compared to £1m overspend last year.
The CHP was £216,000 overspent at this time last year.

The CHP received income of £52,000 for ICASS and £45,000 for supplies inflation.

Community services – overspend within intermediate care due to increased bank costs.

Palliative Care - overspend has decreased from last month to £17,000. It was noted that the CHP was aware of the budget issues at the time of its transfer but agreed to the transfer in best interests of the Palliative Care service.

There are other areas in the CHP where there is underfunding due to incremental drift but it is anticipated that over time this will be resolved. Some of the issues are from bandings received through Agenda for Change and work is ongoing to address skill mix.

Community equipment – overspent due to ongoing maintenance costs and recharges.

Efficiency savings
£160,000 savings identified and due to deliver further non cash savings against the Efficient Government target of 3%.

Capital
Expenditure ongoing on Glenwood Health Centre which is progressing well and ahead of schedule.

In Glenrothes Hospital the installation of the fire sprinkler system is progressing well.

The CHP minor works group have now identified additional funding to progress work on the Adamson alarm system.

The committee noted the finance report.

59/13/2 Health & Safety
The next meeting is to be held on 19 September. Noted work ongoing on Skin health surveillance.

59/13/3 Clinical Governance
Due to an administration issue the minutes from the last meeting were not available. These will be circulated to the Committee once available.

There have been no significant major risks reported within the CHP since the last meeting.

Noted that the CHP’s Clinical Effectiveness Facilitator was shortlisted for a National Patient Safety Award and attended the awards ceremony in London. She unfortunately didn’t win but the CHP’s entry on the Prevention of Catheter Associated Urinary Tract Infection using Improvement Science was the only Scottish entry shortlisted so this was a major achievement.

A survey of clinical competencies within the community hospitals is being undertaken in order to identify training needs and ensure staff are being used to their full potential.

Noted more complex patients are being seen within the hospitals with more frail,
elderly and psychological needs.

Noted that the ward certificates referred to earlier included for the first time a certificate for achieving no catheter acquired infections during the year. This shows how making changes in care can have good effects for patients.

The Committee noted the minutes.

06/12/4 Staff Governance
The next meeting is to be held on 19 September. Attendance management work is ongoing and preparation is underway for the results of staff survey.

It was queried if staff has confidence in internal systems following criticism of NHS Fife in recent press. It was noted that the staff survey should reveal how staff feel and the extent of how this is demonstrated within the survey will help the Board to ensure appropriate systems in place where required.

All staff should be aware that there is support available and there have always been mechanisms in place both internally and nationally. There is an obligation on every individually to report and this has been widely advertised.

Noted that the General Manager and Associate Director of Nursing intend to raise their visibility over next few months to ensure staff are aware they are approachable.

CHP GENERAL MANAGER

Health & Social Care Partnership
The new Discharge Hub in Victoria Hospital is now operational and has successfully supported people to return home over the past 6 weeks.

Agreement is now in place with Fife Council for them to support the hub with homecare assessors and work in partnership to provide packages to allow people to go home using the current workforce and the Health Care Support Workers currently being recruited.

There is an ongoing recruitment drive for coordinators, team leaders, etc which has seen some delay. However, those employed within Fife have been asked to be released early. Once all in place to look at testing full co-location of teams.

The Shadow Board meets this week and will look at action plans.

Met with members of the Bill Team held last week and given feedback on comments received which will result in some changes to the Bill. There are likely to be more amendments and guidance over the next 12-15 months but partnerships are to continue integrating services at a local level.

Alan McClure intermediate care provision is still in place and looking at applying model with some other facilities.

Glenwood Health Centre – all aspects of the development are on target for completion. It was noted that sites for a care village were being investigated in Glenrothes and the Glenwood site is being considered.
60/13 ITEMS FOR INFORMATION

60/13/1 CHP Core Management Team
Noted very useful and interesting efficiencies presentation given to the team.
Noted waiting room chairs at Adamson raised as a trip risk under Health and safety.
Adamson Alarm system – as noted earlier capital funding has been identified to provide solution to issue of alarms not sounding in some areas.

60/13/2 Public Partnership Forum
Minutes noted.

60/13/3 QMH Development Project Board
Minutes noted.

61/13 AOCB

Mrs Purdon will be asked to Chair the next meeting in Mr Morris’ absence.

62/13 DATE AND TIME OF NEXT MEETING

The next meeting will be held on Wednesday 6 November at 2pm within CR 3 Fife House, Glenrothes