1. **INTRODUCTION**

1.1 This paper and accompanying presentation provide some background on Fife Health and Wellbeing Alliance, outline the strategic partnership approach to reducing health inequalities in Fife and highlight some key issues which may impact on how we work together to reduce health inequalities in Fife.

2. **BACKGROUND**

2.1 **Fife Health and Wellbeing Alliance**

Fife Health and Wellbeing Alliance is part of Fife’s community planning structure in Fife. It is a partnership between Fife Council, NHS Fife and the voluntary sector in Fife and is chaired by the chair of NHS Fife. The Alliance is responsible to the Fife Partnership for ensuring progress towards the long term community plan outcome ‘improving the health of Fifers and narrowing the health inequality gap’. Edward Coyle, Director of Public Health, acts as the lead for this outcome.

The Alliance aims to develop a shared understanding of health inequalities across organisations and services in Fife. It runs a health inequalities funding programme to support the outcomes of the plan; co-ordinates public health information and stats around health inequalities; runs workshops and supports training and hosts a small website aimed at workers with a role in improving health and wellbeing [www.healthyfife.net](http://www.healthyfife.net). The Alliance has several strategy groups which take forward work around specific topics such as sexual health, physical activity and suicide prevention.

2.2 **Fife Health and Wellbeing Plan 2011-14**

Fife’s Health and Wellbeing Plan 2011-14 outlines the strategic approach to reducing health inequalities in Fife. It recognises the wide range of issues which impact on health and wellbeing. The plan seeks to influence organisational approaches to health and wellbeing in Fife and lays out how public and voluntary organisations should work together with Fife’s communities to reduce health inequalities. It deals with ten intermediate outcomes across the three years of the plan.

The plan promotes working across three themes:-
- supporting healthier lifestyles for individuals and families
- creating and sustaining healthier places and communities
- changing the way organisations work

3. **Partnership working to reduce health inequalities**

The Alliance has a strong history of partnership working around health and wellbeing. It links with a range of other partnerships and organisations in Fife to progress work to reduce health inequalities. The CHP General Managers and health improvement teams have explicit links to Alliance structures.
Other services and teams managed by CHPs play a clear role in reducing health inequalities - for example, mental health services, health visitors and other community based nursing services and allied health professionals.

The Alliance is keen to ensure that the strong partnerships for tackling health inequalities, which have been built up over many years, endure through changes currently facing the public and voluntary sectors - including public sector cuts, welfare changes, health and social care integration and decentralisation.

Communities experiencing the greatest health inequalities are at risk of being most affected by some of these changes - the Alliance aims to ensure that community planning partnership organisations work in ways that are most likely to contribute towards reducing health inequalities.

4. **RECOMMENDATION**
The Kirkcaldy & Levenmouth CHP Committee is asked to:

- **note** the content of report and presentation
- **consider** how its services can continue to play a key role in reducing health inequalities, in partnership with other community planning partnership organisations.

**REPORT BY:** VIVIENNE BROWN, HEALTH IMPROVEMENT ADVISER, FIFE COUNCIL PARTNERSHIP CO-ORDINATOR, FIFE HEALTH AND WELLBEING ALLIANCE
1. **INTRODUCTION**

1.1 The Improving Health Team work with NHS Fife staff and partner agencies within Fife Council and the voluntary sector to reduce health inequalities by promoting healthy lifestyles and trying to improve people’s life circumstances.

The Improving Health Team align their work with the Fife Partnership’s Health and Wellbeing Plan which is the main strategy for Fife that focuses on reducing health inequalities and aims to create a healthier future for Fife, where there is equal opportunity for good health and wellbeing across all communities.

The aim of this paper is to update the Committee about a sample of the work being undertaken by the Improving Health Team to reduce health inequalities in Kirkcaldy.

2. **BACKGROUND**

2.1 Kirkcaldy within Kirkcaldy and Levenmouth Community Health Partnership has large pockets of deprivation and has a history of poor health. Poor health is strongly linked to deprivation and inequality. The Scottish Index of Multiple Deprivation (SIMD) 2009 identifies small area concentrations of multiple deprivation across Scotland. Kirkcaldy has 19 data zones in the worst 20% areas of deprivation, with 3 data zones in the worst 5%.

Recent child poverty statistics reveal that Fife has 20% of children living in families on out of work benefits, with 23% within Kirkcaldy & Cowdenbeath living in child poverty (End Child Poverty 2012).

2.2 Health statistics demonstrate that health for the people living in Kirkcaldy is significantly worst that the rest of Fife:

- All cause mortality in the Kirkcaldy area for those aged under 75 is 4.7 compared with 4.4 in Fife - All cause mortality rate per 1000 population all ages (2008)

- Hospital admissions for coronary heart disease in the Kirkcaldy area is 625 compared with 554 in Fife - Coronary heart disease admission rate per 100,000 population all ages (2008)

- Hospital admissions for drug misuse in the Kirkcaldy area is 15.28 compared with 13.75 in Fife - Hospital admissions for drug misuse - rate per 10,000 population (2001-2004)

2.3 The Roving Health Information Point, part of the Equally Well test site, was set up in 2010 within in the Co-op supermarket in Templehall, offering health information and health checks to shoppers.
This service was seen as an innovative way of helping to improve the health of people who are living in areas of deprivation by enabling and empowering them to make lifestyle changes supported by a Nurse. The Roving Health Point then moved to other areas such as Asda and the Bingo Hall in Kirkcaldy.

3. WELL ON WHEELS PROJECT

3.1 Well on Wheels has been developed from the previous work that was carried out in Templehall, and is being rolled out within the Kirkcaldy Local Community Planning priority areas of, Gallatown, Linktown and Inverteil, Templehall and Burntisland.

Well on Wheels is a project that aims to reduce health inequalities by making information and health advice more accessible to the most vulnerable groups.

3.2 The Improving Health Team secured funding from the Kirkcaldy Local Community Planning Group to develop the project, using a mobile unit. The project started in June 2013 with the Well on Wheels van enabling the Nurses to access the heart of communities and invite local residents to drop in, to access health and wellbeing information and advice and if necessary let the Nurses know if they have any health concerns.

3.3 The aims of the Well on Wheels Project are:

• To engage with vulnerable families, in identified Scottish Index of Multiple Deprivation (SIMD) areas
• To bring healthcare directly into the heart of the community
• To allow the community to set the schedule and direct us towards their individual needs
• To improve our understanding of community’s health priorities and incorporate same in future delivery.
• To initiate positive lifestyle changes through awareness of and access to, health advice and information

3.4 Some people have come on board for advice about drug issues, healthy eating, stress, cutting down on smoking or drinking or to have a mini health check. The Nurses are also trained in Welfare Reform and are able to offer support and advice to the public around the benefit changes.

3.5 The use of the van, given to us by the NHS Fife Dental Health Promotion team for 1 year, allows us to drive into areas without community buildings, park up and open for business. The Well on Wheels van has been welcomed at the Castle in Burntisland, Link Street, Templehall, Cairn street and the Bowling Club in Gallatown, Overton Community Centre, Fairisle Primary School for the parents and grandparents and B & Q.

Attendance has been high with members of the public appreciating the Nurses coming into their communities.

3.6 Evaluation is carried out using monitoring forms, patient satisfaction questionnaires and client stories.

Many of those referred on, through our linked pathways, have returned to the unit to thank the nurses for the help they received and advise them of their progress. From June until December 2013, 192 people came aboard the Well on Wheels van to speak with the Nurses.
Eighty three were men and one hundred and six were women with three missing data.

3.7 A random sample of people on the Well on Wheels van were asked to fill in a satisfaction questionnaire, these are some of the comments:

- They listened and understood my problems their advice was first class and I feel hopeful
- Staff made me feel welcome allayed my anxiety
- Very pleasant friendly staff
- Nurses made appointment for me at dentist. Very thankful for their time as I would have not done this on my own.
- Supporting service accompanied me to local library to look up learning opportunities. Have access to health point at various places.

4. THE FUTURE
4.1 Due to the high use of alcohol and drug use in the communities the Nurses have visited, the Improving Health Team in consultation with local people and the Alcohol and Drug Partnership aim to be trained up in triaging, so that they can refer clients directly into the addictions services within NHS Fife and the voluntary sector.

The Nurses are also being trained in overdose prevention and will have opportunities to shadow the team at Addaction Fife.

The Improving Health Team are working with the NHS Fife e-health team to develop software for Ipads to use with clients on the Well on Wheels van to access websites and to be able to refer clients to relevant services using Fife Online Referral Tracking system.

4.2 The Welfare Reform Team from Citizens and Advice Rights Fife are working in partnership with the Improving Health Team and are working alongside the Nurses offering Benefit Clinics.

4.3 The Improving Health Team plan to take the Well on Wheels van into areas within Levenmouth in 2014 and will be working in partnership with Community Learning and Development, Community Use Schools and the Locality Support Team within Fife Council.

5. RECOMMENDATION
5.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:

- note the content of this paper
- approve of the approach being taken to address health inequalities in the CHP area

REPORT BY: JACKIE BARBOUR, TEAM LEADER
AILEEN WILSON, HEALTH IMPROVEMENT NURSE
IMPROVING HEALTH TEAM
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 14th January 2014
Agenda Item No 7.3

IMPROVING HEALTH: WELFARE REFORM STUDY

A briefing paper and presentation will be available at the Committee Meeting.

REPORT BY: ROBERT Mcgregor
SUSTAINABLE COMMUNITIES PROGRAMME MANAGER
FIFE COUNCIL
1. **PURPOSE OF PAPER**
   1.1 To provide the CHP Committee with an update in relation to the Announced Healthcare Environment Inspectorate (HEI) Inspection of the Cameron Hospital site.

2. **INTRODUCTION**
   2.1 On Tuesday 24 September 2013 the Cameron Hospital site was subject to an Announced HEI Inspection.

   2.2 The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake inspections of all acute hospitals across NHS Scotland. From September 2013 community (non-acute) hospitals will be included in our inspection programmes.

   Their focus is to improve the standards of care for patients through a rigorous inspection framework. Specifically we will focus on:

   - Providing public assurance and protection, to restore public trust and confidence
   - Ensuring care is delivered in an environment which is safe and clean, and
   - Contributing to the broader quality improvement agenda across NHSScotland.

2.3 The Inspection Team assessed the hospital against the NHS Quality Improvement Scotland (NHS QIS) healthcare associated infection (HAI) standards and inspected the following areas:

   - Balcurvie (rehabilitation)
   - Balgonie (rehabilitation)
   - Letham (stroke)
   - Physiotherapy and occupational therapy departments for over 65s
   - Sir George Sharp Unit (physiotherapy and occupational therapy rehabilitation unit for under 65s).

2.4 The inspection team was made up of four inspectors and a public partner, with support from a project officer. One inspector led the team and was responsible for guiding them and ensuring the team members were in agreement about the findings reached. A key part of the role of the public partner is to talk to patients and listen to what is important to them.

3. **SUMMARY OF INSPECTION**
   3.1 Overall, the Inspection Team found evidence that NHS Fife is complying with the majority of NHS QIS HAI standards to protect patients, staff and visitors from the risk of acquiring an infection.
3.2 However, we did find that further improvement is required in the following areas:
• Ensuring that clinical wash hand basin units, in particular the taps, comply with guidance,
• Ensuring all staff identify specific HAI objectives within their annual personal development plan or equivalent.

A copy of the full report will be distributed separately from the CHP Committee Pack.

4. IMPROVEMENT PLAN
4.1 This inspection resulted in two requirements and two recommendations. The requirements are linked to compliance with the NHS QIS HAI standards.

A full list of the requirements and recommendations will be distributed separately from the CHP Committee Pack.

4.2 The CHP Clinical Governance Group is currently monitoring progress with the actions in the Improvement Plan. Learning is also being shared through the Fife Infection Control Committee.

4.3 As part of the CHPs ongoing commitment to HAI prevention we have re-inspected all the departments within Cameron Hospital site. This work is being supported by a multi-departmental team including clinical staff, domestic services, facilities, estates and infection control. This will continue to be taken forward through the CHP HAI audit programme which commenced in 2012 and will not only focus on supporting the Cameron Site but across the wards and clinical services within the CHP.

4.4 A progress update will be requested from the HEI Inspection Team in January 2014 to evidence delivery against action plan. We are on track to delivering against all areas in the action plan and will be able to give this assurance to the inspection team.

5. RECOMMENDATION
5.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:

• note the content of the Final HEI Report and Improvement Plan.
INTRODUCTION

1.1 Performance against the Suicide HEAT Target was noted at the previous Committee meeting. Performance is below the expected improvement trajectory.

1.2 This paper aims to give context to the Fife position and so provide a greater understanding of our performance and the broader challenge posed by this target.

BACKGROUND AND CONTEXT

2.1 The HEAT target set by the Scottish Government seeks a 20% reduction (overall) in the incidence of suicide in Scotland. The baseline was set using the 2 year rolling figure in the period 2000/2002. The baseline incidence for Scotland (average) was 17.4 suicides per 100,000 population; giving a final target incidence of 13.9 suicides per 100,000 population.

2.2 Whilst the 20% reduction is an overall Scotland target, each NHS Board also holds to the 20% reduction target for their area. Historically Fife has had a lower incidence than the Scottish average. The baseline incidence for Fife was 15.8 suicides per 100,000 population; giving a final target incidence of 11.7 suicides per 100,000 population.

2.3 The latest figures for the 2 year rolling period 2010/2012 show an 18% reduction across Scotland. That is the average figure accounting for the performance of all Board areas and there is considerable variation. Although the Fife performance is showing as ‘not met’ against our trajectory, there has been a 16% reduction in the number of suicides per 100,000 population. Other Boards have shown no improvement or their rate has actually increased.

2.4 At the outset of the HEAT Target, Fife was the fourth lowest Board area for suicides. That remains the position.

2.5 There are points that need to be considered when reviewing the suicide HEAT target performance:

- Suicide remains a very rare cause of death. Consequently, the figures in each Board area are, statistically, very small and so small numerical variations can give a disproportionate look to the performance figures. Our performance shortfall equates to 3 individual deaths over the most recent reporting period.
- There can be significant variations in suicide numbers on a year to year basis.
- The nature of the performance monitoring makes it difficult to show improvement as it tends to be an all or nothing (met/not met) status report.
3. **ADDITIONAL INFORMATION**

3.1 There has always been an element of concern that a suicide HEAT target should be applied to the health services. Suicide is a social problem where the causes are multi-factorial and unique to each individual. Consequently, embedding the responsibility for suicide reduction within the health service is likely to address only a limited range of relevant issues.

3.2 The approach is further constrained by placing the responsibility within mental health services. It is absolutely correct that mental illness increases the risk of suicide and improved measures can be put in place to help tackle the potential problem in certain at risk groups, but the suicide of individuals under the care of mental health services at the time of their death, or who had been in contact with services in the 12 months preceding their death, accounts for only 30% of the total number of suicides. The remainder have had no contact with mental health services.

3.3 A wide ranging consultation exercise has been taking place over the past 12 months concerning the Scottish Government’s suicide prevention strategy. Representation has been made on many of the points noted above. A revised strategy is expected to be published in December 2013.

4. **RECOMMENDATION**

4.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:-

- **note** the content of the report and the improvement in performance.

<table>
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<tr>
<th>REPORT BY:</th>
<th>BOB McLEAN, GENERAL MANAGER</th>
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<tr>
<td></td>
<td>MENTAL HEALTH SERVICES</td>
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</table>
1. **INTRODUCTION**
1.1 Health Boards have been required to monitor cleaning standards since April 2006. From April 2010 environmental issues linked to Estates Maintenance were included in the monitoring framework.

2. **STANDARD**
2.1 The standard NHS Fife is expected to achieve for both Domestic and Estate Services is 90%.

3. **MONITORING RESULTS**
3.1 The Domestic Results for Cameron, Randolph Wemyss and Whyteman’s Brae Hospitals identifies that the standard was met for all areas for the period November 2012 to November 2013. The only areas of concern are Cameron and Randolph Wemyss Hospitals where for two months of the year (January and February) the scores were marginally above 90%. Computer software selects areas at random and Randolph Wemyss Hospital was not selected in February and April.

The Domestic Report for Stratheden Hospital identifies all areas above 90% with the exception of October 2013. This was due to one particular area of the hospital which, unfortunately, did not meet the standards expected and this, in turn, affected the overall score. This area has now been addressed.

3.2 There is more variance in the Estates scores which, in part, is due to the buildings’ age and condition. Stratheden Hospital produces the most consistent scores, meeting the 90% standard for 11 months. Whyteman’s Brae has produced the poorest scores under achieving in five months of the year. Cameron Hospital has also produced two <90% scores this year. Computer software selects areas at random and Randolph Wemyss Hospital was not selected in February and April.

4. **SUMMARY**
4.1 Scores indicate a good level of cleanliness in CHP premises throughout the last year, however, there are some areas of concern in relation to maintenance where improvement is required.

5. **RECOMMENDATION**
5.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:

- **note** the Estates and Facilities Audit Report for the period November 2012 – November 2013.
### Domestic Results April 2012 - March 2013

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![Domestic Results Graph](chart.png)
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**Estates Results April 2012 - March 2013**
## Domestic Results April 2012 - March 2013

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<td>Stratheden</td>
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<td>94.5</td>
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<td>93.4</td>
<td>97.2</td>
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<td>92.9</td>
<td>95.0</td>
<td>83.9</td>
<td>94.0</td>
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### Domestic Issues

- November 2012: 95%
- December 2012: 93%
- January 2013: 92%
- February 2013: 90%
- March 2013: 89%
- April 2013: 91%
- May 2013: 92%
- June 2013: 94%
- July 2013: 93%
- August 2013: 92%
- September 2013: 91%
- October 2013: 68%
- November 2013: 90%
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<td>Stratheden</td>
<td>88.5</td>
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Estate Issues
1. INTRODUCTION

1.1 The NHS Scotland Staff Survey 2013 was conducted between 27 May 2013 and 5 July 2013 and building upon the previous 2006, 2008 and 2010 surveys, provided staff with the opportunity to provide feedback on their experience of working for NHS Fife.

1.2 The results of the survey are intended to be used to identify areas where things are going well, but also to highlight potential areas for improvement. The results can also be used to monitor trends over time and to assess organisational performance against the five key elements of the Staff Governance Standard.

A copy of the NHS Fife report will be distributed separately from the CHP Committee Pack.

1.3 It is necessary when considering and using the outcome of the staff survey to consider how the results were calculated, and some important points and caveats. To aid in this aspect, a User Guide has been provided to NHS Boards.

1.4 As with previous surveys, the main unit of measurement is the percentage of staff who answered positively to each question.

2. SURVEY RESPONSE

2.1 NHS Fife Statistics:

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<tr>
<td>Response Rate</td>
<td>2,764</td>
<td>33%</td>
</tr>
<tr>
<td>Online Responses</td>
<td>2,425</td>
<td>88%</td>
</tr>
<tr>
<td>Paper Responses</td>
<td>339</td>
<td>12%</td>
</tr>
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</table>

2.2 In 2010 there were 274 responses from Kirkcaldy / Levenmouth CHP staff which equated to 18% of the NHS Fife total response. The 274 responses equated to 17% of the total staff within the CHP.

2.3 In 2013 of the 2,764 NHS Fife employees who responded to the survey, staff within Kirkcaldy and Levenmouth CHP accounted for 25% of this total. There were 685 responses from the CHP staff, which equates to 44% of the total staff within the CHP.
This is a significant improvement in terms of the return rate from staff within the CHP.

2.4 At a national Scotland, NHS Fife Board and CHP level the results mirror a similar outcome. This suggests that there has been an overall dip in employee satisfaction from 2010 to 2013. Whilst this outcome is disappointing it also provides the opportunity to consider the views of staff and to develop actions which seek to improve staff engagement going forward.

3. COMPARISON BETWEEN 2010 AND 2013 RESULTS

3.1 This paper shows the 2013 results in comparison to those recorded in 2010. The difference in the outcomes is detailed in the last column.

3.2 In considering the responses it has to be noted that for some questions a direct comparison cannot be made for two reasons. Firstly the question may not have an outcome for 2010 or 2013 as it was not asked within that survey. Secondly, there were some questions which were not asked in both surveys or were not asked in exactly the same manner or format between the 2010 and 2013 survey.

3.3 It is disappointing to note that for the questions asked within both surveys, the majority of these show a less positive outcome than in 2010.

3.4 These are listed below these are percentages based upon staff answering positively in all cases unless indicated otherwise where a “NO” was taken as a positive response. For example:

<table>
<thead>
<tr>
<th>WELL INFORMED</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
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<tbody>
<tr>
<td>I am kept well informed about what is happening in my Board</td>
<td>48</td>
<td>35</td>
<td>-13</td>
</tr>
<tr>
<td>My line manager communicates effectively with me</td>
<td>63</td>
<td>57</td>
<td>-6</td>
</tr>
<tr>
<td>I am clear what my duties and responsibilities are</td>
<td>88</td>
<td>84</td>
<td>-4</td>
</tr>
<tr>
<td>I understand how my work fits into the overall aims of the Board</td>
<td>79</td>
<td>67</td>
<td>-12</td>
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<thead>
<tr>
<th>APPROPRIATELY TRAINED AND DEVELOPED</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your KSF help agree clear objectives for your work?</td>
<td>73</td>
<td>70</td>
<td>-3</td>
</tr>
<tr>
<td>Did you agree a PDP or equivalent?</td>
<td>89</td>
<td>87</td>
<td>-2</td>
</tr>
</tbody>
</table>

This is balanced by the following:

<table>
<thead>
<tr>
<th>APPROPRIATELY TRAINED AND DEVELOPED</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had a KSF development review, performance review, appraisal, PDP Plan meeting or equivalent in the last 12 months?</td>
<td>58</td>
<td>60</td>
<td>+2</td>
</tr>
<tr>
<td>Have you received or expect to receive the training outlined in the plan?</td>
<td>78</td>
<td>81</td>
<td>+3</td>
</tr>
<tr>
<td>INVOLVED IN DECISIONS</td>
<td>2010</td>
<td>2013</td>
<td>Diff</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Staff are always consulted about changes at work</td>
<td>26</td>
<td>24</td>
<td>-2</td>
</tr>
<tr>
<td>I have sufficient opportunities to put forward new ideas or suggestions for improvement in my workplace</td>
<td>57</td>
<td>52</td>
<td>-5</td>
</tr>
<tr>
<td>I am confident my ideas or suggestions would be listened to</td>
<td>46</td>
<td>42</td>
<td>-4</td>
</tr>
<tr>
<td>I have a choice in deciding what I do at work</td>
<td>52</td>
<td>37</td>
<td>-15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATED FAIRLY AND CONSISTENTLY</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>My line manager encourages me at work</td>
<td>62</td>
<td>56</td>
<td>-6</td>
</tr>
<tr>
<td>I get the help and support I need from colleagues</td>
<td>81</td>
<td>76</td>
<td>-5</td>
</tr>
<tr>
<td>My Board acts fairly and offers equality of opportunity with regard to career progression / promotion</td>
<td>70</td>
<td>45</td>
<td>-25</td>
</tr>
<tr>
<td>During the past 12 months have you experienced bullying/harassment from your manager (% answering No)</td>
<td>Different question asked</td>
<td>88</td>
<td>-</td>
</tr>
<tr>
<td>During the past 12 months have you experienced bullying/harassment from other colleagues (% answering No)</td>
<td>Different question asked</td>
<td>85</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDED WITH A SAFE WORKING ENVIRONMENT</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe it is safe to speak up and challenge the way things are done if I have concerns about quality, negligence or wrongdoing by staff</td>
<td>58</td>
<td>56</td>
<td>-2</td>
</tr>
<tr>
<td>Health and Safety training paid for or provided by the Board</td>
<td>91</td>
<td>89</td>
<td>-2</td>
</tr>
<tr>
<td>Care of Patients / Service Users is the Board’s top priority</td>
<td>72</td>
<td>52</td>
<td>-20</td>
</tr>
<tr>
<td>I am able to do my job to a standard I am personally pleased with</td>
<td>74</td>
<td>67</td>
<td>-7</td>
</tr>
<tr>
<td>I would recommend the Board as a good place to work</td>
<td>67</td>
<td>50</td>
<td>-17</td>
</tr>
<tr>
<td>I still intend to be working within the Board in 12 months time</td>
<td>81</td>
<td>77</td>
<td>-4</td>
</tr>
<tr>
<td>Satisfied with the sense of achievement from work</td>
<td>79</td>
<td>63</td>
<td>-16</td>
</tr>
<tr>
<td>Has personally experienced physical violence in past 12 months (this is a negative question and therefore an increase is a negative outcome)</td>
<td>7</td>
<td>15</td>
<td>-8</td>
</tr>
<tr>
<td>Has personally experienced emotional or verbal abuse in past 12 months (this is a negative question and therefore an increase is a negative outcome)</td>
<td>33</td>
<td>42</td>
<td>-9</td>
</tr>
<tr>
<td>Satisfied with the response received when physical violence / emotional abuse reported (this is a negative question and therefore an increase is a negative outcome)</td>
<td>25</td>
<td>30</td>
<td>-5</td>
</tr>
</tbody>
</table>

4. NEUTRAL (NO CHANGE) OR INCREASED POSITIVE RESPONSE RATE COMPARISON BETWEEN 2010 TO 2013 RESULTS

4.1 There are only two responses which remain unchanged between the 2010 and 2013 response rate:
5. INCREASED POSITIVE RESPONSE RATE

<table>
<thead>
<tr>
<th>WELL INFORMED</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>When changes are made at work, I am clear how they will work out in practice</td>
<td>39</td>
<td>40</td>
<td>+1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDED WITH A SAFE WORKING ENVIRONMENT</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can meet all the conflicting demands on my time at work</td>
<td>30</td>
<td>48</td>
<td>+18</td>
</tr>
<tr>
<td>There are enough staff for me to do my job properly</td>
<td>30</td>
<td>33</td>
<td>+3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TREATED FAIRLY AND CONSISTENTLY</th>
<th>2010</th>
<th>2013</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td>The last time you experienced discrimination, did you report it?</td>
<td>30</td>
<td>37</td>
<td>+7</td>
</tr>
<tr>
<td>If yes, were you satisfied by the response</td>
<td>20</td>
<td>26</td>
<td>+6</td>
</tr>
</tbody>
</table>

6. NEXT STEPS

6.1 It will be necessary for the Local Partnership Forum to consider the outcomes under each Staff Governance heading to ensure that the Staff Governance Action Plan includes relevant actions to improve the performance in the areas detailed above. This will include the need to consider the broader responses not covered by this comparison document.

7. RECOMMENDATION

7.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:-

- **note** the outcomes of the Staff Survey and the action being taken to include relevant actions within the Staff Governance Action Plan.

REPORT BY: BARBARA ANNE NELSON
DEPUTY DIRECTOR OF HR
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 14th January 2014
Agenda Item No 8.3

PATIENT/STAFF EXPERIENCE: PPF REFERENCE GROUP

Verbal Report

REPORT BY: NICK BARBER, CHAIRMAN OF PPF REFERENCE GROUP
KIRKCALDY & LEVENMOUTH CHP
1. INTRODUCTION
1.1 The need for healthcare rises with age. People over age 65, who comprise around 15% of the general population account for 37% of acute discharges and 37% of health expenditure.

For those over 75 (only 6.7% of population) accounts for 22% of admissions and 22% of expenditure.

Currently, patients aged over 65 utilise around two thirds of acute beds in NHS Scotland. In recent years, acute admissions of older people have risen markedly and in excess of demographic change, a finding that includes a rise in multiple admissions of individual patients.

Current pressures on acute beds appear not to favour the optimal care of older patients. There is obvious tension between a bed-management, bed-clearing approach and the provision of good quality journeys of care for older patients.

It is recognised that older people are admitted more often to hospital, and that in certain situations they face problems not experienced by other user groups – particularly in relation to rehabilitation and discharge.

1.2 The paper describes the systems and processes that are in place, ensuring that we support the patients in achieving an optimal recovery. Focussing on assessment, rehabilitation and support arrangements after discharge tailored to individual needs, involving close multidisciplinary working in both health and social care.

2. CURRENT IN-PATIENT CAPACITY K&L CHP
2.1 Within the K&LCHP we have:

- 50 General Rehabilitation and Enablement care beds that can be flexed to accommodate male and female numbers as required.
- 14 Stroke Rehabilitation beds, which can be flexed to accommodate male and female numbers as required.
- 16 NHS Continuing care and end of life care beds in Wellesley Unit, Randolph Wemyss.

12 Under 65 Acquired Brain injury beds within Sir George Sharp Unit (SGSU). This is a Fife wide facility and as such accepts all patients within Fife who require this specialised service.
3. SOURCE AND CO-ORDINATION OF ADMISSIONS

3.1 The majority of patients are admitted following an acute presentation to hospital, and are transferred following completion of management of the acute illness.

Those hospitals are: Victoria Hospital Kirkcaldy, Ninewells Hospital Dundee.

The SGSU will also admit patients from the Western General Hospital Neurosurgery Unit.

4. CO-ORDINATION OF ADMISSIONS

4.1 We have in place a senior nurse role of Integrated Community Assessment and Support Service (ICASS) and in-patients flow coordinator.

This senior nurse works closely with the acute hospital teams in early identification of and appropriate placement of patients requiring admission to a community bed.

This nurse also works collaboratively with senior nurses in the community wards, ICASS and Hospital at Home to ensure that patients can access all of the services.

4.2 “Whiteboard Rounds”

It is clear that cohesive working of a multidisciplinary team is required to maximise the optimal recovery for individual patients. Close and effective working and communication is required to achieve this.

To optimise the effective working and communication a daily review and assessment of individual patients is vital.

The process recently established within the facilities on the Cameron site and in Randolph Wemyss is “Whiteboard Round”

This is a coordinated discussion of all patients, within each ward, at which all members of the multidisciplinary team attend, and takes place Monday to Friday.

The discussions allow all members of the multidisciplinary team to contribute to an agreed plan for individual patients focussed on an agreed predicted date for discharge.

The daily discussion facilitates agreed changes to the individual management plan in response to any changes in a patient’s condition in a timely manner.

4.3 The coordination of transfers across sites and services combined with daily review by all relevant health professionals ensure that all patients obtain the maximum benefit from their use of acute health services, with assessment, rehabilitation and support arrangements after discharge tailored to their individual need.
It is envisaged that the changes we are introducing will impact in a positive way on the length of stay of patients within our community beds and will decrease the numbers of patients whose discharges are delayed, by proactive interaction with social care services.

We aim to reduce our average length of stay by 10 days by the end of March 2014.

5. MEDICAL WORKFORCE
5.1 We have in place regular review and availability of medical staff with identified times of ward rounds. This includes dedicated times when medical staff are available to relatives.

6. RECOMMENDATION
6.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:-

- **note** the content of this paper.
- **receive** Progress Report in May 2014.

REPORT BY: ELIZABETH CONNOLLY, CLINICAL SERVICES MANAGER, KIRKCALDY & LEVENMOUTH CHP
In the Monthly Financial Report for the 8 Months to 30th November 2013, the Financial Report for Kirkcaldy and Levenmouth CHP Committee is provided. The income and expenditure position for the CHP for the eight months to 30th November 2013 is showing an overspend of £539k against Managed Clinical Services, and a £179k underspend in Prescribing.

This information is summarised in the following table:

<table>
<thead>
<tr>
<th></th>
<th>Budget for Year £'000</th>
<th>Budget for Period £'000</th>
<th>Expenditure for Period £'000</th>
<th>over/under £'000</th>
<th>October over/under £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife Wide Services</td>
<td>9,763</td>
<td>6,504</td>
<td>7,171</td>
<td>667</td>
<td>582</td>
</tr>
<tr>
<td>Local Services</td>
<td>13,599</td>
<td>8,962</td>
<td>9,131</td>
<td>169</td>
<td>152</td>
</tr>
<tr>
<td>Management, Admin &amp; Other</td>
<td>3,906</td>
<td>2,467</td>
<td>2,322</td>
<td>(145)</td>
<td>(140)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>36,690</td>
<td>24,297</td>
<td>24,145</td>
<td>(152)</td>
<td>(147)</td>
</tr>
<tr>
<td>Voluntary Organisations</td>
<td>611</td>
<td>473</td>
<td>473</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Clinical Services</td>
<td>64,569</td>
<td>42,703</td>
<td>43,242</td>
<td>539</td>
<td>447</td>
</tr>
<tr>
<td>Prescribing</td>
<td>19,441</td>
<td>12,845</td>
<td>12,666</td>
<td>(179)</td>
<td>(110)</td>
</tr>
<tr>
<td>Total</td>
<td>84,010</td>
<td>55,548</td>
<td>55,908</td>
<td>360</td>
<td>337</td>
</tr>
</tbody>
</table>

Memorandum: Fife Wide - PMS Service and FHS

<table>
<thead>
<tr>
<th>Service</th>
<th>£'000</th>
<th>£'000</th>
<th>£'000</th>
<th>over/under £'000</th>
<th>October over/under £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>PMS</td>
<td>47,242</td>
<td>31,510</td>
<td>31,515</td>
<td>5</td>
<td>(4)</td>
</tr>
<tr>
<td>Dental</td>
<td>19,666</td>
<td>13,109</td>
<td>13,109</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>7,143</td>
<td>4,766</td>
<td>4,766</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>11,390</td>
<td>7,581</td>
<td>7,581</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
**Income Analysis**

The Financial Framework and budgets for 2013/14 were approved by the Board at their meeting in March 2013. As further allocations are received adjustments are made to the individual budgets in line with the available funding.

The main budget allocations in Period 8 are:

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital @ Home</td>
<td>58</td>
</tr>
<tr>
<td>Drug Court Nurse</td>
<td>23</td>
</tr>
</tbody>
</table>

A total budget of £64,569k is available for Clinical Services at this stage.

**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>Area</th>
<th>Pay</th>
<th>Supplies</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fife Wide Services</strong></td>
<td>£32k</td>
<td>£635k</td>
<td>An overspend within the Fife Rehab. Service is partially offset by vacancies within the Sexual Health service.</td>
</tr>
<tr>
<td>Pay</td>
<td>0.9%</td>
<td></td>
<td>The overspend in supplies is due to increased costs of Anti TNF drugs (£593k) and other Rheumatology drugs.</td>
</tr>
<tr>
<td>Supplies</td>
<td>22.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Local Services</strong></td>
<td>(£20k)</td>
<td>£189k</td>
<td>Pays are overspent in Physiotherapy, Podiatry and Cameron Nursing (increased capacity), offset by an underspend in Community Nursing.</td>
</tr>
<tr>
<td>Pay</td>
<td>(0.2%)</td>
<td></td>
<td>The non pays overspend is due to recharges in respect of a complex care package in the community, in partnership with Fife Council, and an overspend in Marie Curie charges.</td>
</tr>
<tr>
<td>Supplies</td>
<td>20.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Management, Admin &amp; Other</strong></td>
<td>(£134k)</td>
<td>(£10k)</td>
<td>Pays are underspent within Business Management and MCN administration vacancies.</td>
</tr>
<tr>
<td>Pay</td>
<td>(6.3%)</td>
<td>(3%)</td>
<td>Supplies are underspent across various lines.</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Mental Health

<table>
<thead>
<tr>
<th></th>
<th>Pay</th>
<th>Supplies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(£588k)</td>
<td>£436k</td>
<td>(2.6%)</td>
</tr>
</tbody>
</table>

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

### Voluntary Organisations

|            | Pay and Supplies | £0k  | - | This is at break-even. |

### Prescribing

|            | (£179k) | (1.4%) | The prescribing position is based on 6 months actual data and 2 months accrual. |

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.
Year End Forecast
At this stage the CHP is not forecasting a year-end breakeven outturn, largely due to the additional costs associated with Anti-TNF Rheumatology drugs. Work continues to bring control to this area in order that improvements can be made to the financial position.

The Scottish Government measures financial performance against NHS Fife in total. At this stage the health board anticipates the achievement of a breakeven outturn, although this remains a challenge and all delivery units and departments will be required to manage expenditure over the remaining months of the year to ensure this Health Board statutory requirement is achieved.

Efficiency Savings
The CHP identified cash releasing savings of £192k at the time of the approval of the Financial Framework. Achievement of this will be required as a minimum, as well as delivering further non-cash savings to meet the Efficient Government target of 3%.

Total plans identified to date are £187k of which £125k cash releasing savings have been delivered at Period 8.

Capital
The Capital allocation for the CHP as at 30th November 2013 is shown in the attached appendix.

The specific allocation for Kirkcaldy & Levenmouth at this time is £598k relating to the decentralisation of boilers at Stratheden. Other CHP general allocations bring the total capital allocation to £1.402m.

The total expenditure against the specific allocation to Period 8 is £576k, relating largely to works at Stratheden and Cameron.
Summary
The position as at 30th November 2013 is showing an overspend of £539k on revenue budgets for Clinical Services. Further work is being carried out to improve the financial position in the second half of the year to ensure the health board statutory requirement to break-even can be achieved.

Recommendation
The Kirkcaldy & Levenmouth CHP Committee is asked to:-

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

REPORT BY: ANDREW MCCREADIE, ASSISTANCE DIRECTOR OF FINANCE (MANAGEMENT ACCOUNTING)
## CAPITAL PROGRAMME EXPENDITURE REPORT - NOVEMBER 2013

FOR FINANCIAL YEAR 2013/14

<table>
<thead>
<tr>
<th>Project</th>
<th>CRL New Funding</th>
<th>Total Expenditure to Date</th>
<th>Projected Expenditure 2013/14</th>
<th>Projected Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratheden - Decentralization of Boilers</td>
<td>598,000</td>
<td>65,056</td>
<td>598,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>598,000</strong></td>
<td><strong>65,056</strong></td>
<td><strong>598,000</strong></td>
<td><strong>598,000</strong></td>
</tr>
<tr>
<td><strong>CHP Statutory Compliance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Electrical Distribution System</td>
<td>40,000</td>
<td>2,500</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Services Refurbishment</td>
<td>131,000</td>
<td>131,000</td>
<td>131,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Air Handling Units (Asbestos)</td>
<td>7,000</td>
<td>7,000</td>
<td>7,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Generator Replacement</td>
<td>15,000</td>
<td>10,000</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Heating Wards 1-4</td>
<td>82,000</td>
<td>73,800</td>
<td>82,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Roofing</td>
<td>75,000</td>
<td>50,000</td>
<td>75,000</td>
<td></td>
</tr>
<tr>
<td>RWMH - Re-Roofing</td>
<td>10,000</td>
<td>9,000</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>RWMH - Workplace Transport</td>
<td>15,000</td>
<td></td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Electrical Distribution System</td>
<td>40,000</td>
<td>2,500</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Fire Alarm System</td>
<td>5,000</td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Generator Replacement</td>
<td>10,000</td>
<td></td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Low Secure Unit Roofing</td>
<td>35,000</td>
<td>30,000</td>
<td>35,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Stonework Upgrade</td>
<td>20,937</td>
<td>20,760</td>
<td>20,937</td>
<td></td>
</tr>
<tr>
<td>Stratheden Hospital - Workplace Transport</td>
<td>35,857</td>
<td>35,857</td>
<td>35,857</td>
<td></td>
</tr>
<tr>
<td>Whytemans Brae - Fire Alarm System</td>
<td>12,000</td>
<td>5,000</td>
<td>12,000</td>
<td></td>
</tr>
<tr>
<td>W/Brae Workplace Transport Works</td>
<td>15,000</td>
<td>2,920</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Willow Drive - Roofs</td>
<td>15,000</td>
<td></td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Cameron HAI Works</td>
<td>40,000</td>
<td>37,403</td>
<td>40,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total CHP Statutory Compliance</strong></td>
<td><strong>603,794</strong></td>
<td><strong>417,741</strong></td>
<td><strong>603,794</strong></td>
<td><strong>603,794</strong></td>
</tr>
<tr>
<td><strong>CHP Capital Minor Works</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leven Health Centre &amp; CAU Works</td>
<td>70,000</td>
<td>70,000</td>
<td>70,000</td>
<td></td>
</tr>
<tr>
<td>Cameron Hospital - Treatment Rooms</td>
<td>30,000</td>
<td>23,000</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total CHP Capital Equipment</strong></td>
<td><strong>100,000</strong></td>
<td><strong>93,000</strong></td>
<td><strong>100,000</strong></td>
<td><strong>100,000</strong></td>
</tr>
<tr>
<td><strong>CHP Capital Equipment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ultrasound Scanners - Rheumatology</td>
<td>68,000</td>
<td></td>
<td>68,000</td>
<td></td>
</tr>
<tr>
<td>Stratheden Food Trollies</td>
<td>32,000</td>
<td></td>
<td>32,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total CHP Capital Equipment</strong></td>
<td><strong>100,000</strong></td>
<td></td>
<td><strong>100,000</strong></td>
<td><strong>100,000</strong></td>
</tr>
<tr>
<td><strong>TOTAL K &amp; LM FOR 2013/14</strong></td>
<td><strong>1,401,794</strong></td>
<td><strong>575,797</strong></td>
<td><strong>1,401,794</strong></td>
<td><strong>1,401,794</strong></td>
</tr>
</tbody>
</table>
1. **INTRODUCTION**

1.1 As reported at previous CHP Committee meetings, the reporting of the CHP Workplan to the Committee changed, to mirror that of the CHP Balanced Scorecard progress reports, to the Board. It was also indicated that the CHP would provide comparative reports to the Committee on a regular basis. This is the third comparative report being presented to the Committee this year, in relation to the Balanced Scorecard and CHP Workplan for 2013/14.

1.2 The attached (Appendix 1) is a comparative report which identifies the 18 key priority targets for NHS Fife which also specifically relate to the Kirkcaldy and Levenmouth CHP for 2013/14. This report highlights the CHP’s performance, as at December 2013, in comparison to NHS Fife’s performance.

1.3 Within the CHP’s 2013/14 Workplan there are an additional 17 targets relating to the CHP’s local priorities and the performance in relation to these targets, is reported to the Committee at regular intervals.

1.4 As outlined in previous CHP Workplan papers presented to the Committee, the Workplan is a ‘live’ performance tool, with refinement and improvement continuing throughout the year.

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; (Delayed)
- Red – Not on track and not within agreed tolerance levels.

2.3 Table 1 highlights NHS Fife and the CHP’s performance positions, in relation to the 18 targets, as at 31st December 2013.
2.4 **Table 1**

<table>
<thead>
<tr>
<th></th>
<th>NHS Fife Balanced Scorecard</th>
<th>CHP Workplan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue – Target Achieved</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Green On Track</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Yellow – Likely to be Delayed</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Red – Not on Track (Will not or unlikely to be met)</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

The data in Table 1 identifies that Kirkcaldy and Levenmouth CHP are on track, at this stage, with 61% with the remainder of NHS Fife meeting 67%.

There are two targets which are identified as Delayed on the CHP Workplan i.e., Targets 4.07 and 4.13. Work is ongoing with the relevant Heads of Service to address and improve these targets’ status by the target date.

There are four targets identified in the CHP Workplan as ‘Red’ Not on Track i.e.,

Target 1.10; Suicide Rate – This target’s performance was noted at the November Committee meeting and a separate, more detailed paper, is being presented to Committee members today.

Target 2.01; Delayed Discharge – The latest November (Fife-wide) data identifies that, within Fife, there were 54 patients in delay (72 in October) 25 of whom had been in delay for more than 2 weeks. Of these, 13 patients had been in delay for more than 4 weeks and 8 had been in delay for more than 6 weeks. The total number of patients is at its lowest level since April and the number of delays over 2 weeks is at its lowest since June. However, the number of 4 and 6 week breaches has not reduced in recent months. The current target is to have no patients in delay for more than 2 weeks by April 2015 and the plan was to have reduced these delays to 17 by November 2013.

Target 2.06; Sickness Absence – The sickness absence for the CHP as at November 2013 was 5.01 which is above the HEAT standard of 4%. The CHP sickness absence rate has been below 5% in two of the last eight months and is 1.14% lower than the same period last year.

Target 4.03 – Child Protection – Significant work has been undertaken to make progress with this target. The re-design of the Inter-Agency Referral Discussion (IRD) process has been completed and this has identified some issues with the data collection. These are currently being addressed.

3. **RECOMMENDATION**

3.1 The Kirkcaldy & Levenmouth CHP Committee is asked to:-

- **note** the comparative report between the NHS Fife Balanced Scorecard and the CHP Workplan as at 31st December 2013.

**REPORT BY:** MARY PORTER, GENERAL MANAGER (ACTING)
KIRKCALDY & LEVENMOUTH CHP
## Appendix 1

### Kirkcaldy and Levenmouth CHP Performance at a Glance

#### Comparison – Balanced Scorecard/CHP Workplan 2013/2014

<table>
<thead>
<tr>
<th>ID No</th>
<th>Target</th>
<th>Target Origin</th>
<th>CHP Lead</th>
<th>NHS Fife Balanced Scorecard December 2013</th>
<th>CHP Workplan December 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.02</td>
<td>Alcohol Brief interventions – we will aim to deliver 4,505</td>
<td>NS</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.03</td>
<td>Smoking Cessation – we will aim to deliver 3,550 – 1 month smoking quits in the 40% most deprived areas of Fife.</td>
<td>NT</td>
<td>NC</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.06</td>
<td>Child Health Weight interventions – we will aim to deliver 1,060 interventions.</td>
<td>NT</td>
<td>LA</td>
<td>Target Achieved</td>
<td>Target Achieved</td>
</tr>
<tr>
<td>1.09</td>
<td>Childhood Immunisation – We will help to improve the NHS Fife uptake of MMR1 at Age 2 and Age 5, against the standard of 95%</td>
<td>LP</td>
<td>NC</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>1.10</td>
<td>Suicide Rate – We will achieve a 20% reduction in suicide rate based on 2002 figures</td>
<td>NT</td>
<td>BMcL</td>
<td>Not On Track</td>
<td>Not On Track</td>
</tr>
<tr>
<td>2.01</td>
<td>Delayed Discharges – We will aim to achieve no waits over 2 weeks</td>
<td>NT</td>
<td>MP</td>
<td>Not On Track</td>
<td>Not On Track</td>
</tr>
<tr>
<td>2.03</td>
<td>HAI – We will aim to reduce the rate of staphylococcus aureus bacteraemia (including MRSA) to 0.24 and the rate of C Diff infection in the over 15s to 0.25.</td>
<td>NT</td>
<td>NC</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>2.06</td>
<td>Sickness Absence – We will aim to achieve and sustain a sickness absence rate of no more than 4%.</td>
<td>NS</td>
<td>MP</td>
<td>Not On Track</td>
<td>Not On Track</td>
</tr>
<tr>
<td>2.08</td>
<td>Staff Governance – We will aim to ensure staff governance strategy setting and action planning processes are in place.</td>
<td>LP</td>
<td>HF</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>2.13</td>
<td>Reduction In Emergency Bed Day Rates for patients Aged 75+ by 2014/15 – We will aim to reduce the bed days rate to 4,058.</td>
<td>NT</td>
<td>MP</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>3.04</td>
<td>Dementia – We will aim to have a QOF registered proportion of diagnosed patients consistent with the European measure of prevalence, all of whom will have a minimum of a year’s post-diagnostic support and a person centred support plan.</td>
<td>NT</td>
<td>BMcL</td>
<td>Delayed</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 December 2013</td>
<td>CHP Workplan December 2013</td>
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<td>------------------------------------------------------------------------</td>
<td>---------------</td>
<td>----------</td>
<td>-------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>3.05</td>
<td>Patient Safety (including SPSP) – We will aim to reduce mortality as measured by HSMR in a reliable and sustainable way, thus contributing to the national aim of reduced HSMR by 20% by December 2015.</td>
<td>LP</td>
<td>NC</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.03</td>
<td>Child Protection - We will ensure information is shared appropriately to support Child Protection.</td>
<td>LP</td>
<td>NC</td>
<td>Not On Track</td>
<td>Not On Track</td>
</tr>
<tr>
<td>4.07</td>
<td>Financial Performance – We will aim to operate within our agreed revenue and capital resource limit and meet our cash requirement.</td>
<td>NT</td>
<td>MP</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>4.13</td>
<td>18 weeks Waiting Time – We will aim to deliver a maximum 18 weeks RTT timescale.</td>
<td>HS</td>
<td>HB</td>
<td>On Track</td>
<td>Delayed</td>
</tr>
<tr>
<td>4.14</td>
<td>Drug and Alcohol Waiting Times – We will aim to have 90% of clients wait no longer than 3 weeks from referral to treatment.</td>
<td>NS</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.15</td>
<td>Child and Adolescent Mental Health Services – We will aim to have no-one waiting longer than 26 weeks from referral to treatment for specialist CAMH Services.</td>
<td>NT</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
<tr>
<td>4.17</td>
<td>Faster Access to Mental Health Service – We will aim to have no-one waiting longer than 18 weeks from referral to treatment for Psychological Therapies.</td>
<td>NT</td>
<td>BMcL</td>
<td>On Track</td>
<td>On Track</td>
</tr>
</tbody>
</table>
MINUTE OF THE KIRKCALDY & LEVENMOUTH CHP
CLINICAL GOVERNANCE GROUP
THURSDAY 26TH SEPTEMBER 2013
MEETING ROOM 1, CAMERON HOUSE

Present:
Nicky Connor, A/Associate Nurse Director, Kirkcaldy & Levenmouth CHP (Chair)
Heather Bett, Clinical Services Manager, Fife Sexual Health Service
Heather Fernie, Business Manager
Karen Gibb, Clinical Nurse Specialist, Vascular Services
Fiona MacKenzie, Local Clinical Services Manager
Graham Monteith, Clinical Services Manager, Mental Health
Julie O’Neill, Risk Manager
Sally Tyson, Primary Care Development Pharmacist
Debbie Wilson, Team Leader, Community Nursing (For Judith Gemmell)

In Attendance:
Maureen Sullivan, PA to Clinical Director

Action

1. WELCOME
Nicky Connor has taken over as Chair of the Clinical Governance Group and she welcomed everyone to the meeting.

2. APOLOGIES FOR ABSENCE
Apologies were received from: Dr Anderson, Jill Dow, Moira Dunsire, Simon Fevre, Janie Gordon, Judith Gemmell, Mhairi Leslie and Margaret Selbie.

3. PREVIOUS MINUTES (30TH MAY 2013)
Fiona MacKenzie advised that her apologies had not been noted in the minutes of 30/05/13 and they will be amended to reflect the omission. There were no other amendments received so the minutes were confirmed.

4. MATTERS ARISING
4.1 There were no matters arising which would not be dealt with through the agenda.
5. GOVERNANCE

5.1 Update on Review of K&L CHP Clinical Governance Group

5.1.1 Nicky Connor referred to the questionnaires that had been issued recently and the key themes that needed to be considered:

- Format of CHP CG
- Annual Reporting
- Format of Agenda
- Roles & Responsibilities

She said that a Core Group is looking at this and considering how to take matters forward within the CHP whilst also taking into account changes in Fife. There is to be a discussion at the CHP Management Team meeting and the new format will be in place for the next meeting in November 2013. She added that governance under Integration would also have to be considered in due course.

5.2 Feedback from NHS Fife Quality, Governance & Safety Group

5.2.1 Nicky Connor advised that the last scheduled meeting had been cancelled but that the new Director of Nursing, Dr Scott McLean, was mapping out various strands for the group which would be discussed at the next meeting at the end of October. She added that in future she would look at items for the CHP CG Group to feed from and into the Quality, Safety and Governance Group.

5.3 Food, Fluid & Nutrition in Hospitals Annual Report 2011-12

5.3.1 This report covers the period 2011-12 and has come to the CG Group for noting. The report for the period 2012-13 will come to the meeting in November 2013.

The K&L CHP Clinical Governance Group duly noted the 2011-12 report.

6. PERSON CENTRED

6.1 K&L CHP Annual Conference

6.1.1 At the CG Meeting on 30/05/13 there had been no great appetite for a CHP Conference. The Vascular MCNs were keen however to have an event on the PLT date in February 2014. Nicky Connor said that the CHP Management Team had agreed that other events could take place but at a more local level.

The confirmed PLT dates are 05/11/13 and 05/02/14 but Julie O’Neill advised that NHS24 were having issues with their new software and may not be able to provide cover for 05/02/14. The November PLT date is not likely to be affected as NHS24 will still be working with their existing software. The Vascular MCNs are to be contacted so that they are aware of the potential problem in relation to cover for their proposed event.

6.2 Person Centred Mapping Exercise
6.2.1 Julie O’Neill had presented a paper to the CHP Management Team requesting agreement to carry out a mapping exercise in order to capture all the work currently ongoing in the CHP. The agreement has been given and a questionnaire will be issued to the Heads of Service within the next couple of weeks with the results coming to the CHP CG meeting in November 2013.

6.3 Patient’s Rights

6.3.1 Julie O’Neill had presented a paper to the CHP Management Team with regard to the progress to date on Patients Rights. It outlined the intention to distribute a copy of the Patients Charter to all wards and departments throughout the CHP. Supplies of the Patient Rights Guidance and supporting fact sheets have been received and will also be distributed throughout the CHP.

6.4 Complaints

6.4.1 Annual Complaints Report

6.4.1.1 This report covers the period 01/04/12 – 31/03/13 and was submitted to the CHP Committee earlier this month. The report has come to the Clinical Governance Group today for noting. The report makes reference to the section in the Francis Report on ‘Effective Complaints Handling’ and outlines the action the CHP will be taking when a complaint is received. There will be liaison with NHS Fife Patient Relations Department to ensure the complaint is speedily directed to the appropriate area and arrangements are being made to put up posters in CHP areas and a booklet is being produced.


Graham Monteith referred to the difficulty of interpreting statistics in a report when it is not a patient complaining but someone on behalf of a patient and Nicky Connor said that it was intended that future reports would be adapted to identify the origin of the complaint.

Heather Fernie acknowledged that staff were not always aware of the tight timescales required to produce a response to a complaint and wondered how this could best be addressed. Fiona MacKenzie added that Heads of Service are not always copied into a complaint so were not aware a response needed to be chased up. Heather Fernie suggested that details of complaints/ compliments could be included in Staff Briefings and Heather Bett wondered if there was a way of sharing details (anonymously) in relation to complaints on attitude and behaviour. Nicky Connor asked attendees to consider the best way to meet the needs for effectively dealing with complaints.

6.4.2 Quarterly Complaints Reports

6.4.2.1 The quarterly reports for the periods 01/01/13 – 31/03/13 and 01/04/13 – 30/06/13 were submitted to the CG group for noting. The trends were of a similar nature to the annual report and there were no new issues highlighted.

The K&L CHP Clinical Governance Group duly noted the quarterly complaints reports.
7. **SAFE**

7.1 **Risk Register**

7.1.1 • **Risk 2870** – Julie O’Neill advised that due to time constraints she had not had the opportunity to request an update from Bob McLean.

• **Risk 1125** – Julie O’Neill advised that due to time constraints she had not had the opportunity to request an update from Dr Anderson. Maureen Sullivan advised that the Neuro Rehab Group has carried out a scoping exercise which is currently being analysed.

• **Risk 3199** – this is not due to be reviewed until December 2013.

Graham Monteith queried the process as to how it was decided where a risk sits and Julie O’Neill confirmed that all Services have a Risk Register and if they feel they cannot manage a specific risk then it is escalated to the CHP Risk Register for the CG Group to consider.

7.2 **Francis Report – Update on action being taken forward**

7.2.1 Nicky Connor advised that the responses from the mapping exercise have now been received and Julie O’Neill is pulling together the information received. There is to be a presentation at the CHP Committee Development Session on 08/10/13 to consider how to take the themes from the Francis Report forward and how to embed them into CHP processes.

There is to be an NHS Fife follow-up session on the Francis Report and there will also be a further event with the RCN in October following on from a session held earlier this year.

7.3 **HEI/HAI Inspection – Cameron Hospital 24th September 2013**

7.3.1 A team of inspectors visited the Cameron Hospital site on 24/09/13 on the first visit made by the HEI to a community hospital in Scotland. The visit was pre-announced but any future inspections will be unannounced. NHS Fife will receive a copy of the draft report on 23/10/13 in order to comment on factual accuracy and the report will be published on 18/11/13. During the visit patients were also interviewed and given questionnaires to complete.

Nicky Connor advised that at the feedback given on the day it had been established that staff had good knowledge of infection control; good working practice and good compliance with the dress code. There were areas in relation to patient equipment where the CHP did not fare well and this is likely to be reflected in the report.

Nicky Connor wished to commend the large amount of work undertaken by many staff in advance of the visit and Fiona MacKenzie wished to record her thanks in relation to the work of Nicky Connor and Julie O’Neill in their overall organisation and preparation for the inspection.

Nicky Connor said that it was intended to carry out monthly unannounced audits on the Cameron site in the coming months to ensure standards are being maintained. She added that she will be preparing a paper on the inspection for the benefit of her Senior Nurse colleagues.
7.4 Patient Safety

7.4.1 CEL (2013) 19

7.4.1.1 This is a Scottish Government circular issued earlier this month and is a programme for Acute hospitals which contains 10 patient safety essentials, 2 organisational priorities and 9 point of care priorities. However Nicky Connor said that at a recent Senior Nurse Team meeting that Dr Scott McLean, Director of Nursing, considered the 10 patient safety essential elements listed in the circular to be the bread and butter of all areas of the service.

Fiona MacKenzie felt that by implementing the steps outlined in the circular that it could enable Leadership Walkrounds to be carried out in a more structured way and Graham Monteith added that it could be used to be part of a cultural shift. Nicky Connor said she would take this to the CHP Management Team for a discussion on how to empower people and to consider Leadership Walkrounds at CHP level.

7.4.2 SBAR – SPSP

7.4.2.1 This paper gives feedback, and outlines the recommendations, from the Scottish Patient Safety Programme Learning Session on 28/08/13 and has come to the CG Group for information.

7.5 HAIRT Reports

7.5.1 These reports go to each meeting of the NHS Fife Board and have come to the CHP Clinical Governance Group for information.

8. ORGANISATIONAL

8.1 Development Session on Clinical Governance

8.1.1 Nicky Connor advised that it is proposed to hold a Fife-wide session on 06/11/13 on Clinical Governance but consideration is being given to delaying the session as the Director of Nursing is doing work on this. Julie O’Neill will speak to the other Leads involved to ascertain if the session should proceed.

8.2 Service Reports

8.2.1 Nicky Connor referred to the requirement for the production of annual reports and wondered if it was worth tapping into local management team meetings for evidence. A possibility was that a Core Team could do this and then bring reports to the CHP Clinical Governance Group for noting. She asked for views on trying this option for this year and suggested that Julie O’Neill could write to Heads of Service to find out the best meeting to go to. Julie O’Neill queried who the Core Team would comprise of and Nicky Connor confirmed that it would be Nicky Connor, Heather Bett, Julie O’Neill (and possibly Mary Porter).

Graham Monteith wondered how Mental Health Services could be covered as there are multiple Services on a variety of sites. Nicky Connor said that she would be willing to go to a Mental Health Clinical Governance team meeting to decide how to make the process meaningful.
Heather Bett said that annual reports could be received from Services who were already required to produce them and do visits to the remaining services.

8.3 Referral of Issues to NHS Fife Clinical Governance Committee

8.3.1 Dr Ian Lowles, Chair of the NHS Fife Clinical Governance Committee, has written to CG Groups throughout Fife to advise that if a group has any issues they wish to raise with the Committee that it should be discussed at the end of their meeting and referred on and this change will take effect from the NHS Fife Clinical Governance Committee Meeting in October 2013. The issues identified today were:

- HEI/HAI
- Francis Report

This will be added to the next K&L CHP Clinical Governance Agenda as a standing item.

9. EFFECTIVE

9.1 CHP Website – Revised Procedures

9.1.1 Julie O’Neill advised that, following discussions with the Heads of Service, it was agreed that the CHP procedure for uploading to the website be revised. It has been agreed that the Heads of Service will become responsible for ensuring that:

- All the content placed on the CHP Website for their Service is appropriate and has been approved
- Their information is accurate and timely, or to remove it from the CHP Website if it becomes out of date or misleading

Graham Monteith confirmed that approval in respect of the Mental Health Service would go through the Mental Health Clinical Governance Group.

Julie O’Neill has produced a procedure to cover uploading information to the CHP Website. The K&L CHP Clinical Governance Group agreed the procedure which will now go to the CHP Associate Nurse Director for final approval.

10. e-HEALTH

10.1 Website: Mental Health procedures to be uploaded – for approval

10.1.1 A number of procedures were submitted for approval from the Mental Health Service. These had been received before the new procedure was produced so were still required to come to the CG Group. There were no comments received so approval was given for the procedures to be uploaded on to the web site.

11. DEPARTMENTAL CLINICAL GOVERNANCE MINUTES

It has been agreed that there is a need to ensure that this Group’s review of CHP Departmental minutes were recorded. A record is now being kept of all minutes.
Areas to be covered:

- Quality Ambitions – Safe, Effective and Person-Centred

11.1 Minutes/Extracts received:

11.1.1 Minutes from Mental Health Clinical Governance Group Meeting on 06/06/13 – noted.

11.1.2 Extract from minutes of Nutrition & Dietetics Management Group Meeting 12/06/13 – noted.

11.2 Nicky Connor advised that submission of minutes from the Services was one area which would be reviewed to see if it was still required once the new processes were put in place.

12. FOR INFORMATION/NOTING

12.1 Ombudsman Reports for June, July, August 2013 – for information.
12.2 Equality & Human Rights Operational Leads Key Messages

13. AOCB

13.1 There was no further business for discussion.

14. Date and Venue of Next Meeting: Thursday 28th November at 2.45 pm in Meeting Room 1, Cameron House.
Kirkcaldy & Levenmouth CHP Committee Meeting

Tuesday 14th January 2014
Agenda Item No 12.

DATES FOR DIARY:

**Next CHP Committee Development Session:**
Tuesday 11\(^{th}\) February 2014 at 1:00pm – 3:00pm, The Cottage Family Centre, Kirkcaldy

**Next CHP Committee Meeting:**
Tuesday 11\(^{th}\) March 2014 at 1:30pm – 4:30pm, Fife College, Leven