

**MINUTES OF KIRKCALDY & LEVENMOUTH CHP COMMITTEE MEETING
HELD AT 2.00 PM ON TUESDAY 14th OCTOBER 2008 IN THE TOWN HOUSE,
KIRKCALDY.**

Present:

Ms Norma Wilson, Chair K&L CHP
Mr Alistair Robertson, Vice Chair, NHS Fife Non-Executive
Mr George Cunningham, General Manager
Dr Les Bisset, Clinical Director
Mrs Sarah Donaldson, Pharmacy Representative
Mr Nick Barber, Public Partnership Forum
Mr Ron Parsons, Public partnership Forum
Mr Jim Bett, Voluntary Sector
Mr Gordon Penman, Dental Practitioner
Mrs Moira Dunsire, Registered Allied Health Professional
Councillor Andrew Rodger, Council Representative
Councillor David Ross, Council Representative

In Attendance:

Mr Kenneth Leinster, Council Officer
Mrs Chris Bowring, Assistant Director of Finance
Mrs Rhona Waugh, Employment Services Manager
Ms Lisa Ingram, Corporate Services Administrator (Minutes)

Ms Norma Wilson introduced herself as the new Chair of Kirkcaldy and Levenmouth Community Health Partnership. Ms Wilson expressed how pleased she was to be taking up the post and advised she was looking forward to working together and move things forward for the people of Fife.

Ms Wilson informed the Committee that this should have been Professor Campbell's last meeting and thanked him for his contributions within the CHP and the Committee. Ms Wilson also congratulated Mrs Bowring on her new position as Director of Finance within NHS Fife and informed the Committee that Evelyn McPhail had taken up post as Director of Pharmacy, NHS Fife.

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52/08 APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor I Campbell and Mrs N Connor.

53/08 MINUTES OF PREVIOUS MEETING HELD ON 10TH JUNE 2008

The minutes of the meeting held on 15 April 2008 were approved subject to the following amendment:

Kilrymont should be corrected to Kilrymond.

54/08 DECLARATION OF INTEREST

Ms Wilson advised that the Members of the Committee were required to declare an interest in any agenda items, stating what form that interest takes.

No declarations were noted.

55/08 MATTERS ARISING

05/08 – ITU moves to Queen Margaret Hospital – Impact on patients and staff

Ms Wilson advised the Committee that she had spoken with Mr D Stewart, Chair of the Operational Division and she advised Committee members that this subject had been mentioned under Chairman's remarks in his minutes. Ms Wilson informed the Committee that any queries or concerns regarding this issue would need to be raised through the Operational Division directly.

Councillor Rodger advised Ms Wilson that he had asked Professor McGoldrick for minutes relating to the ITU move. Councillor Rodger believed minutes were being withheld. He stated he would now be going through the Freedom of Information Act to access the appropriate minutes. Ms Wilson advised Councillor Rodger that he, as an individual, was quite at liberty to do so but any such request is required to be put in writing and it is not the job of the CHP

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Committee to ask for such an FOI enquiry relating to issues he has with the Operational Division.

She suggested Councillor Rodger put his request in writing to the Operational Division and/or make an appointment to speak to Mr Stewart, Chair of the Operational Division, to discuss any areas of concern he has as Mr Stewart is very willing to discuss these with him.

Councillor Rodger explained that situations like this are frustrating as people approach him in the community about problems he feels he should have been previously briefed on.

46/08 – Mental Welfare Commission Report

Dr Bisset informed the Committee that the Mental Welfare Commission Report would be going on the CHP's Clinical Governance Group agenda for November. Dr Bisset was pleased to inform the Committee that the work required at Stratheden was moving forward with work starting on 14th November this year.

44/08 – Kilrymond House Discussions

Mr Cunningham explained that Kilrymond Ward first opened nine years ago and when it was first established it had 9.6 whole time equivalent (wte) nursing staff. Mr Cunningham advised as client needs have changed, the nursing provision changed to 5.8wte nurses. Mr Cunningham stressed that although nursing staffing had been reduced, the vacancies had been filled with the appropriate social care staff. As Mr Cunningham understands, the current situation is that after carrying out patient assessments, the patients currently in the ward can be looked after by community nurses. Mr Cunningham advised that it is the Dunfermline and West Fife CHP who look over Kilrymond Ward but could confirm that they are in discussions with the Council on how staff can be withdrawn but reinforced that the staffing numbers will not change.

Councillor Rodger queried if cost was a factor for reducing nursing staff within the Kilrymond Ward. Mr Cunningham stressed that although nursing staff was reducing, other social work staff were replacing them and therefore, there were no extra costs to the Council to replace the nurses. Mr Cunningham reinforced that the only reason for the reduction in nursing staff was because it was deemed appropriate after carrying out assessments on the clinical

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needs of the patients. Mrs Bowring also advised the Committee that the same money is there in total for the patients within Kilrymond.

Councillor Rodger again stressed he felt it was important for items like this to come to the Committee before he finds out through members of his community. Mr Cunningham advised that it is Dunfermline and West Fife that looks after Kilrymond Ward, therefore, it does not fall under the remit of this Committee.

56/08 IMPROVING HEALTH

IMPROVING ORAL HEALTH IN FIFE

Mr Penman introduced himself to the Committee and gave a brief background on the 'Improving Oral Health in Fife' paper.

Mr Penman explained that Fife did have an oral strategy in 1999 but it was felt it was time to update this strategy due to advances in oral care. The Committee were informed that Valerie Whyte, Specialist Registrar had produced the documents attached.

The Committee were told that the strategy began with a multi-disciplinary event in 2007 which identified the oral groups in Fife. From this event, feedback was gained and a strategy was drafted. From the quality and diversity impact assessment, recommendations were made and the final document was endorsed by the Strategic Management Team in July and the Board in August. Mr Penman advised he thought the strategy was a good document that needed to be done and advised that the strategy would be implemented and monitored by the Fife Oral Health Strategy Group.

Mr Penman thanked Valerie for her work towards the strategy and informed the Committee that future updates could be brought in the future if the Committee felt this is what they required.

Mr Parsons thought the report was good but queried the fact that the document had been widely consulted when it states in the strategy that out of 21 responses, three responses requested clarity with regard to information contained within the strategy. Mr Parson's also explained that he thought it was a good thing to have a strategy but felt Kirkcaldy and Levenmouth do not have the facilities to put the strategy in place.

Mr Penman advised that the ideal person to have had at the

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Committee would have been Valerie Whyte herself but advised that he would feedback the questions to her. Mr Penman stated he could advise that plans were in place to make 27 new dental chair units in Fife, which will increase accessibility to NHS dentists.

Mr Robertson found the document very interesting and suggested the group should look into why more dentists are private than NHS. He also reminded the Committee that the strategy is not just about prevention of tooth decay but the Oral Health strategy goes beyond teeth and looks at oral health and its associated problems.

Mr Cunningham accepted Mr Parsons point but advised the Committee that Kirkcaldy and Levenmouth have the highest number of NHS dental registrations in Fife. Mr Cunningham felt that in terms of population, these figures suggest that this CHP has better access than other areas.

Mr Penman agreed with the points made and informed the Committee that the Fife Oral Group will now look into how to best access funds in Fife to try and do the best for the patients.

A discussion took place on how hard it was to register with a NHS dentist within Fife. Ms Wilson acknowledged that it was a national problem and thanked Mr Penman for bringing the strategy to the Committee.

The Committee **noted** the paper.

Councillor Ross arrived

57/08 PATIENT EXPERIENCE

LMU REPORT/ACTION PLAN

Mrs MacKenzie explained covering note and action plan.

Mrs Mackenzie explained that the Local Management Unit (LMU) report directly to the Partnership Group but the action plan is presented to the Committee on a six monthly basis.

The Committee were told that one main focus for the LMU was to strengthen its local partnership arrangement and define focus areas that the group felt it could deliver on, and are directly related to

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national targets. From these areas, the action plan has been produced. Mrs MacKenzie explained that one of the jobs for the LMU is to join areas up such as long term conditions and care management. A challenge for the group which is not shown in the action plan was trust and building positive relationships within the LMU. Mrs MacKenzie was pleased to say that she felt trust was now much stronger and there was definite evidence of that development with a real sense of joint ownership of the key issues.

Councillor Rodger questioned if there was a different way of working against delayed discharges as he is aware it's coming to the time of year where a lot of money is used to try and combat the issue.

Mrs MacKenzie advised the Committee that budgets were being aligned so the LMU can work on more sustainable solutions. The Committee were informed that several significant changes have happened since last year when delayed discharge numbers were high. Experience from last winter has been used to develop the system. Mrs MacKenzie also informed the members that the LMU were working on prevention of admission by developing a range of priorities in the area. Mrs MacKenzie believed that the group have a better understanding this year of what is happening within the system and with the combination of new money and realignment of CHP and home care budgets, she believes that delayed discharges should stay low. Zero delays will continue to challenge. The Committee were informed that other areas of Fife were watching the LMU's strategy in order to learn from developments as they also remodel in their local areas.

Councillor Ross queried whether the LMU were having any role in the local use of the Fairer Fife Funding and Social Inclusion Money. Mrs Mackenzie advised Councillor Ross that the group were very much aware of these funds and were looking in to them to find out if they were eligible to apply.

A discussion took place as to whether data could be collected on admission of a patient who had fallen and had been previously offered home care and refused it. It was widely believed that this data could not be collated as all patients who fall are not admitted to hospital and trying to link falls to clinical consequences would be difficult. Mr Barber suggested approaching the Council to find out how many home care packages had been cancelled since the charge had been introduced.

Mrs MacKenzie advised that this type of data had not been considered for collection but assured the Committee that it would be

a suggestion she would take back to the LMU, as reason for admission to hospital were important.

Mr Robertson acknowledged that trust seems to be a big part in making the partnership work and expressed he felt that the process to this should be thought out and planned to enable the group to keep the partnership trust.

Mr Parsons asked whether Performance Management involved communication between all agencies dealing with a particular patient. He illustrated a case known to him involving failure in communication and care. Mrs Mackenzie advised that Performance Management does not include examples like this and focuses around data e.g. delayed discharges, lengths of stay and the number of people cared for at home. Mrs MacKenzie did stress that the example given is a cause for concern and suggested that the gentleman or his family contact Mrs Porter, Head of Nursing to discuss in order to ensure that any issues are addressed.

Mr Robertson suggested that the day care needs of minority communities should also be included. Mrs Mackenzie agreed that future work should include impact assessment.

Mr Cunningham will take these points back to the Partnership.

The Committee *noted* the Action Plan.

PRIMARY CARE EMERGENCY SERVICES PROVISION AT RANDOLPH WEMYSS MEMORIAL HOSPITAL

Dr Bisset gave a verbal update in relation to the Primary Care Emergency Services at Randolph Weymss

The Committee were advised that in 1999 GP practices transferred looking after their own patients during out of hours to a Levenmouth grouping of GPs working out of Randolph Weymss Memorial Hospital. In 2003 the Primary Care Emergency Services Provision (PCES) was introduced. Dr Bisset explained that gradually, the hours of operation were reduced when demand dropped and the service eventually closed while Randolph Weymss was going through renovation work.

Dr Bisset advised that the responsibility for managing the service lies with Dunfermline and West Fife CHP as they look after all out of hour's services and advised the Committee that they are carrying out

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a general review of the service with NHS 24. The Committee were told that one of the reasons behind this review was that there are new guidelines available that were not available when the service was first introduced.

Dr Bisset advised that a review group was being set up and assured the Committee that there will be representation from Kirkcaldy and Levenmouth Management Team member as well as a representative from the Public Partnership Forum. Members were advised that after the group reports back to Dunfermline and West Fife CHP, Dr Bisset will report back to Kirkcaldy and Levenmouth.

The Committee were informed that the review is being monitored by the Scottish Health Council and Dunfermline and West Fife are awaiting approval after writing to explain the process they will be carrying out.

Ms Wilson suggested it could be a good idea for Local Authority representation to be on the group.

Councillor Rodger welcomed the review and believed it could be a good thing as he felt the service declined when it changed from a Levenmouth service to a Fife Wide service. Dr Bisset explained that this could have been due to Levenmouth having the help of nurses which no other out of hour's service had at the time.

It was agreed that Dr Bisset will put in a recommendation that a Local Authority representative should be on the group.

58/08 STAFF EXPERIENCE

Mrs Waugh explained that she had previously reported on progress with Agenda for Change, which is the new pay and conditions of service system for the majority of NHS staff and she was pleased to advise that the assimilation phase was almost complete. Mrs Waugh also advised that the Agenda for Change Team are now concentrating on implementing the new terms and conditions of service, transferring staff onto the AfC on-call regime and implementing annual leave for bank staff. The Committee were informed that assimilation of staff that had left NHS Fife was underway and should be paid any arrears, where due, by December 2008. The review process for employees unhappy with their band outcome is also progressing.

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Mrs Waugh informed the Committee that the Staff Survey was due to be completed by NHS Fife staff in November 2008. She explained that this exercise is undertaken every two years and that the survey also includes a local section to give staff the opportunity to comment on their employment with NHS Fife. Mrs Waugh advised that if any Committee member would like a copy, she would make it available to them.

Members were informed that an action plan had been prepared to ensure NHS Fife complies with the new PIN guidelines on Safer Pre and Post employment. NHS Fife's Disclosure and Rehabilitation of Offenders Policy has been updated and work is ongoing to update the Employee Conduct and the Capability policies. Mrs Waugh also advised that the HR Policy Group's action plan on policies to be reviewed in the forthcoming year was being considered by the Area Partnership Forum at its meeting on 24 October.

Committee members were told that absence was not due to be reported until December however, Mrs Waugh advised work is continuing to try to achieve the HEAT target.

Councillor Rodger referred to the LPF minutes that stated £120,000 of the CHP's finance was being used to fund sickness absence and overtime. He also quoted the section that stated the CHP was over established by 100 staff.

Mr Cunningham explained to the Committee that the report that flagged this information up was the first of the financial year and that he was struggling to understand the detailed information when it was first produced. Since that report, it has been discovered the CHP are not over established by 100 people and it was in fact an anomaly that the system throws up. Mrs Bowring advised the system could have concluded this number by taking into account the money set aside for pay awards after employees had left. Also, for the Committee, an analysis is done for agency and bank staff so the information is available but the bank system is Fife wide and the department only have one electronic means for collecting data.

Mr Cunningham advised that in terms of absence management, the CHP have been encouraging people to accurately record their reason for absence by using the family friendly policies whereby they can take carers leave rather than recording themselves as sick.

59/08 PLANNING FOR SERVICE IMPROVEMENT

NURSING EDUCATION PROVISION

Mrs Porter explained that she brought this paper to the Committee to demonstrate the range of training provided for nursing staff across the CHP's. Mrs Porter advised that the training included training for individual needs as well as service needs and modernising careers.

Mrs Porter explained that a variety of funded courses were available and for medium to long term courses, provisions are in place for back fill and patient continuity. The Committee were informed that the money provided for training is ring fenced for nursing staff which Mrs Porter was very appreciative of and is pleased that it is successfully used.

Ms Wilson advised the Committee that on one of her recent tours of the CHP, she and Mr Robertson were pleased to hear of nurses enhancing their skills and they were happy that nurses were enjoying that opportunity.

Mr Parsons explained he was happy with what the CHP were doing with regards to nursing education but advised he would like to see details more in depth. Mrs Porter advised she would be happy to bring that information to a future Committee meeting.

Councillor Rodger wondered if there was any information relating specifically to mental health due to this being a particularly hard area to recruit and retain employees in. Mrs Porter informed him that a lot of focus for training had gone to mental health nursing and advised that the CHP are nearing 700 staff going on courses within mental health. This included both trained and support staff. Mrs Porter also advised the Committee that there were new dementia community teams in place and was pleased to confirm mental health had been heavily invested in. Mr Cunningham agreed to bring a future mental health paper to the Committee including the training staff have received.

Mr Robertson advised the Committee on his recent tour of the CHP with Ms Wilson, he was impressed by all members of staff but he was particularly impressed by the staff working at mental health sites. He praised their work in what he thought was an extremely difficult job.

The Committee **noted** the paper and **accepted** future papers should be brought to the meetings.

MONTRAVE WARD PROGRESS REPORT

Mrs MacKenzie advised the Committee that this paper was a follow on from the paper she had brought in June, where agreement was given to look at possible alternative models of care for patients currently receiving care in Montrave Ward.

The members were informed that work to date included staff briefings and a Steering Group being set up. Mrs Mackenzie advised that the group were hoping to conclude their work by December this year.

Mrs Mackenzie explained that the report was set to reflect the engagement plan produced. She advised that three groups were highlighted; those with medical problems and behavioural issues group, the under 65's and people awaiting community placements. Mrs Mackenzie explained that as patients being delayed fell within the first two groups, these two were the main focus.

Mrs Mackenzie stated that the group can only take the work relating to under 65's to a certain point and not to its conclusion and this would be taken forward by a different group. This would be documented in the final report. Mrs MacKenzie informed the Committee that a meeting would be taking place on Saturday, 18th October so that with relatives and carers to get feedback on progress so far in an informal setting.

Councillor Rodger queried why only one carer representative was on the steering group. Mrs Mackenzie explained that although the ward had given names of people they felt could be involved, her assessment was that it was inappropriate to ask people to take part in a formal group at what was a very difficult time for them. Mrs MacKenzie stressed that this was a reason for the meeting on Saturday, as she felt it would allow people to express their views in the correct environment. The committee were also informed that the carer on the steering group was being supported in any way she felt she needed.

Councillor Rodger expressed his concern on how this problem was not seen three years ago and he hoped lessons would be learned from this ward. Mrs Mackenzie responded that she felt the CHP had been very proactive in relation to this challenging service area.

Mr Robertson advised that he spent months visiting this ward on a

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daily basis and advised he was very happy with the care patients received.

Mr Cunningham suggested to Mrs Mackenzie that if it is not too late, then a member of the PPF should be on the steering group for Montrave.

The Committee *noted* the Progress Report.

Mr Leinster arrived.

60/08 DELIVERY & EFFICIENCY

FINANCIAL GOVERNANCE

Mrs Bowring advised the Committee that the report was for five months to the 31st August. She explained the report was presented in the same way as previous ones.

Mrs Bowring briefly explained what the report contained stating there was an overspend of £220,000 but she was able to assure the Committee that the rate of overspend was slowing down. Members were informed that Prescribing was showing an underspend of £194,000.

The Committee were informed that the memorandum table on page one was there for Fife wide services and therefore, not under the sole remit of the CHP.

Mrs Bowring confirmed that she would be meeting with Mr Cunningham to review where the over and underspends are which will then be highlighted to the services.

The significant overspend in mental health was explained as being due to locum medical costs. Mrs Bowring advised that this was not solely an NHS Fife position. Due to the change in training for doctors, Mrs Bowring explained that locums have to be employed to cover the short term reduction in qualified medics. As mentioned in the past, the supplies area overspends lies with the methadone prescribing.

Mrs Bowring explained that she previously included the pharmacy

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contract service but this money has been reclassified as non-cash limited, but it shows within the pharmacy line within the memorandum table provided in the report.

The Committee were informed that graphs were also included in the report to show a month on month report on pay and supplies. Mrs Bowring explained that the peak in August was due to the arrears paid for Agenda for Change pay awards and the back payment of three months pay award.

Mrs Bowring also included the separate Capital report appendix which relates solely to the CHP.

The Committee were informed that expenditure of £882k had been incurred to date on the CHP schemes.

The Committee wished Mrs Bowring well in her new position and thanked her for keeping the reports easy to understand.

The Committee **noted** the report.

ENDOWMENTS

Mrs Bowring explained that the generous sum of money had been donated to specifically buy a Portable Ultrasound Machine for Rheumatology.

Mrs Bowring explained that the Financial Operating Procedures around approving endowments stipulated that the Committee must approve this request due to the amount of money being donated.

The Committee were assured that all the correct policies and procedures had been adhered to and **approved** the expenditure from the Endowment Fund.

61/08 ITEMS FOR INFORMATION

The following item was noted for information:

- (a) Clinical Governance – 29 July 2008
- (b) Local Partnership Forum – 22 July 2008
- (c) Public Partnership Forum Reference Group – 13 June 2008
- (d) Kirkcaldy and Levenmouth CHP Committee – Proposed 2009

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dates

62/08 ANY OTHER COMPETENT BUSINESS

No other business was discussed.

Ms Wilson thanked her colleagues for attending her first meeting and closed the meeting.

63/08 DATE AND TIME OF NEXT MEETING

The next meeting will be held at 2.00 pm on Tuesday 9 December 2008 within Thomson, Lower Methil.