Active living for a healthier Fife

NHS Fife Annual Report 2003 - 2004
<table>
<thead>
<tr>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair’s Report</td>
<td>1</td>
</tr>
<tr>
<td>Chief Executive’s Statement</td>
<td>2</td>
</tr>
<tr>
<td>Performance Assessment Framework</td>
<td>3 - 4</td>
</tr>
<tr>
<td>Health Improvements &amp; Reducing Inequalities</td>
<td>5 - 9</td>
</tr>
<tr>
<td>Patient Focus and Public Involvement (PFPI)</td>
<td>10 - 12</td>
</tr>
<tr>
<td>Developments</td>
<td>13 - 16</td>
</tr>
<tr>
<td>Primary Care Division</td>
<td>17 - 19</td>
</tr>
<tr>
<td>Waiting Times</td>
<td>20</td>
</tr>
<tr>
<td>Compliments &amp; Complaints</td>
<td>21</td>
</tr>
<tr>
<td>Healthcare Associated infections</td>
<td>22</td>
</tr>
<tr>
<td>Staff Governance</td>
<td>23 - 25</td>
</tr>
<tr>
<td>Learning &amp; Development</td>
<td>26 - 27</td>
</tr>
<tr>
<td>Major Capital Investments</td>
<td>28</td>
</tr>
<tr>
<td>Clinical Governance</td>
<td>29 - 32</td>
</tr>
<tr>
<td>Risk Management</td>
<td>33</td>
</tr>
<tr>
<td>Operating Cost Statement</td>
<td>35</td>
</tr>
<tr>
<td>Summary Of Revenue</td>
<td>36</td>
</tr>
<tr>
<td>NHS Fife Members Interests</td>
<td>37 - 38</td>
</tr>
</tbody>
</table>
Last year we welcomed the Ministerial approval on the strategic direction. This allowed us, with local communities, GPs and community staff, consultants, nurses, allied health professionals, other staff and partners, to go forward to design and plan services to meet the needs and wishes of the people.

The way health professionals will work in future has been widely debated. It was already obvious during the financial year ending 31 March 2004 that we needed to recognise the effects of increasing specialisation particularly in acute services and changes in ways of working including the strengthening of the roles of our nursing staff and allied health professionals.

Thanks are due to the staff who, throughout these discussions continue to put the patient first and to work hard to maintain quality services for the people of Fife.

We all try to provide services that meet the needs of the people of Fife and in my view, the NHS in Fife has had a mainly successful year during the period of this report. Key targets have been met from within our allocated resources and progress has been made on the planning of the reconfiguration of services.

During the period of this report we moved to an integrated system under Fife NHS Board, with the dissolution of the stand alone NHS Trusts into Operating Divisions working together with the Board to improve the patients’ journeys. The next challenge is the transition from LHCCs into new Community Health Partnerships. Fife has already done much to integrate services, including single shared assessments within Joint Future with our main stakeholder partners, Fife Council.

There has been a continuing major injection of money into the NHS in Fife. As in the past few years, most of this has been used to recognise the value and contribution of staff by improving their terms and conditions in accordance with nationally-agreed arrangements. The rising cost of drugs, other inflation, and meeting our financial obligations to NHS partners accounted for the rest.

The challenge is to use these new funds in future to make essential service changes. I know that work will continue with clinical and other staff to do this whilst continuing to deliver the best possible services for the people of Fife.

I would like to express my personal thanks to Esther Roberton who was Chair for the period covered by this Report.

Her work for and commitment to the people of Fife and to the NHS is recognised in the conclusion to the Accountability Review for 2003/04 letter, published in full at the end of this Report. This stated that “We got an impression of a system that is moving forward with a strong sense of purpose”

I would agree with the other statement within the same Review that, “The challenges that lie ahead are significant and the Board will have to be well attuned to the major changes affecting the NHS across Scotland if it is to respond effectively to them”.

That is our challenge and we as a Board will do all that we can to meet this challenge in partnership with the public, our staff and our community planning partners.

Professor Jim McGoldrick
This report can only be a snapshot of part of the work of the more than 8,500 staff who are the NHS in Fife. I join the Chair in thanking all concerned in providing all the range of services either directly or indirectly to the people of Fife. I would also like to record my and the rest of the management team’s thanks to Esther Robertson for her very significant contribution and commitment to the NHS and the people of Fife.

As we move to new ways of working, aimed at increasing effectiveness as well as widening and enhancing the range of services that can be delivered, we have to continue to improve on work with our partners. With their help, we have already achieved good results for patients, clients and carers: we must build on this. The successful moves towards a single assessment process for older people have minimised the number of interviewers someone receives and avoids repeat questions for the same information. We now have to achieve similar successes as we broaden out Joint Future and as we move in 2005 to Community Health Partnerships.

Redesign of services continues and is needed not just to improve services for patients but to recognise changes in clinical practice. Our continuing involvement of the public and NHS staff, includes an emphasis on improving and sustaining services within Fife and taking services, wherever possible, closer to communities. Involvement continues in planning what should go into the Queen Margaret, Victoria and the new St Andrews Hospitals, and what and where in-patient services should be for mental health, learning difficulties and older people. That work will inform and influence decisions around where and how these services should be provided.

The theme that emerges from this Report is the need to focus clearly on redesigning services, on putting resources into new better services, on reducing the input into less useful or outdated services.

I thank all my colleagues for their contribution to the NHS in Fife.

George Brechin
Performance Assessment Framework

The Performance Assessment Framework (PAF) provides a range of indicators including statistical information and identifies the position against national targets. This report details Fife’s position and outlines the work undertaken during 2003/04 to improve health and health services.

A number of topics in the ‘Health Improvement and Reducing Inequalities’ section are above target levels for Fife; mortality from CHD and stroke, teenage pregnancy and adult smoking. Targets for immunisation, excluding MMR, have been exceeded and are also above those for Scotland.

Influenza vaccination has seen an improvement in levels and continues to be above target. As does dental disease in pre-school children with performance increasing, while inequalities seen among 5-year-olds with dental caries have also seen an improved performance from the previous time period.

Finally, there has been a small improvement in drug misusers sharing needles and syringes.

Mortality from all cancers remains below target, as does numbers of women smoking while pregnant, incidence of Sexually Transmitted Infections and takeup of the MMR vaccine. The numbers of drug users who inject are dropping from the base year and previous time period. Breastfeeding at 6-8 weeks shows a slight improvement but levels are still consistently below target.

Fair Access to Healthcare Services

Rates for elective surgery, hip and knee replacement are better than those for Scotland, elective surgery for cataracts, on the other hand remains close to levels seen for Scotland. The board is well above target for breast and cervical cancer screening, although performance for the cardiac intervention rate is below that of Scotland.

For access to NHS services, access to primary care nursing services and adult access to dentists remains above the levels seen for Scotland. Access to pharmacies within the

primary care services remains close to the Scottish average, however access to dentists for children remains lower.

Compared to the Scottish average, elderly access is better, the number of patients experiencing 6 or more weeks delay in discharge, and bed occupancy of delayed discharges, is improving in performance with levels now close to national levels. For mental health, non-inpatient expenditure, the change in expenditure is not keeping pace with Scotland.

Clinical Governance, Quality and Effectiveness of Healthcare

The appropriate prescribing of hypnotics remains better than that of Scotland, while prescribing rate of Statins is increasing.

Survival from breast cancer has increased in performance, however survival from lung, colorectal and ovarian cancers are below that of Scotland. Survival after hospital admission due to stroke and acute myocardial infarction has decreased in performance but remains better than base year. Survival after hospital admission due to hip fracture has decreased in performance from base year and last time period. Levels for 30 day perioperative mortality have seen a slight decrease in performance but still remain better than base year.
Patient’s Experience including Service Quality

Levels for cancelled admissions showed a further decrease in performance, which are also worse than Scotland. Did Not Attends showed little change from last year, remaining close to base year and slightly better than Scotland. There was a slight fall in complaints, but levels were still close to those of Scotland.

Targets for waiting times for inpatients and day cases were met; waiting times of new outpatients waiting over 6 months remained worse than base year but higher than Scotland. Waiting time performances for cardiac surgery/angioplasty, walking wounded and trolley cases all showed a fall in performance and remained lower than Scotland.

Organisational and Financial Performance and Efficiency

Day case rate and average length of stay remained higher than Scotland while expenditure on direct patient care remained close to average. Performance in submission of both inpatient and outpatient data showed a further fall, while that of Scotland improved.
Health Improvements & Reducing Inequalities

NHS Fife has worked closely with Fife Council, the voluntary sector and other partners to generate a Joint Health Improvement Plan. This sets out the key priorities for action to improve health in Fife. The broad approach is to:

• Improve health and wellbeing across the whole population and over the whole of a person’s life
• Reduce the gap in health between people living in different parts of Fife and between different groups of people within Fife
• Empower individuals and communities to make healthy choices
• Reduce the number of people who develop life-threatening illnesses such as diabetes, stroke, coronary heart disease, cancer and respiratory disease
• Continue to improve housing conditions, recognising the significant impact this can have on an individual’s health.

Work is focused on different life stages and within communities.

NHS Fife Health Promotion department ran a diverse programme of training in 2003, aimed at increasing people’s knowledge, skills, and understanding of health issues to better equip them in their health improvement role.

Health Promotion Fife provides health information and resources to a diverse range of organisations in Fife which have a health improvement remit. These include professionals from NHS Fife, Fife council, schools, private organisations, voluntary and community groups. The sorts of information and resources disseminated included teaching packs, videos, books, reports, leaflets and posters.

The focus is on reducing health inequalities and last year a range of resources were specifically selected which are appropriate for people from ethnic minorities or individuals who have special needs such as adults with learning difficulties. These resources have been well utilised since their addition to the service.

Mental Health

2003/2004 saw a major move in the discharge of long and medium stay patients from Stratheden Hospital to their own tenancies in the community. Under the Supporting People programme, the quality of life improved for over 20 people as they moved from hospital to tenancies throughout Fife with additional community and tenancy support established.

The Glenrothes “SAFE in Mental Health” group have developed a user led drop-in service based at St Paul’s Church, Woodside Road. This is aimed at anyone in need of Mental Health support and is open on Monday, Wednesday and Thursday.

Smoking Cessation

There were a number of initiatives throughout Fife to help people to stop smoking. The following are a few examples of the range of work that started and is still going on.

A Community Pharmacy Smoking Cessation service is delivered within three Local Health Care Cooperatives and aims to improve health by increasing quit rates over will power alone by motivational support and reducing inequalities by free supply of nicotine replacement therapy.

Smokers in Glenrothes have had extra help to kick the habit this year. The Smoke Alert
Health Improvements & Reducing Inequalities

project at Fife Institute encouraged smokers to “Quit and get fit” – offering exercise alongside counselling and support. A joint project ran in the New Year – with an emphasis on supporting people with Mental Health problems. A new group was set up based at Glenrothes Hospital and this has now moved to Rothes Halls in Glenrothes Town Centre. All this is in addition to extra Smoking Cessation training for staff and the set up of the Smoking Cessation Practitioners group.

West Fife smokers are being offered new opportunities to quit smoking, and get healthy, thanks to a new scheme. The project – QUITFIT – links stopping smoking to exercise programmes and a healthier lifestyle. It’s hoped that the project will prove that “You can’t quit fitter than a Quitfit quitter”. Specialist support is provided to help people quit and they, and their families also get reduced cost access to facilities at Cowdenbeath Leisure Centre.

The QUITFIT partnership, led by West Fife Local Health Care Co-operative includes Fife Primary Care Division’s Health Promotion Department, Fife Council and local Pharmacists.

This project is one of ten Scottish initiatives to help smokers throughout Scotland to give up the habit. Each project got a share of nearly £900,000 awarded by the new body Partnership Action on Tobacco and Health (PATH). Helping smokers to quit is the best - and most cost effective - way to reduce Scotland’s world-beating rates of cancer, heart disease and lung problems. Tobacco, Scotland’s biggest public health problem, causes more than one in every five Scottish deaths. PATH is funded by the Scottish Executive, and managed by ASH Scotland.

The QUITFIT partnership, led by West Fife Local Health Care Co-operative includes Fife Primary Care Division’s Health Promotion Department, Fife Council and local Pharmacists.

This project is one of ten Scottish initiatives to help smokers throughout Scotland to give up the habit. Each project got a share of nearly £900,000 awarded by the new body Partnership Action on Tobacco and Health (PATH). Helping smokers to quit is the best - and most cost effective - way to reduce Scotland’s world-beating rates of cancer, heart disease and lung problems. Tobacco, Scotland’s biggest public health problem, causes more than one in every five Scottish deaths. PATH is funded by the Scottish Executive, and managed by ASH Scotland.

**Hip Fractures**

An Osteoporosis, hip fracture and risk of falls service to reduce risk and consequent morbidity caused by hip fracture, has been introduced into community pharmacies.

The pharmacist carries out a patient assessment and can refer to the GP for preventative medication to be prescribed or can refer to the Acute Division for a DEXA scan. They can alternatively refer through the single shared assessment to, for example, Occupational Therapy for input. This scheme is funded from the Pharmaceutical Model Schemes funding and its impact is currently being reviewed.

**Needle and Syringe Exchange**

Nine community pharmacies now provide a Needle and Syringe Exchange. The new exchange packs now include other injecting paraphernalia, such as citric acid, and the service aims to reduce the risk of transmission of blood borne viruses.

**Breastfeeding**

The health benefits of breastfeeding are well established and there is a growing body of evidence which suggests much longer term health benefits. In some areas of West Fife, there are persistent low rates of breastfeeding both in initiation and duration and, although on the whole, breastfeeding rates have increased, there has been little improvement within our more deprived communities. If this trend continues we are likely to see an increasing gap in the health profiles of our most and least deprived areas.

To address this issue, a joint funded post has been established through the Lochgelly and Abbeyview, Dunfermline
regeneration initiatives and West Fife Local Health Service. A local health visitor has been seconded to these areas to establish a baseline for each community and to identify the influences and barriers which impact on local breastfeeding rates. This work will inform future developments in this field. It is also planned to recruit and train volunteer peer supporters to work within the local communities to support local women before and during their experience of breastfeeding.

**Screening**

In Kirkcaldy and Levenmouth Local Health Care Cooperative, staff are achieving national cancer guidelines at a time when GP referrals are increasing. In the LHCC area, the number of cancer cases discovered has increased by up to 40% due to the screening activity over the past year. The ability to provide a one stop clinic on site and continued and increased local provision of chemotherapy services have therefore proved successful.

**Physical Activity**

West Fife LHCC and Fife Primary Care’s Health Promotion Department, working in partnership with Fife Council and Fife Constabulary, secured funding over three years from the New Opportunities Fund to develop a Twilight League in the area. The concept is based around the idea of accessing local facilities when they are not so well used (eg twilight!) The project is aimed at boys and girls aged 13-16, and is based around football, with an emphasis on developing team spirit and citizenship skills as well as tackling health issues which can occur due to lack of physical activity. This initiative, which targets the areas of Lochgelly, Benarty, the West Fife villages and Abbeyview, provides a range of activities around football including development of team ethos, the opportunity to play at a quality venue, and the chance to attain an SFA coaching qualification.

It is particularly aimed at young people who are not already involved in any structured activity or youth club, and is part of the Active Steps initiative which aims to provide more opportunities for young people to develop their full potential, promoting the link between learning and physical activity.

There are two separate exercise referral programmes in Fife. The West Fife programme is co-ordinated by the West Fife Health and Fitness Officer and takes referrals from Health Visitors, Physiotherapists and Psychiatry to Cowdenbeath, Carnegie and Dalgety Bay Leisure Centres. The other is co-ordinated by Fife Institute Depute Principal. It takes referrals to Fife Institute from health professionals, predominantly in the Central Fife area.

An evaluation of both programmes has been commissioned and a report with future recommendations is due back to Fife Physical Activity Task Force in August 2004.
The `New Ways' Team Healthy Living Centre Projects

One of two Healthy Living Centre projects operating in West Fife, funded over a five year period by the New Opportunities Fund, the New Ways initiative focuses on those with common mental health and/or alcohol problems, adult survivors of sexual abuse, and on the needs of vulnerable families, socially isolated individuals and areas where there are gaps in the provision of services.

It brings together a number of agencies with counsellors working at a local level providing a fast and easily accessible service. These include Volunteering Fife, Fife Alcohol Advisory Service, A Safe Place (formerly Abuse-Not), Homestart, together with a Mental Health Nurse Practitioner, Dietitian and community representatives. Referrals to the New Ways Team come from Primary Health Care Staff, other agencies or self-referrals. Patients can be seen at home, or in a different area to where they live.

In Oakley, the team worked with patients and community representatives to set up a Fruit and Vegetable Stall in the local Health Centre. This enables patients to get involved in a rewarding project that improves their own sense of wellbeing.

Margaret, an older patient referred to the Stall by her GP, told us `I hated leaving the house. This has been great for my confidence. I don’t sit about in my housecoat all day. It gets me out among folk. The fruit and veg are great, it’s got me cooking for myself again’.

This project shows that local people can design services that tackle underlying health issues, providing affordable fresh produce in an area where choice and cost were major barriers to a healthy diet.

Some of the volunteers on the stall have now gone on to help transform the overgrown area in the grounds of Oakley Health Centre into a very attractive garden for the benefit of all patients and staff, making it a brighter, more attractive place for all.

Sexual Health and Wellbeing

A multi-agency partnership was established in the Kirkcaldy Levenmouth Local Health Care Cooperative area. The aim was to take forward a health improvement pilot by developing in Levenmouth a sexual health and wellbeing service for young people close to where they lived, in youth friendly venues and at times when they would use them.

The decision to pilot this health improvement project in Levenmouth was based on the Fife Index of Multiple Deprivation. The Index demonstrates that of the top twenty neighbourhoods of multiple deprivation in Fife, eleven are within the Kirkcaldy and Levenmouth LHCC area and six of them are within Levenmouth. The aim is to reduce inequalities by targeting limited resources such as the Health Improvement Fund to the communities with most needs.

Teenage pregnancy does not constitute a public health issue per se although there are higher rates of infant mortality, low birth weight and a three fold increase in the incidence of teenage mothers developing postnatal depression. The public health problems arise because teenage pregnancy is often a cause and a consequence of increased social exclusion, of living in poverty, with reduced access to
social provision such as education, training and benefits (Social Exclusion Unit 1999). Teenage parents tend to remain poor and are disproportionately likely to suffer relationship breakdown, they are more likely to have no qualifications by the age of 33 and be on substantially lower incomes in their thirties than any other group (Teenage Pregnancy June 1999).

During the pilot phase there were 147 sessions with 1062 attendance’s by young men and 834 attendance’s by young women. The evaluation of the pilot has highlighted that the young people attending are very satisfied with the information, advice and resources that they have received and 92% feel that projects like this improve their health and wellbeing.

Quality Improvement
The Scottish Primary Care Collaborative, a quality improvement programme based on rapid small cycles of change, has been introduced in 5 GP practices in Dunfermline. These practices are among the first 102 practices from all over Scotland who are taking part in the programme, which focuses initially on two issues: Advanced Access and Improving Care for People with Diabetes.

Although the programme has only been in place for a short while in Dunfermline, significant improvements have already been demonstrated in access, including a 7% improvement in GP waiting times, and a 15% improvement in waiting times to see a Practice Nurse. For diabetes there has been a 15% improvement in the number of diabetic patients achieving good control of their blood sugars, minimising the risk of complications.

Innovative approaches have included rescheduling pre-booked appointments to avoid the busiest days, using telephone appointments instead of seeing the GP face-to-face, offering repeat prescription services by e-mail and using online laboratory services for rapid reporting of diabetes blood results.
Patient Focus and Public Involvement (PFPI)

NHS Fife has developed a framework for PFPI in response to the policy direction outlined in Our National Health and Partnership for Care. NHS Fife is committed to building a health service fit for purpose in collaboration with patients, carers, staff, partner agencies and the people of Fife.

The framework clearly states that involving people should not be seen as an add on but an integral part of everything we do, so that people are fully involved in decisions about their own care and on the way services can be ultimately provided. This approach is founded on the principle that the patient/carer perspective has a credibility and authority at least equal to the perspective of those staff who manage, deliver or provide health care in Fife.

At NHS Fife Board, the Director of Service Planning was appointed lead Director for PFPI.

Involving Public and Communities

It has long been recognised that there is a clear link between life circumstances and well being. Feeling involved and part of a community contributes to a sense of positive well being. Knowing that your views matter and are listened-to contributes to a sense of self and positive mental well being. Building capacity and strengthening individuals and communities is an integral part of the Joint Health Improvement Plan.

A series of events have taken place to inform and influence service change.

Strategic Implementation Groups have been set up involving clinicians, Health Council representatives and managers. There is a General Hospital and Maternity Services Project Board and work is going on to plan how and where particular services should be provided.

In St Andrews, where a major development in the form of a new hospital and health centre is planned, meetings were held with interested groups culminating in a large public meeting in the Town Hall.

There was general agreement on the need for the new facilities, but less absolute consensus over the question of the preferred site. Since the end of March 2004, Largo Road, St Andrews has been confirmed as the preferred site.

Within Dunfermline Local Health Care Co-operative, an International Women's Day event was organised after issues from local women were raised with a local worker. This event was used, as a consultation opportunity with the local community to identify what areas they felt needed addressed.

The day was extremely successful with over three hundred women attending. They were able to access a considerable range of stalls including, health, adult learning, the voluntary sector, council services and Fife Constabulary. They were also able to have taster sessions of assertiveness training, complementary therapies and other crafts and hobbies. Participants then completed a short evaluation form and this has been used to identify areas for further work within the community.

A patient focus group was held as a joint venture between West Fife and Dunfermline LHCCs in September 2003 to explore patients’ views on an exercise and education programme for patients with...
Patient Focus and Public Involvement (PFPI)

angina. This led to the successful implementation of a series of 12 week programmes of education and exercise for patients with heart disease, funded by the New Opportunities Fund.

Potential interests for a Public Education Programme were identified following a planning meeting which involved invited members of the public from two of the West Fife LHCC’s neighbourhoods, together with a multi-professional team. Ten topics, including drug abuse and alcohol issues, healthy eating, physical activity, heart disease and blood pressure were chosen. The programme started in late March 2004.

2003/2004 saw a major public involvement exercise looking principally at the future shape and location of mental health inpatient services. A number of well attended public events allowed full discussion of the issues and challenges facing inpatient care and resulted in a consensus on the way forward.

The Area Redesign Teams continue to give users and carers the opportunity to contribute to and influence mental health services in Fife.

Work also took place within services for Older People with discussions around Carlyle Ward at Forth Park and in the Levenmouth area, to look at services to be supplied from Randolph Wemyss Memorial Hospital.

In Dunfermline, work began on involving and consulting people on what community services should and could be provided within the Eastern Expansion Area.

A large variety of information was also on offer from local projects, colleges and organisations as well as the exclusive world premier showing of the film “Lochgelly from a Woman’s point of View”, which was developed by the local women’s group and featured images and experiences of local women. A fashion show, featuring local women as the models, concluded the day’s activities.

As part of this process, the LHCC’s Public Health Practitioner and Senior Health Promotion Officer supported the Lochgelly Regeneration forum in the use of participatory methods to gather information on local perceptions of life in Lochgelly.

This information is being collated into a final report to help inform future events/initiatives and support the forum in their work within the regeneration process as community representatives. Partners involved were WFLHS, Health Promotion, Fife Council, Regeneration Staff, the Voluntary Sector, and the Lochgelly Regeneration Forum.

This model of working has been discussed with staff from other areas as a potential vehicle for a range of agencies and community members working together.
Fife Rehabilitation Service

Fife Rehabilitation Service (FRS) is an area wide service based at Cameron Hospital and is consultant led providing in-patient, out-patient and community rehabilitation to those with primarily neurological disability in the 16-64 age group.

It was the first hospital-based service in the UK to achieve accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). The accreditation is based on how the service relates to patients and their needs.

CARF is an international accreditation and standard setting organisation based in Arizona, USA. It was established in 1966 and is a not for profit organisation governed by a Board of Trustees. Approximately 26,000 programmes are accredited in the United States, Canada and Sweden with increasing interest in Europe. The standards are challenging but achievable.
Developments

Acute Services Division

The major developments during this year have been in progress with the Stroke reconfiguration project which was due for completion in July 2004.

Phase I of the programme involving Wards 6, 7 and 8 at Victoria Hospital was completed in June 2003 and involved the move of Infectious Diseases into Ward 7 and the decanting of Stroke related Care of the Elderly patients from Wards 17A and Ward 14 into Ward 6 – beginning the true development of a dedicated Stroke ward and freeing up Ward 17 to be upgraded.

Ward 17 became a combined Inpatient and Outpatient area dedicated to Haematology, Oncology and Chemotherapy treatment at the beginning of 2004, thus achieving the Directorate’s long term aim of providing specialised treatment and care for this vulnerable patient group. Staff training and development is ongoing within this specialty.

Ward 14 was given a basic upgrade and has become the Acute Medical Admissions Unit with the potential for an additional five beds.

Ward 12 is being fully refurbished as a dedicated Stroke Ward with a near-to-bed rehabilitation facility. This will bring to fruition the long term aim of creating such an area to permit development of a first class Stroke service for Fife.

Stroke services have also been further developed at Queen Margaret Hospital with an 8 bed Acute stroke area now established within Ward 8 together with 15 Stroke Rehabilitation beds in Ward 6 – staff training and education are ongoing on both sites to ensure a high level of care for this client group.

In June 03, the Directorate Team seconded two Charge Nurses into Clinical Nurse Manager posts to assist the management of the Nursing resource, in particular to oversee the use of Bank and Agency usage. These posts contained the spend on agency nurses within reasonable limits.

A number of CHD/Stroke developments were put in place in both acute and community services through Scottish Office dedicated funding. These included £100K for the establishment of Stroke and CHD MCN’s, £68K for the establishment of an outreach cardiology clinic at St Andrews, £45K for the appointment of a chest pain liaison nurse specialist, £20K for the establishment of a Stroke Database and £200K for additional staffing of Allied Health Professionals and Nurses.

September 03 saw the commencement of a long-awaited development with the provision of a weekly Transient Iscematic Attack clinic on the Victoria hospital site, as a result of Radiology issues being resolved. Prior to this, there were weekly clinics at QMH to cover the whole of Fife.

The Directorate took possession of Ward 11 at Victoria following the move of ENT to Ward 8. This will allow Raith and Viewforth wards to be brought on to the Acute site and achieve full integration with Medicine.

The objective of achieving the move of Pentland Day Hospital on to the Acute site will also be realised during the summer of 2004 by integrating it within Ward 6 alongside the Geriatric Orthopaedic Rehabilitation Unit.
reduce this to two weeks to meet the recommendations of the SIGN Guidelines.

At the beginning of 2004, Coronary Care Services were centralised on the Victoria Hospital site. At QMH this provided the opportunity to develop a Medical High Dependency Unit within the former Coronary Care Unit.

**Surgical Admissions Unit**

The Surgical Admissions Unit is now well established seeing an average of 100 patients per week. The unit has dedicated nursing staff and middle grade medical cover ensuring patients are seen and treated as soon as possible.

**Colorectal**

A Colorectal Cancer Nurse Specialist was appointed in February 2003 to improve the patient journey for those who had been diagnosed with colorectal cancer. This aimed to ensure a seamless service for both patients and carers across all healthcare sites. Nurse led clinics have been established and it is hoped that these will expand in the forthcoming year.

A grant from the New Opportunities Fund has allowed the planning of a new colorectal unit, hoped to be opened in the middle of 2004. This will allow for centralisation of referrals and strengthen communication links between the multi-disciplinary team. Stoma services continue to develop and secondment posts have been set up to encourage nursing staff to improve their skills and knowledge. This enables the nurses to bring back additional skills within their own ward setting. The Stoma support group continues to grow, with members organising a programme of interesting events throughout the year.

**Nutrition**

A multi-disciplinary group has been established by the Nutritional Support Nurse to review guidelines for patients receiving artificial nutritional support. An audit tool has been developed to work in conjunction with these new guidelines which are to be introduced in the near future.

**Urology**

The Urology Specialist Nurse roles continue to develop and diversify undertaking several roles once performed by medical staff, including prostate assessment clinics, erectile dysfunction service and flexible cystoscopies. September 2003 saw the appointment of a Urology Cancer Specialist Nurse to provide prostate cancer patients on hormone therapy with timely delivery of treatment. Patients are seen at outreach clinics across Fife based within 6 local hospitals.

**ENT**

Discussions regarding the establishment of an ENT network again with Tayside are well on the way and a joint network manager was appointed last year to coordinate the service. The ENT in and outpatient service re-located into a purpose-built 16 bedded unit at Victoria Hospital.

**Audiology**

Successful bids to Audiology modernisation programmes allowed the service to be redesigned reducing the waiting times significantly. Previously, an appointment for fitting of a hearing aid
Developments

Developments could take up to 102 weeks. This is now 35 weeks and has been achieved without an increase in staffing.

It is hoped with the introduction of the new graduate and conversion programmes more students will be attracted to this speciality especially since the courses will now be available within Scotland.

Patient pathways have been reviewed recently and in collaboration with the ENT consultant staff direct referral clinics will be established. This will lead to reduced waiting times in ENT services as patients will be seen first by the Audiologist thus freeing slots at the consultant led clinics.

Ophthalmology

The opening of the Cataract assessment and treatment unit completely changed how the service was managed, reducing significantly the waiting times and enhancing the patient experience. Patients are seen at a one-stop cataract clinic, measured for lens and plants and pre-operative assessment by the same staff who nurse them on the day of operation. The response from patients has been very positive and an audit assessing patient satisfaction will be undertaken in the near future.

Women and Children

There are dedicated clinics for patients with diabetes in pregnancy. These clinics have input from the diabetic team to enable women to reduce the risks to themselves and their babies in pregnancy. There is a named midwife with dedicated time for these patients on a drop in basis.

NHS Quality Improvement Services have given colposcopy a good report on the follow up to the peer review last year. Guidelines for referral are now online. Nurse led services are being developed with the lead nurse successfully completing smear taking and colposcopy courses.

The consultant in paediatrics is keen to develop GP links and develop the ambulatory service to provide care that reduces the need for admission to hospital. Staff have been increasingly rotated through all areas of paediatric services to ensure best practice and improved skills.

Midwives from Forth Park have successfully led teams at national level to develop best practice statements under the remit of NHS QIS. ‘Maternal History Taking’ and ‘Examination of the Newborn’ statements now form the best practice recommendations across Scotland.

The Cancer Service has developed with the introduction of a network arrangement with Edinburgh colleagues. As part of SCAN, Southeast Scotland Cancer Network, Fife has developed close links with the centre and consultants come to Fife to operate on complex cases, allowing women to be treated locally wherever possible.

There have been guidelines and service developments in reducing the effects of constipation in children. Although normally a minor problem this accounts for the majority of referrals from GPs and can result
in the child suffering a lot of pain and may require complex treatment. Community links are in place to try to encourage children at nursery and school to drink more water, and to highlight the need for parents to ensure their children have plenty of access to healthy drinks and diet.

A non-surgical way of managing club foot in babies has been successfully introduced. Babies are treated in ambulatory care and do not have to remain in hospital.

The team supporting drug abusing women in pregnancy has increased with the appointment of a drug liaison midwife. Working with their counterparts in primary care, they have developed strong and successful links with social services, criminal justice and mental health to support these women to reduce or stop drug abuse and to establish parenting skills.

The team have been very successful in gaining the confidence of these women and their families, and have ensured that babies have been able to stay with their mothers where possible. An indicator of success is that breastfeeding rates amongst this traditionally deprived group is 70%, well above average for Scotland.

Urogynaecology clinics that are nurse led, and the development of surgical techniques allowing for more day case working has reduced the waiting time significantly in this subspecialty.

**Radiology**

A major investment in the latest technology for radiology is beginning to be rolled out over Fife. The system provides an integrated solution to taking, reporting and accessing all clinical X-Ray images of patients throughout the Kingdom. As part of a £1.4 million contract all radiology departments will be connected to the system.

Fife will be one of the first regions in the world to enable secondary and primary care staff throughout their NHS Fife system to do this by adopting the latest technology known as Computed Radiology Information Management Systems (CRIMS).

Radiology departments in Queen Margaret, Dunfermline and Victoria Hospital in Kirkcaldy, and Forth Park Maternity Hospital have been fully connected. The next step is to roll out to clinics in St Andrews, Cupar, and Glenrothes. In the community, it will speed patient’s reports back to GPs and their teams. All of which will benefit from the quality and immediacy of the solution.

Hospital clinicians and GPs will all be able to get this service through Fife BT Healthnet Community Network. Patients results will be available more quickly, and images will always be available whenever and wherever required for the provision of care. Importantly, there will be a reduction in radiation exposure for staff and patients and other advantages such as removing health and safety risks caused by chemical film processing. There will be extra running costs as well as the capital involved but these considerations are outweighed by the benefits to patients and staff and the savings made by not printing x-rays on film.
In response to identified need, and following a successful pilot in one of the West Fife Villages, funding was secured to enable a number of Local Authority Home Care staff, providing personal care only to clients, to undertake additional training in certain basic ‘health’ tasks [eg infection control; eye care; dermatology; communication (Light Rehabilitation Workshop); loss factors; sensory loss; dementia and confusion; continence; medication; foot care; palliative care I & II]. These individuals are now based with and function as part of the District Nursing Teams across the West Fife locality and Dunfermline, which has freed up experienced nursing staff for more complex tasks/improved chronic disease management; removed organisational boundaries surrounding the patient, affording greater integration of care; helped to maintain individuals in their own homes who otherwise might have needed admission for medical or social reasons to a 24 hour care facility; and helped to streamline hospital discharges. It has also enhanced Home Carer skills; improved career opportunities; and opened doors for nurse training.

Young People now have a new way to access information and advice on health and social issues and a building of their own at ‘The Place’ in the Town Centre, Glenrothes. It is the first project in Fife to offer this type of joined up service with Health, Social Work and Local Office support. It has become increasingly popular with young people since it opened at the end of June. There were over 500 visits in September alone.

Families with under fives now have an extra service, which provides crèche and support for parents through the Virtual Family Centre. The community crèches are based once a week in five locations around the town - Cadham, Collydean, Macedonia, Tanshall and Woodside. The new service started in September and is a joint venture involving the LHCC, parents from the Community Health in Partnerships (CHIPs) group, Home Start, Social Work, Local Office Network and the Childcare Partnership. The project is a good example of how involving the community can result in new ideas being developed.

The CHIPs group of parents and professionals have continued to support and develop the Virtual Family Centre Project.

**Reading for Health**

The new collection of books at Rothes Halls library has proved a great success with the public since its launch in July. There are a range of books on Mental Health and Child Development with leaflets available from the LHCC Office.

**Community Care/Older people**

Extra funding from NHS Fife has been used to employ Community Nursing staff to work with single care homes. This will create rehabilitation services for patients in their own area, allow earlier discharge and prevent unnecessary hospital admission.

Integrated Response Team, which provides support to enable earlier discharge of patients from hospital, has now come under the management of Glenrothes and Kirkcaldy / Levenmouth.
LHCCs, allowing closer working between this partnership team (consisting of health and social care staff) and the local community health services in Glenrothes.

Glenrothes Hospital Art Project
One of the volunteering projects for the hospital has involved Social and Child Care students from Glenrothes College working with nursery and primary children to develop art work on themes chosen by the patients.

Chronic Disease Management (CDM)

This is a massive area of work for Primary Care and has been a focus of attention for some time. In Glenrothes LHCC, the Local Health Care Co-operatives CDM Co-ordinator, has been working to support staff in this area, encouraging the establishment of disease registers in Practices and an LHCC database for Coronary Heart Disease (CHD). Diploma level training in CHD prevention was undertaken by 18 participants.

Glenrothes is also the first area to develop a local Community Planning Partnership, which brings together partners from Health, Voluntary Sector, Council, and Police to focus on the local priorities such as:

- regeneration of the Tanshall area
- safer routes linking communities
- health & wellbeing
- community engagement

The group links to the Glenrothes Local Forum which involves members of the public in issues relevant to the area.

Glenrothes Hospital Review
Glenrothes Hospital staff have been involved in a new initiative to review what the hospital is doing and how it might develop in the future. There has been a display and suggestion box for patients, relatives and staff in the hospital corridor. It is planned to develop the next phase with some extra research assistance.

Randolph Wemyss Memorial Hospital (RWMH)

Work goes on all the time to identify how to best meet the health needs of local communities. Research has shown that older people want to stay within their own homes as long as possible and when this is not possible, within the community as near as is possible to where they had lived. This information formed part of the public consultation on the future of services at Randolph Wemyss Memorial Hospital (RWMH) which was carried out over an extended period by Fife Primary
Patients and relatives at RWMH were also consulted, and meetings/workshops were held with groups of staff working in RWMH.

A steering group was established and chaired by the Trust’s Director of Nursing, supported by senior managers from the Trust, Fife Council Social Work Services, Fife Health Council, members of the Partnership Forum and Patients Relative Representatives.

The main concern was to improve the range of health services to residents in Levenmouth while providing the best possible care to our clients already using the existing facilities. Staff at Kirkcaldy and Levenmouth LHCC had identified services that could be provided from the Hospital and this work continues with community partners.

Work continued during the year in identifying services and resources to achieve this.

New St Andrews Hospital and Health Centre

The Scottish Executive approved the Outline Business Case for the new St Andrews Community Hospital and Health Centre to replace the present inadequate facilities.

The next step will be the development of a Full Business Case for a new build integrated community hospital and health centre on a single site on Largo Road, St Andrews.

The Project Team is involving clinicians, users and the public in the detailed redesign of services and had the benefit of continued involvement of the three GP Practices in the development of the proposals.
Overall success has been achieved in waiting times and waiting lists ensuring patients were seen within the 9 month target to have a day case or inpatient treatment carried out. Significant improvements have been made in working towards a 26 week target for outpatient appointments, several specialities achieving this halfway through the year. Some specialities however require ongoing support to meet this requirement.

Additional funding was secured to enable additional consultant medical and specialist nurse appointments to be made in a range of specialities, including General Surgery, Vascular, Urology, Ophthalmology and Maxillofacial. These appointments have enhanced the current service provision and allow us to make further developments.

<table>
<thead>
<tr>
<th>Waiting Lists and Waiting Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trends in Acute Activity, by Quarter</td>
</tr>
<tr>
<td><strong>Outpatients: waiting times</strong></td>
</tr>
<tr>
<td>Median wait (days)</td>
</tr>
<tr>
<td>% seen within 9 weeks</td>
</tr>
<tr>
<td>% seen within 13 weeks</td>
</tr>
<tr>
<td>% seen within 26 weeks</td>
</tr>
<tr>
<td><strong>Inpatients &amp; Day Cases: waiting times</strong></td>
</tr>
<tr>
<td>Median wait (days)</td>
</tr>
<tr>
<td>% admitted within 3 months</td>
</tr>
<tr>
<td>% admitted within 6 months</td>
</tr>
<tr>
<td>% admitted within 9 months</td>
</tr>
<tr>
<td>% admitted within 12 months</td>
</tr>
<tr>
<td><strong>Inpatients &amp; Day Cases: waiting lists (1)</strong></td>
</tr>
<tr>
<td>Total number on waiting list</td>
</tr>
<tr>
<td>of which no. waiting with an ASC</td>
</tr>
<tr>
<td><strong>Availability Status Code (ASC)</strong></td>
</tr>
<tr>
<td>Number waiting over 6 months without an ASC</td>
</tr>
<tr>
<td>Number waiting over 9 months without an ASC</td>
</tr>
</tbody>
</table>
Compliments & Complaints

Compliments

“I cannot praise all staff highly enough – they are a credit to Fife and are very hard working – at times beyond the call of duty”.

“Can’t thank you enough for the care and attention given to my late husband”.

“I cannot put into words my appreciation for all the assistance, help, support, compassion and understanding shown throughout my Mum’s stay, especially at the end of her life”.

“Thanks to the dental staff for giving me back my smile”.

Thank you for taking such special care of us all and making our labour experience so positive and wonderful. We will never forget you and your special talents.

I cannot find words adequate enough to express my gratitude for all that you done for me. All I can say is a simple “thank you.”

In an age when the norm is to continually complain about hospitals, I felt it was only right to write saying how impressed I was with everyone.

The nurses went above and beyond the call of duty, making us feel very at home and allowing us to be there until the very end. The kindness they showed to us really did help us through this tragic time.

Doctors, nursing staff and domestics, were all very dedicated to make patients stay as pleasant as possible.

I would like to convey my thanks and appreciation for the excellent treatment I received. The staff were caring, sympathetic and efficient.

On this day I was treated “like a king,” and would like to thank all the staff.

We would like to say a big thanks to all the midwives involved with the birth and subsequent care and attention. They are without doubt a credit to the hospital and the Midwifery Profession. We had a fantastic experience at the hospital which was all down to the wonderful attitude of the staff (can’t thank them enough).

My mother’s death, whilst anticipated, was very traumatic for me and it is only now that I feel able to write this letter. However, the caring professionalism of the medical and social work staff assisted me greatly in dealing with my bereavement and I will be forever thankful to them for that.

I would like to compliment all the above staff who were involved in my diagnoses, treatment and well being. They were very professional and understanding which made my stay in hospital very reassuring.

Complaints Between 1 April 2003 & 31 March 2004

Last year Fife NHS received 394 formal complaints. The percentage responded to within 20 working days was 49.5%.

17 requests for Independent Review were received, 2 were taken forward, 2 were passed back to local resolution and 13 were turned down.
NHS Fife is pushing forward changes within the infection control service to meet the recommended Healthcare Associated Infection Standards. These standards incorporate issues of decontamination, medical equipment management and cleaning services in the broader sense.

An Action Plan, drawn up in the light of the national reports on Healthcare Associated Infection, set out a number of measures being considered to reduce the risk of infection. It was approved in principle and the impact of implementing any of the decisions will be measured. Where services might be affected, alternative ways of delivering these will be sought.

Fife NHS Board has adopted a series of key priorities to tackle Health Associated Infection. An initial investment in staff and facilities of around £1.4 million was identified.

Standards have to be constantly improved and met for the benefit of patients whilst recognising that making hospitals more open to patients and the public presents an increasing challenge to the NHS in terms of infection control.

Patients and relatives can play an important part in preventing spread of infection and there is a joint responsibility to work in partnership to raise awareness of the challenges which controlling infection presents to us all.

Fife Acute Hospitals NHS had been awarded the Health Quality Service Accreditation Award for a period of three years from April 2001 to April 2004. This took into account matters such as cleanliness along with a range of other issues. The HQS Programme had assisted the Division to continually improve the quality of services provided to the patients, carers and staff. These will be built on and the report reflected some of the actions being taken and others that should be considered.

The accreditation programme enabled the Division to examine itself critically against a nationally recognised framework of organisational standards. The process highlighted good practice whilst setting an agenda for continual service development. HQS also supports the many quality programmes, initiatives and accreditation schemes currently being undertaken by Fife Acute Hospitals.

The hospitals involved were Queen Margaret, Dunfermline, Victoria and Forth Park, both in Kirkcaldy.
The way NHS Fife treats its staff is fundamental to the quality of care and services that we deliver to the people of Fife. Staff Governance is the process by which NHS Fife is accountable to the Scottish Executive Health Department for the way it behaves towards its staff. Informing, training, involving, treating staff fairly and taking due regard to their health and safety are the five fundamental elements to staff governance.

NHS Fife has a well-established Staff Governance Committee chaired by the Health Board Chairman whose job it is to oversee the work within NHS Fife that is being undertaken to meet the requirements of the Staff Governance Standard. Much of this work is undertaken through the Area Partnership Forum.

In this year there has been significant activity in all the elements of the Standard. Some of the highlights are as follows:

An NHS Fife Staff Magazine has been published and will appear every two months. This is a magazine run by the staff for the staff.

Personal development Plans have become well embedded across all staff groups and are continuing to be reviewed.

The SUFI Learn Direct Centre is now attracting significant use from increasing numbers of staff.

Over 200 NHS Fife staff have signed up for the European Computer Driving Licence and we have continued to increase the number of staff undertaking SVQ’s.

The Area Partnership Forum and the Local Partnership Forums commenced the review of their roles in light of our move to a single employer.

The NHS Fife Dignity at Work policy has been reviewed and strengthened with 18 confidential contacts now appointed.

The National Zero Tolerance Campaign was launched in Fife and a second week long campaign was run in September in Partnership with the Fife Constabulary.

A Stress at Work Risk Assessment pilot commenced in two sites in Fife.

In November this year we completed the staff survey for the second time. This has been used to help determine what progress we have made in the past year. The main areas where staff responded positively were around Training and Development, PDP’s, induction and the staff’s feelings around work life balance. The responses along with a self-assessment staff governance audit have been used to develop an action plan for 2004-2005.

This action plan highlights the key pieces of work that need to take place in the coming year. These include:

- Continue to develop the staff magazine and include a section for updates from the Area Partnership Forum.
- Review, develop and implement common personnel policies across NHS Fife in line with PIN guidelines.
- Provide comprehensive training programmes for managers and staff representatives to ensure the full implementation of new and developed personnel policies.
- Ensure staff are involved as key stakeholders in developing Community Health Partnerships.
- Develop and implement an action plan for implementing the Health at Work PIN Guideline.

Of significant consequence for not only NHS Fife but for the whole of the NHS in Scotland is the Pay Modernisation agenda. This will change the way that all staff in the NHS are paid. NHS Fife has a structure in place to support implementation in 2004-2005. It will require a significant amount of time and commitment from all staff and as yet we do not know what the overall implications will be on resources,
both time and financial, for the system. The change in the way we pay staff is intended to support NHS service modernisation and meet the aspirations of staff.

Staff Governance has now been written into the new NHS Reform Bill and confirms its place alongside the other two strands of governance namely clinical and financial. NHS Fife is committed to ensuring that we make progress year on year against the Staff governance standard. Only in this way will we be able to recruit and retain suitably skilled staff to deliver high quality services.

The Staff Governance Committee reported that “NHS Fife has demonstrated its commitment and progress towards meeting the five key Staff Governance Standards and have an Action Plan to build on progress to date. The external auditors confirmed that the self-assessment process had been robust, involving staff from a variety of disciplines and allowing significant staff-side input; the Action Plan was credible and owned with reasonable timescales for delivery and that the specified statistics were largely available and were produced in accordance with Scottish Executive Health Department instructions”.

Zero Tolerance Week 2003

Between Monday 15th and Friday 19th September 2003, NHS Fife held a Zero Tolerance awareness week based at Victoria and Queen Margaret Hospitals. The campaign was designed to highlight the violence and aggression suffered by all staff within NHS Fife and demonstrate the commitment to supporting staff and reducing the attacks.

The campaign was aimed at highlighting the Zero Tolerance message to staff and the public with poster displays held within the Hospitals and outside on the Community Connections bus. Staff also toured the Hospital buildings, handing out leaflets and raising awareness of the issues. The campaign enlisted the support of Fife Constabulary with Officers assisting at the public displays and additional Police patrols mounted during the evenings at the Hospitals for the duration of the awareness week.

The public reaction to the campaign was extremely positive and a Fife-wide Zero Tolerance Week, building on the success of last year, is to be held in September 2004 to reinforce the message.

Lifting and Handling

Injuries caused by lifting and handling are among the most common staff injuries in the NHS. Induction courses cover this and there is a continuing Fife wide campaign. As an example, Podiatrists in the Kirkcaldy & Levenmouth LHCC have been trained to provide specific moving and handling course for colleagues. Full attendance has been achieved and all podiatry staff have now completed this training.

Mental Health Directorate

The development of Appraisal and Personal Development Planning was a priority during the year. New documentation was finalised and issued for nursing staff and good progress was made in implementing the process, particularly amongst non-clinical staff.

The New Deal for junior doctors working hours and conditions remained a major challenge. Despite real difficulties, the
Staff Governance

directorate achieved compliance at both Stratheden and Queen Margaret Hospitals, with only Whyteman’s Brae Hospital still having intensity of work issues.

Allied Health Professionals (AHP)

AHPs contribute to hospital and community services. The five strands are Professional Regulation, Patient Centred Quality, Risk Management, Clinical Effectiveness, and Information Management. Each strand is led by one of the Allied Health Professions (AHP) Heads of Service.

Patient Centred Quality: Work continues with the development of an interactive computer for patients’ use in the Queen Margaret Hospital rehabilitation waiting area. A central list of all patient leaflets used by AHP staff has been collected and is now available on computer which allows speedy review and adjustment as required. Additionally AHPs provided information for the various QIS visits and have been undertaking changes in line with report findings.
NHS Fife is committed to being a learning organisation recognising that the quality of our services is dependent on the commitment, capability and professionalism of our staff. A wide range of ‘in-house’ learning and development arrangements were developed to support staff in the provision of ‘fit for purpose’ services.

**Personal Development**
Considerable efforts have been made throughout NHS Fife to embed personal development planning as a positive developmental process to optimise the contribution and potential of staff.

**Leadership Development**
A priority has been given to developing our leadership capacity with many of our leaders participating in appropriate leadership development programmes. A notable development has been the introduction of the Fife Multi Agency Leading and Learning Programme organised in conjunction with Fife Council and other community partners.

A range of coaching skills workshops and ‘networks’ have been provided to enable managers to play a lead role in developing staff. We were successful in obtaining financial support to enable 20 of our managers to complete the Open University Professional Certificate in Management. In partnership with Fife College, 24 of first-line our managers successfully completed appropriate management qualifications. (see picture).

**Life Long Learning**
A range of learning opportunities have been devised to support the development of all our staff eg:

- Corporate induction arrangements have been reviewed to ensure all new members of staff are supported when joining NHS Fife.
- We have supported over 250 staff in pursuing an SVQ qualification.
- To maximise our investment in Information Technology (IT), a range of in-house IT training programmes for staff have been provided supporting over 350 staff to undertake a recognised qualification in computing.
- Established in partnership with the Scottish University for Industry (SUFI) an Open Learning Centre at Victoria Hospital provides over 50 e-learning packages and other learning resources for the benefit of all our staff.
- Endowment funds have been utilised to provide educational support for over 200 staff through our Employee Development Programme and Educational Bursary scheme.
- A number of Return to Learn Programmes for staff who had been away from formal education for some time were provided in partnership with Fife Council and the Workers Education Association (WEA).

**Social Inclusion**
As a large responsible public sector employer, NHS Fife in partnership with Job Centre Plus has provided training and employment opportunities for a number of people from a variety of “disadvantaged” backgrounds.

**Working in Partnership**
NHS Fife has established strong relationships with our community
partners, particularly Fife Council and local Colleges of Further Education.

The local colleges are helping us to take forward our lifelong learning agenda through the provision of a range of accredited programmes. Our strategic alliances with local colleagues in Fife Council has produced a number of noteworthy examples of mutually beneficial joint working approaches including:

- **Joint access** to learning centres and training accommodation.
- **Joint training** provision, notably supporting our Joint Future agenda with over 1,500 staff trained in Single Shared Assessment in multi-agency settings;
- **The Joint Future OD Group** has developed a Joint Development and Training Framework to support our Joint Future agenda;
- **Access** to each partners leadership and management development programmes, e.g. a number of NHS Fife managers have participated in Fife Council Leadership Programmes;
- **Work** is underway to develop cost effective joint e-learning solutions to meet a variety of common learning needs.

Our fourth Annual Learning Conference “Change and Innovation – Whose Business” was extremely successful involving over 200 delegates from NHS Fife augmented by a further 30 participants from our community partners.

NHS Fife has been successful in obtaining funding support from the Department of Trade and Industry Partnership Fund to further develop partnership working between managers, staff and staff side representatives to support and maintain a positive employee relations climate.
Works at Victoria Hospital, Kirkcaldy

As earlier reported, Phase II works were completed and a good start made on the creation of a state-of-the-art stroke unit with 14 acute stroke beds and nine general/stroke beds.

Phase II started last August and works included Ward 17, a combined 14-bed inpatient and outpatient haematology/oncology/chemotherapy unit. Minor refurbishments to relocate the Acute Medical Admissions Unit from ward 12 to 14 were also carried out.

The £510,000 refurbishment of the ground floor outpatients’ rehabilitation area was completed in May, when the unit was fully re-occupied. The latter is a large part of the overall stroke project, as all patients will benefit from the improved facilities.

In addition, minor refurbishments have taken place in the General Outpatient Department – including the creation of a new chest/rheumatology and ID outpatient area. Other upgrades included a new medical illustration facility; a paediatric outpatient clinic area and refurbished orthodontics departments. Minor upgrading works in orthopaedics and a new cashiers office located next to the outpatients’ department also took place.

Patient toilets, treatment rooms, a new parents and child room, the main reception and information desks were upgraded, while an ambulance reception desk has been introduced to the main reception area. A total of £85,000 has also been earmarked for an improved genito-urinary medicine outpatient clinic area.

Meanwhile, plans to move maternity services from Forth Park to the Victoria are gathering pace. A temporary unit is expected to be completed by 30th April 2005 and will operate for four years until the permanent base, outlined in Right for Fife, is operational.

Cardenden Health Centre

Work continued on Cardenden Health centre with a view to completion late summer 2004. This involved both new build and a major refurbishment of existing treatment and consulting rooms.
Clinical Governance

Clinical Governance is about every member of staff ensuring that the quality of care given to patients is of the highest standard at all times. It is a system of processes and procedures that provide the framework to ensure that happens, that standards are maintained and continuously improved and risks to patient safety are reduced.

Clinical Governance and Quality strategies are in place across the NHS in Fife. In October 2003 a workshop was held to review both the standards and the way in which they were supported and monitored. As a result the key standards have been amended and a new review process agreed.

Work is being taken forward by NHS Quality Improvement Scotland (NHS QIS) to develop Clinical Governance as part of the wider Healthcare Governance agenda. As a consequence, the NHS Fife level clinical governance arrangements are currently being reshaped to better reflect the new governance arrangements.

The NHS Organisations within Fife unified to become NHS Fife on 1st October 2003. Following the establishment of a single health system for Fife, a Joint Clinical Governance Steering Group for Fife was formed under the Leadership of the NHS Fife Champions for Clinical Governance; the Acting Medical Director, Fife Acute Hospitals Division; and the Director of Nursing Fife Primary Care Division. Reporting arrangements across the Acute and Primary Care Divisions were agreed and will be effective from April 2004.

During this period of transition Fife Primary Care Division decided to continue the Clinical Governance arrangements established by Fife Primary Care NHS Trust. Fife Acute Hospitals’ new standards and monitoring process will therefore be implemented in April 2004 with regular reports being made to the Divisional Executive Team, Clinical Governance Steering Group and Clinical Governance Committee.

The NHS Fife Board through its Clinical Governance Committee will monitor all of this work. Reports monitoring the performance against the Acute Division’s 12 key standards for clinical governance are being produced on a 6 monthly basis for the clinical governance committee.

The Clinical Standards Board and Scottish Health Advisory Service, now incorporated within the newly formed NHS Quality Improvement Scotland, carried out a number of visits. These highlighted many areas of good practice whilst highlighting areas which require attention. In response to the reports received from these visits action plans were drawn up to address the issues raised and this work is now underway.

Key to successful clinical governance is the ability to be open and transparent about performance and to identify and take action when things go wrong. Learning from events and each other is an integral part of this. The NHS in Fife is committed to this concept.

Clinical Governance is about delivering continuous improvement in quality of services and high standards of care and the NHS in Fife will continue to strive to achieve this.

The Primary Care Division’s Work Programme includes presentations from clinicians and managers of key parts of the organisation to ensure that they become increasingly aware of the important role of Clinical Governance. This also provides an insight into the work of the Division for both executive and non-executive directors.

To reflect the importance of the key components of Clinical Governance, Executive Directors take lead responsibility for each of the 5 components and provide
regular reports to the Clinical Governance Committee. Communication is a key component of Clinical Governance. In view of this, all Clinical Governance Reports are discussed at the Primary Care Divisional Operating Team, being distributed widely throughout the organisation at the discretion of the LHCC and Directorate Managers.

During 2003-2004, the Primary Care Division received 1 NHS QIS visit, 4 Mental Welfare Commission visits and one visit from the National Mental Health Services Assessment Team. The Fife Rehabilitation Service was visited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Fifteen General Practices have been visited by the Practice Accreditation Scheme and were successfully accredited. Fife Primary Care Division was involved in the NHS QIS visit to assess Fife’s progress against the Palliative Care Standards in May 2003. The then Trusts within Fife took a collaborative approach towards such assessments. The report is now available and a working group is leading the necessary work to progress these standards. The group’s activity is reported on a regular basis to the Clinical Governance Steering Group and a clear process has been established to monitor progress.

Speech and Language Therapy are continuing to progress the care aims approach which supports clinical judgement/decision making. It sits at the centre of our systems for clinical effectiveness/governance. It is anticipated that this approach will have a significant impact on the quality of clinical decisions made and management of caseloads in years to come.

The podiatry clinical effectiveness group continues to drive forward the service across the whole of Fife. A recent audit on plantar fasciitis has been completed and the results will be utilised in further improving the effectiveness of biomechanics service.

Mental Welfare Commission Visits

During 2003/2004 the Mental Welfare Commission carried out planned visits to all the psychiatric and learning disability hospitals in Fife.

Overall, the Division has consistently received positive feedback from the Commission during its visits and there were no significant concerns relating to the care and treatment of patients in general or of individuals.

The Commission noted the continuing absence of dedicated inpatient facilities in Fife for adolescents but were satisfied that robust community services were in place, minimising the need for admission, and that clear protocols existed should any young person need to be admitted to an adult ward.

The Commission maintained their interest in the difficulties surrounding the reprovision programme for Lynebank and expressed concern for the people remaining there. They stressed that every effort must be made to keep people well informed of developments and ensure that the quality of life is maintained for patients.

A Scottish Executive team undertook an evaluation of all mental health services across Scotland to assess their readiness for the implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003 in April 2005. The team visited a range of organisations, service users and
Clinical Governance

carers. The findings from the Fife visit were similar to the position across Scotland.

A multi-agency group is taking forward the implementation of the Act in Fife and an Action Plan has been produced and submitted to the Scottish Executive.

The requirement to have access to 24-hour crisis services and to a range of Community Mental Health Services by April 2005 present a significant challenge to NHS Fife.

Royal College of General Practitioners Practice Accreditation

At 31 March 2004, 26 (44%) practices in Fife had obtained RCGP Accreditation. A further 10 practices were working towards applying for accreditation during 2003/04, but due to the New GMS Contract preparatory work they were required to carry out, they did not reach their target of being accredited by March 2004. However, they will undertake this early in 2004/05.

Version 1a of Practice Accreditation has recently been released. This development has been designed to reflect the Quality and Outcomes framework of the New Contract. It is expected that the remaining 31 practices will work towards being accredited on this new version.

Kirkcaldy and Levenmouth LHCC identified the formation of a multi-professional and representative strategy group within the LHCC as the biggest development of the past year. The group has representation from all the managed services within the LHCC and the practices.

They have set their own priorities and the first is personal and organisational development. This is seen as thread that underlies and feeds through all aspects of Clinical, Financial and Staff governance.

Clinical Governance Advisory Teams

As part of the implementation of the clinical governance strategy within Acute services a series of visits were arranged with clinical and non-clinical directorates and services to assess performance against the Acute Division’s 12 Key clinical governance standards.

It is recognised that a great deal of progress has been made towards achieving these standards, however, work is ongoing and progress is regularly reviewed.

Clinical Effectiveness

The focus for the clinical effectiveness team in the Acute Division has been to put greater emphasis onto developing our audits of national priority areas, such as stroke, cancer, coronary heart disease and hospital acquired infections.

Clinical Audit

The development of a register of Acute Divisional audit activity has allowed us to:

• Gain a clearer idea of the amount and type of work that is being undertaken
• Co-ordinate the audit support we provide to Divisional staff
• Monitor the progress of projects
• Provide regular reports on audit activity to Directorates and Divisional committees

Although there are already 72 projects on the register this figure is expected to rise significantly as we continue our baseline assessment of clinical effectiveness activities with each of the Directorates.

Research & Development

A comprehensive infrastructure to support and monitor R&D in the Acute Division has been developed over the past couple years, in accordance with standards laid out in the Research Governance Framework. A Research Register of levels and areas of research activity within the Division is maintained and regularly
updated. Measures to identify any on-going research not currently recorded have been implemented.

Support and guidance provided to staff requesting assistance is supplemented by information contained within the Research & Development intranet site, which is currently being expanded and updated.

Opportunities for collaborative working with partners Fife-wide, and the R&D personnel within other NHS organisations have been identified. Links with Tayside Research Network and Scottish Intercollegiate Research Training Network have enabled Fife Acute Hospital staff to access a comprehensive series of ‘free’ training programmes aimed at improving clinical effectiveness.
Incident Management

Two new policies have been introduced. An Incident Management Policy which provides more information and guidance on incident management and investigation than the old Incident Reporting Policy. It includes a grading matrix so that incidents can be scored and prioritised and also a colour coded flow chart to guide users as to what action should be taken in light of the grade of incident.

The Serious Incident, Rapid Follow-up Policy – is a new policy intended to support the directorates in the event of a serious incident where serious event, injury or death has occurred. It provides guidance as to who to inform, especially those working outwith office hours, when line managers may not be available. The policy also calls for the establishment of a ‘Significant Incident’ Team to be set up to support the directorate manager in the production of a report. This report will have recommendations and action plan for change, and will be fed back to all staff involved to try and ensure the same incident cannot recur.

Risk Focus Group

The risk focus group was established in October 2002 with members representing all directorates, clinical and non-clinical. The group continues to meet on a bi-monthly with a remit to provide a forum for risk management issues to be aired and discussed, in particular, the sharing of information relating to incidents, claims and complaints management and the use of DATIX Risk Management System.

Membership of the group allows wide involvement in development or redesign of risk management tools, information and guidance.

The group ensures feedback of information to staff, implementation of policies and guidance in relation to risk management whilst endeavouring to promote an open culture.
Independent Auditors’ statement on the summary financial statement of Fife Health Board

To members of Fife Health Board

We have examined the summary financial statement of Fife Health Board set out on pages 35 and 36. This report is made solely to the parties to whom it is addressed in accordance with guidance issued by the Scottish Executive Health Department and the Code of Audit Practice approved by the Auditor General for Scotland and for no other purpose, as set out in paragraph 43 of the Statement of Responsibilities of Auditors and of Audited bodies prepared by Audit Scotland, dated July 2001.

Respective responsibilities of the Board and Auditors

The Board of Fife Health Board is responsible for preparing the summary financial statement in accordance with guidance issued by the Scottish Executive Health Department. Our responsibility is to report our opinion on whether the summary financial statement is consistent with the audited financial statements of the Board. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

We conducted our work having regard to Bulletin 1999/6. ‘The auditor’s statement on the summary financial statement’ issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statement is consistent with the audited financial statements and annual report of Fife Health Board for the year ended 31 March 2004. We have not considered the effects of any events between the date on which we signed our report on the full financial statements and the date of this statement.

HENDERSON LOGGIE CA
Registered Auditors
Royal Exchange
Panmure Street
DUNDEE
DD1 1DZ

11 November 2004
## Unified Fife NHS Board

### Operating Cost Statement For The Year Ended 31 March 2004

<table>
<thead>
<tr>
<th>2003</th>
<th>£’000</th>
<th>£’000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Services Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>268,376</td>
<td>Hospital and Community</td>
<td>288,260</td>
</tr>
<tr>
<td>(1,967)</td>
<td>Less: Hospital and Community Income</td>
<td>(6,233)</td>
</tr>
<tr>
<td>266,409</td>
<td></td>
<td>282,027</td>
</tr>
<tr>
<td>100,752</td>
<td>Family Health</td>
<td>108,695</td>
</tr>
<tr>
<td>(7,348)</td>
<td>Less: Family Health Income</td>
<td>(7,203)</td>
</tr>
<tr>
<td>93,404</td>
<td></td>
<td>101,492</td>
</tr>
<tr>
<td><strong>Total Clinical Services Costs</strong></td>
<td>359,813</td>
<td>383,519</td>
</tr>
<tr>
<td>1,895</td>
<td>Administration Costs</td>
<td>8,311</td>
</tr>
<tr>
<td>(17)</td>
<td>Less: Administration Income</td>
<td>(89)</td>
</tr>
<tr>
<td>1,878</td>
<td></td>
<td>8,222</td>
</tr>
<tr>
<td>13,803</td>
<td>Other Non Clinical Services</td>
<td>16,539</td>
</tr>
<tr>
<td>(10,062)</td>
<td>Less: Other Operating Income</td>
<td>(11,926)</td>
</tr>
<tr>
<td>3,741</td>
<td></td>
<td>4,613</td>
</tr>
<tr>
<td>147</td>
<td>Local Health Councils</td>
<td>153</td>
</tr>
<tr>
<td><strong>Net Operating Costs</strong></td>
<td>365,579</td>
<td>396,507</td>
</tr>
</tbody>
</table>
### Summary Of Revenue Resource Outturn

<table>
<thead>
<tr>
<th>Description</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Operating Costs (per opposite page)</td>
<td>365,579</td>
</tr>
<tr>
<td>Less: Capital Grants to / (from) Public Bodies</td>
<td>- 0</td>
</tr>
<tr>
<td>Less: FHS Non Discretionary Allocation</td>
<td>(35,076)</td>
</tr>
<tr>
<td>Less: Local Health Council Allocation/Expenditure</td>
<td>(113)</td>
</tr>
<tr>
<td>Less: Other Allocations [Please specify]</td>
<td>(4,123)</td>
</tr>
<tr>
<td>Net Resource Outturn</td>
<td>326,267</td>
</tr>
<tr>
<td>Revenue Resource Limit</td>
<td>329,318</td>
</tr>
<tr>
<td>Saving/(excess) against Revenue Resource Limit</td>
<td>3,051</td>
</tr>
</tbody>
</table>

---

### Menorandum For In Year Outturn

<table>
<thead>
<tr>
<th>Description</th>
<th>£'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brought forward deficit (surplus) from previous financial year</td>
<td>(3,051)</td>
</tr>
<tr>
<td>Saving/(excess) against in year Revenue Resource Limit</td>
<td>(685)</td>
</tr>
<tr>
<td>NAME</td>
<td>POSITION</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Doreen Bell</td>
<td>Chair, Fife Primary Care Division</td>
</tr>
<tr>
<td>Les Bisset</td>
<td>Director</td>
</tr>
<tr>
<td>George J. Brechin</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Ben Conway</td>
<td>Director</td>
</tr>
<tr>
<td>Heather Dunk</td>
<td>Director</td>
</tr>
<tr>
<td>Frances Elliot</td>
<td>Chief Executive, FPC Division</td>
</tr>
<tr>
<td>Simon Fevre</td>
<td>Employee Director</td>
</tr>
<tr>
<td>Theresa Gunn</td>
<td>Director</td>
</tr>
<tr>
<td>Ruby Hughes</td>
<td>Director</td>
</tr>
<tr>
<td>Lesley MacDonald</td>
<td>Director of Public Health</td>
</tr>
<tr>
<td>Esther Roberton</td>
<td>Chair</td>
</tr>
<tr>
<td>NAME</td>
<td>POSITION</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Russell Pettigrew</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Irene Souter</td>
<td>Nurse Director</td>
</tr>
<tr>
<td>David Stewart</td>
<td>Chairman, Fife Acute Hospitals Division</td>
</tr>
<tr>
<td>Graham Watson</td>
<td>Director</td>
</tr>
<tr>
<td>John Wilson</td>
<td>Chief Executive, Fife Acutes Hospitals Division</td>
</tr>
<tr>
<td>Norma Wilson</td>
<td>Director</td>
</tr>
</tbody>
</table>
Professor James McGoldrick  
Chair  
NHS Fife  
Hayfield House  
Hayfield Road  
KIRKCALDY  
Fife  
KY2 5AH  

01 October 2004  

Dear Jim,  

NHS FIFE ACCOUNTABILITY REVIEW: 6 SEPTEMBER 2004  

I am writing to record the main points of our discussion at the Accountability Review Meeting in Hayfield House on 6 September.  

I should apologise first for having to leave the meeting early. I understand from Mark Butler that discussion continued seamlessly when he took over in the Chair. I have of course agreed the content of this letter with Mark and the latter part reflects his input.  

We reported first on our earlier meetings with the Area Clinical Forum and Area Partnership Forum.  

Area Clinical Forum  

Forum members told us that the Board is open to their views. Clinicians generally are closely involved with the Board’s Strategy Implementation Groups. But Forum members feel that some of the processes to facilitate the Forum’s input could be better defined and that on occasions the Forum needs to be brought in earlier. You told us that you are reviewing the Board’s interface with the Fife clinical community and would be discussing this with the new Forum Chair. We agreed that you would keep us abreast of developments in these areas.  

Area Partnership Forum  

The Forum is increasingly involved in substantial parts of the Board’s business and has faced up well to the challenges of single system working. Members told us that for all concerned pressure on time affects their capacity to tackle some of the major issues such as Agenda for Change and the transition to Community Health Partnerships. They also saw room for further improvement in both external and external communications. Overall we got the impression of a partnership that has moved on significantly from the internal problems it faced last year and is now making a real impact. We
agreed that it is important to sustain and build on this and that the Board will update us on its plans for taking forward work on strengthening communications.

**Visits to Community Dental Unit and Orthodontic/Maxillofacial Suite, Victoria Hospital**

Staff at the Community Dental Unit gave us an excellent overview of a valuable service whose work includes meeting the treatment needs of some very vulnerable people. We heard about the significant recruitment challenges facing the Board and were impressed by the solutions being developed to address them. Staff in the Orthodontic and Maxillofacial Surgery Suite are clearly enthusiastic about the new accommodation and their commitment to using it to best advantage in both treatment and training was evident. I would be grateful if you would pass on my thanks to everyone involved in organising our visits and to all those who took time out to speak to us.

**Overview of Performance in 2003-04**

George Brechin took us through some of the Board’s achievements over the last year, focussing on the benefits of partnership working both internally and with the local authority and other agencies. He also told us about progress on actions arising from the 2003 Accountability Review. There has been a slight recent upward trend in MMR uptake and the Board will be working to continue this. The Board will continue to play in to regional and national work to tackle plastic surgery waiting times and a key issue for Fife will be whether a future service is located in Tayside or Grampian. Fife has seen reported MRSA levels at the high end of the Scottish picture. You have raised concerns about the national approach to measuring incidence, including the definition of acute beds. We agreed that the Board will keep us in touch with progress on implementing its HAL action plan and noted that you are exploring the data issues further to ascertain whether they are distorting the true picture.

**Forward Challenges and Local Issues**

George Brechin’s presentation provided a focus for our discussion of the items we had agreed should form the agenda under this heading. Taking each of these in turn: -

**Staff and Service User Involvement**

The Board places a strong emphasis on training and developing its Staff and encourages a multi-disciplinary/professional approach to learning. It is committed to the Health Department’s Workforce Planning and Development programme. **Patient Focus and Public Involvement** is embedded in the planning process and the Performance Assessment Framework (PAF) points to an excellent record in this respect. We agreed that is important to engage closely with the public not only on longer-term planning, but on issues involving the need for service change that can arise quickly and with little advance warning.

We also touched here on how the Board is playing in to **Regional Planning**. You see some blocks to progress arising from the fact that the 3 regional planning groups are not conterminous with other cross-boundary initiatives such as cancer networks and workforce planning groups. But you do feel there has been progress. Discussion within SEAT had become more focussed on specific issues of mutual concern – for example anaesthetic provision. We agreed that the key task now is to begin to translate that discussion into action.
Health Improvement and Inequalities

The Joint Health Improvement Plan for Fife is commendable and shows a strong partnership approach which in turn forms an excellent basis for driving forward positive change. You told us that the Board has adopted a whole systems approach across the health/healthcare continuum. It considers the health and well being of the population is a long-term goal and is therefore focusing on children and young people. It recognises that increasing the proportion of young people who adopt healthy choices will in the longer term result in fewer adults suffering from coronary heart disease, stroke, cancer and other major diseases. At the same time, reflecting the Challenge document, you are focusing on all life stages. We support your emphasis on children and young people, but would particularly ask you to review what more you and your partners might need to do to tackle health inequalities in working age people.

The PAF analysis has flagged up some concerns about a widening inequality ratio in terms of adult smoking, mortality from Coronary Heart Disease and life expectancy. We also discussed the lack of progress in tackling smoking during pregnancy – which is of course a critical factor in the health of children and families.

Waiting Times and Delayed Discharges

The Board has had a good year in the drive to reduce waiting times and met the national targets. High rates of day case surgery and hip/knee operations have been among the contributory factors here. It is now of course very important that we move on across Scotland towards securing the inpatient and outpatient targets for 2005 as quickly as possible and we look to NHS Fife to play its part in that. We discussed the revised targets for March 2005 which will be agreed as part of the additional funding allocation to improve waiting times. I have recorded these targets in the action list in the Annex to this letter.

The Board missed its target for reducing delayed discharges in 2004. You highlighted the policy on patient choice as a key factor that the Board and its partners will be addressing in the context of a forthcoming Joint Future Report. Meantime, I would emphasise again here the importance of meeting the 2005 target and of demonstrating clearly the benefits of partnership working in doing so.

Service Vulnerabilities

We agreed on the importance of recognising the clinical drivers for change and of co-operative and co-ordinated action to address them. This means not only continuing to involve clinicians and a range of people from all disciplines within the Board, but also working across boundaries through, for example, the regional planning groups and managed clinical networks. Accreditation issues arising from changes to working times and patterns will inevitably increase across Scotland. In Fife, those affecting anaesthetics and A & E services present specific challenges. It is important to identify potential problems and take steps to tackle them at an early stage. It will also be crucial to deal with them in the context of delivering "Right for Fife" over the next few years. We agreed that that will need strong clinical leadership and close co-operation with the Board’s partners in the SEAT regional planning group.

Business Cases for General Hospitals/Maternity and St Andrews

The Board has all the right processes in place to take forward the General Hospitals and Maternity Services Business Case. The project team deserves credit for the work it has done on this. I have
been very impressed by the way in which it has developed the project - the time and effort it has put in will greatly increase the chances of a successful outcome. You are now reviewing the scope of the project to accommodate emerging changes. The Board will also have to demonstrate affordability in the context of its 5-year financial plan. I hope it will be possible to revisit and where necessary update the Outline Business case fairly quickly. You also told us that the St Andrews project is proceeding to plan.

Finance

The Board has done consistently well in meeting its budget targets in recent years. But these outcomes have not always been apparent from in-year forecasting and we are looking for some more consistency in this respect. You told us that the Board is putting processes in place to tighten up forecasts. Future pressures on budgets arise from similar factors as elsewhere in Scotland and Fife will have to cope with these while delivering the necessary strategic shifts. Robust medium and long-term financial planning will therefore be essential. You told us that the Health Department could help in this by providing adequate advance warning of new pressures. You mentioned the recent direction on MMR as an example where this would have been helpful.

Pay Modernisation

The Board’s Human Resources Director has been closely involved in implementing the consultants’ contract at national level. You told us that the Board has made steady progress with implementation and that the sign up rate to date is high. We need to clear up some issues around fees at a national level. Meanwhile it will be very important for all Boards to demonstrate clearly the benefits that will result from investment in the contract and we will be looking to Fife to play its part here.

You highlighted capacity problems as the main obstacle in the way of implementing Agenda for Change by the target date. We agreed that it will be important to take time to be clear about priorities in the implementation process, but that you would do everything possible to comply with the target.

You confirmed that all GMS contracts had been signed by 1 April this year. Transfer of responsibility for Out of Hours services took place in July. The new arrangements will help in more clearly defining the separation between scheduled and unscheduled care, but you told us that you will need to look carefully at their sustainability in the light of possible changes over the next year in the number of GPs carrying out unscheduled care. We agreed that a key aim would be to demonstrate clearly that the arrangements are robust.

Single System Working/Community Health Partnerships (CHPs)

You told us that the Board’s aim in moving to a single system is to make real change with the minimum of turbulence. The transition to two operating divisions initially worked better at senior management level than in other parts of the organisation, but there have since been further significant improvements in terms of genuine integration of functions and services. You have now filled most of the senior executive posts on a permanent basis and it will be important to make the internal change required to fill the Board Medical Director post soon. You are considering a move to a single operating division and to introduction of CHPs by 1 April 2005. All of this is very encouraging and the Board’s decision to make an early move to a single system has clearly produced results.
Mental Health

You highlighted development of effective crisis intervention services as the greatest challenge in moving towards implementation of the new Mental Health Act. You also have some concerns about the impact of tribunals in terms of demand on time and resources. The Board will be considering shortly a report on the consultation and involvement around its plans to reduce acute inpatient sites from 3 to 2. It is also continuing to work with its regional partners in SEAT on development of a mothers and babies service for treatment of post-natal depression. We agreed that in the face of the work needed to redesign services and ensure compliance with the new Act it will be important to maintain the emphasis on promoting positive mental health and well being.

Learning Disability

The Board now has joint arrangements in place with the local authority for taking forward the resettlement programme. You told us that the possible need to commission new build housing puts compliance with the December 2005 target at some risk, but the Board and its partners should be in a position to set out a precise timetable shortly. The Board is also continuing to work closely with Social Work and the Police in developing services for vulnerable adults.

Performance Assessment Framework (PAF)

It was encouraging to hear from you that the Board makes use of the PAF indicators in its performance monitoring activities. You told us that non-executive Board members find it particularly helpful in informing discussion about performance and priorities. You also hope to use the PAF in helping to set high level performance objectives for senior staff.

We focussed on some of the indicators against which the figures suggest some action might be needed. Five year survival rates for colorectal and ovarian cancers have fallen slightly. You feel that this has to be considered in the context of the small numbers involved and the consequent variability in the statistics. There has been no obvious upward or downward trend to suggest that clinical factors are responsible for the variations. Similar considerations apply to survival rate following hip fracture, where you feel last year’s decrease is likely to be a temporary fluctuation rather than an indication of an adverse trend.

The public health-related indicators suggest a need for continuing action to address rises in pregnant women smoking and in drug misusers who inject. You told us that action is under way to address the underlying causes on both fronts.

You mentioned a variation in rates of cardiac intervention between West Fife and the rest of the Kingdom. You expect the common clinical protocols you are now using to result in these variations disappearing. Although we did not discuss it in detail at the meeting, I should also flag up A & E waiting times as a target for securing improvements.

Race Equality

We have included this important item on the agenda for all this year’s Accountability Reviews. Fife has a good record in promoting race equality and you highlighted effective joint working with Fife Council and other organisations as an important factor in the Board’s success.
Conclusion

Mark Butler and I are very grateful to you and your team for making the arrangements for the meetings and visits. We got an impression of a system that is moving forward with a strong sense of purpose. It will of course be crucial to keep up this momentum. The challenges that lie ahead are significant and the Board will have to be well attuned to the major changes affecting the NHS across Scotland if it is to respond effectively to them. We look forward to working with you over the next year in tackling what will inevitably be a demanding agenda.

I have listed the key actions arising from our discussion in the Annex. I am copying this letter to David Stewart and Doreen Bell.

Yours

Peter Collings

PETER COLLINGS
<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Clinical Forum</td>
<td>Report to SEHD on further steps to strengthen ACF's input. Adamant to always share information.</td>
</tr>
<tr>
<td>Area Partnership Forum</td>
<td>Report to SEHD on plans to improve communications to support APP's input.</td>
</tr>
<tr>
<td>Performance in 2003-04</td>
<td>Investigate MRSA data to ascertain its accuracy.</td>
</tr>
<tr>
<td>Forward Challenges/Local Issues</td>
<td>Secure national waiting times and delayed discharge targets for 2005. Waiting Targets for March 2005 are:</td>
</tr>
<tr>
<td></td>
<td>Outpatients</td>
</tr>
<tr>
<td></td>
<td>Plastic Surgery – 36 weeks with not more than 36 patients waiting longer than 26 weeks</td>
</tr>
<tr>
<td></td>
<td>Inpatients</td>
</tr>
<tr>
<td></td>
<td>General Surgery &amp; Ophthalmology – 5 months</td>
</tr>
<tr>
<td></td>
<td>All other specialties – 6 months</td>
</tr>
<tr>
<td></td>
<td>Finalise plans for addressing accreditation issues over anaesthetics and A &amp; E.</td>
</tr>
<tr>
<td></td>
<td>Demonstrate affordability of General Hospitals/Maternity project in 5-year financial plan.</td>
</tr>
<tr>
<td></td>
<td>Improve accuracy of in-year financial forecasting.</td>
</tr>
<tr>
<td></td>
<td>Complete implementation of Consultant's Contract and Agenda for Change by relevant target dates.</td>
</tr>
<tr>
<td></td>
<td>Demonstrate effectiveness of new Out of Hours arrangements.</td>
</tr>
<tr>
<td></td>
<td>Prepare timetable for securing December 2005 target for completion of Learning Disability resettlement programme.</td>
</tr>
<tr>
<td>Performance Assessment Framework</td>
<td>Investigate underlying causes for decrease in survival rates from colorectal/ovarian cancers and after hip fracture.</td>
</tr>
<tr>
<td></td>
<td>Continue action to reduce incidence of pregnant women smoking and drug misusers injecting.</td>
</tr>
<tr>
<td></td>
<td>Reduce waiting times for cardiac intervention and A &amp; E services.</td>
</tr>
</tbody>
</table>
If you have any comments or suggestions on how we might improve the format or content of our annual report please write to, or contact:

Head of Communications
NHS Fife Hayfield House Hayfield Road Kirkcaldy Fife KY2 5AH
Telephone: 01592 643355

This report is also available on the NHS Website: www.show.scot.nhs.uk/

Contact details for the NHS Organisations in Fife are as follows:

Fife NHS Board
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355

Fife Acute Hospitals NHS Division
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone 01592 643355

Fife Primary Care NHS Division
Cameron House
Windygates
Fife KY8 5RG
Telephone: 01592 712812

If you require a copy of this report in a larger print version please contact: Head of Communications, NHS Fife.