NHS Fife’s Annual Report 2006-2007
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Chair & Chief Executive’s Report

The year 2006/07 has been one of solid achievement by our staff. We have driven down waiting times, improved and expanded services and have again “balanced the books”.

We have pressed ahead with several major building projects and tightened already rigorous measures to combat infection. NHS Fife is in the vanguard of eHealth – harnessing the latest information technology to promote efficiency.

However, we are not complacent. We are focused on improving services with the involvement and support of the public, voluntary agencies, Fife Council and our partners in other NHS organisations.

Our role is developing. An important part of our work is to treat people who are sick, have accidents and need hospital care. But increasingly NHS Fife’s role is to promote healthy living and to help people avoid hospital. To this end we are putting much effort and investment into health initiatives, particularly in less well-off areas. This work is being led by the Community Health Partnerships which manage a wide range of community-based health services.

NHS Fife is successful because of the people who work for it. That is why training tomorrow’s health professionals is so important. Doctors, nurses, allied health professionals such as physiotherapists, radiographers and podiatrists (chiropodists) should have the best training and experience.

We are actively promoting NHS Fife as a learning organisation. Not all teaching is hospital based. NHS Fife is hosting a pilot project to look at the opportunities to provide teaching, training and development based on our Community Health Partnerships. These are exciting developments which will pay dividends in terms of improving patient care.

NHS Fife has an annual budget of more than £500million to provide healthcare to a population of 360,000 people in a diverse rural and urban area of 507 square miles. We are the second largest employer in Fife with 8600 full and part-time employees.

We and our colleagues on the Board of NHS Fife would like to pay tribute to the hard work and professionalism of all our staff and volunteers. This report is dedicated to them.

James McGoldrick

George Brechin
Maternity Services

Queen Margaret Hospital’s antenatal/paediatric clinic has moved from the ground floor in phase two to a new building outside the dining room, off the Robertson Road entrance. This new facility has allowed for the redesign of facilities and created additional parking.

The hospital’s children’s ward was also on the move and is now located in ward 9a. It is now known as Rainbow Ward following a competition run by the Dunfermline Press and won by Holly McMullan aged 7. Holly and Helen Eadie MSP officially opened both facilities on January 19.

Andy Kerr MSP, Minister for Health and Community Care, visited the smoking cessation team at Forth Park Hospital in October 2006. Midwives provide support to women who smoke and who want to give up for their own and their baby’s health. Pupils from Kirkcaldy North Primary School produced anti-smoking posters to convey the message.

Community midwives are targeting the most vulnerable and socially deprived families to ensure the best start in life. The Family Health Project Midwives provide extra support and clinical input to women from these areas to make sure that they access all the services they are entitled to and get all the information and advice they need to make healthy choices. This is a joint project with Fife Council.
Maternity Services continued...

NHS Fife has a robust service for drug abusing women who become pregnant. The service has seen remarkable successes, including a 70 per cent breastfeeding rate. Fife has the only midwife in Scotland who has completed the Post Graduate Certificate in Addictions at Glasgow University and the service has benefited from this experience.

When women make a choice about how they are giving birth, women who are high risk are often not able to choose all the options open to other women. However with support from the consultant obstetricians and experienced midwives, high risk women are able to have water births.

An increasing number of women choose to have a home birth. Fife has a team of experienced midwives in the community who are able to provide this service, providing the full spectrum of choice for women.

Infection control is a vitally important subject and paediatric nurse Laura Graham came up with a novel and fun way to introduce the subject to children. ‘Josh Fights the Germs’ is a cartoon based story for children of all ages and can be used by families as well as in the wards. It was runner up for a Nursing Times Award for innovation.

The Directorate also supports a charity, the Jennifer Brown Research Fund – Fife. The fund provides money for small research projects and initiatives to improve the quality of care for women and children in Fife.

- Complementary Therapies in Pregnancy has been very successful with midwife Joan Taylor running clinics twice a week. She provides massage and other therapies to alleviate certain pregnancy related conditions and has proven so popular with mums to be we have had to extend her service.

- The Fund has also supported the development of a care pathway for pregnant women who have learning difficulties with the psychology service.

- Other projects include Playaway ‘dirty play’ for young children in a deprived area; antenatal depression services; and research into drug abuse in pregnancy.
Young People

Young tenants in Dunfermline went from housework to homework thanks to a project designed to build confidence and skills.

“Spruce Yir Hoose” offered a range of activities from health and hygiene to decorating and assembling flatpack furniture. NHS Fife, Carnegie College, Access to Industry, Fife Council Community Learning and Development and Dunfermline housing office joined forces on the project.

NHS Fife public health nurses Naomi Lawrence and Clare Arnold, billed as the “Kim and Aggie” of the programme, focused on the importance of hygiene to maintain a tenancy and taught food safety and cleaning remedies.

Health Promotion Fife encouraged children to stay safe in internet chatrooms in May 2006. About 2500 P7 pupils learned the key message, never give your personal details (NYPD). This was a multi-agency event organised by the Community Safety Partnership.

A new website for people working with troubled children and young people is attracting more than 1200 hits a month.

The website, www.handsonscotland.co.uk provides advice aimed at boosting young people’s emotional wellbeing. It has sections on such topics as anger and aggression, confidence and self-esteem, self harm, habits and obsessions, overactivity and inattention, sadness and fear.

It contains practical information and techniques on how to respond to children with problems such as anxiety, eating or sleeping problems.

The HandsonScotland website was developed by NHS Fife’s Playfield Institute which promotes emotional health and wellbeing in young people. The project had help from children’s charity Barnardo’s and Dundee University.

It was funded by HeadsUpScotland, the national project for children’s mental health set up by the Scottish Government.
Graham Buchanan, manager of the Playfield Institute said: “Our website is for anyone working with children and was designed for people such as foster carers, youth workers, school nurses, nursery nurses, teachers, guidance teachers and social workers.”

The website gives information on how best to talk to young people about their problems and focuses on promoting children’s emotional wellbeing, whether or not they have specific problems.

One foster carer said: “I think it’s brilliant. I’ve looked up things that are relevant to the boy I’m looking after right now. I’ve also looked up information on children I’ve had before. I wish I had had that information at the time.”

Anne Buchanan, Nurse Director, NHS Fife, said: “I think this is an excellent resource for parents, carers and all professionals who work with children and young people.

“It’s a logical and welcome expansion of the valuable work already carried out by the Playfield Institute and our partners Barnardo’s and Dundee University in supporting vulnerable children and young people.”

The Boozebusters project to raise awareness of the dangers of underage drinking was nominated for several prizes. It’s the only education project in Fife aiming to achieve, by working in partnership, a reduction in underage drinking

A “granny” school to update childcare practices proved a hit with grandparents and was featured on Rádio Scotland

A campaign to cut skin cancer by urging kids to Keep Yer Shirt On won a UK award and could go nationwide
Health Inequalities

NHS Fife’s aim is to reduce health inequalities by increasing the rate of improvement for the most deprived communities by 15 per cent across a range of indicators, including coronary heart disease, cancer, adult smoking, smoking during pregnancy as well as reducing suicide in young people.

The new “Keep Well Fife” project incorporates various successful aspects of an earlier men’s health initiative. The Healthy Men project used a number of locations besides health centres. They included workplaces and pharmacies. The need for assessment clinics to be available out of normal working hours is included in the Keep Well programme.

The project is developing close links with services for alcohol, smoking cessation, weight management and sexual health and works with these services to ensure patients are able to get appropriate lifestyle help easily and quickly.

Glenrothes and North East Fife Community Health Council runs a unique service within NHS Scotland for people who suffer from the chronic fatigue syndrome, Myalgic Encephalopathy. Specialist nurse Keith Anderson who delivers the service across Fife is based at Stratheden Hospital.

A new service, the first in Scotland, helps older people who have a fall at home. Fife Falls Response team has proved a great success in its first 18 months with hundreds helped. It is jointly funded by NHS Fife and Fife Council.
Dental Health

Progress on improving the oral health of children continues to be made – with nearly 58% of five-year-old children examined in Fife in 2006 found to be free of obvious decay. Fife remains on target to reach the 2010 national oral health target for this age group. P7 children in Fife have already reached the 2010 national oral health target.

The then Deputy Health Minister Lewis Macdonald launched an exciting new dental health initiative at Inzievar Nursery School, Oakley, in March 2007. Childsmile’s target is to improve the dental health of children across six NHS board areas.

NHS Fife is managing Childsmile which will provide an oral health prevention service to children in selected nurseries in the six areas.

NHS Fife was successful in obtaining £4.2m capital to develop 21 new salaried NHS dental surgeries to provide dental care for residents who can not otherwise obtain NHS dental care. In addition to this capital development programme Fife’s dental helpline and out-of-hours emergency dental service has been fully established to ensure that Fife meets national targets on emergency dental care and patient advice.
Sexual Health

Bringing two services together under one roof is providing a joined-up approach to sexual health services. The Beeches Centre at Forth Park Hospital, Kirkcaldy is the side-by-side location for the Genitourinary Medicine and Sexual Health (GUMSH) and newly named Contraception and Sexual Health (CASH) clinic (formerly the Family Planning and Well Woman Service).

The Health and Community Care Minister opened the new facility in January 2007. The Beeches Centre offers a range of services from testing and counselling for sexually transmitted infections to condom distribution and menopause advice.

Dr Karin Piegsa, consultant in reproductive health, said: “CASH is a free, confidential, and friendly clinic available to all. Patients are able to drop in or make appointments. No referral is needed.”

Dr Indranil Banerjee, consultant in genitourinary medicine, said: “With additional funding from NHS Fife and its commitment to continue working towards improving sexual health, we are now in a position to work towards providing a Fife-wide integrated sexual and reproductive health service.”

GUMSH won a Fife Community Partnership Excellence award for its work.

Breast Screening

The national breast screening programme is well established in Fife. Women aged between 50 and 70, and registered with a Fife GP, are invited routinely to attend for screening by mammography every three years. Women 71 and over are not invited routinely but they can contact the Breast Screening services directly to make an appointment.

The sixth round of screening was completed early in 2007. Attendance figures are expected to meet the NHS Quality Improvement Scotland essential standard that 70% of invited women attend for breast screening, as well as the desirable standard that 75% attend.

Changes to delivery of screening

Eligible women are offered screening once every three years with, in the past, a complete round taking just over one year to complete in Fife using mobile units.

The South East Breast Screening Programme is changing the way it delivers screening. This will mean that in the future Breast Screening will have a more continuous presence in Fife. Due to the reorganisation eligible women in some parts of Fife may be recalled early for the next round of screening which is now due to begin before the end of 2007. During the previous round women were given a leaflet to alert them to the proposed changes.

As well as taking pressure off Breast Cancer services in Fife, a more continued presence in Fife could improve access to the screening service. A full risk assessment of the changes has been carried out.

The changes do not affect North East Fife where screening is provided by the East of Scotland Breast Screening Programme.
Pharmacy Services

A minor ailments service was launched in July 2006. Pharmacists can issue over-the-counter medicine without patients requiring a GP prescription. The scheme was aimed at all types of conditions from acne and allergies to cold sores and indigestion.

The risks of the sexually transmitted infection chlamydia were highlighted in March that year with pharmacists offering free urine test kits to anyone aged between 16 and 24.

Dunfermline and West Fife CHP offered relief from chronic pain with a project which combines the skills and expertise of pharmacist and physiotherapist duo, Debbie Paton and Pauline Robertson. Their “Rivers” project combined medication and exercise to treat long term pain.

The annual Fife Pharmacy Awareness campaign was held with the slogan “Just Ask”. It is designed to make people aware of the health expertise available in their local pharmacy.

Margaret Vass was named Hospital Pharmacy Technician of the Year 2006 by the Association of Pharmacy Technicians. Margaret impressed judges with her submission for developing and completing the vaccine cold-chain, a system of transporting and storing vaccines.

The Dunfermline and West Fife Community Health Partnership implemented the new Community Pharmacy Contract and management arrangements for PCES (Primary Care Emergency Services) were transferred into the CHP.
Smoking Legislation

The ban on smoking in public places has been introduced successfully in Fife, with high compliance with the new law.

Scottish research has shown that indoor air quality has improved following the ban, along with a marked reduction in exposure to secondhand smoke.

Importantly, there is no evidence that smoking has shifted from public places into the home. Indeed after the new law came in, the proportion of households with smoking restrictions in the home increased.

There was a 17% reduction in admissions for heart attacks to nine major Scottish hospitals following the new legislation, compared with an average reduction of 3% per year in Scottish hospital admissions for heart attack in the 10 years leading up to the ban. Bar workers reported fewer respiratory problems and other symptoms (sore eyes and throat) one year after the legislation came in.

These improvements were seen in both non-smokers and smokers, indicating smokefree environments have potential health benefits for smokers too.
Reducing healthcare acquired infection remains a top priority. NHS Fife strives to deliver an infection control service which meets national standards laid down by NHS Quality Improvement Scotland.

A national hand hygiene campaign was launched in January 2007 with the aim of improving patient safety by reducing healthcare associated infections. Handwashing is universally accepted as the single most important factor in reducing the spread of infection. NHS Fife appointed a hand hygiene co-ordinator to deliver the NHS campaign across Fife.

The annual number of methicillin resistant staphylococcus aureus (MRSA) cases within NHS Fife reduced by 8 per cent in 2006 compared to 2005.

Our aim to recruit a further 80 Cleanliness Champions - staff with a brief to actively promote hygiene - is on target. A staphylococcal septicaemia subgroup of the Infection Control Committee has been formed. Its work includes reviewing MRSA policy and MRSA risk assessment on admission to hospital.
Mental Health

Delivering for Mental Health was published by the Scottish Executive in December 2006. This document sets out the strategic objectives, targets and commitments for mental health services in Scotland, and NHS Fife mental health services, along with partner agencies, began making the necessary changes to meet those commitments.

The Mental Health Inpatient Projects picked up speed in 2006. This is implementing the agreed approach of inpatient services being delivered from two sites in Fife rather than the current three. It will also result in greatly improved facilities for inpatients.

A number of developments are aimed at meeting the needs of a range of mental health problems. These include:

- The Young Onset Dementia Service which is a small, specialist multi-disciplinary team providing rapid assessment and treatment for those people who present with dementia at a younger age

- The Community Alcohol Team an expansion of the existing service to ensure community treatment and detoxification is available across the whole of Fife

- The Playfield Institute, part of the Child and Adolescent Mental Health Service, provides assistance and support to frontline workers in all agencies who are directly or indirectly involved in the prevention, promotion and care of children and young people’s mental health and well-being.
Waiting Times NHS

Fife met all its 2006 waiting times targets and continues to maintain the delivery of the national 18 week target for inpatients and day cases.

The national 26 week guarantee for outpatients is also being maintained and NHS Fife is moving towards the delivery of the 18 week target for the end of December 2007.

2007 is particularly challenging as NHS Fife strives to deliver not only the 18 week national targets for outpatients but also the removal of all Availability Status Codes. This is a system which recognizes that some patients have particular circumstances which affect normal scheduling of day patient appointments, day case and inpatient admissions.

The existing system will be scrapped throughout Scotland at the end of 2007 with the New Ways system replacing it.

During 2006/07 NHS Fife appointed a third cardiologist. This has ensured that waiting times for cardiac outpatient appointments and cardiac procedures reduce. We now have additional cardiac capacity particularly on the Queen Margaret Hospital site. Our angiography waiting time is being maintained at four or five weeks against a target of 8 weeks.

Work also continues on a national collaborative programme aimed at improving access to emergency care which will support the achievement of the maximum four hour Accident and Emergency waiting time target by December 2007. Good progress towards achieving this target has been made during 2006/07 with performance against the target being 95% within Victoria Hospital and 96% within Queen Margaret Hospital as at March 2007.

The Ophthalmology Eye Care Redesign project was set up in April 2006. It has reorganised hospital eye care services and reduced waiting times dramatically. A central feature of the project is that optometrists (who prescribe glasses) can refer patients to hospital by email and GPs can send patients’ medical history by email. This cut referral times to within a week.

Kirkcaldy and Levenmouth CHP worked with GPs to improve how we manage people with long term conditions, and put a greater emphasis on reducing the number of people who develop them.
Clinical Indicators

Figures released by the Scottish Executive show that your chances of surviving a stroke and recovering from a hip fracture in Fife, are better than the Scottish average.

The study looked at survival rates for people who have heart attacks, strokes, surgery and hip fractures. It also takes account of the number of patients who are re-admitted to hospital after surgery or medical treatment, reflecting the quality of acute care provided in hospitals.

Dr Gordon Birnie, NHS Fife Operational Division Medical Director, said: “This is the first time, as far as stroke and hip fractures are concerned, that we have been ahead of the Scottish average.

“Thanks to the hard work of staff and a commitment of resources by NHS Fife we are now seeing above average survival rates for these patients.”

The Scottish Executive said the figures, part of six Clinical Outcome Indicators, showed survival rates were improving across Scotland.

In Fife, 93.1% of patients were still alive 30 days after falling and breaking a hip compared to a Scottish average of 91.7%. When it comes to surviving a stroke, 82.4% of patients in Fife were still alive after 30 days, compared to the Scottish average of 80.5%.

Dr Birnie commented: “We have been working to facilitate the early treatment of hip fractures. Now virtually all patients, who are fit for surgical treatment, receive it within 24 hours of being admitted to hospital.

John Wilson, Chief Executive Operational Division, NHS Fife, said: “These improvements are as a result of the commitment of our clinical teams in responding to patient needs. They have been achieved because of investment in additional clinical staff, new ways of working and a commitment across the organisation for ongoing and meaningful audit and service changes.”

Learning Disabilities

Work is going ahead at Lynebank Hospital on a new admission and assessment unit of 18 beds for Fifers with a learning disability. Patients who need to be assessed and treated often have mental health problems or exhibit challenging behaviour. The new development will provide appropriate accommodation.

Meanwhile, a Regional Learning Disabilities secure unit is planned for the Lynebank Hospital site. It will cater for up to 10 male patients from the south east of Scotland (Lothian, Borders, Forth Valley and Fife). The unit is for the care of individuals who need conditions of security greater than what is available locally, but not at the high levels provided by the State Hospital.

Dunfermline and West Fife Community Health Partnership continued the redevelopment of joint planned and delivered services within Children’s, Learning Disability and Older People Services with colleagues in Fife Council.

The Phase four Discharge Programme at Lynebank Hospital was completed.
Cancer Care

NHS Fife has continued to improve services for people with cancer, particularly around cancer waiting times. This was achieved through the hard work of NHS Fife staff and the continuing redesign of cancer services. This work was supported by the Big Lottery Fund.

It was recognised that the initial part of a patient’s journey from referral by a GP to first hospital appointment needed to be speeded up. A Central Referral Unit was opened in June 2006 to which all urgent referrals with a suspicion of cancer were to be referred by email or fax by GPs with a guarantee for a first appointment or investigation within 14 days. The Central Referral Unit has also allowed patients to be tracked along their cancer journey to overcome delays.

The National Waiting Times Unit introduced weekly monitoring for all urgent referrals into secondary care during 2006 irrespective of whether or not the patients are found to have cancer.

In addition, during this period the Centre for Change and Innovation’s Top 20 Actions for Change were implemented across all cancer sites with good compliance in Fife. This also led to an improvement in the quality of a patient’s cancer journey.

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Flu Pandemic

The healthcare challenges posed by an influenza pandemic remain the focus of Emergency Planning.

NHS Fife’s planned response to such an emergency is continually reviewed to take account of government guidance and best practice learned from exercises. Senior staff have worked with emergency services, Fife Council, Fife Police and others to rehearse the plan at a national and UK level.

GPs, community nurses and other front line staff have also familiarised themselves with their roles in the event of a flu pandemic.
NHS Fife has made considerable progress on the eHealth front.

- NHS Fife is spending nearly £5million over four years on eHealth measures
- NHS patients in Fife have electronic patient records in most general practices
- Electronic patient records are used in the Victoria and Forth Park hospitals in Kirkcaldy and in Queen Margaret Hospital, Dunfermline
- A new digital X-ray system Pacs (picture archive communication system), is removing the need to develop film and speeding the production of X-ray images

- Waiting time for the eye patients’ clinic has been driven down from 30 weeks to six weeks in a year
- High Street opticians can send digital eye pictures electronically to hospital ophthalmologists when they are concerned that a patient may need to be seen. Hospital doctors can review images of the eye electronically and decide if the patient needs to attend the hospital eye clinic
- Wi-fi trolleys, which can access powerful diagnostic tools such as X-rays and lab results, have been introduced to key clinical areas in Fife hospitals and more are planned
- GPs in Fife now refer patients to hospital electronically rather than by letter

- GP referrals to specialist clinics for diabetes, stroke, asthma, cancer, eyes and coronary care are routinely sent by secure email
- Increasingly, patients’ release or discharge from hospital is being notified to their GPs by a secure email
- Accident and emergency departments in NHS Fife are on track to meet the four-hour deadline for discharge or admission to hospital, partly due to the electronic monitoring system, eOasis
- When patients arrive at accident and emergency staff can now log on to their emergency care summary, an electronic file which contains essential information about the patient’s medical history
- Lab results can now be shared between GPs and hospital doctors saving time and without duplicating effort
- Pharmacies are increasingly recording patients’ prescriptions electronically
We continue to develop our educational role. Professor Jim McGoldrick, chairman of NHS Fife, said: “Closer links with the University of St Andrews are part of our strategy to make Fife a centre of excellence for medical training and learning. It will also pay dividends in terms of improving patient care.”

The Dean of the Medical School at the University of St Andrews, Professor Hugh MacDougall, said: “St Andrews came top again this year in the UK league of medical schools for student satisfaction. Part of the success is undoubtedly due to the excellent collaboration for teaching experience we have with NHS Fife.”

New NHS Fife educational facilities include the £1.1 million lecture theatre at the Victoria Hospital, Kirkcaldy. In addition, NHS Fife is hosting a pilot project to look at the opportunities to provide teaching, training and development based on community health partnerships.
Environment

“We have a duty to our patients and a direct benefit of saving energy is that more money is available for patient care.” Professor Jim McGoldrick, Chairman, NHS Fife.

NHS Fife has continued to reduce consumption of energy in 2006/2007. Overall the amount of energy consumed compared to the previous year has fallen by 5.6 per cent and by nearly 17 per cent compared to 2000/2001.

Staff have worked hard to reduce waste and various recycling and re-using projects have been launched. A Strategic Travel Plan has been approved with the aim of reducing the amount of car based traffic resulting from NHS Fife’s operations.

Cartoon character Floe Bear was at the heart of a campaign to highlight issues such as energy saving, reduction of greenhouse gases and waste management. The campaign, run by NHS Fife’s estates and facilities team, won the National Energy Award Quaich.

As part of our continuing drive for quality, NHS Fife is developing an Environment Management System which will enable us to limit the environmental impact of our activities to a practical minimum, consistent with providing high quality patient care.

Investing in Buildings

NHS Fife’s biggest investment in the modernisation of health services is on course. A new, multi-million pound wing will be added to the Victoria Hospital, Kirkcaldy, where all specialist inpatient services will be provided.

Maternity services will be relocated to the Victoria Hospital and Forth Park Hospital will close.

Queen Margaret Hospital, Dunfermline, will retain and expand its outpatient, diagnostic and day surgery services. Eighty one in-patient beds will also be retained. These proposed changes are the outcome of detailed consultation with the people of Fife. The project progressed well during 2006/07 with the appointment of both the preferred bidder and the supply chain partner.
Engaging with Patient and Public

You are invited to help improve health services. Fife has three Community Health Partnerships (CHPs) which were set up by NHS Fife to shape future services.

These CHPs are involving the public through new networks called Public Partnership Forums. Since health is everyone’s concern the CHPs will affect us all. A forum is your chance to tell them what you think is important.

You can choose how you want to be involved. This can range from simply receiving information to sending in your comments and suggestions or attending meetings. You decide the commitment you want to make.

If you would like more information about the forum in your area, here are the contacts:

Dunfermline and West Fife CHP – Shirley Dempsey, 01383 565580 or shirleydempsey@fife-pct.scot.nhs.uk

Kirkcaldy and Levenmouth CHP – Julie O’Neill, 01592 226739 or Julieoneill@fife-pct.scot.nhs.uk

Glenrothes and North East Fife CHP – Diane West, 01592 769090 or Dianewest@fife-pct.scot.nhs.uk
Auditors’ Statement

Independent auditors’ statement to the members of Fife Health Board on the summary financial statement

We have examined the summary financial statement which comprises the Operating Cost Statement, the Summary of Revenue Resource Outturn and the Balance Sheet.

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 123 of the Code of Audit Practice approved by the Auditor General for Scotland, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Respective responsibilities of the Board and Auditor

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 (now Scottish Government Health Directorate). 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. Our report on the Board’s full annual financial statements describes the basis of our audit opinion on those financial statements.

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 2007. 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.

Scott-Moncrieff
17 Melville Street
Edinburgh EH3 7PH

11 March 2008
### OPERATING COST STATEMENT

**FOR THE YEAR ENDED 31 MARCH 2007**

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<th>2006</th>
<th>£'000</th>
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<tr>
<td></td>
<td>£'000</td>
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<tr>
<td><strong>Clinical Services Costs</strong></td>
<td></td>
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<tr>
<td>Hospital and Community</td>
<td>359,378</td>
<td>388,332</td>
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<tr>
<td>Less: Hospital and Community Income</td>
<td>13,871</td>
<td>15,411</td>
<td></td>
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<tr>
<td><strong>345,507</strong></td>
<td><strong>372,921</strong></td>
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<tr>
<td>Family Health</td>
<td>132,410</td>
<td>141,494</td>
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<tr>
<td>Less: Family Health Income</td>
<td>7,011</td>
<td>6,336</td>
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<tr>
<td><strong>125,399</strong></td>
<td><strong>135,158</strong></td>
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<tr>
<td><strong>Total Clinical Services Costs</strong></td>
<td><strong>470,906</strong></td>
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<tr>
<td>Administration Costs</td>
<td>6,065</td>
<td>6,527</td>
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<tr>
<td>Less: Administration Income</td>
<td>0</td>
<td>0</td>
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<tr>
<td><strong>6,065</strong></td>
<td><strong>6,527</strong></td>
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<tr>
<td>Other Non-Clinical Services</td>
<td>18,715</td>
<td>15,324</td>
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<tr>
<td>Less: Other Operating Income</td>
<td>16,840</td>
<td>16,431</td>
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<tr>
<td><strong>1,875</strong></td>
<td><strong>(1,107)</strong></td>
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<tr>
<td><strong>Net Operating Costs</strong></td>
<td><strong>478,846</strong></td>
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<td>513,499</td>
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### SUMMARY OF REVENUE RESOURCE OUTTURN

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<th>£'000</th>
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<tbody>
<tr>
<td><strong>478,846</strong></td>
<td>Net Operating Costs (per above)</td>
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<tr>
<td>0</td>
<td>Less: Capital Grants (to) / from Other Bodies</td>
</tr>
<tr>
<td>(20,598)</td>
<td>Less: FHS Non Discretionary Allocation</td>
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<td>Less: Other Allocations</td>
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<tr>
<td><strong>458,248</strong></td>
<td>Net Resource Outturn</td>
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<tr>
<td>462,830</td>
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<tr>
<td><strong>4,582</strong></td>
<td>Saving/(excess) against Revenue Resource Limit</td>
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## BALANCE SHEET

**AS AT 31 MARCH 2007**

<table>
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<tr>
<th>£'000</th>
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<tr>
<td><strong>FIXED ASSETS</strong></td>
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<tr>
<td>26</td>
<td>Intangible Fixed Assets</td>
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<tr>
<td>276,244</td>
<td>Tangible fixed assets</td>
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<td>276,270</td>
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<td><strong>CURRENT ASSETS</strong></td>
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<td>Debtors falling due after more than one year</td>
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<td><strong>CURRENT LIABILITIES</strong></td>
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<tr>
<td>(43,460)</td>
<td>Creditors due within one year</td>
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<tr>
<td>253,338</td>
<td>Total assets less current liabilities</td>
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<td>CREDITORS DUE AFTER MORE THAN 1 YEAR</td>
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<td>(27,792)</td>
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<td>(27,792)</td>
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<td>(17,924)</td>
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<tr>
<td>103,321</td>
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Board Members’ and Senior Managers Interests

Professor J McGoldrick

University of Abertay - Visiting Professor
Management Consultant - Self-Employed
NHS National Services Scotland - Board Member (from 01.07.06)

Mr G J Brechin

Next Steps - Board Membership

Dr L Macdonald

SIGN Council - Member

Mr R M Pettigrew

- Wife works for Age Concern Fife
User Panels, which receives service funding from the Board

Mrs R Webster

- Nil

Mr J Wilson

- Nil

Dr F M Elliot

- Nil

Mr D Stewart

Soneric Communications - Director

Mrs D Bell

- Nil

Mr J Mudie

Chesterhills Associates - Partner
Law Consultants - Hospital, Training & Employment
Fife Council - Justice of the Peace, Fife Area Chairman, Independent Review Committee

Mrs R Hughes

- Nil
Board Members’ and Senior Managers Interests continued...

**Mrs A McGovern**
Fife Council - Labour Councillor and Leader of the Administration

**Mr A Robertson**
Fife Council - Chief Invigilator
Scottish Qualifications Authority - Chief Invigilator

**Mr G Watson**
St Leonards Church - Congregational Board
Nationwide Investment Trusts
Legal Aid Board - Member

**Mr B Conway**
Fife Council - Member, Education Appeal Panel

**Mrs H Dunk**
West Lothian College - Full Time Assistant Principal

**Mrs N Wilson**
P3 Patient Group RCGP - Chair
Fife Council - Members’ Services Co-ordinator

**Councillor T Gunn**
Fife Council - Labour Councillor
Lauder College - Member of Board of Management
Oakley Club, Catholic Church, Co-op - Ordinary Member
UNISON - Ordinary Member
Scottish Old Age Pensioners Association - Ordinary Member

**Mr S Fevre**
British Dietetic Association - Member, Professional & Trade Union Body

**Dr L Bisset**
- General Practitioner

**Mrs A Buchanan**
- Nil

**Mrs C Inwood**
Shares in Glaxo Smith Kline plc

**Mr A Mentiplay**
- Nil
Balanced Scorecard 2006/07 - Progress Report

NHS Fife has adopted the “Balanced Scorecard” approach to setting its key objectives and measuring its performance against them. The financial year 2006/07 saw the first Balanced Scorecard put in place. Objectives were set and agreed under four key areas, Health Improvement/Protection, Partnership working, Patient Experience and Efficiency.

(A) HEALTH IMPROVEMENT/PROTECTION
(Reducing Inequalities, Drug & Alcohol Action Plans, Early Years, Health & Safety and Flu Pandemic)

Performance Against Targets

Implement a Fife-Wide Tobacco Framework to reduce smoking in public places, target priority groups and review smoking cessation services in line with national standards.
Being implemented

Tackle inequality ratios by health improvement measures and supports, i.e. smoking, dental cares, obesity, exercise, etc
Significant work underway on all areas

Plan being implemented

Increase of 2% achieved – work ongoing

Continue to support mental health improvement and wellbeing.
Actions for 2006/07 completed

Deliver targets set out in JHIP.
New JHIP in preparation

Produce an NHS Fife Disability Equality Scheme.
Achieved

Continue to support a reduction in the number of people using drugs.
Working ongoing – particular issues for Fife being addressed through DAAT

Continue to support a reduction in the number of young people who binge drink.
Good progress underway in terms of access to treatment with new services available

Increase the percentage of children being immunised.
Uptake rates improving

Reduce teenage pregnancies
Overall trend in Fife is towards a reduction.

Reduce the number of low birth weight babies.
Numbers at stable. Action underway to deliver change.

Review models of care for children with complex care needs.
Achieved.

Implement Local Aspects of the Child Health Action Framework.
Implement an Action Plan to deliver the 'Hungry for Success' initiative
Good progress through Food in Schools Group.

Develop and implement Health & Safety Strategy.
Achieved.

Develop robust Flu Pandemic Plan.
Further continuous development to refine and operationalise plan.

(B) PARTNERSHIP WORKING
(Pay Modernisation, Develop Staff, Deliver Staff Governance Requirements, Regional Planning, Progress PFPI, Implementation of Joint Future & Community Planning and Co-operate closely with NHS24).

Clearly demonstrate improved patient benefits due to pay modernisation – (a) Consultant Productivity (FME) and (b) All Staffing Productivity (RMW) in line with Benefits Realisation Plan.
Productivity in line with action plan.

Deliver full implementation of Agenda for Change.
Full assimilation achieved.

Implement Workforce modernisation and development.
Final Action Plan approved.

Develop a detailed Action Plan to deliver MMC, including Hospital at Night arrangements.
Achieved for Hospital at Night. Major planning underway for August 2007.

Develop and implement the NHS Fife Development Plan, including leadership capacity.
Plan approved and implementation underway.

Implement the Knowledge and Skills Framework.
KSF Outlines achieved for all posts.

Implement Staff Governance standard.
Achieved.

Work with other Boards to further develop planning and commissioning of services on a regional basis, as appropriate.
Post Natal Depression Unit opened. Easting Disorders Service starting up; Regional Learning Disabilities Unit in progress.

Increase the use of NHS Alternatives (Golden Jubilee and Stracathro) in appropriate circumstances.
Increased use achieved. First patients treated at Stracathro in February 2007.

Define clear outcomes and timescales arising from the development of Joint Future and Community Planning into mainstream working.
Local Management Units reviewed. Work plans complete.

Complete Lynebank Discharge Programme.
Achieved. Only small number of patients with particular discharge arrangements remaining.
Develop an Action Plan for the Care of Older People.
Joint Strategic Framework for Older People, agreed with Fife Council, ratified by Board.

Develop collaborative budgets across Primary and Secondary Care, linking where appropriate with Managed Clinical Networks.
Collaborative budgets established in a range of “hosted” functions.

Introduce intensive co-ordinated case management for patients with the most complex healthcare needs and vulnerability to emergency hospital admission
CHP plans developed.

Produce an Action Plan to extend local care through, e.g. enhanced Primary Care Medical Services and Community Pharmacy.
Balance of Care Strategy terms and draft generic framework agreed.

Ensure co-ordination of NHS 24 with Primary Care Out-of-Hours arrangements, especially with regard to Winter Plan.
Achieved.

(C) PATIENT EXPERIENCE
(Planning for and compliance with all waiting times targets and quality of service, QIS Standards for HAI, Complete final phase of Learning Disability resettlement programme and continue to develop Mental Health Services)

Maintain appropriate use of Availability Status Codes and implement plans for phasing them out by 2007.
On target.

Achieve and maintain all waiting time guarantees.
On target for most specialities, although some Caner waiting times remain variable.

Service Redesign – support implementation of major service strategies (supports most of Delivery Plan Targets).
2006/07 action achieved.

Agree via Adult SIG, a structured approach to applying a resourced collaborative model to identify long term conditions in order to improve care via redesigned, more community based delivery.
Fife wide Lead Team agreed and operational.

Review return appointments to bring in line with Scottish average.
Review completed – mainly better that Scottish average.

Implement 5 (simple) changes in Planned Care.
On target

Establish Referral Management Centres to extend referral options and facilitate patients choice at the point of contact.
Central Referrals Unit and patient pathways implemented.

Implement minimum National Standards for surgery time and throughput for all surgical staff.
Standards not yet available.

Reduce Delayed Discharges in line with National Targets.
Overall good progress towards Aril 2007 target.
Reduce the proportion of older people admitted as an Emergency In-Patient, 2 or more times in a single year.
NHS Fife below Scottish average – continuing reductions.
Develop and Progress Local Collaboratives for Unscheduled Care, Diagnostics and Planned Care.
Achieved – project arrangements in place.

Develop community-based services (including community casualty units) taking account of regional review of emergency receiving services, fully considering opportunities to integrate
Work underway to develop closer integration between Primary Care Emergency Services out of hours and minor injuries services.

Detail ongoing targets for the Champions Programme.
Targets detailed – numbers increasing steadily.

Continue progress on tackling dental decontamination.
Audit process started. NHS Fife dental units completed.

Develop and implement revised Infection Control Plan.
Implementation of 2006/07 plan underway.

NHS Fife, with key partners, will continue to implement the new Mental Health Act and clarify fully the future service pattern.
Action Plan updates incorporated in reporting arrangements.

Continue implementation of agreed schemes for Mental Health inpatient services reconfiguration.
Tendering for Project Manager.

Development of Local Action Plans based on National Mental Health Delivery Plan.
Plan issued in December 2006.

Start to implement the CAMHS Framework.
Implementation underway.

(D) EFFICIENCY
(Maintain Financial Balance, Improve Patient Services Efficiency, Deliver Capital Projects (GHMS & St Andrews Hospital), Deliver appropriate Risk Management for the Organisation)

NHS Fife achieves financial balance in 2006/07 and NHS Fife will provide a revised plan as necessary which sets out how it will achieve financial balance for the period 2006/10.
Financial balanced achieved – see Annual Accounts.

NHS Fife will release more resources for investment in frontline services, i.e. reduce DNAs, use of locums and bank staff, etc.
Implementation and monitoring continues.

Achieve Efficient Government targets (internal and through Fife Partnership).
Implementation and monitoring continues.

Reduce staff sickness absence rate to 4% by 31 March 2008.
Management Ill Health Policy developed and approved. Training, etc to be pursued in 2007/08.

Open a new Medical Admissions Unit at QMH site as soon as possible.
Opened October 2006.
Carry out an audit of referral patterns to emergency centres from other parts of the system.
Audit of referral patterns from Primary Care on schedule.

Implement Local and National eHealth Strategies in support of service change and efficiency.
Significant progress being made.

Roll out the Emergency Care Summary System, including access for OOH Services and NHS 24.
Targets met. Rollout completed.

Review the equipment status and requirements of all Imaging, Pathology and Laboratory Departments and identify a suitable rolling capital budget for equipment purchase and renewal.
Regular reviews being carried out. Replacement programmes in place.

Progress the General Hospitals & Maternity and St Andrews Hospitals Projects within planned timetables and budgets.
St Andrews project remains on target. GHMS project has met majority of milestones.

Implement a Fife-Wide NHS Risk Management Strategy.
Completed. Strategy being implemented.
NHS FIFE ANNUAL REVIEW: 13 AUGUST 2007

1. I am writing to summarise the main points and actions arising from our discussions at the Annual Review and associated meetings in Kirkcaldy and Glenrothes on 13 August.

2. I am very grateful to you, George Brechin and all the others in the NHS Fife team for making the arrangements for the meetings and visits. I know how much hard work went into this and I greatly appreciate your efforts. I hope that the day was as enjoyable and productive for you and your team as it was for me.

Meeting with Area Clinical Forum

3. Forum members told me that there has been real progress over the last year in their engagement with the Board and that they are closely involved with the planning and decision-making process. This includes the implementation of the Board’s strategies on which you consulted in 2002 under the Right for Fife banner. Members have contributed strongly to workforce planning and in this respect feel that there is scope for more engagement with independent contractors. We spoke about the rotation of trainee doctors and I undertook to take up some of the Forum’s concerns about this with NHS Education Scotland. I also agreed to look further into issues around the funding of new GP practices. I got the overall impression of a Forum that is committed to working closely with the Board to achieve common goals. I would be grateful if you would pass on my thanks to all those who attended the meeting.
Meeting With Area Partnership Forum

4. There is clearly a highly constructive approach to partnership working in NHS Fife. The Forum's presentation gave me a real flavour of the enthusiasm for working together to tackle the challenges on a number of fronts. NHS Fife has done exceptionally well in implementing Agenda for Change and the Forum is keen to make further progress in developing the Knowledge and Skills Framework that is such an important part of it. I also heard about the impact that work through the Forum is beginning to have on managing absence - although we agreed that there is still some way to go to get absence levels down to where we would like them to be. The Forum has also played a leading role in taking forward the equality and diversity agenda, including the NHS Fife response to the issues that the Commission for Racial Equalities raised in its letter earlier this year. The work on a social inclusion recruitment model has been particularly impressive, with an 80% success rate in those securing employment. Once again, please make sure that all who were at the meeting know how much I appreciate their taking the time to meet me.

Meeting with Patients and Patients' Representatives

5. In measuring the impact of how the NHS in Scotland is performing, there is no real substitute for hearing directly from people who use the services it provides. I am therefore very grateful to all those who made the time to come and give me their views. I heard about the need for a more systematic approach to following up public involvement work - for example by offering more support to patients who are willing to contribute and by focussing more on the positive outcomes and changes that patients' views can help to deliver. We talked about the importance of sharing ideas and good practice. And we recognised how important it is not to lose sight of transport requirements when planning service change - something that I know many people in Fife will be watching closely as your strategic changes move forward. All of these issues touch on the Scotland-wide agenda as well as the local one and it was very useful to learn more about the Fife perspective from a group of people who are clearly keen to use their experiences to make a difference for the wider community.

Visit to Forth Park Hospital

6. I thoroughly enjoyed my visit to Forth Park. Please convey my thanks to the staff who were there to tell me about the services - and to the mums (and their babies!) who I met in the maternity unit. I saw first the new integrated sexual health service in the Beeches unit. This is an excellent example of how bringing together previously separate aspects of a service can help to enhance it both for those who provide it and the people who use it. It also demonstrates in a very positive way what the NHS in Fife is doing to promote wellbeing - something that we mustn't allow the larger tasks of improving health and treating ill health to overshadow. The service fully deserves the Fife Excellence Award that I know it won in a Fife-wide competition.

7. In the maternity unit I heard about the "Granny School", which is reflecting the changing needs of our society by refreshing the parenting skills of grandparents, many of whom are taking on increasing responsibility for child care. I learned too how the Vulnerability in Pregnancy project is tackling specific needs that are often associated with deprivation and inequalities. And I saw something of the first class work that the Complementary Therapies in Pregnancy project is doing to bring new approaches to supporting mothers and babies throughout pregnancy and afterwards. These are all projects which I think have something to offer in the national context and I hope that NHS Fife will work with the project leaders to share their experiences.
8. I fed back briefly on my earlier meetings and visits. You then gave us a very helpful overview of NHS Fife’s achievements during the last year. These have ranged across the whole spectrum of services from the health improvement agenda through primary care to major hospital developments. You highlighted the value that the Board attaches to effective partnership working and wanted to put on record your thanks to the front line staff who have been instrumental in securing these achievements. I am happy to echo that here. You also mentioned the challenges that lie ahead - for example the drive to reduce waiting times and to eliminate Availability Status Codes – but assured us that the Board is ready to face these challenges.

9. Your presentation also covered progress against the action points agreed at the 2006 Annual Review. The Board has done well in delivering most of what it was asked to do. The only point I wish to highlight here is the need to work hard with your partners to complete the resettlement programme for people with learning disabilities in Lynebank Hospital. I fully understand that the complex needs of the few people who remain in Lynebank have created difficulties, but I would encourage you to work with partners and do everything possible to identify suitable arrangements for this particularly vulnerable group of people in accordance with your revised timetable.

Health

10. Our discussion here focussed on improving health and tackling inequalities. You told us that the multi-agency Fife Health and Well Being Alliance has taken the lead in completing the Joint Health Improvement Plan for 2003-06. The Alliance will also be central to future health improvement work and you confirmed that this will include development of a more systematic, evidence-based approach to targeting resources at health inequalities. This is important, and I am pleased that the Board is embedding evaluation into its project planning to establish what works and how tried and tested practice can transfer to other projects. Filling gaps in services to tackle obesity and more precise targeting of resources at smoking-related inequalities are examples of areas where evaluation of past work is positively influencing present practice. You also mentioned that the shared dataset which NHS Fife and its partners can access is playing an important part in building up the evidence base.

11. You told us what the Board and its partners are doing to develop anticipatory care. This includes work with NHS Lothian and ISD to improve data and strengthening the infrastructure needed to ensure direct engagement with GP practices. The Fife Community Health Partnerships are playing a major part in this. We also discussed some specific aspects of health improvement – notably work on alcohol issues, which we agreed is a priority at both national and local level. Initiatives in Fife include work targeted through schools at young people - for example the DELTA and “Booze Busters” projects. The Board is also working with local retailers and trading standards officers on issues affecting the sale of alcohol and is taking steps to embed alcohol initiatives in primary care.
Efficiency

12. The Board met its key financial targets in terms of its revenue and capital expenditure in 2006-07. It fell marginally short of securing its Efficient Government savings target, but is confident that it will make up the shortfall this year. The Board’s “Challenge Group” is leading work on securing efficiencies in the longer-term (it is looking ahead as far as 2012) and in this context I was interested to hear about the work that the Board is piloting on bed management in acute and community hospitals. It seems likely that the results of this work - which is based on the Theory of Constraints approach - will have something to offer to the rest of Scotland and I would be very grateful if you would let me know the results of your analysis once you have completed it. We also covered briefly the Board’s banking of capital funds with the Health Directorate to make sure that it has resources to cover all contingencies in the next few years.

13. We discussed workforce issues, some of which we had already touched on at the earlier meeting with the Area Clinical and Partnership Forums. You told us more about the Board’s experience in implementing Agenda for Change - a process that you said had been challenging but rewarding. I know that NHS Fife led the way in Scotland in terms of the rate of assimilation of staff and I am very encouraged by the priority you are now giving to securing maximum benefits from the Knowledge and Skills Framework. I fully agree with what you said about the value of the Framework in ensuring that people have the right competencies for their posts and in empowering staff to monitor their own progress. This clearly has potential benefits for future recruitment and retention.

14. You told us that the Modernising Medical Careers implementation process had also been demanding, but that close work with other Boards in South East Scotland and Tayside had helped to ensure implementation by 1 August. You are confident that your efforts will reap rewards by ensuring that skills and competencies match requirements. NHS Fife hopes to be involved in the general review of the implementation process. You also outlined what the Board has been doing to reduce reliance on agency nursing staff without a corresponding increase in the use of bank staff. Investment in new IT software which will enable monitoring down to ward level will help to support further progress here.

15. The Board has robust arrangements in place to track sickness absence rates and is involving a wide range of staff in the drive to reduce absences further – for example through training programmes for managers. I accept that it will not be easy to reach the 4% target by next March, but I am pleased that you are clearly aiming to do so and I look to the Board to sustain the momentum here.

Access

16. The Board has done well in meeting key waiting times targets in 2005 and 2006 and in planning to achieve future targets. This is particularly important in view of the Scottish Government’s intention to move to an 18 week “whole journey” maximum wait by 2011. I was encouraged to hear that you are already giving thought to this by, for example, looking at likely future referral patterns and demographic changes and at how the patient pathway might change to meet requirements.

17. Our discussion concentrated on areas where future targets appear to be most at risk – although it was reassuring to hear about the measures the Board is taking to secure compliance in these areas. Performance against the planned trajectory for maintaining an 18-week wait for new outpatients has tended to fluctuate. You pointed out that increasing
activity is adding pressure here, but the Board is taking steps to address the main pressure points - for example by providing additional clinics in several specialities. Orthopaedics is a key risk area and the Board is also tackling this through enhancing the roles of non-consultant staff to provide additional support. It will be important to have in place a plan to sustain improvements made in the shorter term through to 2008 and beyond and I am grateful for the assurances you gave me in this respect.

18. NHS Fife’s trajectory for reducing and ultimately phasing out the number of patients with an Availability Status Code has recently been fairly static. It was therefore good to have your detailed breakdown of the reasons for the Codes being in place and your assurance that the Board’s implementation of “New Ways” will ensure that you meet the December 2007 target. As the Scottish Government has made clear its intention to eliminate hidden waiting lists, I look to the Board to keep up the pressure on this.

19. I am pleased that the Board has steadily increased its rate of compliance with the 62-day maximum wait for cancer treatment. Urological cancers – particularly prostate cancer – continue to present the biggest challenge. The Board plans to increase consultant capacity in urology and you also made the valid point that as there is more than one treatment option for prostate cancer, many patients choose to take more time to consider these options. I would be interested to know the outcome of your work with NHS QIS to consider how to address this in the context of the waiting times targets. You confirmed that you have worked with NHS Grampian to overcome some recent problems in the turnaround time for PET scans. In the longer term you will look to NHS Lothian for this service.

Treatment

20. We covered several aspects of service planning and delivery under this heading. The Board and its partners have done very well in reducing the number of delayed discharges. You highlighted an excellent working relationship with Fife Council as the key to success here and told us about the work you are jointly undertaking to strengthen monitoring arrangements, review the choice policy and explore the role that community hospitals can play in providing intermediate care. This is all very positive and I wish you well in taking the work forward – the key is of course to sustain performance against reduction targets until delays are a thing of the past.

21. You outlined some of the actions the Board is taking to secure targets for Mental Health services. The Board has recently reissued guidance on prescribing antidepressants to GP practices with a view to securing reductions and encouraging alternative therapies. Patients also have access to the guidance and this should help them to discuss treatment options with GPs and on the basis of a shared understanding. You are linking closely with national work on the development of alternative therapies. You are also sharing experience with other NHS Boards and are working closely with NHS Tayside in particular on the development of effective crisis intervention, where there is a strong emphasis on training and developing community-based members of the Mental Health team. This is important work which you outlined for us in more detail later in the meeting.

22. I am keen that the drive to reduce Healthcare Associated Infection (HAI) does not lose momentum. It was therefore encouraging to hear about NHS Fife’s programme to promote cleanliness in hospitals and control infection. You told us that the Board has appointed an Infection Control Manager to lead the programme and a rapid response team is in place to deal with specific incidents. The Board is approaching its target number for staff passing through the Cleanliness Champions programme and infection control now features in the
induction. All of this is having an impact in terms of reducing the incidence of HAIs. We agreed that it is important to maintain a high profile for infection control work, with a key task being to raise public awareness about hygiene for hospital visitors.

Service Change and Redesign

23. I made clear that I do not intend to unpick every decision that the previous administration made in relation to plans for service change, particularly where decisions were taken a number of years ago. I hope this will help to reassure you as you take forward the General Hospitals and Maternity project, on which I know planning is now at an advanced stage. That said, I know that changes on the scale you are proposing give rise to understandable concerns among the people who use the services. It will therefore be vital for the Board to continue to involve local communities as the project moves forward to help to explain and build confidence in plans for local services. I know that NHS Fife has a very effective infrastructure in place to involve patients and the public – you helpfully described some of the components of that for us – and I look to you to make good use of it as developments move forward.

24. You explained the rationale behind your service change programme. A key principle is to provide care as locally as possible wherever it is safe and practicable to do so. This might be in hospitals – for example in the Queen Margaret Hospital, which will also provide a Fife-wide service in a number of specialties such as cataract surgery and urology – or in primary and community care settings. One of the main goals is to continue to shift the balance of care, for example by redesigning services to provide more community-based management of long-term conditions. You are developing work on the balance of care which the Board expects to consider formally in the autumn. This will create a baseline from which you will plan and quantify further shifts.

25. The Board has contributed strongly to the regional agenda through the South East and Tayside Regional Planning Group. I am very grateful in particular for the work that NHS Fife has been leading to develop a regional secure unit for people with learning disabilities. You also outlined how the Board is engaging with partners - particularly in NHS Tayside - to develop cross-boundary services in specialties such as ENT and vascular treatment. You acknowledged that no NHS Board can be entirely self-sufficient and that cross-Board cooperation will become increasingly important.

Local Service Issues

26. We concluded the main part of the agenda by looking at two specific examples of service development in Fife that are delivering real and lasting benefits for patients. The first of these – the “one-stop” cataract day surgery service in the Queen Margaret Hospital – has now been in place for some time. It is an excellent example of how redesigning a service by making relatively straightforward changes to the patient pathway, to clinical aspects of the service (in this instance by enhancing the role of specialist nurses) and to the physical space in which the service is provided can make a significant difference to patients’ experience. In this case it has greatly reduced waiting times and improved clinical outcomes. I would like to congratulate all who have involved in developing and delivering this exemplary service.

27. The Child and Adolescent Mental Health Service, incorporating the Playfield Institute, also has a great deal to offer by way of good practice. One of the key targets for Mental Health is to reduce admissions to hospital. This is particularly important for children and young people who might need intensive support, care and treatment over short periods. By
creating a network of specialist community-based teams, NHS Fife and its partners have made sure that wherever possible this can be provided at home or in other community settings. Where the complexity of need makes hospital care unavoidable, the service also helps to reduce the time that young, vulnerable people have to spend away from home and family. All of this is entirely consistent with the way in which we would wish to see services developing across Scotland. Once again, my congratulations and thanks go to all involved.

Question and Answer Session

28. We have introduced this session at the Annual Reviews for the first time this year. I am keen to make sure that the public aspect of the Reviews is as active as we can make it and I hope that setting aside some time for questions and answers will help with this. We will of course look carefully at how effective the sessions have been once we have completed this year’s round of Annual Reviews. In Fife, I think the large number of questions submitted through the local branch of the Scottish Health Council (to whom I want to pass on my thanks for their work in prioritising the questions for us) demonstrates the value of the exercise. In the time available, you and I managed to answer 8 questions - and we agreed to make sure that those we did not answer on the day will receive a written response.

Conclusion

29. I want to thank you and the NHS Fife team again for making the day such a productive one and for your contribution to an informative an stimulating discussion. I was impressed by what I saw and heard and I am confident that you and your team are well placed to tackle the very real challenges that lie ahead in making sure that people in the Kingdom get the effective, high quality health services they have a right to expect. I look forward to working with you all in the coming months.

30. I have summarised the main action points arising from our discussion in the attached Annex.

Best wishes

NICOLA STURGEON
ACTION POINTS

- Work with partners to comply with revised timetable for completing learning disability resettlement programme by the end of 2007.

- Continue to develop a systematic, evidenced-based approach to targeting resources at health inequalities.

- Maintain financial balance and targets for efficiency savings.

- Report to Health Directorate on results of analysis of pilot work on bed management.

- Working in partnership with staff, manage attendance and sickness absence with a view to achieving 4% absence target by March 2008.

- Achieve all national waiting times targets for 2007, paying specific attention to risk areas such as outpatient waits and phasing out Availability Status Codes.

- Maintain good performance against 62-day target for cancer treatment and report to Health Directorate on work to ensure compliance with target in urological cancers.

- Work with partners to achieve targets for reducing delayed discharges.

- Continue good work on infection control and reducing Healthcare Associated Infections.

- Use Patient Focus and Public Involvement infrastructure to ensure close engagement with local communities in taking forward key service developments.

- Establish baseline through Balance of Care Framework and move towards quantifying further shifts of services and resources to the community.
If you want to receive NHS Fife's Annual Report in alternative formats or community languages please contact angelaheyes@nhs.net or telephone 01592 226783.

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www.nhsfife.scot.nhs.uk
Special Mention

Former Director of Nursing, Miss Irene Souter recently attended an Investiture at Buckingham Palace where she was invested as a Member of the Order of the British Empire (MBE) by HRH the Prince of Wales. Irene recently retired after 35 years service to the NHS across Scotland and during her years in Fife held a number of positions, latterly as Director of Nursing in Primary Care and previously at Queen Margaret Hospital.