October 2014

NHS FIFE: 2014 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Queen Margaret Hospital on 29 July 2014.

2. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings. I found it a very informative day and hope everyone who participated also found it worthwhile.

Meeting with the Area Clinical Forum

3. I had a constructive discussion with the Area Clinical Forum (ACF) and it was clear that the Forum continues to make a meaningful contribution to the Board’s work. The meeting allowed an opportunity to discuss the role of the Forum in relation to the integration of health and social care; how to improve links between primary and secondary care, especially in relation to your Hospital@Home Programme and the importance of sharing and learning from good practice across the sector. I was also encouraged to hear about the work undertaken between the Forum and the Board to promote a more regional approach to workforce planning. I was grateful to Forum members for taking time out of their busy schedule to share their views with me.

Meeting With the Area Partnership Forum

4. I had an equally positive discussion with the Area Partnership Forum (APF). It was clear from our discussion that local relationships remain strong and that mutual respect and trust underpins those relationships. We discussed a wide range of issues including: the Board’s use of the national workforce tool on nursing and midwifery, the importance of incorporating appropriate employee governance arrangements within the future health and social care partnerships and initiatives to ensure that NHS Fife, and indeed NHS Scotland, remain attractive places to work in the coming years. I also noted that the rate
of sickness absence in NHS Fife has fallen over the last 12 months but is still slightly above the Scottish average. I would ask you to keep this situation under review.

5. Notwithstanding the challenges, I was assured by what I heard in both the ACF and APF meetings, including the significant on-going activities to engage and involve all staff in developing and agreeing a positive culture to ensure that the Board is in the strongest possible position to address current challenges and those that lie ahead, in effective partnership.

Patient Group Meeting

6. I would like to extend my sincere thanks to everyone who attended the Patient Group Meeting. I very much value the opportunity to meet with patients and the public and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. We had a wide-ranging discussion covering, amongst other subjects, the importance of giving full consideration to the requirements of the Disability Discrimination Act when planning and designing new healthcare facilities, supporting and promoting self-management of Type 2 Diabetes and services for deaf people in Fife including the potential benefits of lip reading classes. We also touched upon the impact of lengthy waits for elective surgery, the importance of appropriate aftercare following Day Surgery procedures and how effective public engagement can help drive the integration agenda forward. I greatly appreciated the openness and willingness of all present to share their experiences and views with me.

Tour of the Regional Endoscopy Unit and the Research and Development Centre

7. I was delighted to officially open the new Regional Endoscopy Unit hosted in the Queen Margaret Hospital and to have the opportunity to visit the expanded Research and Development Department. Please pass on my thanks to the staff for organising these events. I welcome the collaborative working between NHS Fife, Lothian and Forth Valley which underpins the new Regional Endoscopy Unit and endorse the commitment to deliver first class care, 7 days a week, in a modern setting for people across the region. I was particularly impressed with your Research and Development Department which, in its new home, will continue to be an important hub for local, national and international research and to play a key part in shaping the way that healthcare will be delivered in the future.

Annual Review Meetings

8. As with last year, the Annual Reviews are being undertaken in 2 sessions - the first, in public, with the Minister setting the scene and context for the discussion before the Board Chair delivers a short presentation on the key successes and challenges facing the local system. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

9. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance under the 6 Quality Outcomes and also offers Ministers the opportunity to reflect on the experience of the day whilst testing how Board non-Executives are able to hold the Executive team to account. This letter provides a detailed summary of this discussion and the resulting action points.
Annual Review - Public Session

10. I was pleased to hear you reiterate the Board's clear focus on patient safety, effective governance and performance management; and on the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and person-centred healthcare services. You and your Deputy Chief Executive took the opportunity in your presentations to outline the specific progress the Board has made in a number of areas highlighted during last year's Review. Further detail on these key areas of activity is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review and which, I'm pleased to note, is now available on your website.

11. We then viewed a short film which the Board had prepared highlighting the very wide range of services which the staff of NHS Fife provide, from all kinds of medical and nursing staff to trainers, laundry and catering staff, researchers and porters. The film gave an all too rare opportunity to those who benefit from those services to publicly express their appreciation and I congratulate you on this innovative way of widening awareness of the high quality work being done by NHS staff in Fife.

12. In the latter part of the Review, we took questions from members of the audience on a variety of topics including medical recruitment at a local and national level; innovative approaches to providing care at home, the range of services provided in Queen Margaret Hospital and patient transport arrangements when people are discharged from hospital. I am grateful to you and your team for your efforts in responding to the issues raised, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review - Private Session

13. Before we moved onto the first item on the Agenda, I took the opportunity to thank the Board for all the hard work they had undertaken on behalf of the people of Fife during the previous 12 months.

Everyone has the best start in life and are able to live longer healthier lives

14. I was glad to learn that you are ahead of trajectory to deliver your Detect Cancer Early target of increasing by 25% the proportion of patients diagnosed at the earliest stage for breast lung and colorectal cancers by 31 March 2015. In terms of waiting times, the most recent published statistics confirm that NHS Fife's performance was above 95% for the 31-day standard. However, the Board's performance against the 62-day standard has fallen below 95% for three of the last five published quarters. I am aware that there are particular pressures in the lung and urology pathways and note that you have an action plan for improvement to streamline these pathways. I would urge you to do everything possible to return to sustainable achievement of the 62-day standard as soon as possible and ask that you keep in close touch with the Scottish Government Cancer Access Team to ensure we remain sighted on your progress.

Healthcare is safe for every person, every time

15. Rigorous clinical governance and robust risk management are fundamental activities for any NHS Board, whilst the quality of care and patient safety are of paramount concern in the delivery of services. Considerable work has been undertaken at all levels in recent
years to ensure that Boards continue to respond effectively to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust.

16. In tackling infection control, I note that the Board is well ahead of the Scottish average in reducing the incidence of C. difficile and commend you for that achievement. In relation to MRSA/MSSA infections, while numbers are currently above the expected level, I was pleased to see the significant reductions in the latest quarterly figures, from 36 cases between October and December 2013 to 17 cases in the first three months of 2014. I understand NHS Fife is working hard to reduce the number of these SAB infections through a focus on invasive devices such as canulae, reducing infections associated with urinary catheters and detailed analysis of all occurrences to identify potential further areas for action. I look forward to seeing confined improvements in these areas.

17. As you are aware, the Healthcare Environment Inspectorate carried out announced HAI inspections of both Cameron and Glenrothes Hospitals in the last year both of which resulted in positive comments on the cleanliness of the hospitals. They also identified a number of requirements and recommendations for NHS Fife to undertake. I would ask that you keep my officials informed of your progress with the implementation of the action plans your Board has produced as a result of these inspections. Healthcare Improvement Scotland has also carried out three inspections of the care of older people in the Victoria Hospital, the first of which which identified 2 areas of strength and 15 areas for improvement. The reports of the two follow up inspections indicate that, whilst progress has been made, not all of the issues first identified in May 2013 have been fully resolved. I expect the Board to give a high priority to resolving the outstanding issues as soon as possible and request that you confirm with my officials when the latest action plan has been fully and sustainably implemented.

Everyone has a positive experience of health care

18. The current HEAT waiting times targets and standards indicate that NHS Fife's delivery against the overall 18 weeks referral to treatment (RTT) standard has remained above 90%, with a performance of 92.3% at March 2014. The Board must now focus on reducing waiting times for outpatients and for diagnostic tests where performance is currently below the expected standards.

19. The Board has faced challenges over the last year with delivering the 12-week Treatment Time Guarantee but I was pleased to note that the Board has achieved a significantly improved position as a result of the development of a robust delivery strategy and investment plan accompanied by an absolute focus on embedding improved systems and processes. You assured us that you remain focused on maintaining this level of compliance. Nevertheless, we recognise that delivery in these areas is affected by a combination of whole-systems issues which must be effectively managed to assure the on-going sustainability of your services.

20. NHS Fife has recently experienced variable performance against the 4 hr Emergency Access standard, exacerbated by an increasing level of delayed discharges across the system. I welcomed your assurance that while you continue to face challenges, there are robust systems in place to respond to demand and you are working closely with your partners, including the local authority, to maintain delivery of the 95% target over the coming months.
Staff feel supported and engaged

21. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. NHS Fife’s sickness absence rate for the year ending 31 March 2014 was reported as 4.79%. This constitutes a significant reduction over the year to March 2014 and is on a par with the average across NHS Scotland of 4.76%. The Board’s approach to attendance management was also part of my discussion with the Area Partnership Forum and I was pleased to note that the wellbeing of staff remains a priority for the APF and the Board with a collective commitment to meeting and maintaining the principles of the Staff Governance Standard as progress is made towards the integration of health and social care.

People are able to live well at home or in the community

22. NHS Fife has not been able to sustain the standard of having no patient delayed in hospital for longer than four weeks with Fife Partnership experiencing significant pressures in managing flow through the health and care system. Additional non-recurring funding has been allocated to help the Board to prepare for winter and a number of initiatives have been identified to ameliorate the current situation including securing additional homecare, promoting re-enablement, introducing a new form of assessment through AHPs and additional consultancy work to improve the understanding of demand and capacity in relation to high volume flows. I look forward to seeing the impact of these initiatives and ask that you keep my officials in the Unscheduled Care National Programme Team informed of progress.

23. The Board’s performance is on trajectory to deliver the target of 18 weeks referral to treatment for young people seen by Child and Adolescent Mental Health Services. However, I was concerned to note the rise in the numbers waiting over 18 weeks who are still to be seen and would urge you to make every effort to ensure that this backlog is dealt with swiftly. You have also confirmed that NHS Fife will not deliver the 90% target for Psychological Therapies waiting times by December 2014 and you are continuing to work with officials to ensure the target can be sustainably achieved as soon as possible.

24. I was particularly interested to hear that a local GP practice had been involved in trialling the person-centred, holistic ‘Nuka’ approach which originated with the Southcentral Foundation in Alaska. Board members had a number of interesting suggestions about how this could be taken forward and I look forward to hearing about future developments in this area.

Best use is made of available resources

25. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. The Board met its financial and efficiency targets targets for 2013/14. Despite the challenges facing NHS Fife it has achieved all 3 of its financial targets i.e. to operate within its Revenue Resource Limit, Capital Resource Limit and to meet its Cash Requirement. The planned level of recurring savings were not fully delivered, with the 20% shortfall filled with non-recurring savings. I encourage you to re-focus on your efficiency programmes in the year 2014/15 to enable these recurring savings to be achieved.
Conclusion

26. I would again pass on my thanks to you and your Team for a constructive and informative Annual Review. It is clear that the Board is making significant progress in taking forward a challenging agenda on a number of fronts. However, our discussions have assured me that you are not complacent and you recognise that there remains much to do. I have included a list of the main action points from the Review in the attached annex.

ALEX NEIL
ANNEX A

NHS FIFE ANNUAL REVIEW 2014

MAIN ACTION POINTS

The Board must:

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.

- Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including an effective response to the findings of Healthcare Environment Inspectorate and Older People in Acute Hospitals inspections.

- Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards, in particular the 4-hour A&E standard, and Treatment Time Guarantees.

- Sustain progress against the staff sickness absence standard.

- Continue to work proactively with planning partners on the integration agenda, and on improved delivery against the delayed discharge target.

- Continue to achieve financial in-year and recurring financial balance, and keep the Health and Social Care Directorates informed of progress in implementing the local efficiency savings programme.