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All enquiries:
alan.ketchen@nhs.net
0131 623 4375

Mr Paul Hawkins
Chief Executive
NHS Fife
Hayfield House
Hayfield Road
KIRKCALDY
Fife
KY2 5AH

Dear Mr Hawkins

**SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP**

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Fife at our meeting on 29 April 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to NHS Fife, including a range of information which is already in the public domain. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

**NHS Fife**

When we considered NHS Fife on 29 April 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in Fife. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also discussed some risks to the quality of care delivered for the residents of Fife. We acknowledge that work is already being carried out locally to respond to these issues, sometimes with input from one or more of the partner agencies on the Group. The Group

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1The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
therefore agreed that, at this time, there are no actions beyond any already planned that any of the seven national agencies need to take.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards, and we noted that there has recently been a change in Medical Director in NHS Fife. NHS Education for Scotland informed the group that your senior leadership team is committed to delivering quality postgraduate medical training, and there is an excellent training culture in NHS Fife. The Group also learned that Audit Scotland has highlighted that there is scope to improve the openness and transparency of the NHS Fife website.

Audit Scotland’s progress report on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. The Group discussed potential risks to effective partnership working between NHS Fife and Fife Council (e.g. see below about financial management). As a Group, we would like to learn more about how collaborative leadership and partnership working is developing in Fife, and likewise the approach to strategic planning across the region.

As highlighted in our annual summary report for 2017-2018, care systems across the country are experiencing unprecedented financial pressures. Audit Scotland explained that, at the time of our meeting, a break-even financial position for 2018-2019 was possible for NHS Fife although this could be difficult to achieve. The partner agencies on the Group also learned that there are ongoing challenges with delivering recurring savings, and this is a risk to longer term financial sustainability. This is the case for both hospital-based services delivered by NHS Fife, and also services within the remit of Fife Health & Social Care Partnership. We noted that NHS Fife and Fife Council have a risk share agreement to tackle any overspend associated with integrated health and social care services. Audit Scotland advised the Group that NHS Fife is seeking to revisit this agreement in light of ongoing financial pressures, and there is a risk that a new agreement could move away from the spirit of health and social care integration. When we considered Fife previously we highlighted that there needs to be further clarification of the governance arrangements for integrated health and social care services. Audit Scotland explained that this continues to be the case, and that further progress is required to ensure that transformational change is being delivered for services in Fife.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that there is evidence of a relatively high/increasing percentage of consultant vacancies in NHS Fife. NHS Education for Scotland explained that NHS Fife continues to be a good training environment for doctors. We also learned that there continues to be workforce challenges for mental health services (e.g. recruitment of consultant psychiatrists and mental health nurses), and that the overall sickness absence rate for NHS Fife is relatively high.

Our meeting on 29 April 2019 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other services in Fife. For example a joint inspection of services for children and young people in need of care and protection, led by the Care Inspectorate (report published in April 2019), found that strong partnership working at strategic and operational levels and a culture of learning was helping to drive forward identified improvements. Key strengths included the care and protection of children and young people recovering from abuse and trauma, and also early support for vulnerable

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pregnant women. Areas for improvement included how health needs assessments are carried out for preschool children when they become looked after. Inspectors identified that further improvement is required in relation to recognition and response when children and young people experience neglect or repeated instances of harm (eg due to parental substance misuse, mental ill-health or domestic abuse).

We also found it helpful to learn about an inspection of the care provided for older people at Victoria Hospital (Kirkcaldy), which had found that patients were positive overall about the care they received. However, not all assessments were completed within the required standard time frames, and there was a lack of care planning to inform how patients’ care needs will be met. NHS Education for Scotland highlighted risks relating to the safe boarding of patients at the Victoria Hospital, and it is monitoring this situation.

Healthcare Improvement Scotland also highlighted some examples of where NHS Fife has engaged well with nationally-led quality improvement work. Successes include reductions in the rates of falls with harm and cardiac arrest, and NHS Fife is leading work nationally on fluid management associated with acute kidney injury. As for NHS boards generally, there are some challenges in securing the skills and capacity for leading and carrying out quality improvement work.

When the Group considered NHS Fife previously in 2017 and 2018, the Mental Welfare Commission for Scotland explained that the care environment for inpatient mental health services in Fife still appears somewhat outdated in comparison with other regions of the country. When we met in April 2019, the Commission highlighted potential risks to safety in some acute adult admission wards arising from the number of people being cared for on individual wards.

The Group learned from the Scottish Public Services Ombudsman that there have been some instances of good practice in complaints handling exhibited by NHS Fife, as well as some areas where there was room for improvement.

We hope you find this summary of our discussions helpful. As a Group, we will continue to share intelligence in order to inform the work we carry out as seven national agencies. If you have any suggestions for how our Group can better support your work to deliver high quality care for the residents of Fife then please don’t hesitate to let us know.

Yours sincerely

Prof. Stewart Irvine
Medical Director & Deputy Chief Executive
NHS Education for Scotland

Ann Gow
Director of Nursing, Midwifery & Allied Health Professionals
Healthcare Improvement Scotland