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

Ms Carol Potter
Chief Executive
NHS Fife
Hayfield House
Hayfield Road
KIRKCALDY
Fife KY2 5AH

Dear Ms Potter

Feedback from the 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 22 June 2020, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations¹.

First we wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Fife and Fife Health & Social Care Partnership in response to the Covid-19 pandemic. In our annual report for 2018-19, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion is needed now more than ever. We also understand that local health and care systems are currently in the process of restarting many services, and the Covid-19 pandemic will continue to impact on front line services for a considerable time to come.

¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the Covid-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible 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.

Thank you for the information you provided in advance of our meeting on 22 June 2020. 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

NHS Fife

When we considered NHS Fife on 22 June 2020, 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.

In recent years, the Mental Welfare Commission for Scotland has highlighted some concerns to the Group about the three adult acute mental health wards in Fife – in particular about the older nature of the buildings/environments. At our meeting on 22 June 2020, we were told by the Commission that these ward environments are not conducive to recovery, and continue to be in need of redesign and refurbishment. For example, the high number of beds (30) and traditional layouts of these wards create challenges for staff, including maintaining appropriate observational levels. The Commission reported that it has raised concerns through its local visit programme, but there has been limited evidence of progress in relation to some recommendations.

We also learned that a number of significant incidents have been reported to the Commission over the past two years for the Fife area. The findings from an investigation by the Commission into a death at Whyteman’s Brae Hospital highlighted some concerns, including risk assessment processes and response to recommendations from the Health & Safety Executive about potential ligature points within a ward.

NHS Education for Scotland explained that there is good engagement from NHS Fife in relation to postgraduate medical education and training. Following its 2019 Quality Review Panels, NHS Education for Scotland identified the need for a relatively high number of quality management triggered visits to NHS Fife given the number of training posts. These included a further visit to General Medicine at Victoria Hospital, which was the third visit there since 2016 due to ongoing concerns (a visit to Cardiology at Victoria Hospital was postponed because of Covid-19). Earlier this
year there was also a Fife-wide quality management visit to assess the quality of training in Psychiatry (Queen Margaret Hospital, Lynebank Hospital, Stratheden Hospital, Victoria Hospital & Whyteman’s Brae Hospital). This was necessitated by poor engagement with a previous visit in 2018 at which a number of concerns had been identified regarding the quality of training. The follow up visit to Psychiatry in 2020 was much more positive, noting the supportive training environment and the commitment to address the concerns raised previously. We also learned that NHS Fife continues to have some workforce challenges for mental health services, and that two of the areas where your consultant vacancy rate is relatively high are General Psychiatry and Old Age Psychiatry. We understand that mental health is one of your priority areas for restarting services following the first wave of Covid-19.

The other main area of concern the Group highlighted when we considered Fife in recent years is the operation of your Health & Social Care Partnership, including financial and governance challenges. At our meeting in June 2020, we noted that the Accounts Commission recently highlighted some important progress that Fife Health & Social Care Partnership has made. This includes updating its strategic plan, and progressing reviews of its integration scheme and of its medium-term financial strategy. However, the Accounts Commission also emphasised the need for Fife Health & Social Care Partnership to strengthen its financial management and performance reporting, and for there to be greater clarity of its responsibilities and relationships with NHS Fife and Fife Council. We also noted that there has been significant and ongoing change in the partnership’s leadership team since it became operational in April 2016, with three chief officers and four chief finance officers. In your letter dated 19 June 2020, you explained that plans for system-wide leadership development have been disrupted by the Covid-19 pandemic. We also learned that while 2019-20 has been a challenging year financially for NHS Fife, you are expecting to break even.

When we considered Fife in 2019, we highlighted the findings from a joint inspection of services for children and young people in need of care and protection. These included evidence of strong partnership working at strategic and operational levels, and a culture of learning was helping to drive forward identified improvements. We also noted that there has been a sustained deterioration in bed days lost to delayed discharge in Fife, following a previous sustained improvement.

Our meeting on 22 June 2020 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services in Fife. For example, we found it helpful to learn from Healthcare Improvement Scotland of some examples of where NHS Fife has engaged well with nationally-led quality improvement work. The acute care portfolio highlighted that NHS Fife is one of the most engaged NHS boards in Scotland – and successes include sustained improvements in the rates of cardiac arrest and falls with harm. As you explain in your letter, you have more to do to reduce your rate of pressure ulcers.

In summary, the Group acknowledged that there are concerns about mental health services in Fife, together with concerns about aspects of integrated health and social care. Challenges in these areas have been ongoing for a number of years, and they need to be addressed as a matter of some urgency – even at this time when health and social care services are under significant pressures as a result of the Covid-19 pandemic. In the first instance, we wish to meet with you and your team (including input from Fife Health & Social Care Partnership) to learn about your assessment of these issues and how you are responding to these. In addition, a number of our partner agencies will continue to work closely with each other to ensure their work in these areas is co-ordinated and mutually supportive – and to decide whether or not there are any additional actions beyond any already planned that any of these agencies need to take.
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

Alastair McLellan
Co-Lead for Quality
NHS Education for Scotland

Simon Watson
Medical Director
Healthcare Improvement Scotland

CC: Nicky Connor, IJB Chief Officer
    Helen Woodburn, Liaison Co-ordinator