Dear Ms Potter

Feedback from the Sharing Intelligence for Health & Care Group – NHS Fife

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Fife at our meeting on 26 April 2021, 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.¹

First, we would like to thank colleagues from NHS Fife and Fife Health & Social Care Partnership for their tremendous efforts in the ongoing response to the COVID-19 pandemic. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede.

The pandemic has also impacted on the work programmes of the seven national organisations on the Group, and in doing so on some of the intelligence that is available to us. We are, however, continuing to share and consider intelligence regularly – as this helps us identify things that are working well, and also any emerging problems which can then be acted upon. The remit of the Group does not, however, extend to making a comprehensive, system-wide assessment of the quality of care. The

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.
intelligence we considered on 26 April should already be known to NHS Fife, including a range of information which is already in the public domain.

NHS Fife

When we considered NHS Fife on 26 April 2021, partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in the Fife. This will help inform the work we carry out as national organisations. As explained below, the Group has significant and ongoing concerns about mental health and learning disability services in Fife. We wish to meet again with you and your team (including input from Fife Health & Social Care Partnership) to learn about the progress made in responding to these issues. The Group will also consider this issue again in October 2021 to decide whether or not there are any additional actions beyond any already planned that any of these agencies need to take.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within. There has also been a significant level of change across Scotland within the senior leadership of NHS boards – and we acknowledged the ongoing changes to the senior leadership of NHS Fife. We noted that you have now taken up the role of Chief Executive on a permanent basis, and your Director of Finance & Strategy has also recently been confirmed as a permanent appointment. There have been recent appointments to the roles of Director of Nursing, and Director of Property & Asset Management – and you are also seeking to recruit to your Director of Public Health post.

We have previously highlighted some concerns with the operation of Fife Health & Social Care Partnership – noting that the Accounts Commission had emphasised the need for the 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 understand that progress has been made in relation to some of these issues and also that, after a prolonged period of change in senior leadership, the Chief Officer and Chief Finance Officer of Fife Health & Social Care Partnership have now been in post for about two years. At our meeting on 26 April 2021, Audit Scotland explained that a review of the Integration Scheme is in progress – however there are challenges in agreeing revisions to the risk share agreement which applies in the event of an overspend on integrated services. Healthcare Improvement Scotland informed the Group that there are also issues with accountability in the partnership for community engagement and participation work. In contrast, Healthcare Improvement Scotland has a good working relationship with NHS Fife’s Person Centred Care Team. Fife’s Participation and Engagement Advisory Group’s work is progressing well, and would benefit from more buy in and collaboration with the partnership.

In terms of openness and transparency, NHS Fife has launched a new website, improving accessibility of Board and Committee papers. The Care Inspectorate explained that there is good engagement between the Partnership and link inspectors, and there appears to be openness and transparency.

Audit Scotland informed the Group that NHS Fife’s continued reliance on non-recurring financial savings means that it will have ongoing challenges in achieving financial sustainability. A medium-term financial plan is in development. NHS Fife’s transformation programme was expected to progress in 2020, but was stalled as a result of the pandemic.

NHS Education for Scotland explained that the percentage of consultant vacancies for NHS Fife is higher than the Scottish average. Vacancies for nursing and midwifery, and also for Allied Health Professionals, are more comparable with the national level. We understand that costs for temporary medical and nursing staff have increased.
The Mental Welfare Commission for Scotland has previously drawn the Group’s attention to the ongoing need to redesign and refurbish the buildings/environments for adult acute mental health wards in Fife, to ensure that these are conducive to recovery. The Commission has also raised this with Scottish Government, given the ongoing nature of these concerns and the investment required to make the necessary changes. At our meeting on 26 April 2021, the Commission explained they continue to be kept updated of capital planning work, which is still at an early stage – and the Executive Medical Director has agreed to keep the Commission up-to-date with progress. When local visits are re-established, the Commission has prioritised the acute inpatient areas to review what work is planned/has been commenced. The Commission has also raised concerns with Fife Health & Social Care Partnership about delayed discharges in learning disability services, and has been advised of the planned work to address this.

Healthcare Improvement Scotland carried out inspections during 2020 at Glenrothes Community Hospital and Adamson Community Hospital. Neither inspection identified patient safety concerns. Compliance with standard infection prevention and control precautions was good, and wards appeared calm and organised with evidence of team working. Staff (both nursing and domestic) had been provided with appropriate training and felt supported by the infection prevention and control team. NHS Fife engaged well during both inspections, and provided detailed action plans to address inspection findings.

The Care Inspectorate explained that Fife Health & Social Care Partnership is performing well overall in relation to key indicators for integration. Drug and alcohol related deaths in Fife are, however, increasing, and we understand that steps are being taken to learn about the circumstances underlying these deaths and how these might then be addressed.

The Scottish Public Services Ombudsman highlighted that, for around half of the cases for NHS Fife closed at investigation stage, there were recommendations for improvement in an aspect of complaints handling, eg not directing patients to the complaints procedure appropriately, failing to identify and investigate all of the substantive points of complaint, not keeping patients up-to-date with delays. We understand that NHS Fife is making changes with the aim of improving complaints handling. We noted that, based on Care Opinion stories, NHS Fife is currently relatively high compared to the Scottish average for the percentage of areas of care being reported as good by people experiencing care.

Public Health Scotland noted that NHS Fife’s achievement of the Scottish Stroke Care Audit standard on ‘time to thrombolysis’ had shown a sharp improvement over the past 6 months.

We note from your board papers that there are vulnerabilities in the Community Paediatric Service, and further service redesign is ongoing to develop a sustainable clinical service.

We hope you find this summary of our discussions helpful, and we would be grateful if you share this letter with Fife Health & Social Care Partnership, together with the Board of NHS Fife. We will also welcome your feedback on how we can improve how we share and use intelligence as a Group, including how this can be of greatest value to NHS Fife.
Yours sincerely

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