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The Rt Hon. Tricia Marwick
Chair
NHS Fife

Via email: tricia.marwick@nhs.scot

08 February 2022

Dear Tricia,

NHS FIFE ANNUAL REVIEW: 25 OCTOBER 2021

1. Thank you for attending NHS Fife's Annual Review with your Chief Executive Carol Potter on 25 October via video conference. I am writing to summarise the key discussion points.
2. As with last year's round of Annual Reviews, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.
3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Fife. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.
5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. You told us that the efforts to treat patients included the reorganisation of hospital facilities and the redeployment of clinical and non-clinical staff; in order to support front line teams and services. You noted that commitment and adaptability of local staff have been the Board's biggest asset in continuing to deliver high quality patient care during the most challenging of times.

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6. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. In terms of the impact of Covid-19 and associated activity, as at September 2021, NHS Fife had: undertaken 10,374 contact tracing cases; double vaccinated 86.2% of the local population; delivering a range of remote consultations to maintain patient access and appropriate infection control: in the year to October 2021, the Board had delivered almost 4,000 *Near Me* consultations. NHS Fife was also one of the pilot areas that tested the national training materials and interim digital contact tracing platform. Mobile units allowed targeting of geographic areas with high test positivity, outbreaks and to support communities with higher rates of deprivation or limited access to transport availability. You confirmed that this activity, and the remarkable service adaptations undertaken at pace, such as the increased use of technological innovations, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery.

8. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity during the remobilisation period from July to November and the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. Private sector capacity had supported some cancer activity and other local service remobilisation and, as noted above, access to care was maintained using a combination of face to face consultations and by making use of digital technology. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, impressive early progress had been limited by the operational impact of resurgences in Covid-19 admissions and the Board was further challenged by an incident of significant flooding at the Victoria Hospital site. Ultimately, the capacity available has not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

9. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Fife's monthly attendances for August 2021 were 7,042; representing a 107.9% increase from 3,387 in April 2020 when attendances were at the lowest levels ever recorded. Local 4-hour standard performance in the year to August 2021 was 89.8%; however, performance for the month of August 2021 had fallen to 83.6%. This pattern has been similar to the performance nationally at 77.8% for the same period. Similarly, as with most Boards, NHS Fife's delayed discharges were significantly reduced as a result of the initial pandemic interventions at the start of 2020/21. This position, however, has not been maintained and we returned to look at delayed discharge in the forward look section of the discussion.

10. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently excellent; however, performance against the more challenging 62-Day standard struggled to meet the Scottish average. In part, performance has been impacted by pressures on the specialist pathways shared between the Board and NHS Lothian. NHS Fife established one of Scotland's first early cancer diagnostic centres in June 2021 and initial patient experience had been encouraging.

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11. NHS Fife was one of seven Boards escalated for enhanced improvement support for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance. NHS Fife's mental health teams engaged positively in the programme of tailored support; analysing performance and capacity data; modelling demand and trajectories; and identifying gaps. NHS Fife continued to provide mental health services throughout the pandemic, prioritised on need, largely by making use of digital technology. Performance for CAMHS was initially heavily impacted by the pandemic; however, some improvement was seen in the second half of 2020/21 which was generally being sustained into 2021/22. It was a similar situation for Psychological Therapies (monthly performance averaged 75% in 2020/21) although the fall in numbers of those starting treatment recovered to pre-pandemic levels quicker than for CAMHS.

12. In terms of financial management, NHS Fife delivered a balanced outturn in 2020/21, following the receipt of additional funding provided by the Government to support financial impact of Covid-19. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020-21 to meet Covid-19 pressures, with NHS Fife and the Health & Social Care Partnership within the region receiving £69.8 million of this.

13. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

14. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-COVID health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact this winter and beyond.

Forward look

15. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government has been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Fife in the context of the [Health and Social Care Winter Overview](#), published on 22 October; which brings together all of the actions we have taken in preparation for the most recent winter period. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

16. This approach, supported by the [Adult Social Care Winter Plan](#), which sets out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

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17. You confirmed that the acute sector in NHS Fife had been experiencing sustained pressure across services. The causes were multifactorial and had resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, and some very long waits for admission. Within the national planning context noted above, you confirmed that NHS Fife's Winter Plan provided a system-wide framework that focused on patient pathways, staffing, enhanced flow and alternatives-to-admission, linking in with Scottish Ambulance Service, Health and Social Care Partnerships and specialty teams; providing as much support out of hospital as possible. We noted the local work underway as part of a range of improvement programmes, including the Redesign of Urgent Care, Discharge without Delay, and Interface Care; and will keep progress under close review. You further confirmed that the local Flow Navigation Centre is acting as a single point of access for GPs across Fife, triaging all GP calls prior to direct admission to hospital; allowing more opportunities for the utilisation of alternative pathways to hospital admission.

18. As noted above, delayed discharge has been a challenge within Fife and this impacts the patient experience (both those who are delayed in hospital and the corresponding impact on those waiting to access hospital), whilst compounding operational pressures around available acute capacity. Pressures include: staffing availability in social care; reduction in family support as other sectors remobilise; and the new and emerging needs of individuals. While there has been improvement work and some progress made, the ongoing staffing challenges are likely to continue to impact on performance. The Government will continue to provide as much assistance as possible, in support of the local actions including increased provision of *Hospital at Home*. There are particular local pressures around discharging adults with incapacity; we advised that there is work underway looking at the common factors contributing to delays in this area, and what more can be done accelerate the process. We will keep progress in this key area under close review.

20. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Fife is taking in terms of the wellbeing and resilience of local staff, including staff hubs being made permanent, delivered across local sites that can be easily accessed by health and social care staff; and the *Refresh, Refuel and Recharge* programme to ensure staff are taking care of themselves and their colleagues during shifts.

21. Whilst our focus over the winter period has necessarily been on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Fife, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August.

22. The waiting list position in NHS Fife has grown considerably, particularly through the second pandemic wave, due to the increased critical care demand and the need to release staff to provide support. You confirmed that action is underway to improve the workforce pressures, including the appointment of 150 newly qualified nurses. Whilst the Board still had around 200 nursing vacancies, you advised that further recruitment activity is underway, including international recruitment where this appropriate. Actions are ongoing to increase the capacity for Outpatients and Inpatient/Day Case activity and the Board is looking to explore opportunities to enhance the capacity of the day surgery facility at Queen Margaret Hospital, Dunfermline. In the longer term, the Board's capacity will be significantly enhanced by NHS Fife's Elective Orthopaedic Centre is currently projected for completion in October 2022, with clinical activity anticipated to start early 2023. This will support the Board's orthopaedic recovery through the replacement of existing theatres and provision of additional capacity.

23. Cancer Waiting Times funding of £681,000 has been allocated to improve performance for 2021/22. We noted that urology remains the most challenging pathway locally. Recurring funding was agreed to ensure sustainability and there is an expectation that 95% of eligible local patients will be treated within 62 days by March 2025.

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24. In terms of local mental health services, we are content that NHS Fife has robust plans in place to remobilise services and to increase activity: the Board estimated it would meet the CAMHS waiting times standard by October 2022 and the Psychological Therapies standard by end of March 2023. NHS Fife has made a clear commitment to the re-provision of local mental health services, including the re-provision of the mental health estate; we acknowledged this will be a large undertaking, requiring significant investment. As part of this approach, the Board will need to address any outstanding concerns from the Sharing Intelligence for Health and Care Group and Mental Welfare Commission in relation to local mental health and learning disability services. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress and the associated spend of the Mental Health Recovery and Renewal fund.

25. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside the Board's short fall in savings delivery in-year when compared to the national position, we are working with the Board on actions and the Government will continue to regularly engage with the Board to monitor the financial position and to assist with planning.

Conclusion

26. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS potentially faces the most challenging winter in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

27. I want to conclude by reiterating my sincere thanks to the NHS Fife Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely,



KEVIN STEWART

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