

NHS Fife

Annual Report 2015-16





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- Or you can contact the Fife Centre for Equalities who will help you.

8799
members of staff*



*as of March 2016

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3357

babies delivered



11

people
applying to
become
volunteers
each
month



90339

people attending
our Emergency
Department





Welcome to the NHS Fife Annual Report for 2015-16.

The last 12 months has seen progressive change in a number of areas, from innovations and service developments which are enhancing the experience of our patients, to new ways of working which are changing the way services are delivered, and the development of NHS Fife's Clinical Strategy.

Changing the way we react to urgent care has seen Fife's A&E performance improve. We are now one of the top performing Boards in Scotland for the Emergency Access - four hour standard and, importantly, have improved the quality of patient care at the front door. Likewise, innovative approaches to the way we assess patients on arrival at hospital has seen a 25% reduction in admissions.

The development and improvement of frailty services, the continuation of our successful Hospital Safety Huddle and the introduction of a dedicated Homecare Team dealing with front door discharge, is making a very real change to

the experience of our patients and the way we deliver services.

Recent unannounced inspections from the Healthcare Environment Inspectorate were also positive and recognised improved performance.

Our commitment to mental health services has seen the opening of the new Intensive Psychiatric Care Unit at Stratheden Hospital. Hollyview Ward has transformed facilities for patients experiencing acute episodes of mental illness, and provides an excellent environment for patients and staff.

Elsewhere, the continued development of Queen Margaret Hospital has resulted in a new Paediatric Audiology Unit and Special Care Dental Unit for patients with more complex needs. The opening of the Carnegie Unit, a dedicated centre for community and primary care services in West Fife, has marked a major milestone for the project.

Whilst improvements should be welcomed we know that we have further work to do. We must improve performance in areas which are more challenging and sustain the good performance we have worked hard to deliver. Patients should expect nothing less.

In April, Fife's Health and Social Care Partnership was legally established, which is tasked with transforming health and social care provision.

Of course, working in partnership is not a new concept - we already have a long history of innovative partnership work and service development in Fife. However, we have never previously worked on this scale.

Much is expected of the new Partnership, but the opportunities to work in new and progressive ways are huge and we are already seeing the development of new projects and programmes which are making a positive impact.

A new approach to participation and engagement for health and social care has also been developed, ensuring that patient and service user voices are heard.

Over the last year, public representatives from health, social care and the third sector have worked alongside patients and service users, carers and staff to develop principles and approaches, culminating in a new Participation and Engagement Strategy. As a result, a new Participation and Engagement Network has been established, ensuring that people are able to make their views known at a local and Fife-wide level.

Listening to what matters to our patients is fundamental in shaping the way we deliver services. The SHINE programme, a new approach involving staff from health, social care and the voluntary sector, aims to change conversations between staff and patients, focussing on what matters most to people.

By exploring what really matters, patients can have better experience of services and improved health and wellbeing.

With an increasing population who are living longer, it is crucial that we effectively plan for future healthcare needs.

NHS Fife's Clinical Strategy is our plan for healthcare services for the future. It outlines a range of principles aimed at

delivering effective and proactive healthcare, all within an integrated health and social care model.

The result of extensive work by senior clinicians, the Clinical Strategy outlines our vision for the next five years and beyond, ensuring that we continue to provide the highest quality of care to the people of Fife.

We have already undertaken significant engagement with staff, patients and public, to share thinking and to shape the development of the Strategy.

To meet the future needs of the population change is inevitable, but we must embrace that change. New ways of working and delivering services bring great opportunities, ensuring that future healthcare in Fife remains of the highest-quality, with the patient placed at the heart of all we do.

This report is my final one as NHS Fife Chairman. Over the years I have seen much progress in healthcare in Fife. I am privileged to have met many staff throughout the organisation – without doubt they are our greatest asset. Through innovation, service development, new ways of working and thinking we have seen much positive change and remain committed to further improving the experience of our patients.

Allan Burns CBE
Chairman

Our Performance

Over the last year, NHS Fife has performed consistently well against a number of key targets and performance indicators including Emergency Access treatment within four hours, Cancer 31-Day Diagnosis to Treatment, and Alcohol Brief Interventions completed.

Some areas continue to be challenging but work is ongoing to address any issues.

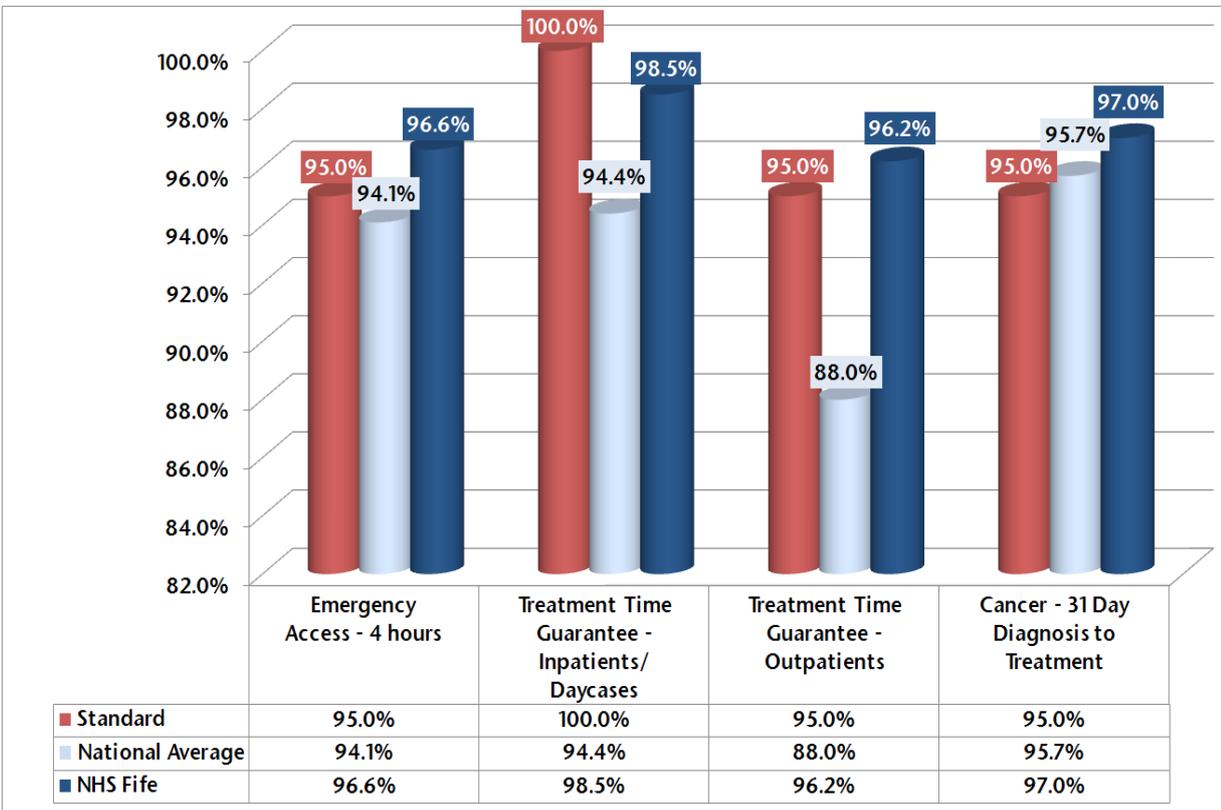
Detail on the Board's activity and performance is provided at each Board meeting and is also available on the NHS Fife website at: www.nhsfife.org/boardmeetings

Access four-hour standard improved during the year, with 96.6% achieved against the 95% standard.

- There was continued good performance against the Cancer 31-Day Diagnosis to Treatment standard, with 97% of patients starting treatment within 31 days.
- Alcohol Brief Interventions showed 5421 achieved, whilst the number of registered dementia patients reached 3294.
- For Inpatient/Daycases treated within 12 weeks, Fife achieved 98.5%, slightly short of the Treatment Time Guarantee, but well above the national average.
- Meanwhile, 96.2% of patients waiting for an Outpatient appointment waited no more than 12 weeks.

Working Well

- Performance against the Emergency



Areas of Further Work

NHS Fife did not consistently meet the Cancer 62-Day Diagnosis-to-Treatment standard in 2015/16, with 90.6% of patients treated, below the 95% standard.

The most challenging areas continued to be in the Lung and Urology specialties. Service managers and clinicians continue to review and improve referral and administrative processes, including those involving joint working with other Health Boards.

The Smoking Cessation Service achieved 440 successful post- three month quits in the most deprived communities against a planned figure of 551 and an end target of 602.

During the year, the service completed a mapping exercise based on capacity and community needs and clinic activity was re-orientated accordingly. New pathways continue to be developed in populations with the highest smoking prevalence.

Against the standard of 90%, 78.4% of patients started treatment within 18 weeks of referral to specialist Child and



Adolescent Mental Health Services (CAMHS).

Work to improve performance continued during the year, with the introduction of individual clinician work plans (based on an analysis of demand) and 'stepped care' across various areas producing expected improvements.

Performance against Psychological Therapies, saw 69% of patients start treatment within 18 weeks of referral against the standard of 90%.

Strategies are being progressed for diverting referrals at an earlier stage towards self-help and expanding group work programmes (appropriate for a proportion of new referrals for people with anxiety and depression).



Healthcare Associated Infections (HAIs)

C Difficile Infection: NHS Fife performed well. The rate of C-diff infections per 1000 total occupied bed days for the whole of 2015/16 showed a rate of 0.24 against the 0.32 standard, equating to 67 cases, down from 80 in 2014/15.

Staphylococcus aureus bacteraemia (SAB):

After a much-improved performance in 2014/15, NHS Fife did not achieve the staphylococcus aureus bacteraemia standard of 0.24, with infection rate per 1000 acute occupied bed days in 2015/16 at 0.43.

The main challenge continued to be in addressing the number of infections caught outside the Acute Hospitals, which accounted for the majority of the total. Work with Addiction Services and other Health Boards in relation to needle exchange schemes in the intravenous drug population (a common infection source) is in progress.

Healthcare Environment Inspectorate (HES) Inspections

NHS Fife underwent three unannounced inspections at Queen Margaret, Cameron and St Andrews Hospitals. The inspections were positive, demonstrating quality of healthcare and recognising improved performance on previous visits.



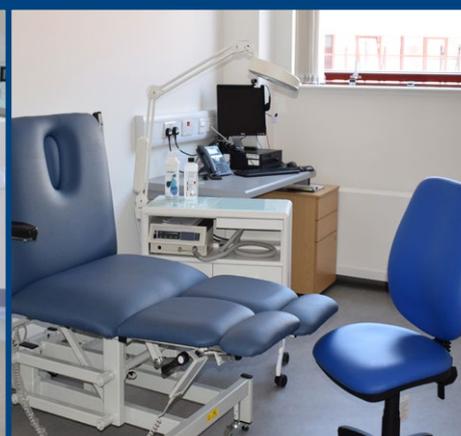
Fife Orthopaedic Performance Praised

NHS Fife was commended on its performance in Orthopaedics.

A delegation of six experts, including the current President and past President of the British Orthopaedic Association, visited Victoria Hospital to assess the Board's performance as part of the national Get It Right First Time (GIRFT) programme.

Fife is one of the first Boards to participate in the initiative, which provides peer-to-peer advice and data comparison to drive improvements across the country.

The GIRFT analysis considered areas such as the effectiveness and efficiency of local processes, waiting times, patient outcomes, and care pathways, and demonstrated that the Board is excelling in its provision of Orthopaedic care to patients across Fife.



Urgent Care Redesign

Our Urgent Care Redesign Event brought together senior figures from across NHS Fife to consider how urgent care services could be revised and enhanced. This work influenced our 'Big Plan' for 2015/16.



Patient Assessment Changed

Admission to a bed is no longer the presumption and patients are assessed by a senior member of staff before admission is presumed. Patients may still be admitted, but this is one of a number of options available.

Specialist Frailty Work Expanded

We work closer than ever with our colleagues in Health and Social Care to make sure frail patients are given the earliest opportunity to return to their community, including directly from the hospital admissions unit.



Hospital Safety Huddle Introduced

Up to 70 key staff start every working day identifying our sickest patients using electronic observation systems. Every day, each ward in the hospital is asked to confirm the following question: 'Are you safe to start?'

How we performed in Winter 2015-16

- * Frailty screening increased the numbers of patients transferred directly from our assessment unit to our community hospitals
- * The numbers of patients waiting more than four hours in our Emergency Department reduced
- * We reduced the use of 'surge beds' - these are extra beds opened over winter

- * We decreased the length of stay for patients discharged from Medicine of the Elderly
- * We reduced the gap between admissions and discharges
- * We reduced the number of patients 'boarding' in wards not specific to their condition





Fife's population is expected to increase by 32,000 in the next 20 years. We are living longer thanks to advances in medicine and healthcare, but chronic conditions such as diabetes, dementia and heart disease are on the rise. NHS Fife's Clinical Strategy is our plan for healthcare services for the future, responding to the changing needs of the population.

NHS Fife's Clinical Strategy

The Clinical Strategy will shape the delivery of healthcare in Fife over the next five years and beyond.

It has been developed following extensive consultation and input from senior clinicians, patients and their carers, partner organisations and the general public and is in line with the National Clinical Strategy.

Central to the strategy are a number of key recommendations, including the establishment of Community Hubs, where people can access information and care

from a variety of organisations including health, social care, housing and voluntary services; more treatments taking place as close to home as possible; increased emphasis on prevention and health improvement from a young age; and greater use of new and emerging technologies.

The Strategy's recommendations will:

- Treat patients as individuals and recognise that 'one size' does not fit all
- Ensure services are safe, sustainable, efficient and adaptable over time
- Ensure care is provided closer to home wherever possible
- Ensure services are joined up between primary and secondary care eg between GPs, community services and hospitals
- Provide best value by making the best use of available funding



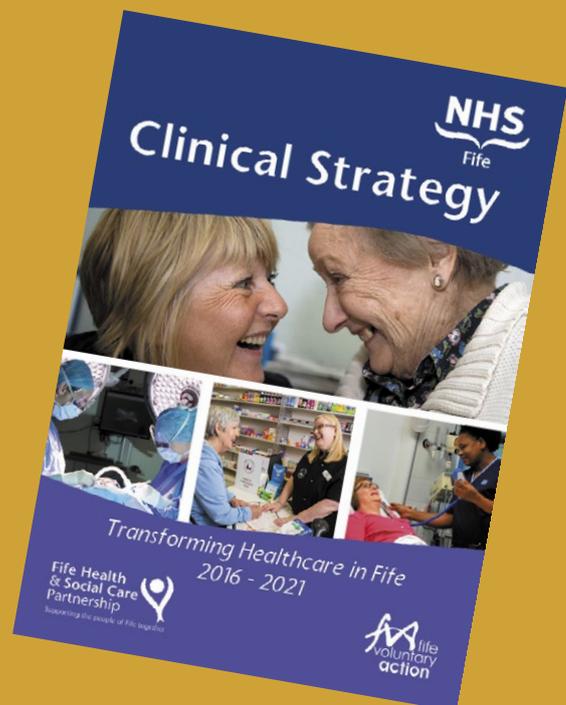
Health and care services are facing many challenges but there are opportunities too.

By moving more care into our communities and closer to people's homes, by designing 'joined up services' that respond to individuals' needs and by embracing the opportunities afforded by technology we will help the people of Fife live long and healthy lives.

This summer, NHS Fife held a 12-week consultation on the recommendations, giving members of the public the opportunity to have their say and help plan the future of healthcare services.

Following the consultation period, the Clinical Strategy will go to the NHS Fife Board for approval.

More information on NHS Fife's Clinical Strategy can be found on the NHS Fife website at www.nhsfife.org/clinicalstrategy



12 Working in Partnership



Fife's Health and Social Care Partnership was legally established in April this year. The Partnership, which has been created by NHS Fife and Fife Council, is part of the Scottish Government's national programme of reform which aims to ensure that health and social care provision is joined-up and seamless.

An integrated approach to care and support aims to improve lives, prevent and delay ill health, support people to live independently in their home for as long as possible, and reduce how often and how long people stay in hospital.

Fife's Health and Social Care Partnership, which is one of the largest in Scotland with over 5000 staff and a joint budget of approximately £470 million, will deliver a range of community-based health and social care functions.

Integrated services in Fife include:

- All adult and older people Social Work Services
- Community health services eg district nursing, physiotherapy, mental health

- Children's community health services eg health visiting
- Housing services which provide support to vulnerable adults and disability adaptations
- The planning of some services provided in hospital eg medical care of the elderly

Fife's new Partnership involves GPs, hospitals, health staff, social care staff, the voluntary and independent sector working together to improve peoples' experience of health and social care.

The new Health and Social Care Partnership will transform the way we deliver services, empowering individuals and communities. New ways of working are already being taken forward.



Social Prescribing – Community Connections

The Keep Well - Community Connections scheme is supporting individuals who are experiencing mild to moderate levels of depression and anxiety.

A key element of the initiative is the provision of a Link Nurse to assist in identifying important influences on an individual's mental health. The Link Nurse works with patients to help combat the challenges they are facing by linking them into local support networks and agencies so their mental health and wellbeing can be improved.

The initiative involves partnership working across health, the third sector, social care and local services, with findings confirming that the approach is helping to break the cycle of frequent visits to GPs.

Community Connections operates in several areas including Lochgelly, Oakley and Kelty. Under Fife's Health and Social Care Partnership, the programme will be rolled out to Levenmouth.



Introducing new ways of working, enhancing the treatment and care we provide, and improving healthcare facilities makes a real difference to the experience of our patients.

Over the last 12 months a wide range of innovative work has been taking place across the organisation, making care even more person-centred, helping to improve patient safety and making treatment more effective.



Helping Improve Patient Safety

The introduction of cutting edge technology alongside daily clinical huddles is making an important contribution to patient care and safety in Fife.

NHS Fife has introduced a Hospital Safety Huddle which takes place every morning and sees up to 70 specialists coming together to review and support clinical decisions and safety.

As part of that meeting, real-time clinical data is used to review where the sickest patients are in the hospital.

This helps to prioritise clinical issues and allows the multi-disciplinary team to discuss patient risks, ensuring that appropriate patient management plans are in place.

This real-time data is provided by Patienttrack, a new digital early warning system, which works by allowing nurses to capture vital signs digitally at a patient's bedside.

The system then calculates a patient's early warning score and automatically contacts doctors when a patient shows signs of deterioration.

This live data ensures that every area of the hospital is aware of where the sickest patients are and that teams are able to respond appropriately - Victoria Hospital is the only hospital in Scotland using this real-time tracking.

Significantly, cardiac arrests within one of the hospital's busiest areas have fallen by up to two thirds since the system was implemented alongside the Hospital Safety Huddles.





Groundbreaking Approach to Frailty

A groundbreaking approach to how frail patients in Fife are treated has received praise and brought Fife's efforts to national attention.

The frailty assessment service, which operates at the front door of Victoria Hospital, is the first of its kind in Scotland.

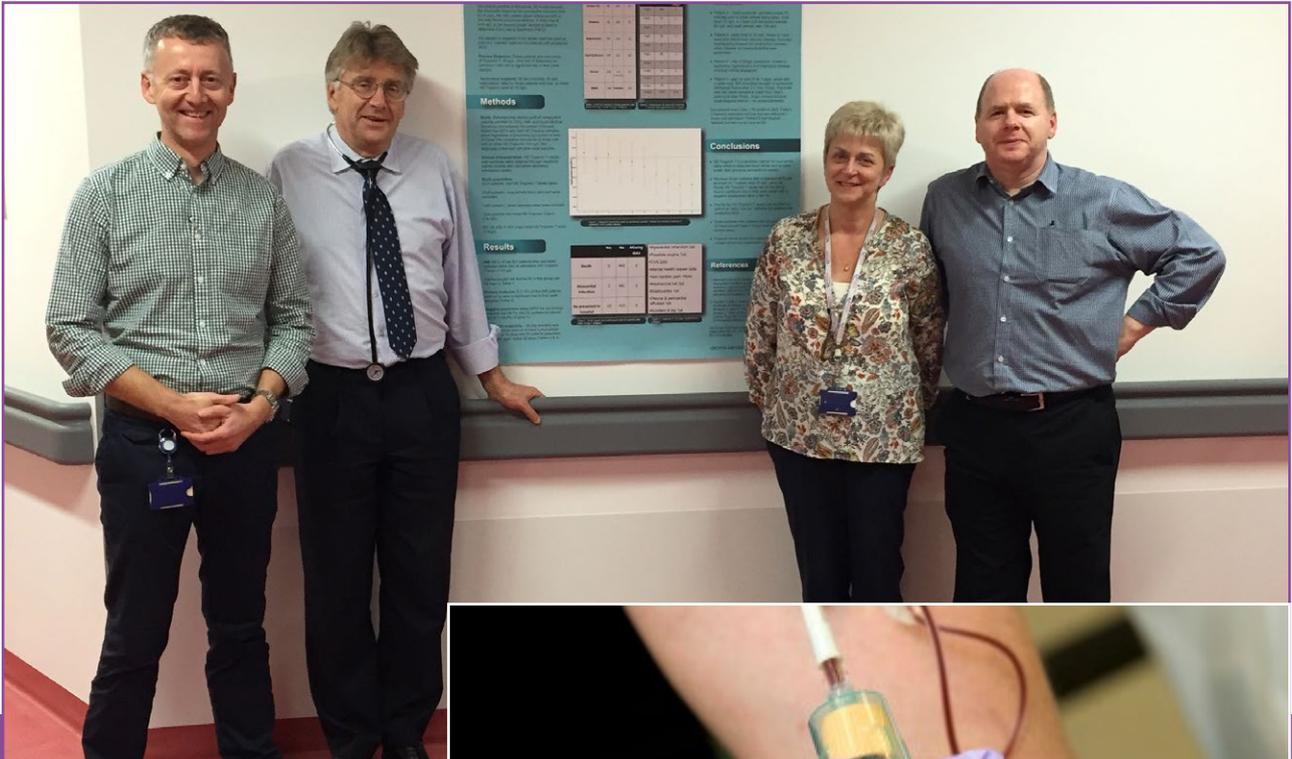
The service, which is part of a wider redesign of acute care, brings together dedicated geriatric consultants, nurses, physiotherapists, occupational therapists and social workers, who work together closely to identify frailty at the earliest opportunity and ensure patients are assessed and treated in the most appropriate setting.

The frailty assessment team also meets twice a day in the hospital

to consider the progress, best location for patients and the care they are receiving.

Most patients would prefer to receive care in the comfort of their own home or within their own community.

Working in close partnership with colleagues in social care, patients can be discharged to such a setting at the earliest opportunity, providing this is in their best interest.



Cardiology Innovation Recognised Nationally

The Cardiology Department has introduced an innovative new test which is being used to detect damage to the heart muscle in patients who present at hospital with suspected cardiac chest pain.

The work has already received national recognition for its contribution to research and patient care.

Using a highly sensitive blood test the team identify patients who present with chest pain but did not go on to have a heart attack. As a result these patients can be considered for

early discharge.

Chest pain is one of the most common causes of admission to hospital, although the majority of patients presenting are not having a heart attack.

By utilising the new blood test, patients can be identified who may be suitable for early discharge. This provides important reassurance for patients that they are not in immediate danger and ensures their stay in hospital is no longer than necessary.

The work of the Cardiology team ultimately aims to have a positive impact on patient care whilst avoiding unnecessary admission.

The Cardiology team's work received the best research prize at last year's Scottish Heart and Arterial Risk Prevention (SHARP) meeting, with Cardiology Nurse Consultant Dennis Sandeman also recognised by the Scottish Cardiac Society.



New £4.4 million Psychiatric Care Facility

A new purpose-built facility caring for some of Fife's most vulnerable patients has opened at Stratheden Hospital.

The new £4.4 million Hollyview Ward caters for those experiencing acute episodes of mental illness, providing specialist care and treatment at a time when patients are at their most vulnerable.

The eight-bed facility sits on the north-eastern part of the hospital grounds, adjacent to the Radernie Low-Secure

Unit and replaces an existing unit housed in one of the Victorian buildings on the edge of the hospital site.

Patients both past and present played a pivotal role in the design of the new unit, identifying many of the key features which made their way into the finished build.

One of the key themes of the design brief was enabling greater privacy for patients than was afforded within the previous unit, where patients shared bedrooms. Within the new facility, patients each have their own single bedroom with en-suite shower room.

The building's central courtyard offers an outdoor

space where patients can exercise or relax. Patients can also spend time with visiting friends and relatives in comfortably furnished rooms, with access to a second visitor's courtyard.

Whilst the new unit offers a tranquil environment, the design also enables significant clinical benefits which support patients recovery and shortens the length of time they are required to spend in the facility.

Patients have access to an art and music room, group therapy room, gym and relaxation area, all of which aids their rehabilitation.



Improving the Experience of Young Patients

Children waking up from surgery in Victoria Hospital now do so in a more child-friendly environment.

The new Paediatric Anaesthesia Recovery Area allows children to come round in a dedicated area alongside other patients of a similar age.

Previously, although separated by designated bays, both adult and children would recover from surgery in the same area. A recent inspection by the Association of Paediatric

Anaesthetists highlighted the high quality service being provided to young patients, which has been further enhanced by this dedicated recovery area.

Staffed by experienced paediatric nurses, the area is decorated in the same seaside theme as the Children's Ward and features a series of brightly coloured paintings, including depictions of dolphins and turtles painted by local artists.

The new recovery area aims to create a brighter, calmer, more friendly environment for children and their parents.



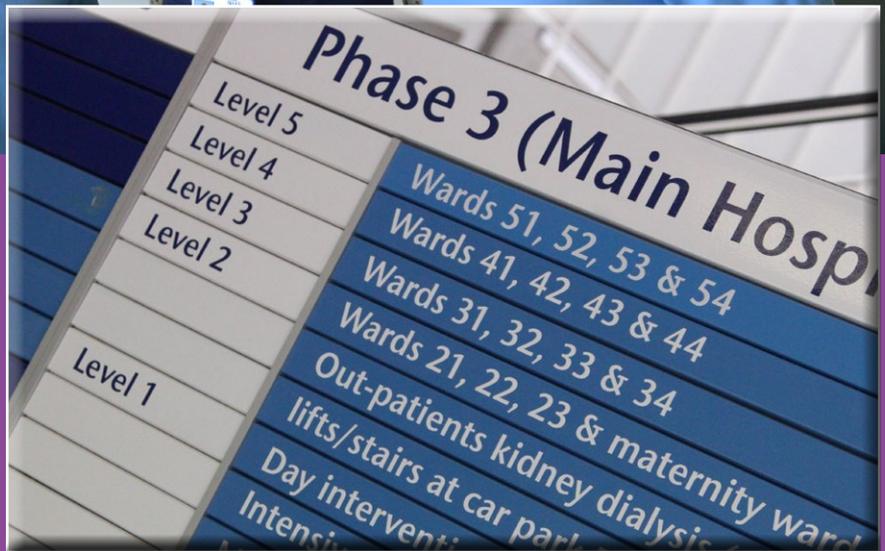
Cancer Services Delivered Closer to Home

Patients requiring chemotherapy for gynaecological cancers are now able to receive their treatment in Fife for the first time.

Improvements to local cancer services mean that patients can be assessed and treated at the Haematology/Oncology Day Unit on Ward 34 at Victoria Hospital, instead of having to travel to the Western General Hospital in Edinburgh.

Consultant Oncologist Dr Caroline Michie will oversee the development of the new Acute Oncology Service.

A key aspect of Dr Michie's



role has been setting up a team to facilitate the rapid specialist needs assessment of patients who are admitted to hospital as emergencies and have been receiving treatment for any cancers.

All Oncology treatment for Fife patients is overseen by consultants who are predominantly based at the Edinburgh Cancer Centre.

Dr Michie and the acute Oncology team already have close links with Edinburgh, which will play a key role in improving

patient experiences by progressing inter-hospital communication and the co-ordination of care.

Not only do the improvements mean that care is delivered closer to home, it is likely the changes will result in shorter waiting times.

The Haematology/Oncology Day Unit in Fife also provides a quieter environment for patients and visitors.

New Units Open at Queen Margaret Hospital

Over the last three years there have been a number of significant developments on the Queen Margaret Hospital site.

The last 12 months has seen three new units open, providing a range of services for patients in West Fife.



Carnegie Unit

The new Carnegie Unit brings together a range of community and primary care services, including Speech and Language Therapy, Child and Adolescent Mental Health, the Centre for the Vulnerable Child, Podiatry, Diabetes,

Dietetics and Psychology. Located on the second floor of the hospital, the unit incorporates treatment rooms, patient waiting areas, service support facilities such as a children's art and play room, meeting rooms and staff areas. Services from Carnegie and Abbeyview Clinics have

relocated to this new unit, enabling easier access to a wider range of specialities in a more modern and comfortable environment. Professionals are also able to work closer together, developing their services more easily for the benefit of patients.



Paediatric Audiology Unit

The new Paediatric Audiology Unit provides hearing assessments and rehabilitation to newborn babies, pre-school and school children.

Previously, children from West Fife would have had to travel to Victoria Hospital for assessment.

Central to the service is the installation of a bespoke sound-proofed assessment room, which uses a two-way mirror and state-of-the-art technology to allow Audiologists to monitor a child as they undertake a number of hearing assessments.

The Service is delivered by a dedicated team, led by a Chief Audiologist and supported by Senior Audiologists, who work Fife-wide.



Special Care Dental Unit

The Special Care Dental Unit incorporates a new surgery and provides increased access for patients who have complex needs, such as a disability, medical issue or dental anxiety.

In addition, the unit also has a Specialist Paediatric Dentist, providing a specialist referral service for patients up to the age of 16. The new surgery is equipped with gas and air sedation, a built-in hoist to support patients with restricted mobility, an on-

site dental X-ray machine, and a new decontamination facility. Appointments at the unit are geared towards meeting the unique needs of patients.

SHINE Programme Aims to Change the Conversation

SHINE, a programme which involves staff from health, social care and the voluntary sector, aims to change conversations between staff and patients, focussing on what matters most to people, what they want to achieve from support and helping patients to make the best of their life circumstances.

By focussing on what really matters, patients can have better experience of services and improved health and wellbeing.

The programme began in 2011 and since then has been rolled out widely in Fife. Over 500 staff have been introduced to the approach and it is estimated that it is used with 15,000 people a year.

Changing conversations allows staff to build on their strengths, empowers patients and can lead to services sharing knowledge and becoming more effective and efficient.

The SHINE programme is reporting many positive outcomes for staff and patients, as this example shows: "A patient who loves vinyl records and old music was feeling low about



his lack of progress in his stroke recovery. His mood was low and he was lacking motivation to engage in therapy.

A nurse had a record player, and after checking with Estates about its use, brought it into the ward. The patient's family brought in some favourite vinyl records.

The patient used his limited dexterity to get the record out of the sleeve and onto the turnstile and get the record playing. Technical glitches led to laughter and engagement.

The patient became more motivated and engaged in his rehab, with a ripple effect throughout the ward.

Staff morale has also been affected – there is a 'can do' creative attitude."





Take Time to Eat Well Campaign

A successful campaign involving health, Early Years, and partners, rolled out across Fife last year encouraging families to make a positive difference to their eating habits and highlighting that good nutrition begins at birth.

Take Time To Eat Well Together showcased the benefits of families' eating together which included establishing good eating habits, aiding child development and improving relationships.

The campaign provided information and advice on eating well, with easy recipes, portion size tips and helpful guides to build kitchen confidence.



Patients' Sensory Garden Opens

An innovative sensory garden for patients within Wards 3 & 4 (Older People's Mental Health) at Queen Margaret Hospital opened last year.

The 'Forget-Me-Not' garden,

developed in consultation with ward staff and patients' families, provides a safe and stimulating environment with multiple therapeutic benefits for patients.

Designed to follow dementia guidelines best practice, the garden has been created within an internal courtyard

and provides a private space that can be used both for patient relaxation and family visits, as well as for a wide range of patient wellbeing activities.

The garden has been a collaborative effort involving staff, families of patients, local groups and businesses.

Investment in Nursing

There has been significant investment in the nursing workforce in 2015 and into 2016 in response to previous Nursing & Midwifery Workload and Workforce Planning exercises undertaken, and the Board continues to recruit to ongoing nursing vacancies. For example, the Board has recently recruited in excess of 80 student nurses, who will commence in post during September and October on completion of their studies and subsequent registration with the Nursing & Midwifery Council.

This work was coordinated by the Nursing Workforce Planning Group who will support the implementation of new models of care, as established by the Board's Clinical and Workforce Strategies, through the use of national workload measurement and workforce planning tools, whilst



ensuring key national priorities such as advanced nurse practice and an increase in health visiting numbers are delivered.

Despite these successes, challenges remain in the recruitment and retention of particular disciplines, such as Learning Disabilities, Mental Health, Radiology and Medicine for the Elderly. The Nursing Workforce Planning Group will be proactive in identifying plans to increase recruitment and improve retention in these areas.

Recruitment of Consultants

The Board has made

significant inroads in reducing Consultant vacancies in 2015/16, with 26 new substantive Consultants taking up post since October 2015 and a further eight due to start later this year. The current Consultant vacancy rate is the lowest for over three years.

The Board has used traditional recruitment means, advertising locally and within the British Medical Journal, resulting in appointments within specialities such as Anaesthetics, ENT, Cardiology, Psychiatry, Radiology and Urology.

The Board acknowledges that there is still work to be done to further reduce Consultant





vacancies and work continues to proactively recruit to remaining posts.

Further appointments are expected to be made in the coming months. Services have alternative provision in place to cover for residual vacancies, to ensure that safe and appropriate staffing levels are maintained.

Staff Health and Wellbeing

The Board was successfully in being awarded the Gold Healthy Working Lives Award in May 2016.

This achievement reflected the success of the Healthy Harmonies staff choir, various health and well-being events, physical activity challenges, the popular recipes of the month and the continued use of the Live Positive stress toolkit. A Health and Well-being Strategy for the Board was agreed in December 2015, which is supplemented by a three year action plan and a Staff Well@ Work Handbook.

In terms of the Board's sickness absence position, the average rate during 2015/16 was 5.05%, a 0.23% improvement on 2014/15. This sustained improvement also saw five of the 12 months during the year in the 4% range. The improvement which,

is a reflection of the significant efforts made by all services, has continued in the first five months of 2016/17, where the rate has been within the 4% range and below the NHS Scotland average rate.

Celebrating Staff Success

Staff across the organisation have achieved notable success over the last year, both locally and nationally. Below and overleaf is a snapshot of some of these achievements.

NHS Fife Staff Achievement Awards

This year's Staff Achievement Awards once again celebrated the achievements of individuals and teams across the organisation.

A large number of nominations were received for each of the 10 categories, reflecting the breadth of work undertaken by volunteers, teams, individuals and public partners and friends.

The awards ceremony, were also supported by Unison and the Royal College of Nursing Scotland.

Nurses Receive Nurse of the Year Award

Pauline Buchanan and Barbara Page MBE, who both recently retired, were named winners of the British Journal of Nursing's Nurse of the Year Award 2016.

Both were recognised for their part in a Scotland-wide effort to create a master class which addresses the importance of meeting the psychosocial needs of patients receiving dermatological treatments.

The master class, which has been running in Scotland for the last two years, can be used by all health care professionals with an interest in dermatology. The master class is now due to be rolled out across the rest of the United Kingdom.



competency manual, has received particular recognition.

Therapist Shortlisted for Scottish Health Awards

David Sanders, an Occupational Therapist at Queen Margaret Hospital, was shortlisted for last year's awards for his work as part of the West Fife Community Outreach Team.

The Scottish Health Awards recognises dedicated NHS staff, support workers, volunteers and teams who go the extra mile to provide outstanding patient care.

Praised for his dedication to the role, David came up with the idea of creating the 'Kelty Haven' – an allotment site which can be accessed by people using the Occupational Therapy service.

Kelty Haven has proved very popular amongst users.

Physiotherapist Awarded Fellowship

Dr Grant Syme, Consultant in Physiotherapy at Victoria Hospital, received a Fellowship from the Chartered Society of Physiotherapists at a ceremony in London last year.

Dr Syme, who has been a physiotherapist for 26 years, was formally nominated for the award by his peers and colleagues at national level for his contribution to the profession.

His work with the Advanced Practice Physiotherapy Network, and his role in the development of its national resource and





Vascular Team Care Approach Commended

Dunfermline & West Fife's Vascular Nurse Team were highly commended for their integrated care approach and patient care at the British Cardiovascular Society and British Heart Foundation's Conference.

The team consists of a cardiac specialist, diabetes specialist and support nurses who work closely with their GP and nursing colleagues in primary care, and with their cardiology colleagues, in secondary care.

Consultant Takes Up International Congress Presidency

Dr Alex Baldacchino, a Consultant Psychiatrist in Addictions, took up the prestigious role of President of the 17th International Society of Addiction Medicine Congress (ISAM) last year.

The congress brought together over 400 leading experts in the field of addiction medicine. The event provided an opportunity to showcase Scottish progress and promote innovative work taking place within NHS Fife.



Our Volunteers

NHS Fife has a longstanding commitment to volunteering and recognises the benefits that volunteers bring in supporting patients, carers and staff.

There are currently over 390 volunteers in place involved in a wide variety of tasks.

One volunteer, Isabel Riddell, received the Order of Mercy this year.

The Order of Mercy is awarded in recognition of exemplary voluntary work.

Isabel has volunteered at Victoria Hospice for 12 years and has been a key figure in projects including fetes and maintenance of the hospice garden.

NHS Fife uses a number of mechanisms to ensure that patients and carers have the opportunity to feedback on their experiences. We are committed to listening and learning whether through feedback, compliments, comments, concerns or complaints.

We have continued to encourage the counting and recording of positive feedback. During 2015/16 a total of 450 compliments were recorded, a marked increase on the previous year's figure of 186.

Encouraging and Gathering Feedback

A number of approaches are used to encourage and gather feedback. Over the last year we have continued with our CommonHealth programme, a series of events where we engage with people and communities on a range of health and wellbeing topics.

Working with the Scottish Health Council, a number of successful events were held to gain a better understanding of public knowledge around engaging with the NHS.

Community Ambassador

A Community Ambassador project was also piloted which aimed to find new ways to discuss services with members of the public. Visits took place to a number of community groups and events were held to discuss service innovations, improvements and challenges. Importantly, members of the public also shared their experiences and provided ideas about how people can engage with health services.

Patient and Care Opinion

Patient Opinion provides a means by which the public can leave anonymous feedback, and we continue to promote this widely.

Key highlights include:

- 110 stories posted during the year
- 100% of stories responded to
- 51% of stories posted were positive stories
- 11% of stories led to a change being made
- In the last year, Care Opinion has also been piloted as a means of gathering experience on social care experiences



Person Stories

Person Stories continue to be an important focus at each NHS Fife Board meeting. Patients, carers and staff share their stories and experience, both positive and negative, ensuring that the Board remains sighted on patient and staff experience.



Service Feedback Initiatives

Services are encouraged to gather information that is relevant to their Service to help focus improvement work, examples of this include:

- Patients were asked what AU1 “could do better” and “what went well” and invited to make comments and suggestions. The responses were displayed on a board for patients, staff and visitors to view
- Making a Difference Board (Ward 31) – a ‘Making a Difference’ board was introduced to capture staff feedback around activities which made a difference to patient care. The display is available for patients, staff and visitors to view.

Influencing Change

NHS Fife is working with people to share learning from complaints and feedback. Examples of how feedback has improved services and influenced change include:

- Diabetic Retinopathy Service – the Service identified a number of patients not currently registered with their GP. To ensure they received appropriate screening, a screening clinic is now being planned.
- Acute Services – information relating to a Dermatology procedure has been reviewed to ensure patients are better informed.

New Participation and Engagement Strategy

A new Participation and Engagement Strategy for Health and Social Care in Fife has been unveiled, setting out the principles and approaches the Partnership will take to ensure the public’s voice is heard.

The Strategy has been developed collaboratively with carers, patients and service users and staff from NHS Fife, Fife Council and the Scottish Health Council.

A series of events entitled ‘The Way Forward’ were used to develop the Strategy, building on previous public engagement work.

In response to the Strategy, a new Participation and Engagement Network has been set up, bringing together patient, carer and service user representatives along with members from the third and independent sector.

The Network will ensure people are able to make their views known on services locally and Fife-wide.



Allan Burns
Chairman



Paul Hawkins
Chief Executive



Dr Les Bisset
Vice Chairman



Dr Frances Elliot
Medical Director



Helen Paterson
Director of Nursing
(from 06.07.15)



Dr Edward Coyle
Director of Public Health
(until 26.09.15)



Dr Margaret Hannah
Director of Public Health
(from 27.09.15)



Chris Bowering
Director of Finance
(until 31.07.16)



Carol Potter
Interim Director of
Finance (from 01.08.16)



Andrew Rodger
Fife Council
Representative



Wilma Brown
Employee Director



Dr Katherine Cheshire
Chair of Area Clinical
Forum



Moira Adams
Non Executive Member



Martin Black
Non Executive Member



Christina Cooper
Non Executive Member



Rona Laing
Non Executive Member



Simon Little
Non Executive Member



John Paterson
Non Executive Member



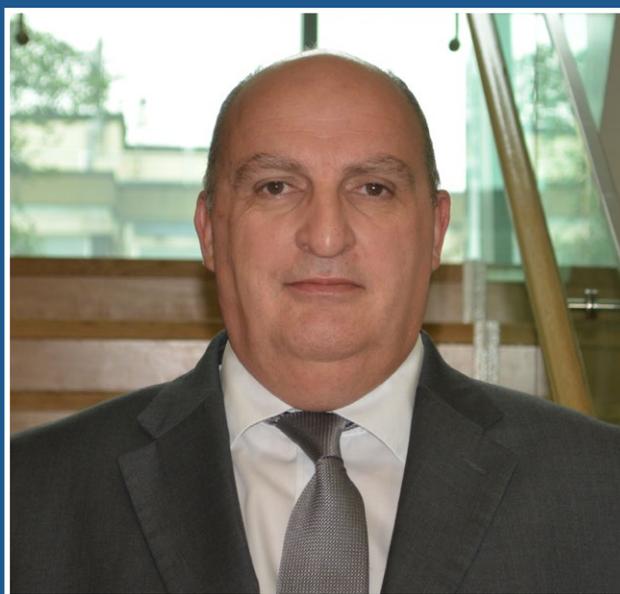
Alison Rooney
Non Executive Member

This Annual Report represents my first full year as Chief Executive of NHS Fife. Whilst it has not been without its challenges, I am proud of the attention our staff have given to what matters to our patients. There are many examples of innovation in service delivery in this report. All are aimed at making our services more effective and improving patients' experience. Sometimes, innovation has been made possible by new technology. Often it has come about because our staff have had a great idea about how to make things better. I am privileged to lead a workforce which demonstrates such a high degree of commitment, ingenuity and compassion.

Innovation is a theme that will carry us forward into the next year: We are living through a period of great change in the way we deliver healthcare services. Advances in medicine and treatment methods mean our population is growing and living longer. This success in a changing social landscape presents us with challenges as we adapt our services to ensure we can continue to provide safe, effective and sustainable service of the highest quality.

Much of the past year has been spent planning how we will meet these challenges. Our patients, their carers, our staff and partner organisations have helped shape our new Clinical Strategy; our vision for the future of healthcare delivery in Fife. It is truly a landmark document. Exciting times lie ahead as we begin implementing its recommendations over the next twelve months.

We will not be doing this alone. Together with Fife Council and the Third Sector, NHS Fife is an integral part of Fife Health and



Social Care Partnership. Collectively we will strive to ensure we meet our commitment to you to transform health and care in Fife to be the best.

Whilst we have had considerable success in delivering or exceeding performance targets in many areas we are not complacent. We will continue to work to improve our performance still further and to adhere to our plan to achieve financial balance.

NHS Fife is about much more than statistics. It is, after all about people. You have told us loud and clear you want joined up services that enable you to avoid hospital stays wherever possible and to be involved in decisions about your care. In the year ahead we will be working hard to transform more of our services to do exactly that.

Paul Hawkins
Chief Executive

Cabinet Secretary for Health and Sport
Shona Robison MSP



Scottish Government
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Mr Allan Burns
Chairperson
NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
KY2 5AH

9 September 2016

Dear Allan,

NHS FIFE: 2015/16 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held at the Medical School, St Andrews on 11 August 2016.
2. I would like to record my thanks to you and everyone who was involved in the preparations for the Annual Review Programme, and also to those who attended the various meetings. I found it a very informative day and I hope everyone who participated also found it worthwhile.
3. I began by meeting local staff from both the Area Clinical Forum and Area Partnership Forum and was grateful to them for taking the time out of their busy schedules to share their views with me. It is clear from our discussions that local relationships remain strong and that both Forums and the Board are well placed to address both outstanding challenges and those that lie ahead, in effective partnership.



Area Clinical Forum (ACF) Meeting

4. My discussion with the ACF was positive and interactive. I was reassured that NHS Fife continues to actively support the Forum, with arrangements in place to facilitate participation. I was pleased to hear that effective links to the senior management team are in place and that, in general, effective engagement and communication are appropriately prioritised. It was clear that the Forum has a determined focus on the delivery of truly person-centred healthcare and quality improvement. Members of the Forum highlighted the extensive involvement that clinical staff have had to the development of the clinical strategy – which was described as having galvanised the clinical community. I was equally heartened to hear of the positive reaction to the impact of health and social care integration on the ground since its formal introduction in April of this year.

Area Partnership Forum (APF) Meeting

5. I had a wide ranging and informative discussion with the members of the APF. Amongst the issues addressed were progress with the Local Partnership Forum, which is embedding staff side engagement arrangements within the framework of the Health and Social Care Partnership. We went on to discuss plans to create a Health and Safety Partnership and the roll out of iMatter, including the necessary conditions for successful implementation. We also touched the configuration of Health Boards; positive developments in relation to Dignity at Work; particular workforce challenges; increasing pharmacy costs and the on-going review of targets and indicators. I was particularly pleased to receive positive feedback on the Scottish Government's review of the Band 1 staff role.

Patient / Public Group Session

6. I very much value the opportunity to meet with patients and patients' groups and firmly believe that listening and responding to their feedback is a vital part of improving health services. I greatly appreciated the openness and willingness of the people present to share their experiences and was very interested to hear the specific issues raised including the challenges of keeping people living well at home dementia; support for extending the range and availability of acute and rehabilitation services available at weekends; the importance to patients of understanding the nature and timescales of their treatment journey; concerns that the Minor Injuries Unit at Queen Margaret Hospital in Dunfermline continues to provide a 24/7 service and the importance of prompt access to living and mobility aids to support people at home. I would like to extend my sincere thanks to the patients who took the time to come and meet with me.

Annual Review Session

7. Ministers have listened to feedback from members of the public at Annual Reviews in recent years who called for a more focussed public discussion of the key issues, ahead of the opportunity to ask questions. As such, Ministerial Reviews are 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 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.
8. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance in delivering the six Quality Outcomes and offers Ministers the opportunity to reflect on the experience of the day whilst also testing how Board Non-Executives are able to hold the Executive Team to account. This letter provides a detailed summary of the discussion and resulting action points.
9. As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the past year and their plans for the forthcoming year. I note that NHS Fife's self-assessment paper gives a detailed account of the specific progress the Board has made in a number of areas and that it is available to members of the public on the NHS Fife website. I have highlighted some of these key areas of challenge and success below.

Annual Review – Public Session

10. You started the public session with a brief presentation which reiterated the Board's clear focus on delivering care and treatment of the highest standard for the people of Fife. You provided a helpful summary in relation to a number of performance standards the Board has met in a sustainable manner during the previous 12 months, took us through some of the high points from the recent NHS Fife Staff Achievement Award Event and gave an update on the continuing development of your clinical strategy. In particular, I was interested to hear about plans to develop a GP Fellowship Pilot Scheme within Fife and I wish you every success with this important initiative.
11. I was also very interested to learn of the ongoing work being undertaken by volunteers within Fife, including Isabel Riddell, who is the only Scottish recipient of the prestigious Order of Mercy Award, for her work in the Victoria Hospice, Kirkcaldy. Equally, it was great to hear about Helen Hagan, who recently celebrated her 90th birthday and has been a play volunteer at the Victoria Hospital Children's Unit for the last 28 years. Please pass on my personal congratulations and thanks to both of them for their contribution to truly person-centred healthcare in Scotland.

12. You also took the opportunity to inform the audience of your intention to step down from your role as Chair of NHS Fife later in the year. I would like to thank you for the time and considerable effort you have given the Board during your appointment. Your commitment and leadership to driving improvement and raising performance within the NHS in Fife has undoubtedly contributed to the success of some key programmes of work and the delivery of improvement and efficiency projects throughout the organisation. I wish you well in the future.
13. Paul Hawkins, the NHS Fife Chief Executive, then gave an update on a number of issues facing the Board, including the work being carried out with the Fife Health and Social Care Partnership, via its Strategic Plan, to avoid admission to acute hospitals wherever possible by having people treated at home or in a community setting. He also highlighted a number of key areas of progress over the last year including a marked increase in staff training levels, a reduction in sickness absences, improvements in complaint responses and a reduction in patient falls. He moved on to discuss some of the opportunities and challenges facing the Board going forward, which included effective implementation of your clinical strategy, engagement on realistic medicine, effective and efficient medicines management and the move towards greater regional and national planning.
14. Following the introductory presentations there was an opportunity to take questions from members of the public on a range of subjects including the continued use of Ninewells Hospital by patients living within the geographical boundary of NHS Fife; pressures on GP services; challenges around the chemotherapy and neurology pathways and the continued development of palliative care services across Fife. I am grateful to you and your Executive Team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review – Private Session

Health Improvement and Reducing Inequalities

15. NHS Fife is to be commended for exceeding its target for the delivery of Alcohol Brief Interventions (ABIs) during 2015-16 by 29%. However, you have experienced less success in relation to smoking cessation. The Board has not managed to deliver the expected number of quits during the first 3 quarters of 2014-15, with official figures showing 331 successful 12 week quits against a trajectory of 451. While I appreciate the increasingly complex health needs of those presenting through your smoking cessation services, I would encourage you to put into place all appropriate actions to enable improved delivery going forward.

Clinical Governance, Patient Safety and Infection Control

16. 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. I am aware that there has been a lot of time and effort invested in effectively tackling infection control and note that the Board achieved the C.diff HEAT target to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2016 - with a year-end rolling rate of 0.24 in patients aged 15 and over. However, the Board missed the *staphylococcus aureus bacteraemia* (SAB) infections target for delivery in the same period. Incidence increased from 0.27 cases per 1,000 bed days in 2014/15 to 0.43 in 2015/16 and I would expect to see a renewed emphasis on reducing this figure over the coming months.
17. The Healthcare Environment Inspectorate (HEI) carried out 3 unannounced inspections during 2015/16 visiting the Victoria Hospital in August 2015, the Queen Margaret Hospital in September 2015 and Cameron Hospital in October 2015. Taken together, the inspection resulted in nine requirements. An announced inspection of St Andrew's Community Hospital was also carried out in April 2016 which resulted in one requirement. You provided assurance that appropriate improvement plans have been developed by the Board and seven of the requirements have already been actioned.

Improving Access, including Waiting Times Performance

18. Firstly, can I take the opportunity to congratulate the Board and your staff on regularly achieving performance at or above 95% for the 4-hour emergency care target over the last year. This constitutes an important marker of the effective functioning of the whole hospital system and, more importantly, of the quality of care and outcomes for patients.
19. In relation to scheduled care, NHS Fife experienced a number of whole system challenges during 2015/16 which impacted on waiting times for some services. In general, however, the Board performed well, especially around diagnostics and in reducing the number of patients waiting more than 12 weeks for a first outpatient appointment. NHS Fife also continues to manage its inpatient and day case waits very efficiently with 98.5% of patients treated within the 12 week Treatment Time Guarantee period. The Scottish Government Access Team continues to work closely with the Board and I am aware that an action plan has been implemented to help maximise capacity. Please keep the Access Team informed of how this initiative progresses.

20. I was pleased to learn that the Board has sustained performance above 95% over the year for the 31-day cancer access standard. However, delivery of the 62-day cancer access standard has fallen below 95% for each of the last five reported quarters. Working with my officials, NHS Fife has identified a range of challenges across a number of pathways. To recover performance, you have introduced weekly meeting to monitor performance, identify potential problems and agree case level remedial actions, as required. It is expected that these actions alongside your agreed recovery action plan will realise improvement gains going forward and I would be grateful if you could regularly update my officials on progress.
21. I am aware of the hard work and dedication of your staff which has resulted in 83.6% of patients waiting less than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services during the final quarter of 2015/16. However, this continues to be below the standard of 90%, as well as below the national average for Scotland. You have advised that you anticipate an improvement in performance in the coming months due to a number of initiatives the Board has introduced such as early assessment of new cases, a review of patient pathways and continued recruitment efforts. I look forward to seeing the fruits of these initiatives.
22. The Board is experiencing similar issues in relation to the 90% standard for access to Psychological Therapies; achieving 72% of cases seen within 18 weeks for the last quarter of 2015/16. This was in part due to challenges around filling vacancies. I look forward to confirmation that work to speed up access to these key services has resulted in sustainable delivery of the 18 week standard.

The Integration of Health and Social Care

23. I welcome the commitment of the Board and its Local Authority partner to the effective implementation of integrated health and social care arrangements. The Fife Partnership has met in shadow form since June 2013, becoming fully functional on 1 April 2016. I note that its Chief Officer, Sandy Riddell, retires this month. However, I am confident that his replacement, Michael Kellet, will build upon the good work already undertaken by his predecessor.

The Best Use of Resources

24. Effective attendance management is critical - not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. At 5.12% for the year to March 2016, NHS Fife's sickness absence rate remained above the 4% standard, but below the average rate for Scotland for the same time period. I recognise the efforts the Board is making to support its staff and would encourage you to continue your focus on minimising absences.

25. I expect NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. I am, therefore, pleased to note that despite a challenging year NHS Fife met all three of its financial targets for 2015/16, delivering a small surplus of £0.2 million, as well as delivering its efficiency savings target for the year, £17.3 million. In terms of infrastructure investment, a key element of the Board's programme during 2015/16 was the new Intensive Psychiatric Care Unit at Stratheden Hospital. This £4.5 million project is now delivering a state-of-the-art new eight bed unit on the north-eastern part of the hospital grounds.
26. I am aware of the financial pressures that the Board is facing in the current financial year, and that its financial plan for the year includes a shortfall of £9.4 million which will need to be mitigated in order to achieve financial balance in 2016-17. The Board is preparing plans for transformational change in order to return to recurring financial balance, and a programme and governance structure has been put in place to take this forward. In support of this work, Scottish Government will provide a package of tailored support to the Board. This will include assistance from National Services Scotland, in areas such as analytics and project and programme management, who are already engaged with your Executive Team. The Board is currently in the process of developing an action plan, due to be submitted to Scottish Government by the end of September, to support the return to financial balance.
27. Clearly, overall economic conditions mean that public sector budgets will continue to be tight whilst demand for health services will continue to grow. Nonetheless, you have confirmed that the Board continues to actively monitor the progress of all local efficiency programmes and, whilst the position is challenging, NHS Fife remains fully committed to meeting its financial responsibilities in 2016/17 and beyond.

Conclusion

28. I would like to thank you and your team for hosting the Review and for responding so positively to the issues raised. It is clear NHS Fife is making significant progress in taking forward a challenging agenda on a number of fronts. However, our discussions have assured me that your Board and staff team are not complacent and recognise that there remains much to do. I include a list of the main action points from the Review in the attached Annex A.

*Best wishes,
Shona*

SHONA ROBISON

ANNEX A

NHS FIFE ANNUAL REVIEW 2015/16

MAIN ACTION POINTS

The Board must:

- Make sustained progress against all smoking cessation targets.
- Deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including delivery of all action plans arising from HEI inspections.
- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on SABS.
- Keep the Health and Social Care Directorates informed on progress towards achieving all access standards, in particular for outpatient appointments and Psychological Therapies.
- Continue to make progress against the staff sickness absence standard.
- Continue work through the transformation programme to develop plans to support a return to recurring financial balance, delivering an action plan by the end of September.



If you have any feedback or comments about this Annual Report please contact the Communications Team at: fife.communications@nhs.net

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