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Pat Kilpatrick  
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Sent via: [Valerie.muir@nhs.scot](mailto:Valerie.muir@nhs.scot)

17 October 2024

Dear Pat

## **NHS FIFE ANNUAL REVIEW: 30 SEPTEMBER 2024**

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Kirkcaldy on 30 September. I was supported by John Burns, Chief Operating Officer of NHS Scotland.
2. With this round of Annual Reviews we have continued, wherever possible, to include digital access elements. This hybrid approach has been taken to maximise attendance and participation, including those stakeholders who may have been precluded from attending due to the need to travel, such as those with care or treatment commitments; or those with vulnerabilities who are anxious about attending potentially large public events.
3. We would like to record our thanks to everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and virtually. We found it a highly informative day and hope everyone who participated also found it worthwhile.

### **Meeting with the Area Clinical Forum**

4. We had an interesting and constructive discussion with the Area Clinical Forum. It was clear that the Forum continues to make a meaningful contribution to the Board's work. It was reassuring to hear that the Forum felt it had been fully involved in the Board's focus on effective clinical governance and patient safety. In addition, the Forum has played a significant role in terms of informing the Board's approach to other key areas, including performance management and improvement, service reform, financial sustainability/management (not least through the effective pursuit of the *Realistic Medicine* programme) and workforce recruitment/retention, alongside staff wellbeing.

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5. We had very interesting discussions with the representatives from the various professional committees, including: how new technology and the advent of reliable video-conferencing is helping to facilitate professions' meetings within busy clinical schedules, as well as improving accessibility by offering other routes to engaging with patients, where appropriate; the importance of new roles and a truly multi-disciplinary healthcare team in addressing the prevalent demand and sustainability challenges facing the NHS; the need to retain as many 'home grown', trained staff as possible, not least through effective partnerships with local educational providers, noting the partnership with St Andrews University on Medical Training, third sector organisations and others, which the group felt was more straightforward in a single, coterminous system like Fife; the need for more focused IT development and integration; whilst investing appropriately in early intervention, health improvement and in primary/community care settings, alongside acute services; and the need for consistent public messaging around accessing the right services, in the right place and at the right time. Referring to another specific example, it was pleasing to hear of the vital role the Forum had played in the work to advance the local women's health plan; . We were grateful to the Forum members for taking time out of their busy schedules to share their views with us.

### **Meeting With the Area Partnership Forum**

6. We were pleased to meet with the Area Partnership Forum. It was clear that local relationships have been strengthened. Indeed, the on-going commitment of local staff in the face of unprecedented pressures will have been fundamental to a number of developments and improvements that have been delivered locally. We also acknowledged that very many pressures remain on staff throughout the NHS and with planning partners; and are very conscious of the cumulative impact on the health and social care workforce. Once again, it was reassuring to hear that the Forum continues to meaningfully inform and engage with the Board on the development of the local system strategies and associated workforce plans, alongside key work on staff wellbeing and dignity at work agenda. We were assured that the staff side had continued to be actively involved and engaged in a wide range of this work, including: informing policy development and service redesign; actions to support attendance management and safe staffing; alongside important health and safety responsibilities. It was gratifying to note that both staff-side and management felt comfortable in expressing concerns frankly, whilst respectfully; which, we reflected, was a positive sign of a mature and successful working partnership. Whilst partnership working is clearly strong at the representative level, we agreed there will be an ongoing challenge to ensure this is also consistently part of the wider staff experience.

### **Patients' Meeting**

7. We would like to extend our sincere thanks to the patients who took the time to come and meet with us. We very much value the opportunity to meet with patients and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

8. The local patients in attendance were universally positive about the standard of care and support they had received. We greatly appreciated the openness and willingness of those present in sharing their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access that were effectively joined up, including continuity of care; with services being provided on a number of sites both within and out with the Board area, the need for NHS Fife and its planning partners to work together, wherever possible, to ensure there are viable and accessible public transport options; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure.

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## Annual Review: Public Session

9. The full public session was recorded for online access and began with the Chair's presentation on the Board's key achievements and challenges, looking both back and forward; moving through the key themes of resilience, recovery and renewal, in line with national and local priorities. We then took questions from members of the public: both those that had been submitted in advance and a number from the floor. We are grateful to the Board for their efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

## Annual Review: Private Session

10. We then moved into private session with the Board Chief Executive and Chair to discuss local performance in more detail.

## Finance

11. It was confirmed that, in 2022-23, the Board had required £14 million of Scottish Government brokerage to deliver a balanced financial outturn. Making sufficient, recurring savings has been a challenge and informed the Board's escalation to Stage 2 of the NHS Support and Intervention Framework last November; alongside the development of NHS Fife's *Re-form, Transform and Perform* programme. For 2024-25, the Board had initially anticipated a gross deficit of £54.8 million, reducing to £29.8 million after around £25 million of targeted savings. At Month 4, the Board presented a year-to-date deficit position of £17.2 million, with a revised year-end forecast deficit of £38.3 million.

12. We noted that key pressures continued to be NHS Fife's share of the local Integrated Joint Board's budget deficit and Service Level Agreements with other Boards. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges, whilst recognising that NHS Fife has had to absorb a range of inflationary and demand-related pressures. The Government's Financial Delivery Unit will continue to work with NHS Fife to monitor the position and assist with longer term financial planning and improvement; with the Board's status and support under the NHS Support and Intervention Framework kept under review.

13. Whilst sharing the Board's desire to invest in local infrastructure, not least to improve provision for specialist inpatient mental health services, we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest and improve your existing facilities.

## Workforce

14. We would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication and commitment, under largely unrelenting pressures since March 2020; and to give them an assurance that we will continue to do all we can to support them.

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15. The Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system impacting on admission and discharge. Nonetheless, as of June 2024, the Board had reported a significantly lower vacancy rate for consultant staff: indeed, over half the national average at 2.8%; alongside a slightly lower than average rate for nursing/midwifery and slightly higher for AHPs. We were assured that the Board continues to consider the development of new roles to help mitigate vacancy rates; whilst working with your planning partners, educational providers and the third sector to identify mutual opportunities to maximise workforce capacity. You also confirmed a positive reduction in nursing/midwifery agency spending with a corresponding increase in bank use over the last year.

16. We were also pleased to note local success with the international recruitment programme from February 2022 to March this year: with 99 nurses and five radiographers recruited. Staff absence rates have shown a steady increase since 2021/2022, and you confirmed that a refreshed Attendance Management Oversight Group had been established to oversee the activity required to understand the trajectory and actions required in order to take to achieve a 6.5% absence level by March 2025. As recognised in our earlier meetings with the local Area Clinical and Partnership Forums, we remain very conscious of the cumulative pressures on the health and social care workforce; and recognise the range of actions NHS Fife is taking in terms of the wellbeing and resilience of local staff, as part of the Board's Workforce Plan. The Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing and to promote overall wellbeing in the workplace, including: the provision of rest and relaxation hubs, occupational health services and psychological support, and menopause support. Such measures will also be material in terms of the local staff recruitment and retention efforts.

## Resilience

17. Given the continued challenge posed by Covid-19, and a possible resurgence of seasonal flu and other respiratory illness, this winter is again likely to be highly challenging for the NHS. We also remain conscious that most NHS Boards, including NHS Fife, have already been confronted with a sustained period of unprecedented pressures on local services.

18. It was therefore reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to these challenges; ensuring the safe management of local demand and capacity, as far as possible. We received assurances that good practice and lessons learned from previous winters have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning, whilst protecting elective capacity, as far as possible.

## Unscheduled Care & Delayed Discharge

19. NHS Fife's 4-hour A&E standard performance has ranged between 70-76% since the beginning of 2024; gradually trending upwards over the course of the year and tracking slightly above the national average. Analysis conducted by the Centre for Sustainable Delivery concluded that NHS Fife makes effective use of your beds with low levels of long stay inpatients, good levels of short stay patients and low numbers of delays compared to other Boards. However, acute site occupancy (frequently well above 90%) remains a key challenge and can impact patient flow.

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20. As noted above, Fife's delayed discharges are consistently below the Scottish average. The Board and its planning partners are to be commended: there is evidence of a consistent and effective whole system approach which extends to discharge planning. We were further assured that progress is being made through the *Discharge Without Delay*, *Flow Navigation*, *Hospital at Home* programmes alongside other actions; and that this activity, including the development of the planned Same Day Emergency Care model, will underpin system resilience this winter.

### Planned Care Waiting Times

21. We 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. In Fife, the new outpatient waiting list rose by 24.4% throughout 2023/24; with the TTG waiting list rising by 14.6% over the same period. The Scottish Government is investing £30 million nationally this year to deliver around 12,000 new outpatient appointments, a similar number of new inpatient and day-case procedures, and over 40,000 diagnostic procedures. NHS Fife has been allocated £1.9 million of the £30 million funding, with a local focus on delivering additional diagnostic, orthopaedic and cancer treatments. Our new National Treatment Centres, including the one in Fife, will also be providing around 20,000 additional procedures across Scotland each year.

22. The Board is prioritising improvement activity on the specialties with the biggest pressures. We recognised that, in terms of recovery planning, local teams implemented a series of key actions throughout 2023/24 and into the first months of 2024/25. Whilst acknowledging the clinical need to prioritise the urgent and cancer caseload, we agreed that the Board needs to target the longest waits, with the number of new outpatient waits over 78 weeks increasing significantly over the last year. To this end, NHS Fife is working with the National Elective Co-ordination Unit to support sustained improvement. At the strategic level, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients; building on the success of initiatives, such as the *Near Me* programme. We were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly as relates to the longest waits, which we will keep under close review.

### Cancer Waiting Times

23. The management of cancer patients and vital cancer services remains a clinical priority and local performance against the 31-day target has been consistently met and maintained. As with most NHS Boards, local performance against the 62-day target has been more challenged. Nonetheless, the Board is to be commended for the local, rapid cancer diagnostic service that has been in place since June 2021; with a recent University of Strathclyde evaluation finding that the wait from referral to diagnosis in Fife has gone from an average of 77.5 days to 11.4 days, when compared to a general surgical clinic. We recognised a key pressure remains the significant year on year increase in the volume of urgent suspicion of cancer referrals since the pandemic started. The most impacted pathway locally is urology, which is where the Board is focusing its improvement efforts. The Board submits regular progress reports and the Government will continue to provide support.

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## Mental Health

24. You confirmed that local mental health services continue to experience high levels of demand and increased levels of acuity, combined with challenges in recruiting across all key professional groups including nursing, psychiatry, AHPs and psychology. In terms of the Board's performance against the CAMHS and Psychological Therapies waiting standards, progress is being made and the local focus in recent times had been on addressing the most urgent cases, whilst reducing the longest waits; e.g. for CAMHS, the local service has continued to focus on reducing the size of the waiting list and the number of children and young people waiting over 18 weeks: by July 2024, those waiting totalled 149 with only nine children waiting over 18 weeks; representing the lowest number waiting since CAMHS data was routinely recorded and contrasts with the highest number waiting in June 2018 (911). Further to this progress, we were assured that the Board remains committed to achieving and sustaining the 90% standards; though we recognise that, as in other Board areas, the high turnover in workforce can impact progress. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide support.

25. Whilst we share in NHS Fife's desire to invest in its local infrastructure to meet the needs of local people - for example, providing a single, specialist inpatient facility to replace the service currently provided from four separate, ageing sites – we were clear that the national capital funding position remains extremely challenging. The main factors have been consistently high inflation, which has significantly impacted construction costs, and an expected real terms cut to our relevant budget of around £1.3 billion by the UK Government. That has necessitated the pausing of projects whilst a national capital review is undertaken. The Scottish Government is focused on trying to find solutions to these challenging issues, and we will give very careful consideration to which projects can be included in the revised capital plan; but we must ultimately ensure they are affordable and deliverable. As such, we emphasised that all viable service redesign options should be carefully considered from within the existing Board estate, in the first instance. You confirmed that the Board is carefully considering how to best invest and improve your existing facilities, with NHS Fife committing investment to this end of £3 million over the next 3 years. While we recognise that this will not fully deliver all the benefits a new centralised facility could offer, it will bring essential improvements within the current financial circumstances.

## National Drugs Mission

26. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment over five years. The harms caused by use of illicit drugs and excessive consumption of alcohol remain significant public health issues for NHS Fife and its planning partners. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards; to enable the consistent delivery of safe, accessible, high-quality drug treatment. As such, we were pleased to note an improving position with the local commitments for the MAT standards, and in relation to the targets for waiting times for access to alcohol and drug treatment services. The Board and its planning partners are to be particularly commended for the local delivery of Alcohol Brief Interventions; surpassing the most recent annual target by 58%, not least through focused efforts in primary and unscheduled care settings.

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## Local Strategies

27. All Boards will need to learn from the experience of recent years and adapt; ensuring that the remarkable innovation and new ways of working which have been demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note the progress the Board is making via its *Re-form, Transform and Perform* programme. Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant. This makes it all the more important that the Board and its planning partners innovate and adapt; whilst continuing to meaningfully involve and engage local people at every stage, as this vital work progresses.

## Conclusion

28. I hope that by the time of the Board's next Ministerial Review we will be free of some of the more extreme pressures of recent years and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and remain grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible.

Yours sincerely



**Jenni Minto MSP**

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