Minister for Public Health and Sport
Aileen Campbell MSP

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

David Alston
Chairperson
NHS Highland
Assynt House
Beechwook Park
INVERNESS
IV2 3BW

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Dear David

NHS HIGHLAND: 2016/17 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions from the Annual Review and associated meetings held in Aviemore on 31 August 2017.

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.

Meeting with the Area Clinical Forum

3. I had a constructive discussion with the Area Clinical Forum (ACF). It was clear that the Forum continues to make a meaningful contribution to the Board's work, and that the group has effective links to the senior management team. From our discussion it was clear that the ACF are undertaking work that supports the national clinical strategy and the Chief Medical Officer's commitment to realistic medicine. I heard about some interesting work such as: the Investigation Treatment Room being piloted in Inverness, which is releasing GP capacity in general practice/primary care setting, and the changing role of the pharmacy service and how pharmacists could support GP practices, with work shifting from the GP to the pharmacy service.

4. The Forum spoke about the challenges faced with the retention and recruitment of staff in NHS Highland, particularly the more remote and rural areas and we had an interesting discussion about ways to support recruitment. A range of suggestions were discussed such as making access to education and training easier by delivering it locally, and the need to consider wider opportunities for the families of NHS staff. I was also pleased to note the commitment to the outcomes from the "Best Start" report of the review of maternity and neonatal services and that NHS Highland is hoping to be an early adopter of the recommendations from the report. Indeed, since the Annual Review took place, I am pleased to note that NHS Highland was selected as an early adaptor Board.

Meeting with Highland Partnership Forum

5. I had a positive discussion with the Highland Partnership Forum. It was clear from our discussion that local relationships remain strong; that this is fundamental to a number of developments and improvements that have been delivered locally over the last year; and that the Forum continues to engage effectively with the Board, not least: on the critical health and social care integration agenda; and the considerable work undertaken to deliver the ambitions of the NHS Scotland Everyone Matters workforce Vision; with a range of work underway to improve staff engagement and development, governance, workforce planning and staff attendance.

6. I noted some of the local issues raised by the Forum which included: challenges in partnership working in the context of changes resulting from the creation of Argyll & Bute IJB and the view that the principles of partnership working for IJBs should be considered at a national level; challenges around implementing new processes and ways of working; inherited differences relating to staff terms and conditions for staff transferred from Highland Council to NHS Highland; recruitment and retention challenges across the clinical workforce; challenges on full attendance at Partnership meetings. I also noted the position put forward on behalf of the "scrap the (pay) cap" campaign, reinforcing the demonstration at the start of the day. As I made clear, this Government values the enormous contribution NHS Scotland staff make to the health service and I can confirm that, as announced by the First Minister on 5 September a part of our new Programme for Government, it is our intention to lift the public sector pay cap for the NHS and other public sector workers; to take effect in 2018.

7. It was reassuring to hear throughout our discussion that there is a lot of good, positive work being taken forward in partnership with others, with a clear focus on improving patient care.

Patient / Public Group Session

8. I would like to extend my sincere thanks to those who took the time to come and meet with me. I very much value the opportunity to meet with local people and I believe that listening and responding to their feedback is a vital part of improving health services and it was clear that it is a wide range of issues that can impact on health care. Their openness and willingness to share their experiences is greatly appreciated

9. I noted the areas considered including: the importance of good, accessible and affordable transport; the importance of involving local people in service re-design and in this regard I was pleased to hear the positive feedback on the Board's work around the re-design of services in Badenoch and Strathspey; challenges with recruiting staff to deliver health and social care services in remote and rural areas; the importance of voluntary groups in supporting local people, particularly in remote and rural areas and I was encouraged to hear about the work being done locally to try and encourage young people to become involved in volunteering; and the need for access to good broadband coverage. I also noted the points raised in relation to the Care Inspectorate including what could be done to simplify the information made available about care homes to help make the right choice, and guidance on physical activity in care homes.

Annual Review – Public Session

10. I was pleased to hear during the Chair's presentation you reiterate the Board's commitment to meaningful public engagement; a clear focus on patient centred, safe, effective governance and performance management; and attention to the delivery of significant improvements in local health outcomes, alongside the provision of high quality, safe and sustainable healthcare services. A detailed account of the specific progress the Board has made in a number of areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review. This has been posted on the NHS Highland's website, as has a copy of the Chair's presentation.

11. We then took a number of questions from members of the public covering a range of topics including NHS Highland's mental health strategy, the future of Dail Mhor Care Home, Community Maternity Unit in Caithness, Out of Hours provision on Raasay, NHS Highland's waiting times, the importance of full and meaningful engagement with local people and pay for NHS staff. I am grateful to you and the Board team for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

Annual Review – Private Session

12. I opened the private session by reflecting on the morning sessions and noted the positive feedback I had received in relation to the Board's good engagement on service re-design for Badenoch and Strathspey. I noted the importance of on-going meaningful engagement with local stakeholders in taking forward other areas of service change including with Skye and Raasay, and I welcomed the Board's commitment to improve local communications and engagement. I welcomed the assurance that Argyll & Bute IJB are working with local communities in planning and providing services. Another theme prominent throughout the day was the traveling distance for some patient appointments and treatment. The Board was clear that there is a clear commitment and focus on considering what services could be provided locally and that you are actively working on approaches to minimise the need for travel, such as making greater use of telemedicine through telephone conference facilities and telephone consultations.

Health Improvement

13. NHS Highland is to be commended for its overall performance against delivering Alcohol Brief Interventions (ABIs) to date, with the Board delivering 44,775 between 2008 and 2017; exceeding your target by 42%.

14. NHS Highland has faced challenges in meeting the drug and alcohol treatment waiting times standard, delivering 83.5% against a 90% standard. While recognising that the pressures of staff retention and recruitment contribute to this, I would expect the Board to improve performance against this standard. In terms of the smoking cessation standard, I welcome the fact that NHS Highland exceeded the local standard (2015/16). Final performance data for this was published in October 2016 and showed the NHS Highland achieved 102.6% against the annual target. The Board is to be commended for having a well-developed tobacco prevention plan in place.

Patient Safety and Infection Control

15. 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 know that there has been a lot of time and effort invested locally in effectively tackling infection control; and this is reflected in the Board delivering a 75% reduction in cases of clostridium difficile infection in those over 65 since March 2007. The Board however missed the MRSA target for March 2017, delivering an infection rate of 0.30 cases per 1,000 acute occupied bed days which is above the target of 0.24. In 2016 the most common organism reported in acute and non-acute care was E-Coli, which has now replaced SABs and I would expect that NHS Highland has implemented the mandatory policy requirements in all healthcare settings.

16. The Healthcare Environment Inspectorate (HEI) was set up by the former Cabinet Secretary for Health and Wellbeing with a remit to undertake a rigorous programme of inspection in acute hospitals. During 2016/17, there were three unannounced inspections across NHS Highland at Raigmore Hospital, Caithness General Hospital and Belford Hospital. I am pleased to note all of these were generally positive.

Improving Access – Waiting Times Performance

17. 2016/17 has been a difficult year for NHS Highland. The Board has very high numbers of Treatment Time Guarantee (TTG) breaches as well as experiencing challenges in delivering against 8 key diagnostic tests within 6 weeks. The level of performance for elective waiting times reflects on-going pressures across the whole system. Pressures in delivering against TTG were due to a combination of challenges, including the Board's financial position and the impact of whole systems pressures on elective capacity; the bulk of TTG breaches have been in Ophthalmology and Trauma and Orthopaedics. A mobile Vanguard theatre has been brought on site to help address the backlog of patients in Orthopaedics waiting for treatment. Sustainability remains a concern and further detailed capacity and demand planning and management is needed in order to safeguard delivery moving forward. The Access Support Team continues to work very closely with NHS Highland including monthly action orientated performance meetings with the senior operational team. The Access Support Team will provide substantial funding (£3.2m) to NHS Highland in 2017 to support delivery of Waiting Times - 75% was released in July with the remaining 25% released in October. Monitoring of this spend will reviewed regularly by the Access Support Team Lead for NHS Highland.

18. The Board's outpatient waiting times position has deteriorated significantly during the year with only 65.9% of all patients waiting for a first outpatient appointment seen in less than 12 weeks. These long waits have been across a range of key specialities, especially orthopaedics, gynaecology, oral and maxillofacial surgery and ophthalmology. Neurology is also a key speciality with high volumes waiting over 12 weeks. Good progress has been made since March 2017 in reducing long waits in Urology and Ophthalmology, specifically cataract services. Work started in July 2017 to undertake a similar targeted approach in Gynaecology. Given the high volumes, and the proportion of new outpatients who may require subsequent treatment, and the consequent impact this may have on delivery of the treatment time guarantee, very close management will be necessary to mitigate the risks and ensure that all stages of the pathway remain balanced. On **diagnostics**, NHS Highland has experienced an increasing number of patients waiting longer than 6 weeks for key diagnostic tests. Performance has been affected due to recruitment and retention issues and a solution is being sought. The Access Support Team provided onsite tailored support in August to undertake a diagnostic review of Radiology. Recommendations from this work will provide the basis of an Action Plan for clinical and managerial colleagues.

19. While a number of Health Boards have struggled to meet and maintain the 4 hour A&E waiting target over the past year, I am pleased to note that NHS Highland tends to perform at or above 95% against the 4 hour A&E waiting target and are to be commended for their performance. NHS Highland's performance against the 31-day cancer standard has been at or above 95% for the last five quarters. However, the Board continues to have performance pressures for the 62-day standard with particular pressures in the urological pathways due to diagnostic capacity and vacancies for the speciality. To support a return to above 95% performance, the Scottish Government's Cancer Delivery Team is working with NHS Highland and maintaining increased scrutiny, along with weekly monitoring and performance support.

Health and Social Care Integration

20. There are two partnerships within the boundaries of NHS Highland: Highland adopting the lead agency model and Argyll & Bute adopting the Integration Joint Board model. The Highland lead agency has been operational since April 2012, with NHS Highland the lead agency for health and adult social care (children's health being delegated to The Highland Council). Argyll & Bute IJB came into effect April last year and is divided into localities as follows: Oban, Lorn and the Isles (population 17,180); Isles of Mull and Iona (3,068); Mid Argyll (9,399); Kintyre (7,741); Islay and Jura (3,393); Cowal (14,489);Bute (6,227); and Helensburgh and Lomond (26,163).

21. I understand that the Argyll & Bute partnership has recently published its first annual performance report, which identified the challenges faced in the first year of operating including reduction in care home beds, fragility in the home care sector and closure of Craigard care home on Bute due to quality concerns. In light of challenges faced, I understand that work is on-going to develop plans to address service provision and re-design of services across the whole care pathway.

22. Within the Highland partnership there are difficulties in care at home provision and care home quality. I understand that the Board has work on-going to develop a range of innovative alternatives to traditional care, such as the use of modular builds that could be sited on hospital campuses to provide step-up step-down short term care. This on-going work will be critical in delivering sustained progress in terms of tackling delayed discharge. I also understand that the Board has work on-going to confirm the number of care home places needed on Skye and plans to strengthen community services including care at home and end of life services. This will be crucial for taking forward the Board's approved plans for service re-design for Skye, Lochalsh and South West Ross.

Finance

23. It is vital that 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 NHS Highland met its financial targets for 2016/17.

24. As with all NHS Boards, the Scottish Government expects NHS Highland to take all reasonable steps to live within its means and make best use of available resources as part of a balanced approach to performance. I am aware of financial challenges in 2017/18 and risk to delivering finance balance. It is important that appropriate action is being taken to identify and deliver savings, using a risk-based approach and considering the wider impact on clinical care and performance.

25. I discussed with the Board's non-Executives the level and quality of information provided and whether it was sufficient to assist them in their role of holding the Executive team to account. I understand that plans are in place to streamline the current level of material received, with a focus on the core information required for Board members to carry out their key governance role. I was also advised that an induction process has been introduced for new non-Executives, which has proved to be helpful.

Conclusion

26. I know this has been a challenging year for NHS Highland in terms of on-going engagement with local communities around both: the approved plans for service re-design for Skye, Lochalsh and South West Ross; and the development of options for safe and sustainable services in Caithness, in line with national policy. This has not been helped by the Board having to manage operational pressures in each locality. I know the Board recognises how crucial it is that local stakeholders remain meaningfully involved and engaged on the development of options and service models for Caithness, and on the implementation of the approved plans for Skye. On Caithness, I note that the Board are now taking the time to gather further evidence and engage with local stakeholders to inform your approach, whilst actively taking steps to stabilise current services. On Skye, I welcome both the establishment of a Locality Planning Group with all key stakeholders to discuss and address any on-going local concerns; and the Board commissioning an independent, external review, to provide assurance that the arrangements for North Skye in terms of unscheduled and out of hours care are robust and consistent with national frameworks.

27. Whilst there will always be improvements that can be made – which the Board and its planning partners accept – we should also recognise that the hardworking and committed staff in NHS Highland have achieved a great deal for the benefit of local people in the last 12 months. The Board has generally good relationships with its planning partners and is fully aware that effectively building on such relationships will be crucial in continuing to progress the local health and social care integration agenda.

28. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Highland, I know you are not complacent and recognise that there remains much to do. I am confident that the Board understands the need to maintain the quality of front line services whilst demonstrating best value for taxpayers' investment. We will continue to keep progress under close review and I have included a list of the main performance action points in the attached annex.

best wishes
Aileen

AILEEN CAMPBELL

ANNEX A

NHS HIGHLAND: ANNUAL REVIEW 2016/17

MAIN ACTION POINTS

The Board must:

- Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection, with particular emphasis on *C.Diff* and *SABs*.
- Keep the Health and Social Care Directorates informed on progress towards achieving all access targets and standards, including drug and alcohol treatment waiting times standard.
- In particular on elective access targets: as a minimum, the Board should achieve the same elective waiting times performance at 31 March 2018 as delivered on 31 March 2017.
- In particular on the 4-hour unscheduled care target: as a minimum, maintain performance delivered in 2016/17, particularly over the winter months.
- Continue to make progress against the staff sickness absence standard.
- Continue to work with planning partners on the critical health and social integration agenda and the key objective to significantly reduce patients experiencing delayed discharge
- Continue to achieve financial in-year and recurring financial balance.
- Keep the Health Directorates informed of progress with redesigning local services.
- Continue to work closely with local communities and their representatives in areas such as Skye and Caithness, to ensure they are fully engaged and informed around proposals to enhance and develop local services, in line with national policy.