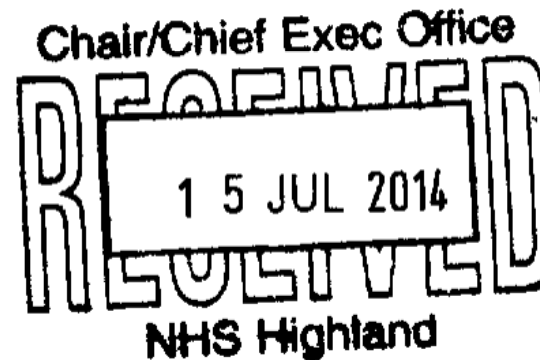


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Mr Garry Coutts
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10 July 2014

Dear Garry,

NHS HIGHLAND: 2014 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Fort William on 9 June 2014.

2. I would like to record my thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings. I found it a very informative day and 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. It was clear that the Forum continues to make a meaningful contribution to the Board's work; that the group is proactive in its engagement and continues to enjoy enthusiastic and effective engagement across frontline clinicians to provide clinical advice to the NHS Board. It was reassuring to hear that the Forum has been active in a number of important areas in the year under review, focussing on patient safety and clinical governance to deliver the quality outcome: *Healthcare is safe for every person every time*. I was also encouraged to hear of the on-going scrutiny across the professional committees of the issues raised in the Francis Report and the role the Forum plays in ensuring that the clinical voice is heard and reported to the Board. The Forum is also clearly playing a key role in relation to the Integration of Health and Social Care and Children's Services with the Board and Highland Council, providing clinical leadership on the Highland Health and Social Care Committee. I was also encouraged to hear about the Forum's focus on improving the delivery of care across both acute and primary care sectors. I was grateful to the Forum members for taking time out of their busy schedules to share their views with me.

Meeting With the Area Partnership Forum

4. I had an equally positive discussion with the Highland Partnership Forum (HPF). It was clear from our discussion that local relationships remain strong and that mutual respect and trust underpins those relationships. I was interested to hear about NHS Highland's participation in the first phase of *iMatter* from November this year, with early work already taking place. Full implementation is expected to take 2-3 years and the results of the Staff Survey will help identify areas where it would be most useful to commence roll-out. We went on to discuss the results of the 2013 Staff Survey and the HPF's plans to increase engagement and response level. I was encouraged to hear of the positive action to address bullying and harassment and the promotion of *Give Respect, Get Respect*. I noted that the Board's performance on completing eKSF reviews and Personal Development Plans had deteriorated in the review year. I was reassured that the HPF has identified actions, including revised guidance and training, to demonstrate how reviews contribute to quality of care. I congratulated NHS Highland on implementing all the PIN policies and minimum standards and was interested to hear about the 'staff story process'. I was pleased to note that the wellbeing of staff remains a priority for the HPF and Board, and that this is the focus of the on-going work to promote attendance locally. The rate of sickness absence – particularly long-term sickness absence – had risen slightly over the last 12 months and was above the Scottish average. Continuing efforts to reduce long term sickness absence are directed towards individual case management and supporting rehabilitation strategies. We will keep this under close review.

5. Notwithstanding the challenges, I was assured by what I heard in both the ACF and HPF meetings – including the significant on-going activities to engage and involve all staff in developing and agreeing a positive culture and set of agreed behaviours – to assist both Forums and the Board to address both current challenges and those that lie ahead, in effective partnership.

Patient Group Meeting

6. I would like to extend my sincere thanks to all the patients, members of the Public Partnership Forums and other public representatives who took the time to come and meet with me and I recognise that some had to travel very long distances. I very much value the opportunity to meet with patients and the public and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services. I greatly appreciated the openness and willingness of all present to share their experiences and noted the specific issues raised including: the Board's approach to consideration of service redesign in Badenoch and Strathspey and It was very encouraging to hear the very positive views that the Board was engaging in a meaningful way with both local communities. Transport issues were highlighted as being key to the successful implementation of any proposed changes. Transfer of patients between Mull and the mainland was also raised and I undertook to ask the Board to consider whether their existing protocols are resilient enough to respond to a variety of situations. A concern was also expressed about the challenges in implementing the *Reshaping Care for Older People* programme and specifically that care in the community services would need significant investment by NHS Highland going forward. The meeting concluded on very positive comments about the excellent service provision for Lesbian, Gay, Bisexual and Transgender people and about wider sexual health services.

Demonstration – District Care Panel

7. I was grateful to the local staff who took the time to demonstrate how the multi-disciplinary team consider the needs of individuals and plan for their future care. This was very informative and I was interested to hear directly from the staff involved and to hear about the work being done for the benefit local people. I would be grateful if you could extend my thanks to the staff involved.

Highland Quality Award

8. NHS Highland has introduced the Highland Quality Award to recognise and reward staff who have gone out of their way to provide quality care and I was pleased to present the Board's first Highland Quality Award to Donnie MacLeod who works in Belford Hospital.

Annual Review Meetings

9. As with last year, Ministerial Reviews are being undertaken in two 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 the key success and challenges facing the local system under the Government's 3 Quality Ambitions: Safe, Patient-Centred and Effective. This is then followed by the opportunity for attendees to ask questions of the Minister and Health Board.

10. The second session is held in private between the Minister and the full Health Board. This is a more detailed discussion of local performance under the 6 Quality Outcomes and also offers Ministers the opportunity to reflect on the experience of the day whilst testing how Board non-Executives are able to regularly hold the Executive team to account. This letter provides a detailed summary of this discussion and the resulting action points.

Annual Review – Public Session

11. I was pleased to hear the Chair reiterate the Board's clear focus on patient safety, effective governance and performance management; and on 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 website.

12. We then took a number of questions from members of the public and this worked well. 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

13. Before we moved onto the first item on the Agenda, I took the opportunity to ask the Board's non-executive members if they felt sufficiently supported by executive officers and how they ensured they were well enough informed to be able to hold the executive team to account. It was reassuring to hear that there are excellent relationships and I was assured by what I heard around the broad range of helpful, understandable information received, enabling the non-executive members to effectively challenge and scrutinise Board performance.

Everyone has the best start in life and are able to live longer healthier lives

14. We moved on to the main agenda. NHS Highland have not met the drug and alcohol treatment waiting time standard, however I note that there are remote and rural issues faced by NHS Highland and the Board has been given additional support to continue improvements to ensure that 90% of clients referred to treatment will wait no longer than 3 weeks to access appropriate treatment. I was reassured that the Board is giving this a high priority and that you are continuing to improve in this area; you highlighted that for the quarter ending March 2014 performance was just over 91%. We will keep this area under review. We moved on to discuss the Detect Cancer Early Target of 29% of patients diagnosed at stage 1. You explained that diagnosing lung cancer patients at the earliest stage was causing difficulties and that some analysis was being carried out to establish possible reasons for this, which will enable you to address this position. I was encouraged by the work you are undertaking and you should continue to work closely with the Public Health teams to develop messages and improve referral rates. In terms of performance against the 31 day cancer waiting time standard, this was above 95% in for the four most recent quarters, however performance against the 62-day standard has fallen below the expected 95% for the last five published quarters. I understand that there are particular pressures in breast, urology and colorectal services and that you have an action plan for improvement to free up capacity in cancer pathways. I understand that you expect the actions being put in place will achieve a performance above 95% in a sustainable way from Q3 2014. I look forward to seeing the improvement you expect and you should keep in touch with Scottish Government's Cancer Team.

Health care is safe for every person, every time

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. Considerable work has been undertaken at all levels in recent years to ensure that Boards effectively respond to the findings and lessons to emerge from numerous high profile reviews such as the Francis Inquiry and previous reports in relation to events at Mid-Staffordshire NHS Trust.

16. We discussed the Scottish Patient Safety Programme (SPSP) which has an aim to provide 95% harm-free care by the end of 2015. You told us that you are committed to achieving the objectives of the SPSP and that it forms a key part of the Highland Quality Approach. You said that NHS Highland had been very successful in the delivery of all the key objectives of the original programme in acute adult care. NHS Highland is now developing programmes to embed SPSP across mental health, primary care and maternity, paediatrics and neonatal. I was pleased to hear of the enthusiasm of staff to deliver the programmes as a core way of providing care and minimising risks. I was also pleased to hear that you are keeping your non-executive members fully involved in this area of work.

17. In tackling infection control, I am aware that the Board is on track to achieve the national target for C.diff and, while slightly behind trajectory for MRSA/MSSA, I understand that this is recoverable and that you should also meet this target.

Everyone has a positive experience of health care

18. We moved on to discuss NHS Highland's performance against HEAT waiting times standards and while you have done well in terms of delivery against the 18 weeks referral to treatment with a performance of 90.8% as at March 2014, the Board is facing challenges with delivering the 12-week Treatment Time Guarantee. You assured us that you remain focused on driving compliance, through a series of recovery actions. Nevertheless, we recognise that delivery in these areas is affected by a combination of whole-systems issues which must be overcome to assure the on-going sustainability of your services. While some Health Boards across Scotland have struggled to meet and maintain the 98% 4 hour A&E Waiting HEAT Standard over the last year, NHS Highland has sustained a good performance generally above 95%. I welcomed your assurance that while you will face challenges, there are robust systems in place and that you expect 98% to be achievable and sustainable.

19. I had previously expressed concern about NHS Highland's performance against the commitment to ensure that 25% of under 18s with type 1 diabetes are provided with an insulin pump by March 2013 and the Board was given an extension until March 2015. I note the steady progress you have made towards meeting this commitment and I expect this effort to be sustained.

Staff feel supported and engaged

20. Effective attendance management is critical – not only in terms of efficiency but also to ensure good support mechanisms are in place for staff. NHS Highland's sickness absence rate for the year ending 31 March 2014 was reported as 4.82%. This compares with an average across NHS Scotland of 4.76%, against the national Standard of 4%. The Board's approach to attendance management had been part of the discussion at the morning meeting of the Highland Partnership Forum and I was pleased to note that the wellbeing of staff remains a priority for the HPF and Board and that there is a collective commitment to meeting and maintaining the Standard in full partnership. I look forward to seeing a sustained improvement in the local position in 2014 and beyond.

People are able to live well at home or in the community

21. NHS Highland has not been able to sustain the zero standard of having no patient delayed for longer than four weeks and I asked for an overview of the challenges faced by the Board. You explained that there are challenges in several areas and told us about the lack of capacity due to the number of care homes that have closed on quality grounds. You assured us that you are working to improve your delayed discharge performance, such as working with the independent sector to help identify ways to support sustainable improvements, starting to look at discharge planning when a patient is admitted to hospital and working with other partners such as Citizens Advice Bureau.

Best use is made of available resources

22. It is vital that NHS Boards achieve both financial stability and best value for the considerable taxpayer investment made in the NHS. NHS Highland met its financial and efficiency targets for 2013/14 and received £2.5m of brokerage provided by Scottish Government Health Directorate. The financial performance of Raigmore Hospital has previously been a key challenge, as has the achievement of recurring savings and we sought assurance that the Board has this in hand. You explained that you have a programme of work in place with agreed milestones which give the Board greater assurance going forward that financial balance will be achieved and we asked that you keep Scottish Government updated with progress on a quarterly basis. We were encouraged to hear that NHS Highland and Highland Council now have an agreed position on managing the complexities of integration and that the transitional issues experienced in relation to the budgets have now been resolved.

23. I am pleased to note that the Board's efficiency plans are aligned to the Highland Quality Approach of reducing harm, managing variation and eliminating waste, which leads to improved quality services as well as generating opportunities to release savings. All efficiencies made through this programme are reinvested in health care.

Conclusion

24. I want to recognise that there is considerable, extremely positive work going on in NHS Highland, for the benefit of local people. This is testament to the dedication and professionalism of local NHS staff, and I thank them for it.

25. I was encouraged by much that I saw and heard during the Annual Review. The Board continues to have generally good relationships with its planning partners; is performing well against the majority of its performance targets; and is exercising sound financial control. Maintaining this control and building on these effective relationships will be essential. I am confident that the Board understands the need to maintain the quality of frontline services whilst demonstrating best value for taxpayers' investment. As I have said, we will keep progress under close review and I have included a list of the main action points from the Review in the attached annex.

Best wishes
Michael Matheson

Michael Matheson

ANNEX

NHS HIGHLAND ANNUAL REVIEW 2014

MAIN ACTION POINTS

The Board must:

- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection.**
- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety, including a prompt and effective response to the findings of HEI and Older People in Acute Hospitals inspections.**
- **Keep the Health Directorates informed on progress towards achieving all access targets and standards, in particular the 4-hour A&E standard and the Treatment Time Guarantee.**
- **Make sustained progress against the staff sickness absence standard.**
- **Continue to work with planning partners on the integration agenda, and to deliver against the delayed discharge target.**
- **Continue to achieve financial in-year and recurring financial balance, and keep the Health Directorates informed of progress in implementing the local efficiency savings programme.**