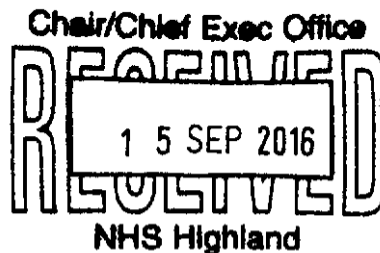




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13th September 2016

Dear David,

NHS HIGHLAND: 2015/16 ANNUAL REVIEW

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Inverness on 16 August 2016.
2. I would like to record my thanks to 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 (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. I was pleased to hear of the ACF's support for the national clinical strategy and the Chief Medical Officer's commitment to realistic medicine and the Forum expressed some interesting ideas on how to engage the public. I am in no doubt that continued, meaningful engagement of local clinicians will be essential in taking forward both the critical health and social care integration agenda and other local service redesign programmes. It was reassuring to hear that the Forum continues to play a key role in the Board's determined focus on contributing to effective clinical governance and patient safety.
4. We had a very interesting discussion about the challenges faced by the Armed Force Community, including veterans in Highland in accessing services in rural areas and some particular challenges for veterans with mental health problems. The Forum will continue to take an interest in this important area to champion and promote a more person-centred approach.

A particular area raised by the Forum was the management of outpatient return appointments and we undertook to consider some of the points raised in developing a national focus on return outpatient appointments. We also encouraged Highland to work with other north of Scotland Boards to explore regional solutions to staffing challenges in specialties such as radiology. I was grateful to the Forum members for taking the time out of their busy schedules to share their views with me.

Meeting with Highland Partnership Forum

5. I had an equally 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; including in developing a healthy organisational culture in which the Highland Quality Approach is embedded across all aspects of Highland performance. I was particularly interested to hear about the 'Catchball' exercise which was undertaken with staff to develop and agree the Board's Annual Objectives for 2016/17.

6. I undertook to note the issues raised by the Forum which included the view that the 4% sickness absence standard should be reviewed and there was a general welcome of the national review of all of the national performance targets; the pressures on Forum members in terms of balancing clinical/other work commitments and the time required to contribute effectively in the current model of partnership. It was reassuring to hear that the Forum is committed to developing staff through the development of education and training frameworks for an expanding range of staff groups, and continued provision of a range of leadership and management programmes.

7. I commended the approach of the Argyll and Bute Integrated Joint Board in integrating health and social care services in the form of a Health and Social Care Partnership (HSCP). The HSCP includes all health services, including those purchased from NHS Greater Glasgow and Clyde, and all Adult, Children's and Families social work. I noted that the Partnership is currently working through inherited differentials in staff terms and conditions.

Patients' Meeting

8. I would like to extend my sincere thanks to all the patients and carers who took time to come and meet with me. I very much value the opportunity to meet with patients and carers and firmly believe that listening and responding to their feedback is a vital part of the process of improving health services.

9. I greatly appreciated the openness and willingness of the people present to share their experiences and noted the specific issues raised including: the importance of peer support for people with degenerative conditions such as Macular Degeneration; the benefits being derived to patients in a variety of settings from the St Vincent's Therapy Garden in Kingussie; the fundamental right for patients and their carers to be actively involved in decisions and services that affect them; the need to acknowledge the negative impact isolation and loneliness can have on people and the need to develop ways of tackling this; the importance of user groups for the users of mental health services across Highland, including Highland Users Group (HUG) and Advancing Community Understanding of Mental and Emotional Needs (ACUMEN) in Argyll and Bute;

the involvement of patients and the public in service redesign including in Badenoch and Strathspey; the specific difficulties and challenges faced by Armed Forces Veterans and access issues when support is not available in local communities. I noted the general view expressed by all in attendance that the rural geography of Highland made accessing support and advocacy services difficult and that while IT support was helpful it could not replace face to face contact completely.

Annual Review – Public Session

10. I was pleased to hear during the Chair's presentation you 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, as has a copy of the Chair's presentation.

11. We then took a number of questions from members of the public. 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

Health Improvement

12. NHS Highland is to be commended for the Board's excellent performance in respect of delivering Alcohol Brief Interventions (ABIs). A brief intervention is a short motivational interview, in which the costs of drinking and benefits of cutting down are discussed, along with information about health risks. These have been proven to be effective in reducing alcohol consumption in harmful and hazardous drinkers. Over 5,700 ABIs were carried out in 2015/16, exceeding the Board's target of 3,688. Overall, between 2008 to 2016, the Board delivered 39,835 ABIs interventions, exceeding its target by 43%.

13. NHS Highland has faced challenges in meeting the drug and alcohol waiting times standard and we note your assurance that the Board is committed to improving performance and the Government's Health Improvement Division will continue to work with NHS Highland to improve outcomes for service users. NHS Highland is to be commended for their improved performance on 2104/15 against the smoking cessation standard. Final annual performance data will be published in October 2016 and NHS Highland anticipates that the 2015/16 standard will be met.

Patient Safety and Infection Control

14. 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; this is reflected in the Board delivering an 81% reduction in cases of clostridium difficile infection in those over 65 since 2007 and an 83% reduction in rates of MRSA over the same timeframe. The Board, however, narrowly missed the March 2016 targets for clostridium difficile and MRSA/MSSA for patients aged 15-64, and I note that work continues across NHS Highland to reduce your incidence of healthcare associated infections.

With Hospital Standardised Mortality Ratios (HSMR) there has been a rise of 10.4% at Belford Hospital for the quarter Oct – Dec 2015 which is significantly higher than the Scottish average and we also noted that the HSMR for Lorn and Islands Hospital is increasing. NHS Highland has carried out a thorough case note review, carried out by experienced clinicians from outside the hospital, and from that you are confident about the quality of clinical care being provided at the Belford Hospital. I note that you are continuing your investigations to determine what may account for the recent shift in the HSMR and to have these completed by September 2016. The Scottish Government's National Clinical Director Professor Jason Leitch, will continue to liaise with the Board.

15. 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 2015/16, the HEI carried out two unannounced inspections: Mid-Argyle Community Hospital and Integrated Care Centre resulting in two requirements and three recommendations, and Lorn & Islands Hospital resulting in three requirements and three recommendations. The Board has given me an assurance that action plans have been implemented and all the requirements and recommendations identified as a result of the inspections are being properly addressed. An unannounced inspection was carried out at Raigmore Hospital in May 2016 resulting in eight requirements and I have received an assurance from the Board that all requirements identified have been properly addressed.

Improving Access – Waiting Times Performance

16. 2015/16 has been a difficult year for NHS Highland as the Board faced challenges in delivering against the Treatment Time Guarantee (TTG), outpatients, 8 key diagnostics tests and 18 weeks Referral to Treatment Time standards. Pressures in delivering against TTG were due to a combination of challenges and the bulk of the TTG breaches have been in the speciality of trauma and orthopaedics. Given the particular pressures a mobile theatre has been brought on site to help address the backlog of patients waiting for treatment. Sustainability remains a concern and further detailed capacity and demand planning and management is on-going to safeguard delivery moving forward. The Board's outpatient performance has deteriorated during the year with long waits especially in Orthopaedics, Urology, Ophthalmology and ENT. You assured us that you have strong management oversight in place to return to a position where patients are seen within 12 weeks. The Board outlined its ambition to reduce the number of return outpatient appointments in line with the principles of realistic medicine. On diagnostics NHS Highland has seen an increasing number of patients waiting over 6 weeks for key diagnostic tests, particularly Endoscopy. Performance has been affected due to recruitment and retention issues and a solution is being sought. The Access Support Team continues to work very closely with NHS Highland and the Board is developing recovery plans and trajectories for March 2017 and I noted your commitment to improve performance.

17. A number of Health boards across Scotland have struggled to meet and maintain the 4-hour A&E waiting target over the last year. However, NHS Highland is to be commended on regularly achieving performance at or above 95% against the 4 hour Emergency Care target.

18. The Board has delivered a 95% performance level against the 31-day cancer standard for four of the last five quarters. However, NHS Highland have struggled to sustain performance at above 95% against the 62 day standard and there are particular pressures in the colorectal and urological pathways, due to diagnostic capacity and associated vacancies in these specialties.

Health and Social Care Integration

19. There are two partnerships within the boundaries of NHS Highland. NHS Highland has chosen to put all operational services into both partnerships and this enables the viring of resources to respond to local pressures. Highland adopted the lead agency model, operational since April 2012, with NHS Highland the lead agency for health and adult social care, while children's health is delegated to the Highland Council. This has enabled significant shifts to take place in the provision of services, allowing greater flexibility; better quality; more choice and higher volumes of service to be delivered. They are also paving the way in collaborative commissioning with the Highland Strategic Planning Group co-chaired by a representative from the independent sector. This collaboration has resulted in some innovative changes in home care.

20. Argyll & Bute adopted the Integration Joint Board model becoming functional on 1 April 2016. Argyll & Bute has integrated all children's health and social care including criminal justice social work services. The Locality Planning Groups (eight in total) are developing plans that will underpin some of the transformation of health and social care services at locality level to deliver on your vision "People in Argyll and Bute will live longer, healthier, independent lives".

21. Tackling delayed discharge continues to be a challenge and NHS Highland is maintaining a strong focus on reducing length of stay across all hospital settings. I understand, for instance, there is focussed improvement work in Ward 7A at Raigmore Hospital which has brought about a sustained reduction in length of stay from eight to five days. And while there are pressures in certain services, such as a shortage of home care, the Board has addressed this with some innovative solutions. The Board introduced a tariff creating an equitable rate across all sectors, along with zoning to ensure provision is where it is needed. Such developments will be key in terms of appropriately planning for winter and future pressures, as Partnerships focus on ensuring, wherever possible, that people with community care needs are discharged within 72 hours of being assessed as ready for discharge.

Finance

22. 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 2015/16. 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 confirmed that the Board continues to actively monitor the achievement of all local efficiency programmes and, whilst the position is extremely challenging, NHS Highland remains fully committed to meeting its financial responsibilities in 2016/17 and beyond.

Conclusion

23. I thank the Board and its staff for a generally strong performance in 2015/16: it is clear that the NHS in Highland is making progress in taking forward a challenging agenda on a number of fronts, including improving access, maintaining tight financial control and developing local services. The Board has very 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.

24. 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 frontline 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.

Yours sincerely
Maureen Watt

MAUREEN WATT

NHS HIGHLAND ANNUAL REVIEW 2015/16

MAIN ACTION POINTS

The Board must:

- **Keep the Health Directorates informed of progress with its significant local health improvement activity**
- **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 Care inspections**
- **Keep the Health Directorates informed on progress towards achieving all access targets**
- **Continue to work with planning partners on the critical health and social integration agenda**
- **Continue to achieve financial in-year and recurring financial balance**
- **Keep the Health Directorates informed of progress with redesigning local services**

