

Minister for Public Health and Women's Health
Jenni Minto MSP

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

Sarah Compton-Bishop
Chair
NHS Highland

Sent via: ruth.daly2@nhs.scot

20 October 2023

Dear Sarah

NHS HIGHLAND ANNUAL REVIEW: 29 SEPTEMBER 2023

1. This letter summarises the main points discussed from the Board's Annual Review and associated meetings in Inverness on 29 September. I was supported by John Burns, Chief Operating Officer of NHS Scotland. The focus of the day was the resilience and recovery of local services as we emerge from the Covid-19 pandemic, and I am writing to summarise the key discussion points.

2. This round of Annual Reviews marks the first safe and practicable opportunity since the pandemic began to visit and meet with colleagues and stakeholders in the local area. The key addition to the format this year has been, 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/treatment commitments; or those with vulnerabilities who remain nervous about attending potentially large public events.

3. We would like to record our thanks to you and everyone who was involved in the preparations for the day, and also to those who attended the various meetings; both in-person and by virtual means. We found it a very 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. We firstly reiterated our sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures over recent years, for the benefit of local people.

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5. 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. It was reassuring to hear that the Forum felt it had been fully involved in the Board's determined focus on contributing to effective clinical governance and patient safety; and that the group had benefited from social care representation, as part of the unique Lead Agency model in North Highland. In addition, the Forum has played an important role in terms of informing the Board's approach to workforce recruitment and retention, as well as in the key area of staff wellbeing.

6. We had very interesting discussions with the representatives from the various professional committees and undertook to consider some of the points raised: for instance, the impressive ways of working and the approach to staffing and supporting the new National Treatment Centre which had opened in Inverness in April; the significant progress made with local leadership and culture, and commitment to moving further forward on the recommendations from the Sturrock review, including high levels of active, non-Executive Board member engagement; the need for more focused IT development and integration; the significant challenge faced in terms of recruiting and retaining key staff in some very remote and rural areas and how this is compounded by issues in relation to the supply and affordability of local housing; in turn, informing the Board need to innovate and 'grow its own' staff, together with local planning partners, educational institutions and the third sector; the pressures around some local dentistry provision; the importance of investing appropriately in early intervention, health improvement and in primary/community care settings, alongside the focus on acute services; and the need for consistent public messaging around accessing the right services, at the right time. 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

7. We were pleased to meet with the Area Partnership Forum. It was clear that local relationships have been strengthened by the significant pressures of the pandemic experience, which we recognised had accelerated pre-existing challenges facing local staff and the system. 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 over the last year. We also acknowledged that, whilst we hope to be over the most acute phase of the pandemic, very many pressures remain on staff throughout the NHS and with planning partners.

8. 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 the bullying and harassment/dignity at work agenda; whilst recognising the significant progress made on culture improvement, there was some feeling that some positive changes were quite strategic and not always filtering down to the operational level, though it was accepted that this process would take time and had, in part, been impacted by the pandemic; that, as such, further work is required in some areas to fully develop effective staff interactions and move them from being more transactional to person-centred; and that some flexibility of approach is required in an area like NHS Highland, with such geographical scale and diversity, covering some 325,000 people over approximately 32,000 square km, or 42% of Scotland's landmass, including 36 populated islands.

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Patients' Meeting

9. We would like to extend our sincere thanks to all 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. We greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised, including: the importance of appropriate, local facilities and systems to support patient care/access, including better continuity of care and face-to-face treatment options; the need to ensure that communications with patients take place in a way which is appropriate to their needs; the fundamental importance of carers and supporting their crucial role, ensuring this is also fairly recognised within the tax, pensions and benefits systems; the need to ensure the availability of affordable local housing to support staff recruitment and retention efforts; the importance of NHS Boards and their planning partners meaningfully engaging with local people from the earliest opportunity on service change, informing effective co-design and production; the value of multi-disciplinary teams in healthcare to provide more timely and appropriate support; alongside an effective, accessible and responsive NHS complaints procedure. There were some outstanding concerns raised about local engagement activity that were going to be taken forward by the NHS Highland and HIS-CE representatives, who were also in attendance.

Annual Review: Public Session

11. The full public session was streamed live and began with your presentation on the Board's key achievements and challenges, looking both back and forward. As this round of Ministerial Reviews are the first in public since the necessary limitations of Covid-19, you firstly summarised the extraordinary pandemic response from NHS staff in the area before moving to the key themes of resilience (including winter planning), 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 also a number from the floor. We are grateful to you and the Board/local Partnership teams for your efforts in this respect, and to the audience members for their attendance, enthusiasm and considered questions.

12. One topic that had come up throughout the day was some local concern around the availability and accessibility of vaccinations in North Highland, following the conclusion of the previous GP contract. Whilst you pointed out that NHS Highland's rates of adult vaccination for Covid-19 and flu have been generally better than the national average, you assured us that the Board remains completely committed to ensuring equitable access to adult and child vaccinations, which is clearly an important public health intervention; playing a key role in protecting the health of local people. We recognise that there are a number of unique challenges in providing and accessing vaccination services for those residing within our more remote, rural and island communities; and the Scottish Government will continue to engage with the Board to understand the local challenges and ensure that services are delivered in as person-centred way as possible.

13. Another subject that featured across the day's discussions were concerns in relation to accessing certain local dentistry services. Very few local dental practices are currently accepting new NHS patients with growing waits for access to routine care as practices prioritise those with the greatest need. Workforce vacancies in both practices and public dental service clinics are the main reason for the ongoing pressures. You confirmed that the Board remains committed to sustainably addressing these issues, as far as possible, including the recruitment and promotion of new roles, such as dental therapists; as well as via national support, such as the Scottish Dental Access Initiative grants, and the wider national reform work. You also undertook to continue to work with NHS Greater Glasgow & Clyde in terms of improving the key support they provide for the residents of the Argyll & Bute area.

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Annual Review: Private Session

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

Escalated area: Finance

15. NHS Highland is one of three NHS Boards currently escalated at Stage 3 on the NHS Scotland Support & Intervention Framework in terms of your financial position. You confirmed that, in 2022-23, the Board delivered a balanced financial outturn following the receipt of £16.3 million of repayable brokerage from the Government. This takes the Board's overall brokerage to £27.3 million; this will be repayable once the Board achieves balance.

16. As at month 4 of 2023-24, the Board has presented a year-to-date overspend of £25.5 million, as part of a forecasted full year overspend of £55.8 million. This is an improvement from the outturn forecast in the original financial plan from March of £68.7 million, mainly due to additional sustainability funding and new medicines funding. We noted that key pressures continued to be delayed discharge, uncertainty in relation to Service Level Agreements and their inflationary uplifts; and recruitment difficulties with a costly reliance on agency and locums. In addition, we noted that significant risks carried over into future years include pay and workforce pressures; not least in social care, as a result of the Lead Agency model in North Highland. We agreed that the Board's delivery of recurring efficiencies will be crucial to this and future year budget challenges.

17. As with a number of Boards, NHS Highland also faces challenges with the capital budget, including current and backlog maintenance, alongside the need for increased investment in digital infrastructure. In terms of sustainability, we noted that NHS Highland has made excellent progress with reducing medical gas emissions and is an international leader in that area. However, significant work is required by the Board to reduce building energy and inhaler emissions, progress with fleet decarbonisation; and to develop a detailed adaptation plan. The Government will continue to work with the Board to monitor your financial position and assist with longer term planning; as noted, it will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are monitoring delivery against these.

Escalated area: Mental Health

18. NHS Highland is currently escalated at Stage 3 on the NHS Scotland Support & Intervention Framework in terms of mental health. As of June 2023, local performance against the Child and Adolescent Mental Health Services and Psychological Therapies waiting times was around the national average and we recognised that some progress has been made with the longest waits. However, we were clear that the Board will remain escalated until there is sustained delivery against the agreed local improvement plans. We noted that the continued use of manual data processes, difficulties in upgrading existing data systems and the provision of accurate data remain persistent issues; and that local eHealth improvement programmes should be prioritising these areas. We also noted ongoing staff pressures in some areas and, in particular, were assured that staff based in Argyll & Bute would be able to ensure appropriate clinical oversight and benefit from the expertise and leadership that is largely based in North Highland, at present. The Government's Mental Health Performance Team will continue to keep in close contact with the Board to monitor progress and provide tailored support.

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Workforce

19. 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.

20. You confirmed that the Board has continued to experience challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge. We noted that, amongst the more significant staffing pressures: almost 30% of the local workforce is now aged over 55; that the Board is experiencing an increased rate of early retirement with an average age of 61, compared to 68 in 2016; and that there are some persistent vacancies in some challenging clinical specialties. Nonetheless, it was positive to note that the most recent staff turnover rate was 9.4%; a reduction from around 11% in April 2022. Also, for the fortnight ending 13 September, the Board's overall rate of staff absence was 13.4%; lower than the NHS Scotland rate of 16.7%; and, for the same fortnight, NHS Highland's rate of all sickness absence was 4.0%; again, lower than NHS Scotland's rate of 5.1%.

21. As of June 2023, the Board reported a lower vacancy rate than the NHS Scotland average for Nursing/Midwifery and AHPs but a significantly higher vacancy rate for consultants: 17.8% compared to the national average of 8.0%. We recognise that recruiting to specialist posts has continued to be very challenging, as it is with a number of more remote and rural Board areas, and that local housing supply/affordability has compounded this; that is why it is important that the Board, alongside the *Aim High, Aim Highland* recruitment campaign, 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.

22. 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 Highland is taking in terms of the wellbeing and resilience of local staff, as informed by the significant response to the Sturrock review over recent years. You confirmed that 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, not least in light of the cost-of-living crisis, including: whistleblowing standards, the first independent *Guardian Speak Up* service in Scotland and a 24/7 Employee Assistance Programme. Such measures will also be material in terms of the local staff recruitment and retention efforts. The Board will need to continue to harness this; maximising staff support and engagement through winter and into the longer-term recovery and renewal phases.

Resilience and winter planning

23. Given the scale of the cost-of-living crisis, combined with 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 one of the most difficult our NHS has faced. We also remain conscious that most NHS Boards, including NHS Highland, have already been confronted with a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

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24. 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. You provided assurances that good practice and lessons learned from last winter 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.

25. Nationally, we have again jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system; ensuring people get the right care they need at the right time and in the most appropriate setting. One of our key lines of defence again this winter, protecting both vulnerable individuals and the system against further pressures, will be the recently launched vaccination programme for seasonal flu and Covid-19.

Unscheduled Care & Delayed Discharge

26. As noted above, NHS Highland has been experiencing sustained pressures across services. The causes are multifactorial and have resulted in very high bed occupancy, long ambulance turnaround times, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in A&E Departments and some very long waits for admission; with 22 of the longest 12-hour+ waits for the week ending 17 September at Raigmore General Hospital. Delayed discharge has also been a marked issue: reduced community provision in form of care at home and care home availability are major factors driving the need for improvement. From March 2022 to August 2023, some 161 care home beds have been lost in Highland across eight care home closures.

27. Against the 4-hour standard, compliance over the last quarter was 84.4% against the national average of 72.2%; and in the week ending 17 September, the Board was at 76.5% against the national average of 67.3%; down from 82.3% the previous week and from 93.1% in the comparable, pre-Covid week from 2019. We continue to work with all Boards, including NHS Highland, to reduce pressure on hospitals and improve performance; not least via the national Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital at Home*; and directs people to the most appropriate urgent care settings. We will keep local progress under close review.

Planned Care Waiting Times

28. 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. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our Recovery Plan, announced in August 2021.

29. In July 2022, the Government announced targets to eliminate long waits for planned care across Scotland. You confirmed that the Board is prioritising improvement activity on the specialties with the biggest pressures, e.g. ENT, general surgery, dermatology, urology and gynaecology. We noted that, in terms of recovery planning, the Board is on target to meet its activity trajectories submitted as part of the 2023/24 Recovery Plan.

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30. You confirmed that NHS Highland is working with the National Elective Co-ordination Unit and others to support delivery of the long wait targets, including opportunities for insourcing, outsourcing and accelerating planned improvements. 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.

31. We were pleased to note that the opening of the £48.6 million National Treatment Centre Highland in Inverness on 17 April had provided significant additional capacity for the benefit of local orthopaedic joint patients in a state-of-the-art setting; as well as providing additional capacity to support patients from neighbouring Boards, such as NHS Grampian and NHS Tayside. NHS Highland have also been provided with £7.3 million for additional planned care activity in 2023/24, alongside an additional, ring-fenced allocation of £560,986 for diagnostics. Whilst recognising that the current pressures are significant across the local health and care system, 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, as with unscheduled care, we will keep under close review.

Cancer Waiting Times

32. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic and local performance against the 31-day target has been consistently met and maintained (95.3% as at the quarter ending June 2023). As with most NHS Boards, local performance against the 62-day target has been more challenged (69.1% at June). We noted that the Board remains committed to sustained improvements against both targets, with activity focused on addressing particular pressures in the gynaecological, prostate and colorectal pathways, alongside system and staffing pressures, which have at times reduced diagnostic capacity. The Board continues to submit regular progress reports and the Government will continue to provide tailored support.

National Drugs Mission

33. 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 by the end of the current Parliamentary session. We noted that the number of drug-misuse deaths locally per population had shown a rise in 2022 (by eleven cases, equating to 25%) against a national average fall of 21% and you assured us that the Board and its planning partners were carefully considering the necessary steps to improve the position, as a matter of priority. 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 everywhere in Scotland. As such, we noted a challenging but improving position with the local commitments for the MAT standards, and in relation to the targets for access to residential rehabilitation, as well as the waiting times for access to alcohol and drug treatment services.

Local Strategies

34. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that the Board and its planning partners are making progress on both the *Together We Care* strategy in North Highland and the Joint Strategic Plan in Argyll and Bute.

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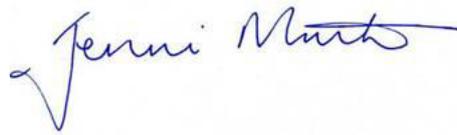
35. These strategies set out how the local Partnerships will transform, commission and provide health and social care services over the coming years; to improve and support the health and wellbeing of local people. The local strategies recognise that the scale of the challenges faced in planning and delivering health and social care services to meet need are 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

36. 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.

37. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of a period of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



Jenni Minto MSP

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