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Professor Boyd Robertson, Chair, NHS Highland

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3 December 2020

### **NHS HIGHLAND ANNUAL REVIEW: 23 NOVEMBER 2020**

1. Thank you for attending NHS Highland's Annual Review with your Chief Executive on 23 November via video conference. I am writing to summarise the key discussion points.
2. As you will be aware, the intention was for Ministers to conduct a full round of Annual Reviews during the summer. Whilst that has not proved possible due to the COVID-19 pandemic, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by John Connaghan, Interim Chief Executive of NHS Scotland.
3. I wanted to start the meeting by formally welcoming the Board's new Chief Executive, Pamela Dudek, who was appointed in early October.
4. The agenda for this year's round of Reviews has been split into three sections to cover: pre-Covid performance during 2019/20; the initial response to the pandemic from February/March to July 2020; and a forward look, in line with the current Board mobilisation plans (August to end of March 2021) and beyond.

### **Pre-Covid performance during 2019/20**

5. NHS Highland had been escalated to level 4 on the national performance framework during 2019/20; specifically in relation to issues with governance (including the important cultural issues covered by the [Sturrock Report](#)) and finance.
6. An Oversight Group was established in the Scottish Government, chaired by the Interim Chief Medical Officer, with the purpose of monitoring the package of tailored support with the Board to develop and implement an appropriate recovery plan. You acknowledged that, whilst 2019/20 was a challenging year, notable progress had been made on several fronts. NHS Highland has an established transformation agenda

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covering the key areas of financial management, culture, performance, governance and leadership; and you helpfully provided an update on these areas.

7. The Board has received tailored support to assist with its financial management during 2019/20. You confirmed that NHS Highland had developed and embedded a Programme Management Office with the specific remit of delivering cost improvement initiatives. This, together with revised financial governance arrangements, has delivered. The Board recorded a small underspend of £0.4 million following the receipt of financial support of £11 million in 2019/20. This presented a slight improvement compared to the £11.4 million of financial support forecast in the Board's Annual Operating Plan. The Board is to be commended for delivering its planned savings of £28 million in full; of which £15.6 million (56%) were delivered on a recurrent basis; whilst accommodating additional in-year cost pressures of around £7 million.

8. In terms of culture change, the Sturrock report into allegations of bullying at NHS Highland was published in May 2019. The Board's response has been captured through the *Culture fit for the Future* work stream, which has become a standing item at Board meetings and Development Sessions. NHS Highland has been addressing the issues raised via its Cultural Oversight Group; seeking to improve the wider experience of staff. This has been a key focus for the organisation throughout 2019/20: significant time and investment have been allocated to ensuring the culture transformation continues to progress, whilst recognising the size and scale of the challenge. This work has been informed by the appointment of an independent, external culture advisor; alongside the Board's Whistleblowing Group. You assured me that the Board is committed to building an organisational culture built on mutual trust and respect: where NHS Highland is a great place to work and colleagues provide the best possible care to patients and communities.

9. We discussed the allegations made that were specific to Argyll and Bute. You confirmed that an independent review was undertaken by Progressive Partnership earlier this year. This review identified similar themes of bullying and harassment within the Health and Social Care Partnership as in the Sturrock Report. NHS Highland and the Partnership have fully accepted the findings of the independent report and a programme of work has been initiated in response. This places a dedicated focus on both enhancing the employee voice within the Partnership and improving wider cultural change for all employees. Work is ongoing to further embed and improve processes within the Partnership, and a commitment has been made to undertake a Culture Progress Review in the spring of 2021.

10. Whilst I welcomed this progress I cautioned the Board against focusing too much on process: it is crucial that active engagement with staff is prioritised, and that the pace of this work is maintained. To this end, you confirmed the intention to have the Board's Whistleblowing Champion, appointed in February this year, proactively engage with the key parties, which I welcomed. As you know, I am taking a close interest on progress in this key area: you undertook to keep me regularly updated so I can continue to consider whether any further action is required.

11. Nonetheless, I was pleased to hear of your plans to embed positive culture change at all levels in NHS Highland. Transformation takes time but I am assured of the direction of travel under the Board's leadership team; and that the NHS Highland is committed to delivering on its realistic and meaningful longer terms plans. I also asked that you record

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and share the considerable local work undertaken in this important area, for the benefit of all NHS Boards.

12. In respect of the Board's recovery plan for the escalated performance issues, I noted that there had been some significant progress against trajectories made in the latter part of 2019/20. Unfortunately, some of this has been affected by the obvious impact of the COVID-19 pandemic, which necessitated the radical restructuring of services – including the suspension of all elective activity to protect emergencies, urgent and cancer activity – from late February. You assured me that the Board has nonetheless taken the time to review and strengthen its performance management focus; and that we should start to see the positive impact of this more markedly, once the COVID-19 emergency period concludes.

13. You explained that the Board has progressed the 14 actions (10 complete) from your co-designed *Good Governance Development Plan*, built on the NHS Scotland *Blueprint for Good Governance*. The Plan incorporated priority areas for development, including specific individual and collective developments to enable Board members to be effective in their governance role. You further confirmed that a local governance review initiated in February concluded with: a revised and streamlined Board governance structure; revised terms of reference for governance committees; the introduction of an Integrated Performance Report; the introduction of Board Assurance and Risk Framework; and the membership of Governance Committees refreshed: with each Committee now having an appointed Vice Chair.

14. You explained that NHS Highland's leadership team had been considerably strengthened from 2019/20; not least with the interim appointment of Paul Hawkins as Chief Executive, followed by substantive appointment of Pamela Dudek. A new Director of Public Health, Director of Finance, Medical Director and Director of Human Resources have been appointed; as well the key, new posts of Deputy Chief Executive, Director of Estates, Facilities and Capital Planning, and Chief Officer for Acute Services. A new Head of Communications is also expected to start in December. On the non-Executive level, you were appointed substantively as Board Chair in December 2019; with three new non-Executives appointed during 2019/20; and three more scheduled for appointment imminently.

### **Initial response to the pandemic from February/March to July 2020**

15. You provided a helpful overview of the Board's initial response to the pandemic from late February. As has been noted, this required an unparalleled, immediate and radical restructure of both services and ways of working in the NHS in Scotland, including in NHS Highland. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated this year underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and I would like to take this opportunity to, once again, formally record our sincere thanks to local staff for the incredible effort and unstinting commitment they have consistently shown, in the most testing of conditions.

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## Forward look

16. The Board's remobilisation focus has been underpinned by clinical prioritisation: meeting emergency, urgent suspicion of cancer and urgent demand, whilst maintaining the safety of patients and staff. We noted and welcomed the Board's early delivery in terms of the remobilisation of elective care; particularly noting some of the ground-breaking work undertaken locally, e.g. piloting colon capsule endoscopy and the adoption of a new technology: Cytosponge; alongside the development of a one stop urology service before the end of 2020/21, which should help the Board to address its performance issues around the 62-day cancer pathway. You also confirmed that the Board is on track with the development of the North of Scotland Elective Care Centre in Inverness, with construction due to be complete by August 2022.

17. I understand that further progress in 2020/21 may be limited by the operational impact of the recent resurgence in COVID-19 admissions; and the overall risks associated with pressures this winter. Our over-riding priority remains, as in the first phase of the pandemic, that the NHS is not overwhelmed. I welcomed your assurances about robust winter planning and local resilience. I agreed that Boards must have flexibility of approach, based on local disease prevalence and other pressures; whilst operating in way which is fully consistent with the clinical prioritisation framework. It is likely Boards will need to review and submit revised remobilisation plans next spring.

18. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were scaled down following the initial lockdown, attendances have risen; and Boards face new pressures in A&E Departments and receiving wards due to the appropriate infection control measures and streaming of patients. That is why we are currently piloting the redesign of unscheduled care in NHS Ayrshire & Arran. We were pleased to note that NHS Highland is fully supportive of this necessary redesign work, and is well placed to implement similar changes. We agreed that, as with any significant service redesign, we need to learn the lessons from the pilot and ensure we effectively mitigate against the identified risks.

19. We want to recognise the significant achievement locally with the enhanced seasonal flu vaccination programme. We agreed that a robust communications strategy will be crucial, for the benefit of all stakeholders, on our approach to the very significant logistical and other challenges associated with the pending vaccination programme for COVID-19. The Board remains in close contact with the Government to finalise the local plans for effectively distributing the vaccine to the priority groups across the challenging geography of the NHS Highland area.

20. In terms of effective integration, it was pleasing to note that whole system working has been very much the focus of the approach by the new leadership team during the pandemic. We agreed that this must be maintained and developed as the Board and its planning partners move from the emergency/winter response to operational recovery and, ultimately, renewal.

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21. On financial outturn for 2020/21, you confirmed that (as at month 6) NHS Highland is forecasting the achievement of financial balance, based on the assumption that you will receive funding to meet the additional pressures arising from your COVID-19 mobilisation and remobilisation plans, and a further £8.8 million of financial support. I noted that the key risks to delivery remain additional COVID-19 and remobilisation pressures, including additional costs of staffing acute services, alongside primary care prescribing. You confirmed that the Board is continuing to assess and address these risks and pressures through your mobilisation and remobilisation plans.


### **Update: Review of Out of Hours Services in Skye, Lochalsh and South West Ross**

22. You provided a helpful update on the significant progress made with implementing Sir Lewis Ritchie's recommendations, originally published in May 2018. Whilst there is still some work to do around agreeing community bed provision in Portree, the overall picture is very positive. Sir Lewis has particularly noted the significant progress made around engagement between the local communities and NHS Highland; not least in terms of effective communication, co-production, and the building of positive relationships.

### **Conclusion**

23. I want to reiterate my thanks to the Board and local staff for their ongoing, incredible efforts, professionalism and commitment, in the facing of unprecedented and unremitting pressures during 2020/21.

24. I know you understand that there is no room for complacency, given the myriad of risks the NHS faces this winter. We will continue to keep local activity under close review and to provide as much support as possible. We are nonetheless confident that, under the Board's leadership team, NHS Highland and its staff are well placed to continue to deliver for the benefit of local people.

*Kind regards*  
  
**JEANE FREEMAN**

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