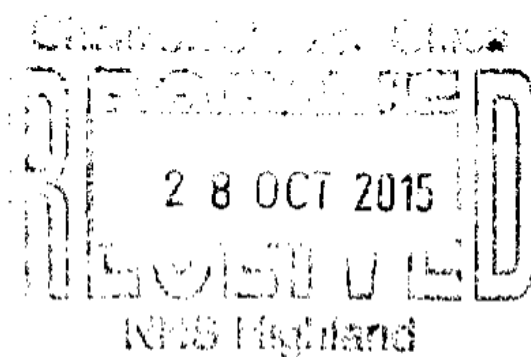


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27 October 2015

*Dear Garry*

### **NHS HIGHLAND: 2014/15 ANNUAL REVIEW**

1. This letter summarises the main points discussed and actions arising from the Annual Review and associated meetings in Wick on 7 September.
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 Caithness and Sutherland Regeneration Partnership**

3. I was pleased to have the opportunity to meet the Caithness and Sutherland Regeneration Partnership for the first time. The Partnership has representation from a wide range of interests across the area with the collective aim of promoting the economic and wider growth of Caithness and Sutherland. I was encouraged by the positive input NHS Highland is providing in recognition of the key role the NHS has as an employer and provider of health and social care services across the area.

### **Meeting with the Area Clinical Forum**

5. 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, and that the group has effective links to the senior management team. It was reassuring to hear that the Forum felt that it had been fully involved in the Board's efforts to respond to and address the 65 Health Board recommendations made by Lord MacLean in the Vale of Leven Inquiry, as part of a determined focus on contributing to effective clinical governance and patient safety. In addition, the Forum has played a key role in service delivery issues including contributing to a review of dentistry provision, supporting pharmacists in medicines management across primary, secondary and community pharmacy and the critical health and social care integration agenda and other local service redesign programmes.

6. I had very interesting discussions with the two patient representatives about the level of public engagement and the desire for earlier involvement of the ACF by the Board was something I undertook to feedback to the Board. I was grateful to all of the Forum members for taking time out of their busy schedules to share their views with me and encouraged them all to play a part in the recently launched national conversation on the future of health and social care in Scotland, either locally or via the website at [www.healthier.scot](http://www.healthier.scot).

### **Meeting With the Highland Partnership Forum**

7. I had an equally positive discussion with the Highland Partnership Forum. It was clear from our discussion that local relationships remain strong and that this is fundamental to a number of developments and improvements that have been delivered locally over the last year. Some highlights over the past year include discussion and agreement of the Highland Quality Approach (HQA) values and behaviours expected of those who work for NHS Highland – at all levels. I heard that influence is not just through the HPF but that local partnership forums have played a key part in organisational change and the move of staff in care homes on the Agenda for Change terms and conditions. The Forum is strongly engaged in the critical health and social care integration agenda and specifically to extending care at home. In Argyll and Bute the early focus has been on ensuring partnership involvement in the establishment of the Integrated Joint Board (IJB). I was encouraged by the discussion on the level of staff engagement on the Caithness General Hospital (CGH) redesign project to date and this approach is expected to feed into wider community engagement as options are developed for the future model of service at CGH.

8. I noted the commissioning of work to seek assurance on the quality of the management and staff interaction in KSF discussions and the development of personal development plans. I also noted the local challenges raised by the Forum which included an area of difference between management and staff sides on private sector provision of care home services. However, I heard that in acknowledging the differences there is a positive approach to continue discussions.

### **Patients' Meeting**

9. I would like to extend my sincere thanks to all the patients who took the time to come and meet with me. I 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. I greatly appreciated the openness and willingness of the patients present to share their experiences and noted the specific issues raised including: the challenges facing the board in recruiting staff and the sustainability of the rural general hospitals. I undertook to pick up with the Board the specific concerns about CGH and to encourage the Board to consider how the hospital could be utilised to maximum capacity through extending the use of day surgery and the up skilling of nurses to develop and provide a wider range of services. I also heard about issues relating to the scheduling of care at home services and I have asked the Board to ensure that home care services put the person being cared for at the centre of services provided.

## **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.

11. We then took questions from members of the public in a session lasting over an hour. 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 has an excellent record of achievement against the previous HEAT smoking cessations targets between 2011 and 2014. For 2014/15 the updated national LDP Standard was to deliver universal smoking cessation services to achieve at least 12,000 successful quits, at twelve weeks post quit, in the 40% most deprived within-board SIMD areas over the year. NHS Highland's proportion of this target was to support 582 smokers from the 40% most deprived areas, to quit for at least 12 weeks. With the data for the full year due to be published in October, between April 2014 and Dec 2015, the Health Board achieved 242 successful 12 week quits. Whilst the Board accepts that the target has been challenging, you reiterated NHS Highland's commitment to meeting it.

13. The Government's tobacco control strategy, *Creating a Tobacco Free Generation*, launched in March 2013 included a specific action for NHS grounds to be smoke-free by April 2015. NHS Highland has implemented its smoke-free policy across all acute sites and most mental health sites. The Board is working proactively with its planning partners to support the implementation of the policy. Whilst acknowledging the clear challenges that present themselves in terms of implementation, I want to recognise that the Health Board has been a key partner in the delivery of the national smoke-free NHS grounds communications campaign.

### ***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. 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 and not least the recommendations made by Lord MacLean in the Vale of Leven Inquiry. In terms of the latter, whilst NHS Highland had commented on a small number of the 65 Health Board recommendations made by Lord MacLean – and that these were being considered by the National Implementation Group – NHS Highland has fully met 57 of the recommendations and the focus now is on the remaining 8.

15. 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's small number (5) of MRSA cases in 2014/15. In terms of clostridium difficile, in 2014/15 the Health Board missed the HEAT target to deliver a rate of 0.32 cases per 1,000 total occupied bed days by March 2015, with a year-end rolling rate of 0.38 in patients aged 15 and over. I expect the Board to remain fully committed to meeting future dated targets for the reduction in incidence in MRSA/MSSA and clostridium difficile. 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 2014/15, the HEI carried out inspections in the Mid Argyll Community Hospital and Raigmore Hospital. HIS also undertook two inspections of Older People in Acute Hospitals. These were a joint inspection of Belford Hospital and MacKinnon Memorial Hospital and an inspection of Lorn and Islands Hospital. The Board has given me the assurance that all the requirements and recommendations identified as a result of these inspections have been properly addressed.

### ***Improving Access – Waiting Times Performance***

16. NHS Highland's compliance with the Treatment Time Guarantee (TTG) deteriorated during 2014/15. This was due to a combination of challenges including pressures on elective capacity, access to care home places, delayed discharges and prioritisation of emergency admissions. The Board now have clear TTG recovery plans and trajectories and are working hard to regain their previously good position. However, performance against the maximum 12 week waiting time standard for new outpatients continues to be a concern. Despite the challenges faced, NHS Highland has given an assurance that they will continue to manage the position tightly and retain an absolute focus on patient centred services at all times.

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, the position in NHS Highland has been a sustained achievement of performance at above 95% and I commend the Board on this strong performance.

18. Performance against the 62-day cancer standard has been above the 95% standard for the latest published quarter but has been below the 95% standard for the previous four published quarters. Performance against the 31-day standard has been above 95% for the last two published quarters having been below 95% for the two the previous published quarters. NHS Highland are reporting pressures in the colorectal and urology cancer pathways. You confirmed that the Board remains committed to meeting and maintaining both Standards, and that you are working with the Government's Cancer Delivery Team to this end. We asked the Board to consider whether there was scope to better utilise theatre capacity at CGH and the Board undertook to assess this.



## **Health and Social Care Integration**

19. We are now entering into a critical phase in terms of the progress Boards are making with their local authority planning partners in addressing the health and social care integration agenda. NHS Highland has two partnerships. Highland Partnership is taking a lead agency approach with services delegated between the partners – NHS Highland and Highland Council. The Health Board has responsibility for the planning and delivery of health and social care services for adults and Highland Council has responsibility for the planning and delivery of health and social care services for children. Argyll and Bute Partnership is taking an Integrated Joint board approach (IJB). Services to be delegated to the IJB include some adult service, all services for those under 18, community children's services, hospital outpatients services and rural general hospitals. Adult social care and social work criminal justice services and social work services for children and young people are also being delegated to the IJB.

20. Now that integration schemes for IJBs are being signed off, Partnerships should be establishing a strategic planning group and dividing the Partnership area into two, or more, localities. Once the strategic plan is finalised and published, the local IJBs must notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources will be delegated to the IJB. This must be on, or before, 1 April 2016.

21. I was interested to hear about the Care Home Bank arrangements in the Highland Lead Agency area which supports improved scheduling of care, rotas and cover for holidays and other leave. The Argyll and Bute IJB will consider if these arrangements can be replicated there. Tackling delayed discharges continues to be a challenge for the partners. Developing joint intermediate care services that provide alternatives to acute hospital admission and step-down care, where appropriate, following discharge continue to be a challenge for the partnerships. 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 2014/15. It should be noted that the breakeven position was supported by £3.0m of additional non-recurring NRAC funding. This was funded from additional NRAC parity funding in 2015-16 totalling £11.5m. The 2014-15 Financial Plan envisaged NHS Highland returning to recurring balance by 2017-18, however the 2015-16 Financial Plan is now forecasting that whilst the recurring deficit will reduce over the next two years, a recurring deficit of £3.0m will remain for the remainder of the period of the plan to 2019-20. 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 challenging, NHS Highland remains fully committed to meeting its financial responsibilities in 2015/16 and beyond.

23. I also took the opportunity to ask the Board's non-Executives about how comfortable they were with the quality of information provided in order to inform the holding of the Executive team to account. I was assured that Board members received detailed, helpful information and data so felt fully informed and able to effectively scrutinise local performance and carry out their key governance role.

## Conclusion

24. As I said at the conclusion of the Public Session and the Annual Review, recognising that this is your final year as Chair of NHS Highland, I want to put on record both my personal thanks and the gratitude of the Scottish Government for the significant contribution you have made during your tenure, for the benefit of local health services and communities.

25. I want to recognise that there is some excellent work going on in NHS Highland. Whilst there will always be improvements that can be made – which the Health Board accepts – 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.

26. Building on the effective relationships which exist across the Board area will be essential in moving forward. 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,  
Shona

**SHONA ROBISON**

## NHS HIGHLAND ANNUAL REVIEW 2014/15

## 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; in particular TTG and Outpatients 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 in line with the Board's Highland Quality Approach.**