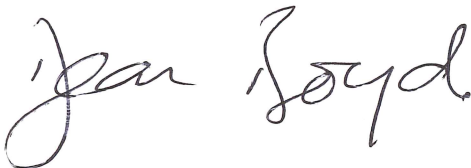


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Boyd Robertson  
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By Email.

5 June 2019



## **NHS HIGHLAND: 2017/18 ANNUAL REVIEW**

1. This letter summarises the main points discussed and actions points arising from the Annual Review and associated meetings held at the Culduthel Christian Centre in Inverness on 25 April 2019. I would like to record my thanks to everyone who was involved in the preparations for the Review and those who attended the various meetings.

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

2. I had a positive and highly informative discussion with the Area Clinical Forum (ACF). The Forum meets every two months, including attendance by the Chair of the Adult Social Care Practice Forum, and I was encouraged to hear about the range of initiatives in which clinicians, as well as social care professionals, are actively engaged. These include the development of the new Elective Care Centre, Primary Care Modernisation, the Best Start programme, the promotion of the Realistic Medicine agenda and expanding the use of ehealth technology for the benefit of local patients.
3. We spent some time discussing the critical role that clinicians and professional advisory structures play in influencing and supporting the Board in responding to the challenges it faces. This includes a key role for the ACF and I was reassured to hear about the close involvement that the ACF has with the Highland Quality Approach and the Board's Quality and Sustainability Plans, as well as the recent establishment of the Professional Alliance. The ACF and its professional subcommittees will also have a key role to play in ensuring the Board develops a robust and proactive response to the forthcoming Sturrock Review of the allegations of bullying and harassment and I was assured that the members accepted that challenge.

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4. We also discussed the on-going recruitment and workforce challenges facing the Board, including in relation to Obstetrics and Midwifery and the ACF members in attendance made a strong case highlighting the importance of having the right number of training places in the right locations to support Boards' recruitment efforts. Ensuring the safe and sustainable provision of healthcare services across the Highlands must be your priority and the ACF made clear to me that they recognise that continued meaningful engagement of local clinicians will be essential in taking forward both the critical health and social care integration agenda as well as the ongoing local service redesign work..

### **Meeting with the Highland Partnership Forum**

5. I had a constructive discussion with the Highland Partnership Forum (HPF). The attending members of the HPF sought to reassure me that, in the main, local relationships are sound and that good work is being done to ensure that staff feel listened to and engaged with the Board.
6. The HPF meets four times a year, supported by Local Partnership Forums in both North Highland and Argyll & Bute. Members confirmed the wide range of issues which have been discussed and taken forward in the forums as well as the key role that these structures have in supporting staff across the Board area. In recognition of this critical role and the challenges facing the Board over the coming months, the HPF may wish to give some consideration to whether more regular meetings might be of benefit.
7. We gave some time to discussing the Sturrock Review and the vital role for the Partnerships in supporting staff for whom the forthcoming report will revive difficult feelings. Attendees also accepted that the Partnerships will have a key contribution to make in ensuring staff feel involved in and are fully aware of the Board's response to any recommendations that arise from the report.
8. I was also pleased to hear of initiatives already underway to improve communications both with staff and with the local communities to ensure the widest possible awareness of the positive things that are going on in the Board, including regular updates from the new Chief Executive, the development of a magazine for GP surgeries and regular visits by the new leadership team to all parts of the Board's services.
9. We discussed the focus that has been given to the People Strategy over the previous 18 months, including the provision of training, engagement around iMatter and the positive impact of the Rapid Improvement Event held last year around Attendance Management. I was pleased to hear the commitment to taking this forward, including a clear recognition of the importance of working to prevent people becoming unwell.

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## Meeting with Patients and Carers

10. I would like to extend my sincere thanks to all of the patients and carers who took the time to come and meet with me during the Annual Review. I greatly appreciated the openness and willingness of these individuals to share their experiences and noted the specific issues raised. These included: the importance of affordable accommodation in attracting people to work in health and social care; funding and design of the new Belford Hospital; the number of people who have to travel for relatively routine services; the need to involve people with disabilities in the decisions around their care and treatment; the key role played by First Responders in some of the most remote parts of the Board area; the funding of adult social care and the pressures on the staff providing that care, especially in people's own homes. A number of these issues were raised with the new leadership team in the private session later in the day.

## Public Session

11. The public session was held in the Auditorium of the Culduthel Christian Centre and included a presentation by yourself on 'Making NHS Highland Fit for the Future' and included a summary of the Board's performance during 2017-18. This was followed by a Q&A session with the Board leadership.
12. Those attending the session raised a wide range of issues with a particular focus on the importance of providing services as close to patients' homes and local communities as possible. This included maternity services, with a wish to see more women able to give birth in the Caithness area and a concern raised that all public services should work together to consider how their decisions regarding service design and delivery interact to impact on local communities.
13. Other matters discussed included the suitability of the new GP contract for rural areas; the importance of locality groups to the successful delivery of health and social care integration; the provision of beds for rheumatology patients in Dingwall; access to appropriate services for people going through gender transitioning. and transport arrangements for people who need to access acute mental health services in Raigmore. A key point was also made that the kinds of services provided for young people through the Board's Child and Adolescent Mental Health Services (CAMHS) was partly about good life skills and would have a preventative effect if offered to all young people, for example in a school setting.
14. A detailed account of the specific progress the Board has made in a number of these and other areas is available to members of the public in the self-assessment paper which the Board prepared for the Annual Review and which is published on the NHS Highland website.

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## Annual Review – Private Session

### **Health Improvement**

15. NHS Highland is to be commended for its excellent performance in delivering Alcohol Brief Interventions (ABIs) since 2008. 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 proven to be effective in reducing consumption in harmful and hazardous drinkers. In 2017-18, NHS Highland exceeded their target for delivering ABIs by 35%, delivering a total of 4,990 interventions against a target of 3,688.
16. However, the Board has not performed so well in respect of the Drug and Alcohol Waiting Times with a performance of 86.1% against a 90% standard for the year to March 2018. You highlighted the challenges of staff recruitment and retention but assured me that you are fully committed to making improvements in this area. The National Government Support Team will continue to offer support where necessary. The Board also encountered challenges in relation to the 2017-18 smoking cessation target recording 289 successful quits at 12 weeks compared to a target of 430. This area of health improvement remains under scrutiny but in the meantime I would encourage you to maintain your efforts to reduce smoking rates amongst the Highland population.
17. We also discussed the work underway in relation to the national waiting times for access to psychological therapies and child and adolescent mental health services (CAMHS). The Board did not meet the 90% standard for access to Psychological Therapies or for CAMHS services in 2017-18, although the proportion of people beginning their treatment within 18 weeks was at or above the Scottish average. More recent figures for the quarter to December 2018 indicates that this level of performance has remained steady.
18. Recruitment remains a significant challenge in this service. However, new ways of working are being looked at to remedy the situation including the redesign of vacant medical posts and a pilot to use video-conferencing to offer remote access to mental health assessment services for patients in Caithness, linking into New Craigs Hospital in Inverness. These innovations have been backed by additional Government investment. This includes just over £2.3m from 2016-17 to 2019-20 to support workforce capacity and workforce development in NHS Highland. The Board's commitment to maintaining and improving local performance against these priority mental health access targets was confirmed and I am sure you will wish to reiterate that commitment going forward.

### **Patient Safety and Infection Control**

19. 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 there has been a lot of time and effort invested locally in effectively tackling infection control. This is reflected in the Board's performance which was just within the standard of 0.24 cases per 1,000 occupied bed days for *Staphylococcus aureus* bacteraemia in 2017-18. The rate rose slightly over the remaining nine months of 2018 but remained below the Scottish average.

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20. The pattern of performance against the standard for Clostridium difficile Infection (CDI) has been similar, coming in just under the target at the end of 2017-18 with a slight rise in more recent quarters. However, you provided assurance that all cases are subject to root cause analysis with a very small number identified as preventable, and learning being shared where this the case.
21. In terms of Hospital Standardised Mortality Ratios (HSMR) NHS Highland's rates are showing a downward trend in common with the rest of the country, although at a lower rate due to having a low HSMR to begin with.
22. The most recent announced inspection by the Healthcare Environment Inspectorate was carried out across three sites: Campbeltown Hospital, Cowal Hospital and Mid Argyll Community Hospital in July 2018. Areas of good practice identified by inspectors for all three hospital included the standard of environmental cleanliness, the cleanliness of the majority of patient equipment and good hygiene compliance. The inspection resulted in eight requirements and the Board has developed an action plan to ensure that these are met.
23. Healthcare Improvement Scotland also carried out an unannounced inspection of care for older people in Raigmore Hospital in April 2018. The inspectors found four areas of good practice and sixteen areas where improvements could be made, which included poor record keeping across all areas reviewed. You have also put in place an improvement plan to address these issues, which I welcome given the importance of good record keeping in supporting and demonstrating patient safety and quality of care. I would urge you to continue to make progress on all areas of improvement across Infection Control as a matter of urgency.

### ***Improving Access: Waiting Times Performance***

24. NHS Highland is to be commended for its excellent performance against the 4 hour Emergency Care standard. The Board regularly exceeds the 95% target on a monthly basis. I was pleased to see that the figure for March 2018 was 96% and more recent figures indicate that this high level of performance has been maintained.
25. NHS Highland's position in relation to outpatient waiting time improved significantly over 2017-18. The conversion into inpatient cases from this high rate of activity in outpatients has, however, seen a rise in the number of cases breaching the Treatment Time Guarantee. The level of performance for elective waiting times reflects ongoing pressure across the system. However, your provided assurance that the Board is working to recover and stabilise waiting times performance and retains an absolute focus on patient centred care at all times. A mobile theatre is currently on site to increase the Board's capacity in relation to trauma and orthopaedics, where a number of patients were identified as waiting longer than expected, and a number of initiatives are underway to increase efficiency in the provision of eyecare.
26. NHS Highland's performance against the 31 day cancer access standard dropped below 95% in the early part of 2018. While some improvement was seen during the rest of that year, performance remained just below the 95% standard. Performance against the 62 day standard was lower at 81.4% for the quarter ended March 2018 rising to 83.7% for the quarter to December 2018.

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27. Workforce challenges, particularly in relation to Radiology, Haematology and Urology, have contributed to the performance challenges in this area, and developing national responses to some of these issues may offer some assistance. In the meantime, a peer review against the Framework for Effective Cancer Management in early 2019 led to a number of recommendations for ensuring the best use of existing resources and I look forward to seeing the impact of these being implemented.

### ***Health and Social Care Integration***

28. NHS Highland uses both models of integration – Lead Agency in North Highland since April 2012 and an Integration Joint Board in Argyll and Bute since April 2016. Both Chief Officers are working closely with the other senior executives in the Board to take forward the development and redesign of services to respond to specific local challenges and reflect the views of the communities in their localities.
29. Delayed discharge continues to be a challenge for NHS Highland with capacity in care at home services and care home placements accounting for the vast majority of delays for people over 65. The financial challenge of responding to the rising costs of adult social care, particularly under the North Highland Lead Agency arrangements, is one of the key priorities for the Board in developing a sustainable model of integrated care provision for the future and we are keen to work with you and your planning partners to find a shared way forward.

### ***Finance***

30. It is essential that NHS Boards ensure that resources are used economically, efficiently and effectively. This involves securing a balanced and sustainable financial position, while effectively addressing demand on health and care services. NHS Highland managed to deliver all of its financial targets for 2017-18 but required revenue support from Scottish Government to do so.
31. Contributing to the financial challenge were prescribing costs, adult social care, workforce challenges along with a shortfall in the delivery of savings initiatives.
32. In March 2018, NHS Highland submitted a Financial Plan which forecast a continuing need for financial support from the Scottish Government. The Board has been in receipt of expert financial support during the year and has demonstrated improvements in financial grip and management. The Board has remained within its anticipated requirement for brokerage.
33. Since the end of 2017-18, the Board has continued its efforts to maximise the impact of local efficiency programmes and to develop its Recovery Plans. In October 2018 the Scottish Government published the Health and Social Care Medium Term Financial Framework, setting out the financial context for health and social care services over the next few years. To assist Boards with their planning, the Framework was accompanied by a new deal for Boards, providing additional flexibility by allowing them to break even over a three year period. In addition, with respect to outstanding brokerage, it has been confirmed that NHS Highland will be provided with a clean slate from the end of 2018-19, to enable the Board to focus on the delivery of Ministerial priorities and a return to sustainable financial balance.

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## Conclusion

34. I do not want to lose sight of some of the excellent work that was undertaken locally in 2017-18 for the benefit of local patients, not least in the provision of unscheduled care, the reduction of outpatient waiting times and the delivery of local health improvement activities. I want to record my thanks to the Board and to local staff for their efforts, professionalism and commitment.
35. Whilst I am happy to acknowledge the many positive aspects of performance in NHS Highland, I know you recognise there remains much to do, especially in developing and then implementing a credible financial recovery plan. I am confident you are not complacent and you recognise the need to improve performance in some key areas whilst maintaining the quality of frontline services and demonstrating best value for taxpayers' investment. We will continue to keep progress under close review I have included a list of the main performance action points in the attached annex.

*Kind regards*  
*Jeane*

**JEANE FREEMAN**

## NHS HIGHLAND ANNUAL REVIEW 2017/18

## MAIN ACTION POINTS

## The Board must:

- **Continue to deliver on its key responsibilities in terms of clinical governance, risk management, quality of care and patient safety.**
- **Continue to ensure that there is regular and full involvement of the members of the Area Clinical Forum, the Professional Alliance and the Highland Partnership Forum in delivering the Board's commitment to clinical effectiveness, governance and patient safety.**
- **Keep the Health and Social Care Directorates informed of progress towards achieving all access targets and standards in line with agreed improvement trajectories, including the suite of elective care standards, cancer standards and and mental health access standards.**
- **Continue to review, update and maintain robust arrangements for controlling Healthcare Associated Infection and ensure all Action Plans arising from inspections are implemented within reasonable timeframes.**
- **Continue to work constructively with planning partners on the critical health and social care agenda.**
- **Keep the Health and Social care Directorates informed with progress on local service redesign plans, in line with national policy.**
- **Keep the Health and Social Care Directorates informed of progress with local health improvement activities including improvements in delivery of Drug and Alcohol waiting times and local smoking cessation activities.**
- **Agree a formal Recovery Plan to achieve financial targets and return the Board to sustainable financial balance.**
- **Provide a written update to the Scottish Government on progress against the above actions by 30 September 2019.**

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