Dear Mr Stewart

SUMMARY FROM SHARING INTELLIGENCE FOR HEALTH & CARE GROUP – NHS HIGHLAND

The Sharing Intelligence for Health & Care Group (referred to as ‘the Group’) considered NHS Highland at our meeting on 19 August 2019, as part of our routine annual programme of work. We are writing now to summarise the main points we discussed collectively as seven national organisations.

The Group’s overall aim is to support improvement in the quality of care provided for the people of Scotland, by making good use of existing data, knowledge and intelligence. One of our main objectives is to ensure that, when any of the seven agencies on the Group have a potentially serious concern about a care system, then this is shared and responded to as necessary. Sharing concerns at the right time can help identify emerging problems which can then be acted upon.

The intelligence considered by the Group should already be known to NHS Highland, including a range of information which is already in the public domain. It is important to note that we only consider data/information that is held by the seven agencies represented on the Group. This sort of intelligence helps us identify things that are working well, as well as emerging problems. It does not, however, allow us to make a comprehensive assessment of the quality of care – nor is it the role of the Group to do this.

NHS Highland

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1The Sharing Intelligence for Health & Care Group is a partnership involving: Audit Scotland; Care Inspectorate; Healthcare Improvement Scotland; Mental Welfare Commission for Scotland; NHS Education for Scotland; Public Health & Intelligence from NHS National Services Scotland, and: Scottish Public Services Ombudsman.
When we considered NHS Highland on 19 August 2019, the partner agencies on the Group found it helpful to learn from each other about various aspects of the health and social care system in Highland. This will help inform the work we carry out as national organisations. As described below, we were pleased to note aspects of your local system that are working well. We also acknowledged that the past year has been a very difficult one for NHS Highland, including changes in senior leadership, challenges to achieve a more sustainable financial position, and the report from an independent review of cultural issues relating to allegations of bullying and harassment. These factors pose some significant risks to the quality of care delivered for the residents of Highland. We acknowledge that work is already being carried out locally to respond to these issues. On the basis of the intelligence we considered, the Group agreed one additional action that our organisations will carry out. This is highlighted below.

Leadership and culture are critically important factors when considering the quality of care in the wider sense. We are also aware that the leaders of today’s health and social care systems are working within an environment of extreme pressure. There has recently been a significant level of change across Scotland within the senior leadership of NHS boards. The level of change has been noteworthy in NHS Highland, and we understand that permanent appointments have still to be made to some Executive and Non-Executive positions on your Board - including appointing a permanent Chairman. The Group agreed that making good appointments to complete your senior leadership/management structure will be critical in bringing in the experience and capacity to provide stable, effective leadership that can deliver the level of transformation required.

Audit Scotland’s progress report\(^2\) on health and social care integration across Scotland highlighted the importance of collaborative leadership across the different components of local health and social care systems. Our understanding is that NHS Highland will continue to work with The Highland Council using the ‘lead agency’ model, and with Argyll & Bute Council through the integration joint board (body corporate) model. A joint inspection of services for children and young people in Argyll & Bute Health & Social Care Partnership found evidence of strong leadership and direction, with staff united in a common purpose. Inspectors found that, overall, services are working very well together in partnership and are underpinned by a positive culture of respect and openness.

In May 2019, the findings were published from an independent review following allegations of bullying and harassment in NHS Highland. The review found that bullying or inappropriate behaviour has occurred within NHS Highland, and there were shortcomings in how issues raised were dealt with. We note that NHS Highland has prepared an initial action plan in response to the recommendations from this review, and there appears to be an overriding commitment to improving engagement, openness and transparency throughout the organisation. As this action plan is still under development and the level of organisational change required will inevitably take time, it is too early to know how effective this will be in reshaping the culture of the organisation.

As a Group, we will continue to be mindful of the leadership and cultural challenge in NHS Highland – including progress in putting in place the senior management/leadership team, and addressing the findings from the independent review into cultural issues.

As highlighted in our annual report for 2018-2019\(^3\), care systems across the country are experiencing unprecedented financial pressures. When we considered NHS Highland in 2018, we noted the significant financial challenges being faced by the NHS board – and the appointed auditor highlighted that these continued during 2018-2019. While NHS Highland achieved savings in-year of £26.7 million, there remained a financial gap as at 31 March 2019. Additional financial support in the form of brokerage from Scottish Government of £18 million was required in order to enable NHS Highland to meet its statutory financial targets. Areas of financial pressure for NHS Highland continue to be associated with medical locums, adult social care, and drug costs. As a Group, we agreed that there is a significant challenge for NHS Highland to achieve a more sustainable financial position when simultaneously maintaining a focus on delivering both high quality clinical care and also the level of transformation of services that is required.

As a Group, we have also highlighted the significant workforce challenges that care systems across Scotland are experiencing. Public Health & Intelligence reported that the rate of consultant vacancies for NHS Highland (13%) continues to be higher than the national average (8%). There has also been a marked increase in the rate of vacancies for nurses and midwives in NHS Highland, and this is also higher than the average for Scotland (8% versus 5%, respectively). We also learned from the Care Inspectorate and Mental Welfare Commission for Scotland about how staff shortages have led to the closures of a nursing care home in Argyll & Bute and a mental health ward at New Craigs Hospital, the latter increasing the pressure on beds at the hospital.

NHS Education for Scotland reported that NHS Highland continues to be a good environment for trainee doctors, with good engagement in relation to medical education and training. We did learn, however, of concerns about the management of boarded patients – in particular for General Internal Medicine.

Our meeting on 19 August 2019 provided an opportunity for the partner agencies on the Group to share information with each other about the quality of other front line services in Highland. For example, the joint inspection of services for children and young people in Argyll & Bute found that the help and support provided to children at an early stage is very good. Inspectors found significant improvements in the way vulnerable children are protected since child protection services were last inspected. Inspectors also identified areas where there is a need for continued improvement, especially in the way services are jointly planned. Healthcare Improvement Scotland also reported that no major concerns about the quality of care were identified from inspections at Raigmore Hospital, Campbeltown Hospital, Cowal Community Hospital

and Mid Argyll Community Hospital. NHS Highland are engaging well with the liaison
inspector to discuss learning and implementing actions following inspections.

Healthcare Improvement Scotland also highlighted examples of where NHS Highland
has engaged with some nationally led improvement programmes. Successes include
sustained improvements in the rates of pressure ulcers and also falls. There continue
to be some challenges regarding the infrastructure/capacity in NHS Highland to lead
and deliver quality improvement work.

Public Health & Intelligence reported that data about clinical outcomes and
performance are not highlighting serious and widespread concerns about the quality
of patient care in Highland. There has, however, been a marked increase in the rates
of medical and surgical readmissions for Raigmore Hospital. Data for some national
targets and for national clinical audits also highlight some areas where improved
performance is required. The Group therefore agreed that, given the issues
highlighted above with leadership, culture and finances in NHS Highland, it will seek
some additional assurance about the quality of front line clinical care. Specifically,
Public Health & Intelligence and Healthcare Improvement Scotland will consider a
wider range of available data on clinical outcomes and performance. Public Health &
Intelligence also explained that it is working with NHS Highland to support the way
that available data are interpreted and used. We expect that NHS Highland has
mechanisms to measure and monitor the quality and performance of services and, as
part of this work with Public Health & Intelligence, we would like to learn what this is
showing NHS Highland about the quality of care.

We hope you find this summary of our discussions helpful. As a Group, we will
continue to share intelligence in order to inform the work we carry out as seven
national agencies. If you have any suggestions for how our Group can better support
your work to deliver high quality care for the residents of Highland then please don’t
hesitate to let us know.

Yours sincerely

[Signatures]

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