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Dear Ms Dudek

Feedback from the 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 23 August 2021, 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.¹

First, we would like to thank colleagues from NHS Highland and the two Health & Social Care Partnerships in the region for their tremendous efforts in the ongoing response to the COVID-19 pandemic. We know that the pandemic will continue to cause enormous challenges for front line services for some time to come, and there will be an impact on those heavily involved in the COVID-19 response even once the current challenges recede.

The pandemic has also impacted on the work programmes of the seven national organisations on the Group, and in doing so on some of the intelligence that is available to us. We are, however, continuing to share and consider intelligence regularly – as this helps us identify things that are working well, and also any emerging problems which can then be acted upon. The remit of the Group does not,

¹ The 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 Scotland, and: Scottish Public Services Ombudsman.
however, extend to making a comprehensive, system-wide assessment of the quality of care. The intelligence we considered on 23 August should already be known to NHS Highland, including a range of information which is already in the public domain.

NHS Highland

When we considered NHS Highland on 23 August 2021, 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. In summary, the Group acknowledged that work is ongoing to address concerns about culture and financial sustainability in Highland. We also identified some potential concerns about clinical governance. In the first instance, we wish to meet with you and your team to learn more about how NHS Highland is addressing these issues. As part of this, we would like to hear about how clinical governance is working in NHS Highland, including what conclusions you have drawn from this about the quality of care delivered.

As a Group, we have previously acknowledged the environment of extreme pressure that the leaders of today’s health and social care systems are working within – together with the significant level of change across Scotland within the senior leadership of NHS boards. When we considered NHS Highland in 2019 and 2020, we noted the significant level of leadership change. At our meeting on 23 August 2021, we learned that there is now stability in NHS Highland’s leadership team.

Previously, we learned about the work you are carrying out to address the published findings from an independent review that had found that bullying or inappropriate behaviour had occurred within NHS Highland. At our meeting on 23 August 2021, Audit Scotland highlighted the progress that has been made to deliver The Healing Process, which aims to help current and former employees deal with past experiences and gain resolution and support.

The Care Inspectorate explained that, within the past year, there has been restructuring within the Health & Social Care Partnership in Argyll & Bute. This partnership is experiencing consistently high pressure on staff resources, meaning that plans to review case management and practices continue to be on hold. The restriction of development activity resulting from resources being diverted to frontline service delivery will, if not addressed in the short to medium term, present a risk to supporting positive cultural change. There have also been several changes in senior positions within Highland Health & Social Care Partnership. We understand that some concerns have been expressed about the focus on acute care and health services at the expense of the social justice agenda. We noted that the independent review of adult social care in Scotland has recommended one model of health and social care integration – and this could have significant implications for the Highland partnership region where a different model is used.

Audit Scotland explained that NHS Highland has updated its approach to risk management, and as part of this has introduced a Board Risk Assurance Framework. We understand that NHS Highland is also refreshing its clinical governance mechanisms, and we noted that your Clinical Governance Committee has recently raised a risk that it is unable to provide assurance to your Board due to its inability to effectively scrutinise clinical governance systems and processes. Healthcare Improvement Scotland informed the Group that NHS Highland is in the process of establishing systematic clinical governance mechanisms for mental health services.

Audit Scotland explained that NHS Highland continues to operate within a challenging financial environment. We noted that you have prepared a one-year financial plan for 2021/22, and this will be revisited with Scottish Government after the end of September, given the ongoing uncertainty around the impact of COVID-19 on delivery of the financial plan and associated funding allocations. Your financial plan requires savings representing 4.8% of your baseline allocation. We noted previously
that, as a result of concerns about financial management and sustainability of services, NHS Highland was at level 4 on the Scottish Government escalation framework. At our meeting on 23 August 2021, we learned that NHS Highland has recently been de-escalated to Stage 3. Escalation status reflects issues relating to finance, governance, leadership and culture, and mental health.

The Mental Welfare Commission for Scotland explained that there are a number of factors that are impacting on the quality of care at New Craigs Hospital. These include a reduction in bed numbers (our understanding is that the amalgamation of two acute adult wards is a temporary measure), an increased complexity/acuity of the patient group being admitted, and difficulties with recruiting staff and a reliance on agency and bank staff. The Commission also highlighted that there are marked delays with carrying out Significant Adverse Event Reviews.

In April 2020, concerns were raised with Healthcare Improvement Scotland about the care being provided for a person at New Craigs Hospital – and for which a local Adult Support & Protection investigation was subsequently carried out. The Commission has ongoing involvement with NHS Highland about this person’s care. In parallel with this, Healthcare Improvement Scotland has been engaging with NHS Highland about some broader issues raised by this case/investigation. The focus of this is to seek assurance about how the wider learning from the Adult Support & Protection investigation is being applied, and also about clinical governance of mental health services.

Healthcare Improvement Scotland informed the Group that it carried out an unannounced, COVID-19 focused inspection to Raigmore Hospital in June 2021. Systems were in place to assess patients prior to admission, to ensure they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital. NHS Highland engaged well with the inspection team, and there were no escalations or immediate patient safety concerns.

NHS Education for Scotland explained that NHS Highland is meeting requirements for high quality training for doctors, and delivering to the high standards set by the General Medical Council. We noted that NHS Highland has a rate of consultant vacancies that is double the Scottish average, and this is also the case for vacancies for allied health professionals.

Public Health Scotland’s Scottish National Audit Programme highlighted that NHS Highland continues to have difficulty in achieving the Scottish Stroke Care Audit standards. We also learned that NHS Highland is still experiencing some challenges with waiting times for cancer treatment.

The Scottish Public Services Ombudsman explained that NHS Highland has an independent service in place for receiving staff concerns, and this appears to be working well. We understand that NHS Highland has made some changes to your complaints handling procedures, which can be expected to improve the experience of patients and service users making complaints. The Ombudsman also reported that it is continuing to see cases where there are issues with consenting processes for medical procedures.
We hope you find this summary of our discussions helpful, and we would be grateful if you share this letter with the two Health & Social Care Partnerships in Highland, together with the Board of NHS Highland. We will also welcome your feedback on how we can improve how we share and use intelligence as a Group, including how this can be of greatest value to NHS Highland.

Yours sincerely

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