30 October 2020

Ms Pamela Dudek
Chief Executive
NHS Highland
Assynt House
Beechwood Park
Inversness
Inverness-shire
IV2 3BW

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 24 September 2020, 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 wish to acknowledge, and show our appreciation for, the great efforts of staff from NHS Highland and the two Health & Social Care Partnerships in Highland in response to the COVID-19 pandemic. In our annual report for 2018-19, we highlighted the committed workforce in Scotland that has continued to deliver high-quality care. Colleagues’ expertise, professionalism, commitment and compassion are needed now more than ever. We also understand that local health and care systems are currently in the process of restarting many services, and the COVID-19 pandemic will continue to impact on front line services for a considerable time to come.

The seven national organisations on the Group have also made changes to our work programmes, with the ultimate aim of supporting front line services during the COVID-19 pandemic. This is having some impact on the intelligence that is readily available to us. We are, however, continuing to share and consider intelligence regularly throughout the current pandemic – as we have a duty to make the best use possible 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

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.
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 on 24 September 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. Furthermore, we are prioritising the points that we feed back to individual NHS boards during 2020-21, with the aim of drawing attention to points that continue to be relevant at the time of the current pandemic.

**NHS Highland**

When we considered NHS Highland on 24 September 2020, 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 discussed some 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, sometimes with input from one or more of the partner agencies on the Group.

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 boards². In 2019, we highlighted that this level of leadership change was noteworthy in Highland, and that filling your key leadership vacancies would be critical for establishing stable, effective leadership that can deliver the level of transformation required. We note that in the past year there continue to have been significant changes to the composition of NHS Highland’s senior management team, and some further changes are to be expected at least in the short term.

In addition to changes to the senior management team, we understand that there are changes to NHS Highland’s governance mechanisms. These are designed to bring greater clarity to the different roles of management decision making and assurance committees, and are also more consistent with the governance structures used in other NHS boards.

We have also previously highlighted the importance of collaborative leadership across the different components of health and social care systems. The Care Inspectorate explained that, during the COVID-19 pandemic, there has been evidence of support from NHS Highland to the two Health & Social Care Partnerships. We also acknowledged that, following input from the Care Inspectorate, NHS Highland provided significant support for Home Farm Care Home in Portree to improve standards of care and cleanliness.

When we considered NHS Highland in August 2019, we discussed the published findings from an independent review that had found that bullying or inappropriate behaviour had occurred within NHS Highland. At our meeting last month, we learned that work is being carried out to address the recommendations from this review. For example, we note that a survey has been carried out to understand the experience of NHS Highland staff working within the Argyll & Bute Health & Social Care Partnership – and the main themes from this survey are in line with the findings from the independent review. We also acknowledged that work is progressing to deliver The Healing Process,

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which aims to help current and former employees deal with past experiences and gain resolution and support (we note that COVID-19 is impacting on the delivery of this process).

As a Group, we previously highlighted the significant financial pressures being experienced by care systems across the country. Audit Scotland explained that NHS Highland continues to have significant financial challenges, and that the Scottish Government provided £11 million of additional financial support to NHS Highland in 2019-20. We note that you have made substantial progress in delivering savings, however NHS Highland still faces significant challenges to achieve a financially sustainable operating model. Pre-COVID-19 NHS Highland had forecast that it would require brokerage funding of £8.8 million in 2020-21 in order to achieve financial balance. We understand that the global pandemic will have had an impact on the focus and priorities of NHS Highland, and the effect of this on your NHS board’s financial position is still to be reflected in your financial plans. As a result of concerns about financial management and sustainability of services, NHS Highland remains at stage 4 on the Scottish Government’s escalation framework.

Audit Scotland reported that expenditure on medical locum agency, and also supplementary staffing for nursing, continues to be a major pressure for NHS Highland. NHS Education for Scotland reported that, while the level of consultant vacancies is close to the Scottish average, NHS Highland has a relatively high percentage of vacancies for nursing staff (9% versus 6% for Scotland), and for allied health professionals (11% versus 6% for Scotland). We are interested to learn about your plans for addressing your main workforce challenges, including transforming nursing roles. NHS Education for Scotland also explained that NHS Highland continues to be a supportive environment for trainee doctors, with good engagement in relation to medical education and training.

Our meeting on 24 September 2020 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, we found it helpful to learn from Healthcare Improvement Scotland that, prior to COVID-19, NHS Highland had engaged with some nationally-led quality improvement work. Successes include a sustained improvement in the rate of falls, and maternity services having an open and honest culture that is conducive to improving the quality and safety of care. We have previously acknowledged that NHS Highland has some challenges regarding the infrastructure/capacity to lead and deliver quality improvement work, and this continues to be the case.

The Scottish Public Services Ombudsman explained that they have drawn NHS Highland’s attention to their thematic report on consent, as two recent cases had identified issues with consent for surgical procedures which hadn’t been picked up as part of NHS Highland’s own investigations.

In summary, the Group acknowledged that there are ongoing concerns about leadership change, culture, and financial sustainability in Highland. We therefore agreed that, in the first instance, we wish to meet with you and your team (including input from the two Health & Social Care Partnerships) to learn about your assessment of these issues and how you are responding to these. In addition, we will seek some additional assurance about the quality of front line care. To do so Public Health Scotland and Healthcare Improvement Scotland will, ahead of our meeting, consider a wider range of outcomes and performance data. When we meet, we would also like to learn what conclusions NHS Highland has drawn about the quality of care being delivered, on the basis of how this is routinely monitored/measured as part of your governance mechanisms.

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

Alastair McLellan
Co-lead for Quality
NHS Education for Scotland

Simon Watson
Medical Director
Healthcare Improvement Scotland

CC: Mirian Morrison, Liaison Co-ordinator
Deborah Jones, (IJB) Highland
David Park, (IJB) Highland
Joanna MacDonald, (IJB) Argyll & Bute