



The Scottish Parliament
Pàrlamaid na h-Alba

Ms Pam Dudek
Chief Executive
NHS Highland

Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP
Tel: 0131 348 5210

Via email only

Calls via RNID Typetalk: 18001 0131 348 5224
Email: healthandsport@parliament.scot

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Dear Ms Dudek

I write following your Boards appearance at the Committee on 19 January with some follow up questions, including a few which we were unable to ask in the time available. All references in the letter are to the Official Report of the meeting which is available [here](#).

The Committee is grateful to you and the other panel members from your Board for their time and for the detailed information provided in advance.

Track and Trace

In answer to a question by myself Dr Allison indicated “the system is not currently running as a result of the high number of cases following on from Christmas.” (column 2). For clarity could you indicate whether this answer refers to the whole system of track and trace or follow up contacts. Could you also explain why the discontinuation is in place.

Dr Allison then indicated (column 3) there had been learning from previous outbreaks which had improved efficiency. Could you indicate what some of the learning has been and also advise how learning is being shared across the country.

Vaccination Programme

As a general observation not confined to NHS Highland, it appears to be taking considerable time to establish and roll out the full vaccine programme. Could you indicate when preparations for vaccinating the whole of your adult population began to be made.

Indirect Health Impacts of Covid-19

You mentioned in relation to people's mental health from isolation and drug and alcohol use (column 6) "We are looking very hard at how we work with our partners and communities to support initiatives that can help to address that." And later added "It is about us making a collective effort with communities and local elected members to see how we can make progress on that." Given these impacts have been seen from the first lockdown in March can you indicate what action is being taken to support those experiencing symptoms.

Equally you say sufferers do not always require to be medicalised, could you also indicate what preventative action has been put in place to alleviate impacts and reduce the number of people suffering.

Finance and Brokerage

We were surprised to hear David Garden as Director of Finance state (column 8) that you could not confirm whether you will break even in the current financial year or even if you are currently on target. The Committee recognise there is a degree of uncertainty around Covid-19 financing while noting (column 16) it is suggested the impact is seen as potentially contributing to the improved financial position at Raigmore Hospital. Are you able to now indicate your expectation on the financial position for the current year?

David Garden indicated you expect £8.8 million of brokerage in the current year and now expect to require some in the following year. Could you explain the reason for that position, not least given we were told you expect to receive all additional Covid-19 expenses, there has been some savings experienced through the cessation of services and there are ongoing recurring savings through changes to delivery methods.

Can you also indicate how brokerage will be repaid in future years and over what period?

Pandemic induced savings

You offered to provide detail of savings arising from reduction in mileage charges and information in relation to carbon emissions. (column 11). Could you also indicate how much staff time is being freed up as a consequence of reduced travelling.

Additional GP costs

You agreed to provide detail of additional funding provided to GP practices throughout the pandemic together with detail of the services that the funding delivered. (column 11).

Social Prescribing

You also offered to provide detail on the amount spent on social prescribing in the past year (as a percentage of the Primary Care budget). (column 12). The Committee is particularly interested in the extent to which social prescribing is taking place in primary care settings.

Shift to Community Care and delayed discharge

In response to questions on this you advised (column 17) you were looking at how your integrated teams make a difference and also noted work on a concerted piece of action on delayed discharge. You refer to a project in Inverness to establish what changes are needed and that you are looking at learning from Argyll and Bute. Can you indicate what actions are in place to address these issues, noting in particular delayed discharge has been an issue for a considerable period of time.

Professor Robertson told us (column 17) about the recent appointment to the post of chief operating officer dedicated to community services. Could you indicate what the aims for that post are and how success will be measured.

Sturrock report

The Committee have noted the ongoing actions principally aimed at assisting and supporting those impacted. In addition you advised of a number of pieces of work to identify and understand issues. We are also aware that culture change generally takes time within the NHS, while recognising the significant changes in the last 10 months.

Could you provide some detail of actions being taken to address and prevent ongoing conduct as reported by Sturrock and what the Board has been doing to ensure bullying and such behaviour is no longer allowed to continue or be replicated?

It would also be useful to understand why the whistleblowing champion is yet to engage with staff in Argyll and Bute (column 21), not least given the wide use of virtual meetings we heard about across the board area.

CAMHS

You offered to provide the current position in relation to vacancies in this area (column 22) and indicated you are “looking at “what this means for the service, “thinking about” pathways and developing the strategic approach which you indicate may take 3-6 months to write. Can you indicate what support is being offered to those experiencing symptoms while this work goes on? We expect numbers will have risen significantly as a consequence of Covid-19.

Remobilisation

Can you advise when the revised remobilisation plan will be ready, what areas will be prioritised and the extent to which service users are involved in its development.

Digital Care

Are you able to indicate what steps the board are taking to ensure that digital care is being scaled up and how you are addressing potential barriers to its use, for example infrastructure? Linked to this the Committee are interested in how you intend to assess the patient experience of new modes of service delivery and also their impact on health outcomes.

It would be useful if you were able to provide the detail sought by 25 February.

Yours sincerely

Lewis Macdonald
Convener
Health and Sport Committee