

Mr Lewis Macdonald MSP
Convener
Health and Sport Committee
T3.60
The Scottish Parliament
Edinburgh EH99 1SP

Date: 25 February 2021
Your Ref:
Our Ref: PD/CL

By email: HealthandSport@parliament.scot

Dear Mr Macdonald

Thank you for your letter dated 3 February 2021 requesting additional information, following NHS Highland's appearance at the Committee on 19 January.

I can now respond as follows to your enquiries, using the headings from your letter:

Track and Trace

The NHS Highland contact tracing process needed to change in view of the large number of new cases from late December to the middle of January. Prior to that, phone calls were made both to the cases and to the great majority of contacts. This was modified so that cases were still phoned, but their contacts were sent text messages. This modified approach has been followed for some time in most of Scotland. Now that case numbers have reduced NHS Highland has returned to using phone calls for both cases and contacts.

Learning from track and trace has included the recognition of a range of symptoms linked to Covid-19 in addition to cough, temperature and loss of taste or smell, and the level of effects from household and social mixing prior to Christmas. These have been shared with public health and government colleagues across Scotland through regular and scheduled meetings.

Vaccination Programme

The delivery of vaccine within NHS Highland started on 9 December 2020. However, detailed discussion and planning for the programme had started by October. This built on the successful influenza immunisation programme, but at that stage there were constraints such as uncertainty about when vaccine would be approved or available.

Indirect Health Impacts of Covid-19

NHS Highland worked with partners to form *Caring for People* groups in each of our local authority areas. These groups co-ordinated local community response to the Covid-19 pandemic and provided guidance, practical and emotional support to those struggling to manage on their own as well as supporting local resilience groups and community organisations.

The work of the Caring for People groups included setting up help lines for people self-isolating/vulnerable and whose usual support network was no longer available. This ensured that everyone had access to food, medicines, other essential supplies and support, as well as responding to needs such as getting access to the internet. Linking to community food projects and other local resilience groups, food parcels were distributed to those shielding and in vulnerable groups, medicine collection and delivery services were developed, information on signposting to help on money worries, mental health and other supports were developed and distributed direct to households and local community groups using social media, distributing information via Royal Mail and using local networks. Other resources were also developed, such as guidance on how to volunteer safely and websites with information about businesses and groups who were providing local support.

Through our work with the Highland and Argyll and Bute Community Planning Partnerships, NHS Highland has undertaken work to promote mental health and wellbeing. This has included:

- Community engagement exercise to better understand the mental wellbeing status of the community and any mental health unmet needs, particularly for those not accessing mainstream support services during the pandemic
- Reviewing and updating mental health improvement plans to reflect feedback from community hubs and organisations on the impacts of the pandemic
- Reviewing and developing resources to support the mental health and wellbeing of our population and signpost people to sources of support
- Surveying young people to gain information about young people's experiences of lockdown and the impact of the pandemic
- Co-ordinating communication and health campaign work including supporting activity for mental health and suicide prevention campaigns
- Progressing suicide prevention work to support communities after a suicide, improve knowledge and confidence in suicide prevention through delivery of appropriate training
- Developing suicide prevention training to online delivery, recruiting and training new trainers
- Promoting the new 'Ask, Tell, Save a Life' animations and the PHS/NES learning bytes to organisations, groups and individuals
- Piloting provision of support materials to S1 pupils who were not able to take part in the usual transition activities during the pandemic. These materials focused on both physical and mental health
- Supporting a Mental Wellbeing Pathfinder project in Caithness to support young people with issues around mental health and isolation

The Highland Green Health Partnership is one of only four such partnerships in Scotland. Amongst other things, the partnership aims to improve mental health through the natural environment. NHS Highland is the lead agency for this partnership which has progressed some excellent green health initiatives despite the impact of the pandemic. Some activity has inevitably been curtailed by the pandemic. Research has shown a polarisation of access to greenspace with those facing deprivation and other inequalities less likely to access and benefit from greenspace during Covid. There are also risks around strength and balance due to loss of muscle and deconditioning through lockdown.

The following initiatives have been progressed as part of our commitment:

- Green health packs - due to many planned events being cancelled, green health packs were distributed to priority need groups and tailored locally for different identified recipient groups (e.g. older adults with Alzheimer's or children with visual impairments)
- Mental health walks – Highland Green Health Partnership funding to support Nature for Health walks including adaptations to online zoom walks
- Think Health Think Nature, continued development of the website www.thinkhealththinknature.scot, featuring self-directed resources, outdoor opportunities, guidance, tips and ongoing social media presence promoting all of these etc.
- Virtual walk created and accessible for all, including a walk journal, through Think Health Think Nature website
- Community Therapy gardens – examples also supported and funded through the Highland Green Health Partnership are Darroch Social Croft – including online nature craft workshops; Viewfield Garden Collective – therapeutic gardening initiatives and mental health support
- Survey to ask people shielding what their particular barriers are to accessing nature
- New Craigs Hospital greenspace - continued promotion and enhancement of the outdoor therapeutic environment for patients, staff and visitors

Drug and Alcohol Services:

- Services are continuing to offer support using a variety of methods. When they feel the individuals require face-to-face contact this has been arranged in safe ways (either in safe environments or by undertaking social distanced walks).
- Since the first lockdown people have been supported to move from daily to weekly methadone pick-up. This has been well received and managed.

Finance & Brokerage

At the time of the Committee meeting, there were significant uncertainties around funding of Covid-19 costs and what would be included within this funding. As a result, David Garden was unable to confirm our expected out-turn. We can confirm that we now have clarity over funding for the current year and are now able to advise that we are on target to deliver break-even in the current year.

In terms of brokerage, the funding provided is sufficient to mean that NHS Highland will not require brokerage in the current year (2020/21). For future years, we aim to return to financial balance as quickly as possible however, the pandemic has had an obvious impact on our plans.

The remobilisation and transformation of services will take time and plans are under development and we will reflect this within our annual plan submission. We are very much focused on the need to return to financial balance and we have made significant progress, even during this pandemic year where we have delivered £20million of savings.

Regarding brokerage repayment, this is something which is agreed between Scottish Govt and NHS Highland once the Board returns to balance, when a repayment schedule will be agreed.

Pandemic Induced Savings

A total of £5.5m of cost reductions was offset against our return for Covid-19 funding. The main components of this are –

- Staff travel and subsistence (£1.7m)
- Patient Travel Costs (£1.2m)
- Clinical Supplies (£1.3m)
- Drugs (£0.9m)

We are unable to provide information in respect of the amount of staff time saved and the carbon omissions impact as this is not something that we have the systems to capture at this time, however the reduction in travel in itself will have made a contribution to carbon omissions and is a practice we can continue. This is an area we need to understand better as we look to the future.

Additional GP Costs

NHS Highland received an additional £1.5million specifically to fund public holiday opening in April and May as well as cover for shielding, sickness and self-isolation costs.

In addition to this, GPs were provided with PPE as well as IT equipment to facilitate the roll out of Near Me and to allow flexible working etc. All of these were a part of much wider purchases and the GP component was not separately identified in a way which would easily identify separately.

Social Prescribing

Social prescribing plays a key part of self-management, not only for those living with long-term conditions but at a more general population level as well. NHS Highland is committed to developing social prescribing initiatives.

The Community Link Worker (CLW) service is due to begin in GP practices later this year. The sustainability and success of a CLW service depends on the availability of sufficient local services and support to refer individuals to. NHS Highland is committed to developing a CLW service, using an assets-based approach which optimises access to existing and potential resources within the community. This sort of approach focuses on utilising individual and community assets rather than focusing solely on the issues of deprivation, illness and unhealthy behaviours. We believe that a healthy and vibrant Third Sector plays a vital role in supporting CLW objectives and strengthens support for the health and wellbeing of communities.

We are exploring use of Capacity Growth Grants as part of our CLW offer. Successful applicants will use these grants to explore programmes of work with a view to developing sustainable services which CLW's are able to refer individuals into once the CLW service is running.

Capacity growth activities are those which build those resources. These may be:

- Workforce-focused activities to equip staff or volunteers with the necessary skills, knowledge and confidence to adopt CLW methodology;
- Local mapping exercises to collect, promote and maintain information on services and opportunities in the local community;
- Activities to expand services to other areas, increase the number of sessions or vary the types of services offered;
- Partnership-focused activities to develop and grow existing partnerships or build new partnership which optimise different skills and strengths.

Currently there are other pockets of social prescribing activity in various locations throughout NHS Highland:

- A link worker funded through Badenoch & Strathspey transport forum who works alongside the Aviemore GP practice to signpost to sources of support
- Social Prescribing subgroup of the Sutherland Community Partnership where models of social prescribing are being developed between GP practices and local third sector organisations
- Inverness GP Practices – a number of cycling initiatives requiring referral through a local third sector organisation
- Active People Project a collaboration between several GP practices and third sector organisations delivering a social prescribing project in and around the Inverness area

Shift to Community Care and delayed discharge

NHS Highland has had a challenge for a long period of time in relation to delayed hospital discharges. We are committed to achieving a significant and sustained improvement in this area. The board has invested in a Programme Director with a dedicated remit in relation to service redesign in order to successfully achieve this. His primary focus relates to improving patient flow and in particular the reduction of delayed discharges. This has already led to the formulation of a new Care Facilitation Team and related guidance for staff to support both improved data and patient flow.

The recently established pilot of a new approach to community service provision (Enhanced Community Service) commenced and built up in the last quarter of 2020 following a successful bid from the Scottish Government. This pilot is within the Inverness area with other areas of North Highland exploring how the Home First principles could be implemented in the future alongside learning from the pilot. The Enhanced Community Service is an integrated, multi-professional service aimed at the identification of people in community and hospital that require support to enable them to stay at home, co-ordination, early identification and administration support for professionals, providing increasing capacity in the integrated team and capacity to provide timely social care. The service has already worked with over 100 people with early evidence of improved provision including a reduced length of stay in the community hospital from 30 days in January 2020 to 9.3 days in January 2021. Since the service was established there have been no delayed hospital discharges for care at home services in Inverness.

Acute colleagues who support discharges and care of the elderly consultants have been very positive about the service.

The post of Chief Officer for Community Services provides a greater capacity in order to work collaboratively with members of the Highland Health and Social Care Partnership. They provide a single senior point of overall strategic leadership for community services across North Highland with a focus on effective integration to achieve better outcomes for people. The post provides a real emphasis on the importance of community services, providing clear accountability for the development and ultimately the performance of services by the Health and Social Care Partnership. Success will be measured by the performance indicators identified within the board and partnership governance structures as well as the overall experience of our communities.

Sturrock Report

Our ongoing culture programme has a range of actions aimed at both prevention and early resolution of conflict. A summary is attached. At our March 2021 Board meeting a comprehensive progress review will be presented. All of our insights to date have shown that there are a small number of serious bullying cases which require to be formally investigated and addressed, and these are being taken very seriously. The majority of the complaints raised under the bullying policy have related to relationship difficulties and breakdowns, incivility and challenging of management actions, and these are best addressed through early intervention, mediation and facilitation as well as coaching and training and clarification of roles and responsibilities. This is why our ongoing actions to tackle this are so extensive and long term.

The role of the whistleblowing champion is to provide assurance and oversight of our processes as a non-executive of the board, including the implementation of the Whistleblowing Standards. The role is not one to which Whistleblowing is reported, there are separate channels and processes for this. Our non-executive planned to visit Argyll & Bute as part of ongoing efforts to understand the underlying cultural challenges and as part of a separate diagnostic piece of work. However, this visit was paused due to covid restrictions although the diagnostic has continued virtually. He will be an integral part of our communications and engagement campaign in March and April to promote understanding of whistleblowing, of his role within the board, and the launch of the whistleblowing standards.

CAMHS

The current vacancy position in Argyll and Bute is:

- Consultant Psychiatrist – 7 sessions
- 2.4 WTE, CAMHS clinicians

The current vacancy position in North Highland is:

- 1.5 WTE Clinical psychologists
- 1.0 WTE Assistant Psychologist
- 2.38 WTE Nursing posts

Recruitment completed in North Highland for:

- 1.0 WTE Clinical psychologist - to commence May 2021
- 0.8 WTE Clinical psychologist (Paediatric Health) - to commence March/April 2021
- 0.8 WTE - Community Mental Health Nurse - to commence end March 2021

We have seen a significant increase in referrals during the last few months so it is essential that we work on responding to this in a variety of ways. In relation to immediate actions to support people in need both teams have ensured that they are able to respond to people in crisis/urgent cases by utilising a triage approach. Further mitigations have included reconfiguring some Tier 2 posts to Tier 3 positions. Information including self-help advice and e-links as well as information on wider support services and groups is provided to new referrals. We are further reviewing this to ensure it provides all relevant information.

For the development work the board has established a new CAMHS/Psychological Services Programme Board with pan-Highland attendance as well as representatives from the Scottish Government. At the initial meeting the services all presented their improvement plan as well as identifying the support required for service redesign.

Remobilisation

The revised NHS Highland remobilisation plan will be submitted as a first draft to the Government on 28 February, with consultation during March. The Plan will then be submitted to the NHS Highland Board at the end of March and will be published thereafter, as per Government process.

We are continuing to prioritise work in a number of patient pathway workstreams across Highland including:

- Covid19 vaccination rollout and continued testing and tracing;
- Community Care, including development of enhanced model of care to enable treatment of people closer to home and redesigning unscheduled care as part of the national programme;
- Continued delivery and remobilisation of acute and mental health services, including developing strategy for mental health and maternity redesign and the development of enhanced diagnostic facilities.
- Improvements in Cancer Care, through plans for additional capacity and services, to enhance performance and patient experience.
- Development of infrastructure including new hospitals in Skye, Badenoch & Strathspey, Caithness and Inverness (National Treatment Centre);
- Workforce and culture planning, to create and maintain sustainable and healthy workforce.

Service users are involved in the development of patient pathway services, for example in locality redesign and new hospital builds. We would seek further engagement as other plans and strategies develop.

Digital Care

NHS Highland has invested in an upgraded infrastructure (remote access) to improve the responsiveness and reliability for flexible (home) working. The system has now been rolled out to around 90% of users and resolves issues with home use of services like Near Me. It has also improved the use of MS Teams across the Board with all staff now able to engage in MS Teams meetings. To support the increased use of MS Teams cameras, headsets and laptops/PCs have been supplied.

The Board has also supported staff to work from home with a significant number of laptops and mini-PC devices supplied.

The use of Near Me continues to grow with dedicated rooms being implemented for clinicians to take part in Near Me consultations. The new remote access solution now allows clinicians to take part in a Near Me consultation from a remote location.

Digital documentation continues to be developed to support the need for 'paperless' work and work is progressing on Nursing, Medical and AHP digital documents.

NHS Highland has also supported the remote monitoring programme with the Inhealthcare Covid Remote Monitoring in the final stages of testing ready for moving into the live environment.

Near Me is the main service that is having an impact on patient experiences. The National Technology Enabled Care Team have already conducted a report into the patients' experiences of using this system.

That report notes that over 5,000 people responded to the public engagement and that consistent themes emerged across all types of feedback received. Strong support for the use of video consulting was found; 87% of the public and 94% of clinicians thought video consulting should be used for health and care appointments, providing it is appropriate for the consultation. The public stated a small preference for use of video over phone consulting both during periods of physical distancing for Covid-19 and afterwards.

Health professionals identified a clear preference for using video consulting within the ongoing management of conditions, rather than in undifferentiated diagnosis. The public and clinicians identified a wide range of benefits and some barriers of using video consulting.

The main benefits identified included improving access and convenience, and reducing the risk of infection. The main barriers identified were digital connectivity (and other issues relating to digital exclusion) and lack of private space for video calls. Service providers need to stop making generalised assumptions about the groups of people who can or cannot use video consulting.

I trust that the above provides full responses to the questions raised, but do please let me know if you need any further information.

Yours sincerely

Pam Dudek
Chief Executive

Attached: Culture Progress Document (to support Sturrock Report)

1. The purpose of this document is to provide an update on the progress made by NHS Highland in implementing the recommendations of the Sturrock Review, and the wider programme to change the culture of the organisation in response to this and other related reviews / surveys (Gallanders Review 2018/19, Argyll and Bute Culture Survey 2019, Culture Audit 2019, iMatter surveys).
2. NHS Highland made a full and public apology for the harm caused to colleagues at the Board meeting on 28th May 2019, and published an initial action plan in response to the Review on 31st May 2019 (“Culture Fit for the Future”). Following the action plan publication, a series of listening and engagement events were held with colleagues from across the organisation to gather wide-ranging feedback, which resulted in the development and publication of a longer term action plan to change the culture of the organisation.
3. Whilst a range of actions have been taken to both address the harm caused to colleagues and create the desired open, kind and respectful culture, it needs to be recognised that culture change is a long-term programme of work, and will require ongoing focus and attention from the Board.
4. The actions that have been taken to deliver the Sturrock recommendations and drive the desired cultural change are grouped into the following areas:
 - a. Listening, learning and engagement
 - b. Employee wellbeing and support
 - c. Healing
 - d. Capability and resources
 - e. Governance and oversight

5. Listening, learning and engagement

The following are the completed activities designed to improve the Board’s learning and engagement:

- A series of one to one meetings between the Chair and individuals who suffered bullying and inappropriate behaviour while employed by the Board
- A series of one to one meetings between the Chief Executive and individuals who suffered bullying and inappropriate behaviour while employed by the Board
- An externally facilitated 2 day Board workshop held in August 2019 which heard examples of the lived experience of members of staff both at first hand and through written accounts read by a member of the Whistleblower Group
- 23 Executive and Board member-led engagement events were held in 11 locations across the vast Board area from June to October 2019 to gather input and feedback

from colleagues to ensure the full range of employee experience was understood (as Sturrock was only able to engage with 340 colleagues)

- Regular and ongoing engagement events with the Whistleblower Group to take stock and gather feedback
- An independent Argyll and Bute Culture Survey was commissioned and executed early 2020, which has resulted in a specific set of actions focused on addressing the Argyll and Bute colleague feedback and the creation of an Argyll and Bute Culture Group. The findings from this survey were broadly in line with the findings of the Sturrock Review
- There has been an ongoing focus on improving Executive / Senior Manager visibility, through “coffee break” virtual engagement events, “Ask me Anything” all-staff communication sessions and greater use of video to share leadership messages.

6. Employee wellbeing and support

To improve staff wellbeing, the following support infrastructure has been put in place:

- An externally provided, confidential Employee Assistance Programme for employee support, including a dedicated Manager support service, was launched in May 2020 and has in the first 6 months had 82 telephone contacts, 375 online accounts created, and delivered 100 counselling sessions.
- Launch of a Guardian (“Speak Up”) Service in August 2020, which has in the first 4 months supported 66 cases of which 51 gave already been closed, with 330 contacts (emails, calls, f2f). In January 2021 the service will be expanded to include Argyll and Bute Councils c770 employees from within the HSCP . NHS Highland is the first Board in Scotland to adopt this independent external model which is widely used in NHS England following the Francis report.
- A specific Wellbeing internet site with a range of materials and support available to staff has been created, including materials related to the ongoing COVID response, as well as ‘Wellbeing Wednesday’ all-colleague updates and guidance on specific topics related to health and wellbeing.

7. Healing

Whistleblowers, Managers, HR and Staffside successfully partnered to co-create the Healing Process which was approved by the Board in March 2020 and is now active, with over 190 registrations. As part of the Healing Process, current and former employees have access to one or more options, which are: being heard, an apology, access to psychological therapies or access to the Independent Review panel, who have heard around 80 cases to date. A financial award is one of the potential outcomes of the Healing Process. To date, 60 individual’s outcomes have been presented to the NHS Highland Remuneration Committee and all have been approved in line with the recommendation of the Independent Review panel.

8. Capability and Resources

The following are the actions that have been taken to improve the overall capability and capacity of the organisation to deliver the desired cultural change:

- Courageous Conversations training has been designed and delivered to around 300 colleagues to date and was successfully adapted to a virtual learning environment given the COVID restrictions. Delivery of this training will continue throughout 2021.
- External mediation and investigation support is in place to support delivery of the core people processes

- A single point of contact (phone and email) for HR support is in place to facilitate employee query management
- An independent, external review of the core people processes (bullying and harassment, disciplinary and grievance and redeployment) has been conducted with a series of recommendations made (which are now in the process of being addressed in partnership with staffside)
- Training in the Once for Scotland policies is underway and continues in 2021
- A Corporate Induction portal and a Manager portal have been designed and launched
- An independent review of the recruitment processes has been completed, and a series of recommendations made to improve their effectiveness and efficiency which are being taken forward in partnership
- Appointment of a full time Director of HR and OD in July 2019
- An External Culture Advisor was appointed to support the design and delivery assurance of the Culture programme and to Chair the Culture Board

9. Governance and Oversight

The following actions have been taken to improve governance and decision-making:

- A review of the Board Committee structures has been delivered, to improve clarity and accountability for decision-making
- The Board has undergone development and support to improve ways of working and assure effective governance
- A cross-functional Culture Programme Board now known as the Culture Oversight Group is in place and meets monthly to review and assure the culture programme delivery
- A series of workshops focused on improving partnership working has been held, the recommendations from which are now in progress.

10. Next Steps

The Culture Group has defined and agreed six priority areas, which will be the focus for the culture programme for the next 6-12 months:

- Launching and embedding a new vision for NHS Highland and the NHS Scotland values across the organisation, with clear and shared behavioural expectations for all colleagues
- Implementing the identified improvements to the People Processes (from the external review)
- Rolling out 'Civility Saves Lives' across the organisation with a focus on 'Call it out with compassion' and use of train the trainer approach to delivery
- Delivery of a series of modules to improve manager capability, using both virtual and e-learning channels
- Completing a root-cause analysis to ensure all lessons are learned and addressed from the issues of the past
- Defining and implementing a series of metrics to measure and assess organisational culture on an ongoing basis and ensure improvements are tracked and identified.

Each of these priorities is being led by a colleague representing the different geographical and divisional units of NHS Highland including Argyll and Bute, and supported by a small team. The Culture Oversight Group supports and assures delivery of each of these priorities, and oversees the integrated programme plan.