

Ms Gillian Martin MSP
Convener, Health, Social Care and Sport
Committee

By email: HSCS.committee@Parliament.Scot

Date: 21 April 2023
Your Ref:
Our Ref: PD/CL/RB

Enquiries to: Pam Dudek
Email: pamela.dudek@nhs.scot

Dear Ms Martin

Follow-up to attendance at Health, Social Care and Sport Committee, 28 March 2023

Thank you for your letter dated 29 March regarding the above.

Please now find detailed below my response to the questions that you raised. The headings replicate those contained in your letter.

Financial sustainability

Further financial support will be required to deliver financial balance in 2022/2023 and subsequent years. NHS Highland cannot mitigate the full impact of the inflationary pressures in addition to the service pressures being faced.

The key service challenges include:

- Workforce recruitment challenges remain, which continues to drive spend on agency, locum and bank staff. However the Board is addressing the challenges as outlined in the staffing section below.
- New Medicines - approval route and take up within Board
- Short supply of drugs
- Remote delivery model - trying to ensure equitable services to the whole population, especially as the remote areas are de-populating
- Primary Care Challenges around GMS contracts and increasing hand-back as 2c practices
- Costs associated with out of area placements
- Cost of implementing digital developments
- Impact of Lead Agency for Adult Social Care costs due to increases in rates and hand-back of contracts

However, it is recognised that there is also a pressing need to transform the way that services are delivered and that there are opportunities to do this. The current challenge to this is enabling leaders to build the capacity and develop capability to initiate and manage the change.

Unsustainable services also need to be re-designed and provided which will require public support.

It is currently anticipated that NHS Highland will receive brokerage each year to enable delivery of a break-even position.

Taking into account assumptions of continuation of inflation and growth, albeit at reducing levels and income growth assumption of 2%, NHS Highland does not anticipate that it will be operating at financial balance by the end of year 3, 5-7 years would be more realistic. With a requirement to pay back brokerage would increase this to circa 15 years.

Three year financial planning has not made any difference to securing financial sustainability as there are no guarantees or commitments over income increase or expectations of service delivery or developments. Three year planning provides an estimate of costs within years 2 & 3 but these are very high level assumptions. Benefits would only arise if the financial plan is accompanied by detail on longer term funding and performance targets.

It is acknowledged that efforts are being made to provide more clarity on baseline funding, but this is still relatively short term. Greater clarity on funding growth and advanced sight of developments/policy decisions to allow cost implications to be calculated and recognised would provide greater transparency and ability to plan with greater levels of confidence.

Performance

In the Board's experience, it is an advantage to know how NHS Highland compares to other Boards and understands what a good standard is. The Board actively uses the performance information used to monitor NHS Boards to develop NHS Highland's own internal performance measures and drivers within the delivery of the Annual Delivery Plan. The Board has been careful to develop measures which help to address and monitor the wider work streams, however understand that not all measures can be a priority and the performance standards assist this process. Currently, the Board is prioritising standards related to flow and the balance of the health and social care system in Highland.

COVID Recovery

As a Board, NHS Highland believes that there has been adequate consultation on the NHS Recovery plan, however experience suggests less consistent engagement across the health and social care sector. Staff have confidence that projections that have been submitted will be delivered. Following recent changes the plan would not be changed, however it would be beneficial to understand if there are changes in expectation of the recovery projections.

Progress of the recovery plan

An area the Board would wish to highlight where good recovery progress has been made is continued delivery of elective surgery by adopting a different approach to service delivery and ring fencing theatre space. The area in which less progress has been seen is outpatients, where the numbers of people waiting has not reduced as fast as would have been liked. This is due to a number of factors, including an increased demand for outpatient appointments and an increase in demand for suspected cancer.

Staffing

Staff turnover has reduced from 11.5% in April 2022 to 9.5% in January 2023. A key driver of turnover is that the Board has an aging workforce with nearly 30% aged 55 and over. There has been a significant increase in early retirements, with a drop in the average age of retirees overall from 67 in 2016 to 61 in October 2022 and to 59 in nursing and 58 in AHPs. The Board has made use of the retire and return policy to allow for the drawing of pension, whilst still working for NHS Highland.

Sickness absence is a little higher than previously, although NHS Highland always tracks below the national NHS Scotland average. There has been increased short term absence in the last 12 months, reflecting the ongoing pressures on the workforce, the aging workforce and also partly due to Covid absences which were not previously included as sickness but special leave.

Vacancy rates in some areas are challenging, but that reflects a national skills shortage in some key professions. Our “Aim High, Aim Highland” campaign on social media, the London underground, buses in London and across central Scotland resulted in a significant amount of applications and has assisted us in our position of having recruited successfully to the vast majority of our National Treatment Centre posts ahead of opening. Additionally, NHS Highland has been successful in filling many leadership and specialist posts and has a good pipeline of UHI nursing graduates each year.

There is a need for more local learning pathways for key roles to enable us to grow our own talent. For example, the removal of the shortened midwifery programme from UHI has exacerbated our existing midwifery recruitment pressures. Additionally, an ongoing lack of available and affordable accommodation across the Board area, especially in our entry level roles and in remote and rural locations, is a major factor in preventing us filling some key roles.

A more robust approach to available and affordable housing in the Board area would assist in addressing the immediate workforce challenge. Additionally, NHS Highland is working on international recruitment to key roles and is aiming to maximise the use of apprenticeships, engagement with the young workforce and the armed forces pipeline.

The Board is continuing to market and promote NHS Highland as a great place to work and is prioritising learning pathways that allow people to train and work locally.

The three year workforce plan sets out key actions and is aligned to our Board strategy and Annual Delivery Plan, and this will continue to be adapted as this is aligned to the revised three year financial plan and the transformation of services needed, as the workforce required will change in some key areas.

Culture and Governance

NHS Highland has an important safety net in managing concerns about relationships and behaviours at work in our 24/7 independent speak up Guardian service, which has over 200 cases a year which they support with listening and resolution which means that formal processes are often not required.

Cases which are raised under the B&H policy are monitored, and there is an ongoing increase in people using the early resolution approach to address these issues, resulting in quicker and more effective resolution. In 2021/2 early resolution was adopted in 30 of the 35 cases raised, an option that was not available in 2019.

The listening and learning survey, which ran in summer 2021 and will be rerun later this year, enables identification of, and learning from, experiences of poor behaviour and bullying.

One of the core issues in our culture in Highland at the time of the Sturrock report, was that people were not encouraged to speak up or raise concerns. A new Executive leadership team, and culture from the top, is setting the tone for the organisation, in being open to listening to concerns and addressing them.

The introduction of the Once for Scotland policies, including early resolution, the reshaping of the people function, the training in Courageous Conversations of over 1000 colleagues, the introduction of a 24/7 independent speak up Guardian service, the introduction of training in the policies and wider leadership and management development, and the rollout of the Whistleblowing Standards have all supported this. The Board will always have work to do in this space, as a human system with people working under pressure, but NHS Highland now has the transparency and the systems and processes to address issues when they arise. This is embedded in the Board's Annual Delivery Plan and strategy and performance is scrutinised through the Board's governance structures.

Mental health


NHS Highland was escalated to stage 3 on the performance framework due to concerns regarding long waiting times for people requiring Psychological Therapies and Child and Adolescent Mental Health Services (CAMHS). Both Psychological Therapies and CAMHS have submitted detailed improvement plans to Scottish Government, which they are progressing.

The key factors affecting progress is difficulty recruiting and the availability of appropriately trained candidates. The services have therefore been innovative and flexible in their approaches to service delivery, providing more group work, for example. A more flexible approach to recruitment in the service has also been taken, enabling employees to work and live more flexibly, including appointing high calibre individuals who live out of the area.

With regard to whether long waiting lists and difficulties navigating services were discouraging people from presenting to mental health services, consultation regarding our mental health strategy identified access to services as a theme. Over 1000 feedback entries were captured, including from those with lived experiences, partners and community groups. Of those entries, 93 related to care being at the right time and place, 66 related to removing the barriers to care, 33 related to smooth pathways and signposting, and 29 related to timely access to care. The feedback is being actively incorporated into the strategy and service delivery planning.

I trust that this response provides the further detail required by the Health, Social Care and Sport Committee.

Yours sincerely

A handwritten signature in black ink that reads 'P. Dudek'.

Pam Dudek
Chief Executive