

## Health, Social Care and Sport Committee: 28 March 2023

The current escalation status of NHS Highland (NHSH) is Level 3 for Finance and some aspects of Mental Health Services, Psychological Therapies (PT) and Child and Adolescents Mental Health Services (CAMHS). NHSH was de-escalated on all other aspects associated with the 2018 escalation to Level 2.

### **Finance**

#### **1. 2022/23 Financial position**

For the nine months to the end of December 2022 NHS Highland has overspent against the year-to-date budget by £24.488m, with an operational forecast of £35.5m which has been adjusted to account for identified non-recurrent actions or to report an adjusted forecast of £22.631m at financial year end.

The non-recurrent benefits being recognised to improve the position include assumed reduction in the annual leave accrual and PO accruals; benefit of NI reduction, VAT reclaims, utilisation of ASC reserves and assumption of IJB break-even position through the utilisation of reserves. The position also reflects the additional New Medicines funding and a reduction in the CNORIS estimate of expenditure.

#### **2. 2023/24 Opening plan position**

NHS Highland's draft revenue plan shows a financial gap before savings of £105.959m. A Cost Improvement Target of £29.113m has been set to be delivered through work streams, thus reducing the gap to £76.846m.

#### **3. Improvement Actions**

NHS Highland is currently engaging with wider NHS Scotland national initiatives to support delivery of financial sustainability including the FIG and its programmes of delivery as follows:

- Agency Nursing & locum spend.
- Procurement
- Corporate Services
- Medicines/ Prescribing

#### **Other key areas include:**

- Crown / pool cars & travel
- Review SLAs and commissioned services
- Consumable costs
- Review of CAG processes

### **Mental Health**

#### **1. CAMHS**

The CAMHS Programme Board was refreshed with a clear focus on the following workstreams:

**Clinical Modelling:** A review of current provision has targeted a return to locality-based services for core service provision whilst maintaining our urgent care model. Development of an intensive home treatment model for young people presenting with eating disorders is underway. A model of clinical liaison services has been developed and we are working towards workforce recruitment to deliver.

Diversification of clinical interventions is occurring, with staff training in specialist risk assessment model and therapeutic training for individual and group work intervention for high risk self-harming and suicidal behaviours. Further diversification will focus on early intervention of group work provision and partnership delivery across specialist CAMHS, School Nursing, Primary Mental Health and Third Sector partners.

**Clinical Governance, Risk and Performance:** A clear model of governance and reporting has been established and pathway development in a number of areas with associated clinical standards. This will become the basis for further audit activity and benchmark setting for outcome data

Work has been taken on validation of wait list cases, improvement in internal clinical and admin processes and a waiting list initiative began in November 2022.

**Workforce & Finance:** The workforce continues to be at a level below expected national standards and is the largest risk to improvement. A review of nursing and psychology has been completed and we are actively recruiting with a positive response and anticipated outcome.

**E- health:** Clinician and administrative review of data standards, system and business information requirements is underway.

**Service User/carer Experience and participation:** Partnerships are being developed to enable engagement to take place in a variety of settings where young people are already engaging. The service plans to carry out an experience of service survey with existing service users in March 2023.

**Colleague experience:** A plan of events to engage and improve colleague experience has been agreed and will be delivered throughout 2023.

## 2. Psychological Therapies

NHS Highland is in the process of delivering on an improvement plan for Psychological Therapies to reduce waiting times. The number of people waiting longer than 52 weeks for an appointment has reduced from 991 (April 2022) to 526 (January 2023).

Waiting list management has been prioritised and standard protocols and procedures are being created enabling patient centred prioritisation. Future focus will be on implementing the standard referral criteria and E-vetting to eliminate any bottle necks. The development of a digital dashboard has enabled us to utilise intelligence proactively to improve waiting times. This will be supported and augmented by our IPQR (Integrated Performance and Quality Report).

Digital Therapies will promote and facilitate self-care, and we are aiming to offer training in collaboration with NES to train staff to deliver STEPP's groups throughout Highland.

Workforce remains an issue; we have 2.08WTE Clinical Psychologists per 100,000 of the population for Adult Mental Health. Recruitment is ongoing.

All services will have service descriptors, referral forms, and will work more closely together in ensuring patients receive the right service.

## **Elective Waiting Times**

### **1. TTG**

NHS Highland is performing at the Scottish average. The number of patients waiting longer than two years for elective surgery has reduced from a peak of 1,116 in March 2022, to our current level of 566 (as of December 2022). Plans are in place to further reduce this number and then work towards the next target of no patient waiting longer than 78 weeks by September 2023.

NHS Highland has made significant progress with improving day surgery activity.

The plan for next year is to increase the volume of day case surgery and to have dedicated day case lists in a stand-alone area away from the inpatient beds.

### **2. Outpatients**

In December 2022 there were 10 patients waiting longer than 2 years and 131 patients waiting longer than 78 weeks. We have reduced the number of patients waiting over 52 weeks from a peak of 2,409 in July 2022 to 1,857 at the end of December 2022. We are expecting this to further reduce to approximately 1,600 by the end of March 2022.

This has been achieved through the use of patient-initiated returns, ACRT and virtual activity where possible. We have developed a “patient hub” methodology (a digital patient engagement system) and we have operated waiting list clinics.

## **Staff Turnover, Vacancy Numbers and Workforce Planning**

- Our annual turnover in January 2023 was 9.5%, which has been consistent in recent months and down from a high of 11.5% in April 22.
- Of 829 leavers (01/03/2022 to 28/02/2023) 87 employees moved to another NHS Scotland Board, 10 moved to an NHS England Board, 285 employees retired, 7 moved outwith the UK, 440 resigned to join another public or private sector employer or with no specific destination disclosed on leave
- From 1 March 2022 – 28 February 2023 on average it took 140 days from advertising to start date of posts.  
(Nursing and Midwifery 124 days, Medical 284 days, Social Care posts 144 days, Administrative 97 days, Senior Management 201 days).

## **Update on Progress Towards Addressing Issues Around Bullying**

- NHS Highland was de-escalated from Level 3 to Level 2 of the performance escalation framework in October 2022.
- The board has fully implemented and is a pilot Board for the Blueprint for Good Governance and adopted best practice governance and assurance models.
- Senior leaders have been engaged to all key positions and has an effective corporate leadership team who are setting the tone for the organisation
- People and Culture is embedded in the Annual Delivery Plan and NHS Highland Together We Care 5 year strategy in our objective to be a Great Place to Work.
- Our Executive team focuses on Culture as a top priority, leading by example to rebuild trust and confidence, encourage Speaking Up, welcoming challenge and difference, being visible and engaged with our colleagues and communities. Their performance objectives reflect our strategy, and they are measured against progress and personal contribution to this important area.

### Some key achievements

- We have a **24/7 Independent Guardian Speak up** which addresses over 200 concerns a year.
- We have a **24/7 Employee Assistance Programme**.
- We have embraced the **Whistleblowing Standards** and the role of the non-executive champion.
- Our co-produced **Healing Process** has listened to **272** colleagues experience, delivered **117** apologies from the Chief Executive, **233** financial payments totalling £2.825m and provided Psychological Therapies to **175** people.
- The first cohorts have completed our 4 level **Leadership and Management Development programme, Introduction to line management** course and **Corporate Induction** event.
- Over 1,000 colleagues have been trained in **Courageous Conversations** and our e-learning module is now launched.
- We have embraced **early resolution** to Bullying and Harassment, with 30 of 35 cases in 2021/2 attempting this approach, with only 11 of the 35 proceeding to formal cases.

### Key Issues for NHH

- Workforce shape and availability remains a key priority for NHS Highland. Whilst we have seen an improvement in some areas in interest and applications, we remain focussed on building our workforce.
- The remote and rural context remains a key issue with a geography that covers 42% of the landmass of Scotland with 36 Islands. The west coast in particular has significant issues with accommodation for key workers making it difficult to relocate. Whilst local housing associations and communities assist well, there is a gap in the market that has a significant impact in places like Skye, Lochaber and Oban.
- De-population builds on the concerns stated above, the impact of this on workforce supply and also funding is concerning, we are currently seeking to understand the potential of this.
- Service redesign is another area of significant importance. Ensuring we are working towards new models of care alongside our communities and workforce. The status quo remains extremely challenging, as does change for all concerned. There is a wish to hold onto existing configurations of care that are generally based on history and unsustainable, there is an ongoing need to support our communities and staff to see a new way forward.

These are the areas where Scottish Government support remains critical.

### Some highlights

Our National Treatment Centre in Highland opens in April and will see its first patients through the door on the 17<sup>th</sup>. We have achieved 88% staffing to date and anticipate by the summer we will be fully staffed. We do have the means by which to cover critical gaps in the meantime. This will provide a state of the art facility offering routine orthopaedic procedures and a full eye care service, this is a very exciting prospect for Highland and all other boards who access it for their people.

We have significant work underway on redesign programme across the Highlands and Argyll and Bute. Lochaber redesign takes account of the locality services and a replacement hospital for the Belford, Caithness redesign has a focus on community hubs and community services, Skye on the redesign of urgent care and the wider health and care system.

We opened two new hospitals in the last year in Aviemore for the Badenoch and Strathspey locality and Broadford for the Skye, Lochalsh and South West Ross. These provide excellent facilities fit for the future in serving our communities.