



Fiona Davies,
Chief Executive NHS Highland

Changes to the Lead Agency Model

The National Care Service (NCS) Bill is at stage 2 in progressing through the Scottish Parliament and draft amendments have been published. These make clear that the legislation will only permit a single model of integration for the whole of Scotland. This will be largely based on the Integration Joint Board form of integration, though it is likely that there will be some adjustments introduced over the course of the Bill's passage.

This will bring unique challenges and greater change for NHS Highland and The Highland Council in the Highland area, as it is the only region currently using a lead agency model. There may be implications for the workforce and our role as employers, as well as potential financial impact. We will be working very closely with Council colleagues to explore current and possible models across Scotland, and engaging with our staff and communities to ensure that whatever changes we make are in the best interests of the people who use our services. A paper is on our agenda today, to allow for discussion at this early stage.

Delayed discharge

People being cared for in hospital who are medically ready to leave have been an ongoing concern for NHS Highland for many years. The impact on individuals of being cared for in an environment not suitable for their current needs can be significant, and we have made a strong commitment in our strategy to be working towards a system that cares for people in the right place at the right time. It is also right to acknowledge that the rates of delay in Highland are significant and are not limited to acute hospital settings, but also mental health, learning disability and community hospital settings, as well as people waiting for care in their homes, in the community.

It is in that context that Scottish Government have asked NHS Highland and all other Boards, Councils and Integration Authorities to focus on delayed discharges.

I know our teams have been working hard on this for some time and I want to acknowledge that effort. We now need to look at what has worked so far, and work objectively and factually to identify the root causes of delays. Tackling these will not only address the needs of the person in delay, but allow other people waiting for care and treatment to access a hospital or community resource in a more timely way.

NHS Highland is committed as a key partner of the "whole system approach" to improve our approach to managing the journey of people through our hospitals. This includes ensuring that alternative care settings and care arrangements are in place to offer prompt responses to the ongoing rehabilitation or care needs that are required for some, at the end of a stay in hospital.

Vaccination

Another key area to focus on is vaccination, and we are working hard to embed our vaccination service under the national Vaccination Transformation Programme. We recognise that the remote and rural nature of our geography will create unique challenges for centralised delivery, and so have been actively engaging with Scottish Government and Public Health Scotland in order to map and address these. A recent peer review by subject experts at Public Health Scotland was helpful in distilling some areas for us to concentrate on, and I would like to thank the many colleagues who took the time to share their views.

We are now meeting with GP practices and assessing where it may be appropriate for some practices to deliver vaccination services. When this assessment is complete we will develop a preferred option for delivery, which will be presented to Scottish Government.

Urgent care in north Skye

We received feedback from Scottish Government on our plans to ensure appropriate access to 24/7 urgent care in north Skye, and subsequently met with local community campaign group Skye SOS-NHS and other stakeholders. We have already started to increase the hours when urgent care is available at Portree Hospital, with the aim of ensuring the new model for accessing 24/7 care will be available from 16th August. This will be delivered by a mix of increased cover in the hospital and working with partners, such as the GP practice and Scottish Ambulance Service.



Chief Executive Board Visits

As well as visiting Skye several times, I have also been meeting teams across the NHS Highland area, including trips to Badenoch and Strathspey, Ullapool, Sutherland, New Craigs in Inverness, and the Isle of Mull, where the new helipad is a fantastic example of partnership working in action.



Awards season

I would like to conclude by mentioning a number of awards. Congratulations to my predecessor as Chief Executive of NHS Highland, Pamela Dudek, who was awarded a much-deserved OBE for services to the NHS in Scotland.

Scotland's Health Awards, the national award scheme supported by NHS Scotland and Scottish Government, was launched at the NHS Scotland Event, which I attended in June. I encourage all colleagues to consider making a nomination. We certainly have some strong candidates, as highlighted in our local Values in Practice (VIP) awards. This quarterly scheme rewards individuals and teams who live our values, and this quarter I am delighted to recognise the following winners:

- Team Award - Isobel Rhind Centre and People Services (joint winners)
- Openness, Honesty and Responsibility - Dhana Macleod
- Quality and Teamwork - Colin Millar
- Care and Compassion - Jenna Gettings
- Dignity and Respect - Jacqui McCann

The feedback about these colleagues was humbling and uplifting, revealing the dedication, skill, courage and compassion that abounds amongst #TeamHighland.

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