

<b>NHS HIGHLAND BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>DRAFT MINUTE of BOARD MEETING</b> Virtual Meeting Format (Microsoft Teams)	<b>25 July 2023 – 9:30am</b>	

**Present**

Sarah Compton-Bishop, Board Chair  
Dr Tim Allison, Director of Public Health  
Alex Anderson, Non-Executive  
Graham Bell, Non-Executive  
Louise Bussell, Nurse Director  
Elspeth Caithness, Employee Director  
Ann Clark, Board Vice Chair, Non-Executive  
Muriel Cockburn, The Highland Council Stakeholder member  
Heledd Cooper, Director of Finance  
Garrett Corner, Argyll & Bute Council Stakeholder member  
Albert Donald, Non-Executive, Whistleblowing Champion  
Pamela Dudek, Chief Executive  
Philip Macrae, Non-Executive  
Joanne McCoy, Non-Executive  
Gerry O'Brien, Non-Executive  
Dr Boyd Peters, Medical Director  
Susan Ringwood, Non-Executive  
Catriona Sinclair, Chair of Area Clinical Forum

**In Attendance**

Gareth Adkins, Director of People & Culture  
Stephen Chase, Committee Administrator  
Pam Cremin, Chief Officer, Highland Health & Social Care  
Ruth Daly, Board Secretary  
Fiona Davies, Chief Officer, Argyll & Bute  
Ruth Fry, Head of Communications and Engagement  
David Park, Deputy Chief Executive  
Laura Stephenson, Health Promotion Specialist (Item 4)  
Katherine Sutton, Chief Officer, Acute  
Nathan Ware, Governance & Corporate Records Manager  
Alan Wilson, Director of Estates, Facilities and Capital Planning

## 1 **Welcome and Apologies for absence**

The Chair welcomed everyone to the meeting and thanked Jean Boardman for her contribution to the Board as a Non-Executive Director for 4 years who left post at the end of June.

She also congratulated Pam Cremin who had been appointed to the substantive role of Chief Officer for Highland Health & Social Care Partnership. Pam had been in this role on an interim basis since February this year having previously served as the Integrated Service Manager for mental health and drugs in NHS Grampian.

Apologies were recorded from Board members Alasdair Christie and Gaener Rodger, and from Brian Williams.

### 1.2 **Declarations of Interest**

There were no declarations.

### 1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 30 May 2023.

The Board **approved** the action plan and agreed to close the five actions noted for closure.

### 1.4 Matters Arising

There were no matters arising.

## 2 Chief Executive's Report – Verbal Update of Emerging Issues

The Chief Executive reported that there were still significant pressures across the organisation in primary care, acute and community settings. It was now a priority for the Executive team to balance activity within a complex and challenging system to deliver on a transformation agenda that would address current financial challenges.

During discussion, it was noted that:

- A recent 'Ask Me Anything' session engaging on the Board's strategy had attracted around 30 attendees and encouraged a lot of discussion around how we progress with our Change agenda. There was still much more to do on this issue which needed to be seen holistically in terms of how we care for the people we serve, the quality and compassion of the care together with our finances, performance, culture and governance.
- There will be a report on Culture and Leadership presented to the next Board meeting in September detailing the next phase of activity to ensure a positive working environment for staff is maintained.
- The Scottish Health Awards were now open for nominations in 16 categories and to date there were 13 nominations from NHS Highland. Discussions had been ongoing around how staff recognition becomes a routine within the organisation and the newly appointed Director of People and Culture would be leading on this.
- In the King's honours, Cathy Shaw received an MBE and Dr Miles Mack received an OBE which was a credit to their work and leadership.
- Amy Noble, a Clinical Nurse Specialist at Raigmore Hospital, won the Royal College of Nursing (RCN) Nurse of the Year Award. Also, NHS Highland had a team who finalists for RCN Team of the year.

The Board **noted** the update.

## PERFORMANCE AND ASSURANCE

### 3 Finance Assurance Report – Month 3 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 3 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The report proposed the Board take limited assurance and invited members to note the content of the report, examine, and consider the implications of the matter.

Speaking to the report the Director of Finance advised that as previously reported to the Board the finance plan for 2023-24 included an initial budget gap of £98.272 million that reduced to £68.7 assuming the delivery of a savings plan of £29.5 million. The budget gap was now forecast to reduce to £55.8 million due to receipts of additional allocations from Scottish Government and would be dependant on delivery of the full savings plan for the year.

The Director of Finance also confirmed that in recognition of the financial challenge the Board faced, Scottish Government had agreed to provide tailored support to assist the Board in reducing

its recurrent costs, particularly supplementary staffing and looking at wider service redesign. It was expected that an agreed action plan would be in place by September 2023. During discussion, the following matters were discussed:

- It was queried whether the identified forecast savings had been started and it was confirmed that work was still ongoing to create a full description and analysis of the current position. Some areas showing as zero savings would increase by the next Board Meeting following a more detailed review. Delivering on the full amount of savings would be a challenge, there was still a significant amount of work to complete. It was confirmed that activity had not been paused until the Scottish Government support had concluded.
- While external focus from Scottish Government was welcomed, it was still unclear how the necessary changes to reduce expenditure would be made operationally. It was confirmed that spending controls needed to be tighter and that the Strategy and Transformation team would play a significant role in driving the necessary improvements. It would be important to be clearer on messaging to the organisation about non pay expenditure. Work had been ongoing for some time and there had been engagement with staff groups, Senior Leadership Teams and Chief Officers to explain the necessary change in spending. A commitment had been given to share the savings plan with an early meeting the Finance, Resources and Performance Committee. Safer staffing principles would be key considerations for redesign and workforce diversification. The challenge within the principles would be around redesign to equip staff to work differently.
- The nature of the Scottish Government intervention was queried, particularly in relation to benchmarking with other Boards and the extent of clinical advice in terms of identifying a more cost-efficient model that would be better for patients. It was explained that Scottish Government had assessed a range of matters including head-count statistics and movements, and the Board's NRAC share. Discovery data had clarified length of stay, administrative spend and shorter-term models of care. It was expected that the Board's options for change in delivery would involve representation of assistance and support from Scottish Government beyond finance colleagues. Alternative workforce models used elsewhere should be considered at pace across the organisation. While the data from Discovery was helpful, it would be important not to make assumptions from it and be mindful of the challenges posed by the Board's remote and rural geography. This was particularly pertinent for interrogating data on service delivery in the community.
- It would be important to ensure that ideas could be garnered from staff at all levels as they would be central to delivering successfully.
- It was asked what level of confidence the Board had not only to manage all the identified risks but also to embark on a transformation journey. The Director of Finance confirmed that the Board was managing the risks noted in the report, but evidencing and reporting those pressures separately would enable clear messaging of where savings had been made.
- It was commented that consistency of messaging and how the organisation engaged with front-line teams and explained the different models would be key to success. A similar level of staff engagement would be necessary as that used for the work on the organisation's culture. Spending wisely could be very challenging for staff making decisions about clinical and social resources.

The Director of Finance confirmed that the level of assurance provided was set at limited due to the fragility of the savings plan at this point.

The Board **Noted** the update and took **limited assurance** from the report.

#### 4 **Argyll & Bute Alcohol and Drugs Partnership Annual Report**

The Board had received a written report by the Director of Public Health which detailed the progress Argyll and Bute Alcohol and Drug Partnership had taken to address the four pillars of the 2021-23 strategy. It was proposed in the report that the Board take a substantial level of assurance.

The Director of Public Health introduced the report and referred to the challenges facing NHS Highland, in particular drug related deaths in Scotland are some of the highest in Europe and one of the most important areas for the Alcohol and Drugs Partnership's focus.

In discussion the following comments were made:

- A range of partners from the third sector and public sector had reviewed progress made against the Argyll & Bute local strategy and had contributed to the associated action plan.
- Work had already begun to delivery the action plan, especially work focusing on drug related deaths, the systems in place to address this and how they could be improved. It was noted that these deaths tended to be higher in more densely populated areas.
- The Chief Officer for Argyll & Bute advised that further work was underway around police custody issues and the impacts being faced had been highlighted to Police Scotland.
- A multi-agency Residential Rehabilitation Group had been established to assess and scrutinize the support every client needs.
- There were challenges in meeting the Medication Assisted Treatment (MAT) standard 1 in remote and rural locations therefore a subgroup had been set up to look at the issues experienced such as prescription access. Work with clients involved the use of other services such as NearMe.
- The Director of Public Health confirmed that thought had been given to engagement with distilleries and the wider alcohol industry to promote responsible use of alcohol. However, it was a challenge to influence alcohol consumption through this engagement.

The Board **Noted** the content of the report and took **substantial assurance**.

## 5 Joint Health Protection Plan 2023-2025

The Board had received the Joint Health Protection Plan by the Director of Public Health which provided an overview of health protection priorities, provision, and preparedness for the NHS Board area. It was noted that the plan covered the period between April 2023 and March 2025. The Board were asked to approve the plan and accept a substantial level of assurance from the report.

The Director of Public Health spoke to the circulated report and it was noted that the plan had been approved by both Councils prior to the Board meeting but resourcing challenges had prevented the continuation of the plan during the pandemic. It is a three yearly plan covering the continuation of the Health Protection work that had been seen previously. Results from the Scottish COVID inquiry and the UK wide inquiry would shape and improve future Health Protection.

He noted that Governance of the Joint Health Protection Plan would need a more rigorous approach from NHS Highland. Performance would be reported through the Environmental Health Liaison Committee and then the Population Health Programme Board with an annual report on health protection presented to the Clinical Governance Committee.

In discussion the following points were made:

- It was noted that there was an in-depth emergency plan in place to manage risks for incidents that would put a strain on NHS Highland resources such as weapons transport or nuclear accidents.
- Public Health would have a work plan that included activities and a robust governance system would be created to effectively manage the listed priorities from the three-year plan.
- The Director for Public Health explained that there were currently two core priorities for Health Protection, the prevention of health inequalities, and the prevention and mitigation of future pandemics.
- For Health Protection to act proactively it would require public health to ensure work was approached in an efficient and priority planned way. Focusing on what the Health Board are good at, prioritising based on legislation and ensuring efficiency is carried across the multi-agencies involved in the plan to remove duplication.

- The Director for Public Health provided assurance that emergency plans were in place for many topics not covered in the plan.
- Concern was raised regarding the protocol for failures with Private Water Supplies, the Director for Public Health provided assurance that water quality was a high priority within Public Health. It was explained that Public Health worked jointly with the Local Authority, Scottish Water, and the Scottish Environment Protection Agency on this matter.

The Board **Noted** the contents of the report and took **substantial assurance**.

**The Board took a short break at 11.30am and the meeting resumed at 11.45am.**

## 6 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance with a recommendation that the Board take moderate assurance from it. Speaking to the report, the Deputy Chief Executive noted that the IPQR is linked to NHS Highland's Strategy and Annual Delivery Plan (ADP).

There had been improvement in the breast-feeding initiation since the last update; data around caesarean rates had now been included in the IPQR based on feedback received. Both CAMHS and Psychological Services continued to show improvements overall.

Cancer services remained an area of focus with 31-day cancer wait improvements being sustained increasing to 94.4% last month. Achievement of the 62-day target was lower but had improved over the past few months and remained challenging. Delayed discharges continued to have an impact on unscheduled care and was a significant cause for concern. The complexity of the situation was well recognised and Chief Officers were directing effort to drive improvements.

During discussion, the following issues were raised:

- Data relating to the number of adverse and serious adverse events (SAERs) had seen no apparent improvement over recent months. This was an area of concern meriting further clarification, particularly if there were implications for compliance with Duty of Candour requirements. The Medical Director confirmed that the Datix system was complex and the numbers of events recorded resulted from multiple entries for the same issue. Duty of Candour legislation was not specific to SAERs and could be applicable to other incidents. The Board's compliance with Duty of Candour was governed through an annual report to the Clinical Governance Committee and this would be made available to Board members as an action arising from the discussion. The aim of individual SAERs was to triangulate all matters of patient safety which explained why many reviews were lengthy.
- The Deputy Chief Executive advised that outpatient treatment time guarantee's (TTG) improvements were detailed in the IPQR and the Chief Officer for Acute confirmed that the trajectories had been implemented using data from January/February 2023 with some assumptions being made; there had been some impacts on progress due to staff leaving the department.
- The Director of People & Culture advised he believed the time to fill vacancies spanned the total time from the point of advert to an individual starting their post and he would double check to confirm. This was a lengthy process in all Boards and work was underway to improve the process overall. There were other wider issues to be refreshed such as our approach to references to ensure NHS practices were consistent with the job market. He also referred to the continuing challenge of statutory/mandatory training, and the need to embed expectations and ensure clarity on what modules staff need to complete as part of their role. The Nurse Director advised that EDG would be considering a statutory/mandatory training improvement plan.
- Responding to a query about an apparent lack of progress in improvement with falls, the Nurse Director there were several processes recently implemented to assist with reducing the inpatient falls.

- The Chief Officer for Acute addressed a question about equality of access and support for patients who are not digitally enabled to use the patient booking system. The hub self-service system had been well received by patients and was now being rolled out across all service areas.
- It was also confirmed that the third MRI scanner would be used together with NHS Highland's research teams who are keen to offer the benefits for local MRI access and which will involve UHI. Work had been underway with the North Imaging Alliance to facilitate MRI future access across rural general hospitals and discussions had taken place with NHS Grampian to work collaboratively in this area.
- The Chief Officer for Health & Social Care advised that the data around delayed discharges were high level and it may be helpful to cover the short, medium and long term actions taking place in a development session.
- In light of the scale of the challenges facing the organisation, particularly with 60% delayed discharges exceeding 30 days, it would be important for the Board to use the projected and trajectory information to inform its redesign.

The Board:

- **Noted** the content of the report and took **moderate assurance**.
- **Noted** the addition of trajectories where available.
- **Noted** that the annual delivery plan and winter plan continue to support mitigation plans where possible.

## 7 Annual Delivery Plan

The Board had received a written report by the Deputy Chief Executive which detailed the Annual Delivery Plan (ADP) that ensured the delivery of the Together We Care outcomes. The ADP was commissioned annually, with progress reports being reported to the Board and Scottish Government on a quarterly basis. The Board was invited to take a moderate level of assurance and asked to approve the ADP for submission to Scottish Government.

Speaking to the report, the Deputy Chief Executive advised that the document had been reviewed by the Finance, Resources & Performance (FRP) Committee, and following that meeting the formatting had been altered to align with the Together We Care Strategy as well as the Joint Strategic Plan with Argyll and Bute.

The Deputy Chief Executive noted that the appendices embedded in the document would be made accessible after the meeting; these detailed the numerical submissions to go with the plan. It was noted that the submission to government showed differing levels of maturity between topic areas and that some items were very detailed and had a numerical focus whereas other areas outlined desired directions with future iterations of the report adding more detail through the course of the year and made available to the Board. Initial feedback from Scottish Government had been positive.

During discussion, the following questions were addressed:

- It was commented that several of the actions had a 31 July 2023 target date. It was clarified that this was an area under review and that the dates referred to various programmes of work as well as specific items and were therefore only an indication of live commitments until formalised dates were agreed. Oversight of delivery of actions was retained via the programme boards and Senior Leadership Teams.
- It was noted that the ADP did not reflect the totality of the organisation's activity and it was queried if this would have implications for delivering the Board's strategy. The issue of engaging and communicating the larger picture of the ADP (including those areas out with the formal reporting requirements) to staff was discussed. The Deputy Chief Executive advised that neither the Board Strategy nor the ADP were centrally generated within the organisation, however they collated the contribution of the whole organisation.

- The Chief Executive noted the role of the ADP for the organisation in helping to triangulate strategy work with the output as measured by the IPQR. She noted that in communicating the strategy to teams it was important to find reliable and consistent methodologies which would provide a clearer articulation of results and help to embed a better sense of ownership of the strategy amongst staff.
- The Director of People & Culture added that distributed leadership was key to embedding actions and that appropriate aggregation of reporting would assist analysis at senior leadership and Board level.

The Board took **moderate assurance** from the report and **approved** the Annual Delivery Plan for submission to Scottish Government.

## 8 Corporate Parenting Update

The Board received a written report by the Director of Public Health as an update to the NHS Highland Corporate Parenting Improvement Plan 2023-24. The Board were invited to take a moderate level of assurance from the update and asked to note and comment on the report.

The Director of Public Health explained the responsibility of the Board for corporate parenting and that a formal strategy was in development which would go through the governance process over the next few months. He noted that over the course of the previous year there had been a development session on the topic for the Board to raise awareness and encourage more engagement with the Board's responsibilities.

- The importance of adequate consultation was noted, particularly with care-experienced children and young people to create realistic plans which will improve health and wellbeing.
- These plans would also need to address NHS Highland's role as an anchor institution and how it could create career opportunities.
- It was hoped that plans would be progressed once the Child Health Commissioner post was filled as this will aid capacity in this work alongside the Promise Board in the Highland Council area.

The following comments were raised in discussion:

- The amber RAG rating arose from a capacity issue which would be addressed by the recruitment of a new Child Health Commissioner. If the RAG rating had not changed by the end of the financial year this would be an issue of concern, but there was confidence progress could be achieved over the next six to nine months.
- The issue of oversight and governance was discussed, and it was acknowledged that this merited further consideration. It was suggested that governance oversight be placed with both Health and Social Care Partnerships. It was intended that the Improvement Plan would be implemented by April 2024 and the Chair asked for this item to be included in the Board's workplan. It was noted that another update (either to the board or a committee, depending on governance considerations) would need to come before April 2024 to ensure work was on track.
- It was noted that people with care experience will often have had or continue to experience health issues because of issues accessing health care, therefore it was important to involve all age groups in engagement around addressing health inequalities.
- The Director of People and Culture commented that he was keen to look at the employer opportunities that NHS Highland has as an anchor organisation via placements, volunteering and apprenticeships amongst others to address encouraging people to work in health and social care but also to address issues such as long-term unemployment.
- The Head of Communications and Engagement noted the need for all services to consider the people who may be affected by any proposed changes, especially those areas of the community who may have been overlooked in the normal course of engagement work. She added that her team would be happy to support any service conducting such work and noted the need to carry out an equality impact assessment on commencing any change work.

The Board:

- **Noted** the update and accepted **moderate** assurance.
- **Agreed** to explore governance oversight of Corporate Parenting with a view to maintaining oversight of progress ahead of its implementation in April 2024.

**The Board took a lunch break at 1.10pm. The meeting reconvened at 1.40pm.**

**CORPORATE GOVERNANCE**

**9 Corporate Risk Register**

The Board received a written report by the Board Medical Director to provide assurance that the risks held on the NHS Highland Board risk register were being actively managed through the appropriate Executive Leads and Governance Committees. The report also provided an overview on the status of individual risks. The Board was invited to take substantial assurance from the report and note the changes made to the noted risks.

The following items were noted:

- Risks 1103 & 1102 had been reviewed and merged as Risk 1181
- Risk 706 was updated to show the challenges faced in the recruitment and retention of staff; and that the workforce board will address the upcoming changes to the Staffing Act and how these are implemented.
- Risk 1182 that covers the financial risks associated with the New Craig’s changes will be expanded upon in future iterations of the report.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Approved** the final decisions on the risks that are recommended to be closed, added or updated and;
- **Noted** the risk management process with alignment to the strategy will be presented to the next Board meeting.

**10 Board Blueprint for Good Governance Improvement Plan - Update**

The Board had received a report from the Board Chair that outlined the proposal to take forward the findings for self-assessment exercise against the new Blueprint for Good Governance issued to Boards in December 2022. The Board were invited to take substantial assurance from the report and approve the draft improvement plan.

The Board Secretary provided an overview of the report and confirmed that discussions had been held with Governance Committee Chairs and Lead Executives to develop and refine the specific improvement actions as noted in the report. There would be twice yearly Board level progress reports and as part of this process there would be oversight by the Board Chairs’ group and relevant Governance Committees. A substantial level of assurance was proposed with regards to creation of the plan, due to the thorough self-assessment against the Blueprint document and significant engagement undertaken. Future reports will provide assurance against delivery of this plan.

The Board:

- Took **substantial assurance** from the report, **noted** the oversight of implementation and progress will be provided informally through the Chairs Group and Governance Committees and;
- **Noted** a progress update will be submitted to the Board in January 2024.



- **Agreed** to the Improvement Plan.

## 11 **Governance Committee Memberships**

The Board received a report that outlined proposed changes to Governance Committee memberships and Chair positions. The notable changes were:

- **Argyll and Bute IJB:** Gaener Rodger to fill the vacancy.
- **Endowment Funds Committee:** Joanne McCoy & Alasdair Christie to fill the two vacancies.
- **Pharmacy Practices Committee:** Ann Clark to become a member and take the position of Chair.

The Board took **substantial assurance** and **approved** the changes to the Committee Memberships and Chair positions with immediate effect.

## 12 **Governance and other Committee Assurance Reports Escalation of issues by Chairs of Governance Committees**

### a) **Audit Committee agreed minute of 20 June 2023**

S Ringwood spoke to both sets of minutes and drew the Boards attention to the point that it was agreed there would be a small adjustment to the minutes of the meeting on 27 June 2023 to clarify the assurance level provided by Internal Audit as the rating had not reduced as intimated.

### b) **Audit Committee draft minute of 27 June 2023**

Full update noted under item 12A.

### c) **Clinical Governance Committee draft minute of 22 June 2023**

A Clark spoke to the minutes and advised there were two areas for noting to the Board, these were the issues around the Dentistry service and the recent challenges that faced the Oncology service.

The Medical Director confirmed that Orthodontics is usually a hospital-based system however some Dental Practices will complete Orthodontic work up to a certain level, he also advised that it isn't part of the Dental Services contract refresh taking place nationally at this stage.

It was also noted that the capacity issues that the Oncology service faced had now been resolved with a separate update issued.

### d) **Highland Health & Social Care Committee draft minute 28 June 2023**

The Chair of the Highland Health & Social Care Committee provided an overview of the recent meeting and confirmed the Committee had been dissatisfied that no Finance Report had been brought but acknowledged this was then covered in a subsequent development session.

He also noted that they received a presentation from the Director of Dentistry that covered many of the points raised in the Clinical Governance Committee.

### e) **Staff Governance Committee of 28 June 2023**

The Chair of Staff Governance Committee provided an overview of the recent meeting. She referred to the Guardian Service Annual Report that provided clear evidence that some managers needed additional support to facilitate early resolution discussions to prevent lengthy formal processes being necessary. Employees now felt more able to speak up and raise concerns.

### f) **Area Clinical Forum draft minute 6 July 2023**

The Committee Chair provided an overview of the recent meeting and explained there was a presentation delivered by the Head of Cancer Services that provided insight to the service; an update on how the National Treatment Centre has progressed since opening was also provided.

**g) Finance, Resources & Performance Committee draft minute 7 July 2023**

The Committee Chair spoke to the circulated minute, he mentioned that there was an extensive presentation on the 62-day Cancer targets. The Committee approved the Digital Plan for 2023-24 and as part of the Environmental Sustainability update there had been some concern around the cost of net zero carbon targets set by Scottish Government.

**h) Argyll & Bute Integration Joint Board 31 May 2023**

The Chair of the A&B IJB spoke to the minutes and noted the only main point to raise was the ongoing transitions taking place in relation to the membership.

**16 Any Other Competent Business**

The Director of Estates & Facilities provided an update on the concerns around the use of RAAC (Reinforced Autoclaved Aerated Concrete) in the construction of buildings; he confirmed that a full inspection will be carried out on any buildings that are highlighted as a risk.

The Chief Executive confirmed that NHS Highland's Ministerial Annual Review will take place on 29 September and will involve a public session on the day.

**Date of next meeting**

The next full meeting of the Board will be on 26 September 2023 at 9.30 am.

The meeting closed at **2.35pm**

# NHS Highland



**Meeting:** NHS Highland Board

**Meeting date:** 26<sup>th</sup> September 2023

**Title:** Integrated Performance and Quality Report

**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive

**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to:**

Quality and Performance across NHS Highland

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well	Stay Well	Anchor Well	
Grow Well	Listen Well	Nurture Well	Plan Well	
Care Well	Live Well	Respond Well	Treat Well	
Journey Well	Age Well	End Well	Value Well	
Perform well	Progress well	All Well Themes	X	

## 2 Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance and quality based on the latest information available.

- The performance information is presented to the Finance, Resources and Performance Committee for consideration before being presented in the Board IPQR.
- The Clinical Governance information is presented to the Clinical Governance Committee for consideration before being presented in the Board IPQR.
- The workforce information is presented to the Staff Governance Committee for consideration before being presented to the Board.

### 2.1 Situation

In order to allow full scrutiny of the intelligence presented in the IPQR the Board is asked to review the intelligence presented so that a recommendation on level of assurance can be given. The outcomes and priority areas have been incorporated for this Board are aligned with Together We Care and the Annual Delivery Plan. The Local Delivery Plan standards have also been included with the exception of those detailed.

### 2.2 Background

The IPQR is an agreed set of performance indicators across the health and social care system. The background to the IPQR has been previously discussed in this forum.

### 2.3 Assessment

A review of these indicators will continue to take place as business as usual and through the agreed Performance Framework.

### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

IPQR provides a summary of quality and patient care across the system.

### 3.2 Workforce

The Board IPQR, of which this is a subset, gives a summary of our related performance indicators relating to staff governance across our system.

**3.3 Financial**

Financial analysis is not included in this report.

**3.4 Risk Assessment/Management**

The information contained in this report is managed operationally and overseen through the appropriate Programme Boards and Governance Committees. It allows consideration of the intelligence presented as a whole system.

**3.5 Data Protection**

The report does not contain personally identifiable data.

**3.6 Equality and Diversity, including health inequalities**

No equality or diversity issues identified.

**3.7 Other impacts**

None.

**3.8 Communication, involvement, engagement and consultation**

This is a publicly available document.

**3.9 Route to the Meeting**

Through the relevant Governance Committees.

**4 Recommendation**

The Board is asked:

- To accept moderate assurance and to note the continued and sustained pressures facing both NHS and commissioned care services.
- Consider the level of performance across the system.

**4.1 List of appendices**

The following appendices are included with this report:

- IPQR Report – September 2023



Together We Care  
with you, for you



# Board Integrated Performance and Quality Report

## September 2023

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee.

Not all of the data is collected at the same time due to publishing timetables. All of the Local Delivery Plan standards have been included with the exception of GP access as we are awaiting publishing of this. IVF waiting times will be reported 6 monthly in line with reporting timescales.

Further indicators continue to be worked on in line with Together We Care and the Annual Delivery Plan.



Together We Care  
with you, for you



**Dr Tim Allison,**  
**Director of Public Health**

The spring/summer COVID vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness.

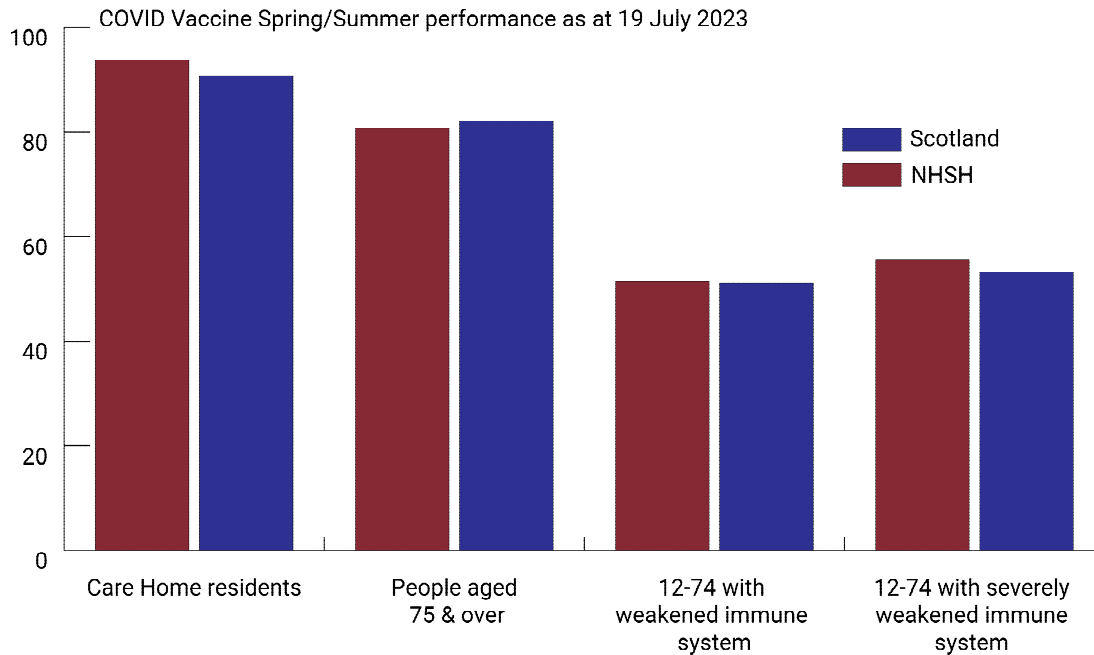
As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children have been transferred from general practice delivery to Board delivery.

## Integrated Performance & Quality Report

**Objective 1**  
**Outcome 3**  
**Priority 3A**

**Our Population**  
**Stay Well (Vaccinations)**

*“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”*



### Performance Overview

COVID vaccination rates for the spring/summer programme are broadly similar to the Scottish average, although they tend to be slightly lower than for similar boards. Performance information for other vaccines such as routine childhood vaccines given following the transfer of the service from general practice is not yet available.

Comparative Covid vaccine uptake for people aged 75 and over:

NHS Board	Covid
Ayrshire & Arran	83.3%
Dumfries & Galloway	86.3%
Fife	83.3%
Grampian	84.2%
Highland	80.8%
Tayside	83.6%



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## Integrated Performance & Quality Report

**Objective 1**  
**Outcome 3**  
**Priority 3B**

**Our Population**

**Stay Well (Alcohol Brief Interventions)**

**“Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk”**

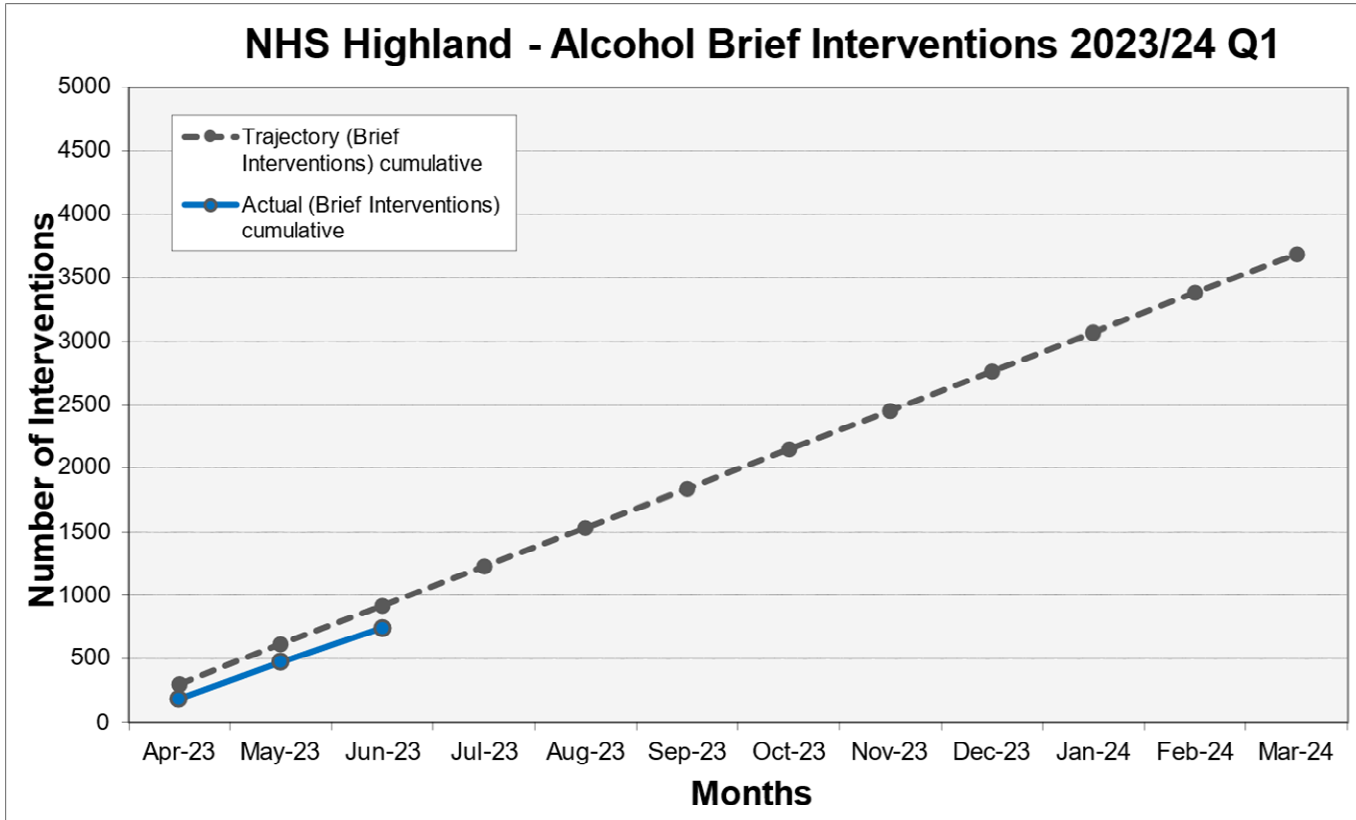


**Dr Tim Allison,**  
**Director of Public Health**

Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this.

The target for ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly). There is currently no specific targeted focus on inequalities.

The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.



### Performance Overview

- **Progress made to improve position.** ABI training calendar available on Turas for 2023/2024 with courses being well attended. Communications Plan to promote courses being applied. Ongoing communications re updating Locally Enhanced Service.
- **Immediate Next Steps.** Small test of change to improve Wider Settings reporting underway. Form is out to test with teams (x2). Then share this and training details with previous ABI participants.
- **Timescales.** Review end August.





# Integrated Performance & Quality Report

**Objective 1**  
**Outcome 3**

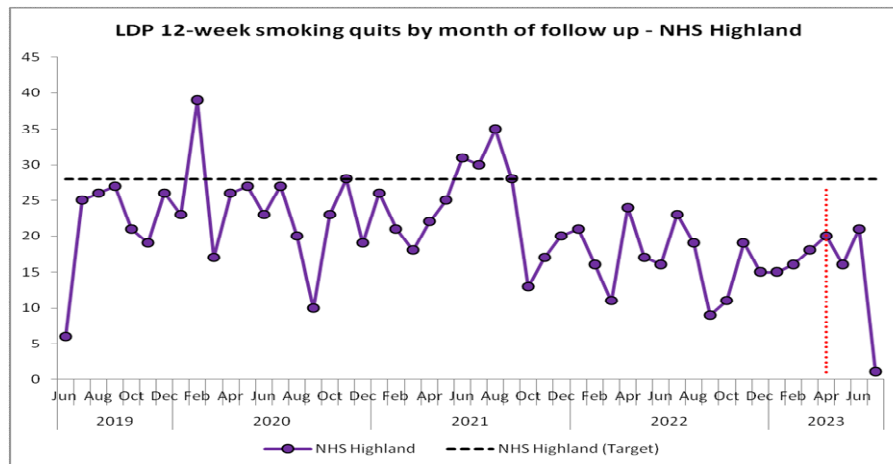
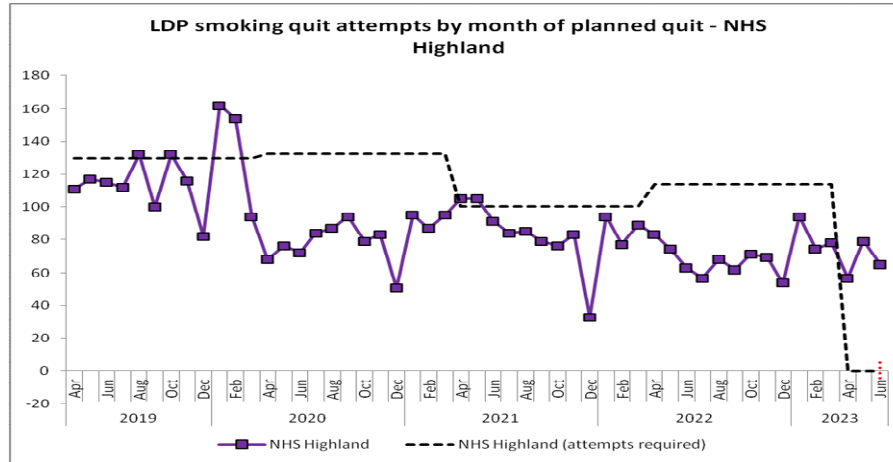
**Our Population**  
**Stay Well (Smoking Cessation)**

**Priority 3B "Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**



**Dr Tim Allison,**  
**Director of Public Health**

Smoking cessation is one of the most effective ways to prevent disease and improve the health of the population. The target for smoking cessation is based on quits in deprived areas where the burden of smoking is the greatest. Future targets are currently being negotiated with Scottish Government with representation from NHS Highland. This may include increasing reach and success, particularly with priority groups.



## Performance Overview

### Progress made to improve position

Standard Operating Procedures (SOPs) for both Community Pharmacy and shared-care (shared-care between Community Pharmacy and Specialist Smoking Cessation Adviser) to improve the quality of data and outcomes is now with Community Pharmacy Champions for comment.

Draft online training for Community Pharmacy is also with Community Pharmacy Champions for comment.

Recruitment has taken place for a significant number of vacancies, with start dates during August.

### Immediate Next Steps

Develop a communications and engagement plan to re-establish links with GP's, the community, hospitals and community pharmacies to increase referrals.

Carry out an in-depth investigation into smoking data over the last 5 years.

Regular meetings every 2 months with community pharmacy colleagues, next one 23rd August.

### Timescales

Review end of September.

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 209 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived (significantly below trajectory of 336). Final figures will not be available until September 2023.

Work is underway to re-establish relationships with Community Pharmacies, GP practices and the community and venues being secured to re-start face to face clinics.

Awaiting national Rapid Review of Smoking Cessation Service report to commence work on the recommendations and refreshed targets.



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# Integrated Performance & Quality Report

**Objective 1**  
**Outcome 3**  
**Priority 3B**

**Our Population**  
**Stay Well (Drug and Alcohol waiting times)**  
**“No patient will wait longer than 3 weeks for commencement of treatment”**



**NHS Highland Drug & Alcohol Services December 2022 - 83.9%,  
North Highland ADP (87.8%), A&B ADP (75%)**  
**Please note the standard for Scotland 91.1%**

## Performance Overview

90% of people will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Waiting times in NHS Highland are some of the longest in Scotland compared to other Boards with a similar geography.



**Pam Cremin**  
Chief Officer, NHHSCP

### Progress made to improve position

Waiting times have continued to reduce across North Highland ADP with current data demonstrating North Highland ADP is close to achieving required standard.

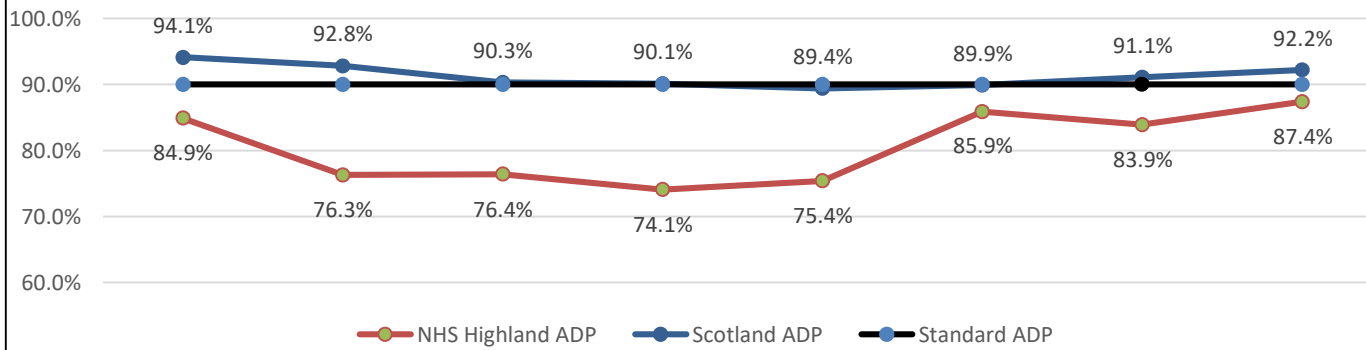
### Immediate Next Steps

Utilising quality improvement methodology, all locality-based drug and alcohol services will be supported to implement plans aimed at meeting RTT standard by releasing capacity.

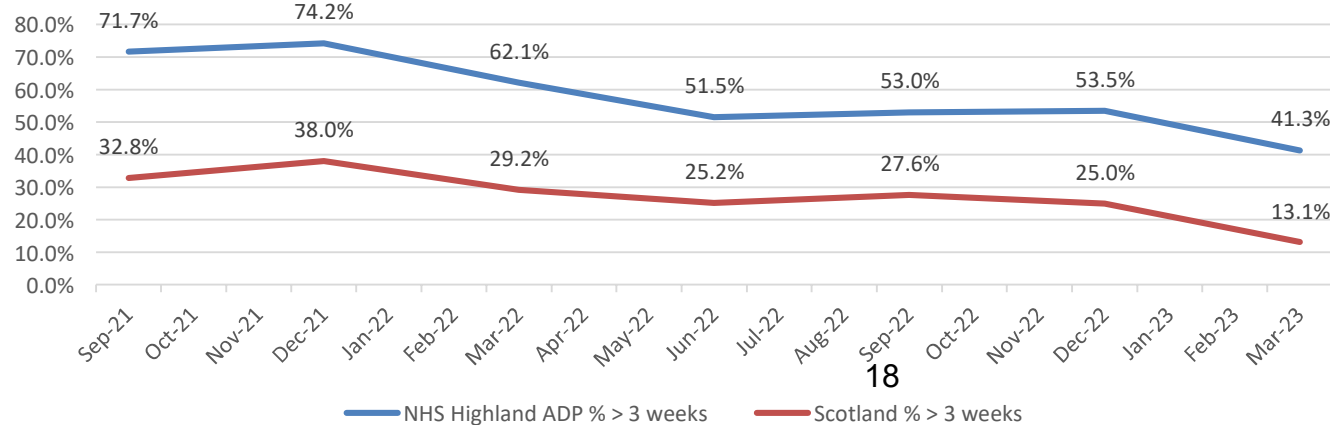
### Timescales

Anticipated to achieve compliance by end 2<sup>nd</sup> quarter 2023-2024

Completed waiting times: NHS Highland performance against standard - % waited 3 weeks or less

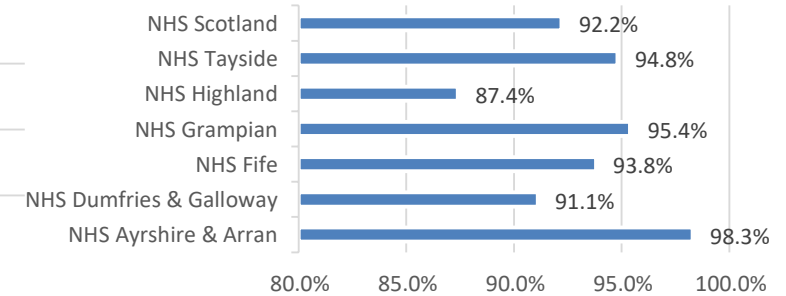


NHS Highland - % Ongoing Waits at quarter end waiting more than 3 weeks

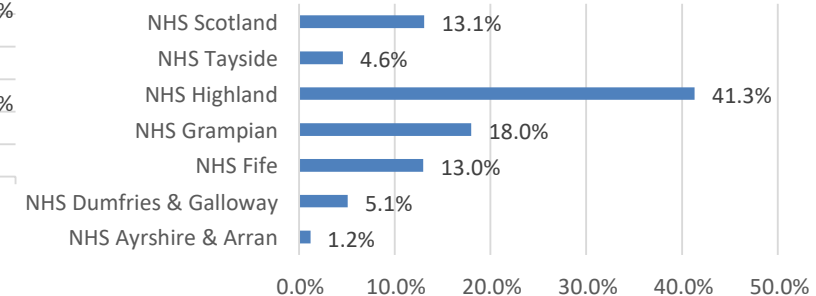


## Board Comparisons

Percentage of completed community referrals with a 3 week wait or less



Percentage of Ongoing Waits at quarter end waiting 3 weeks or longer





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**Katherine Sutton**  
Chief Officer, Acute

**Progress made to improve position**

- Business case to enhance models of maternity and neonatal care and contribute to a networked model of care with NHS Grampian approved at Board 30 May, and subsequently submitted to Scottish Government.
- Increase in substantive clinical capacity ongoing through recruitment
- Implementation of more robust clinical activity recording and monitoring through validation of Maternity & Neonatal dashboard.

**Immediate Next Steps**

- Project Team assurance and governance formalised through Maternity & Neonatal Programme Board to address quality of care & performance, ensure we meet recruitment timescales and culture plan initiatives. These Project Teams will be clinically lead.
- Review of maternity and neonatal governance to ensure structures are in place to escalate risks and resolve issues.

**Timescales**

- Project Teams fully operational by end of September
- First iteration of dashboard live by end of September

# Integrated Performance & Quality Report

## Objective 1

## Our Population

### Outcome 1

### Start Well (Maternity Services)

#### Priority 1A, 1C

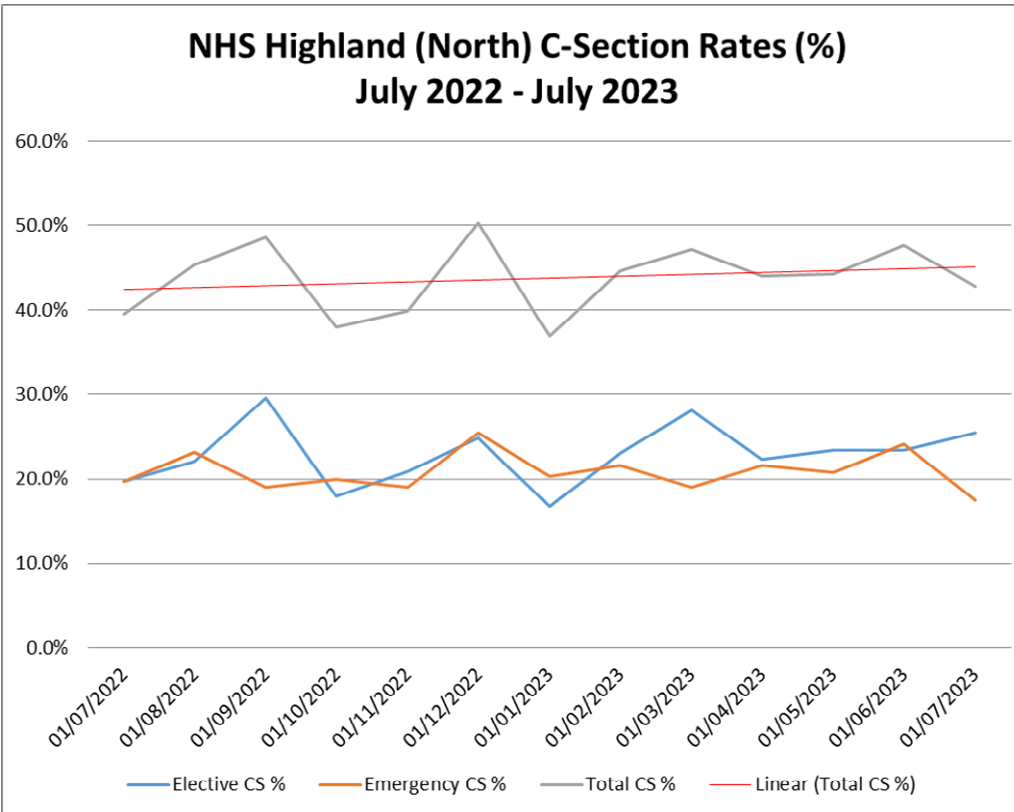
*“Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy”*



#### Performance Overview

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 92.5% and is one of the highest performing boards in Scotland as at August 2023  
C-section rates have continued to increase with elective and emergency c-sections averaging 44% of all deliveries over the last 12 months.

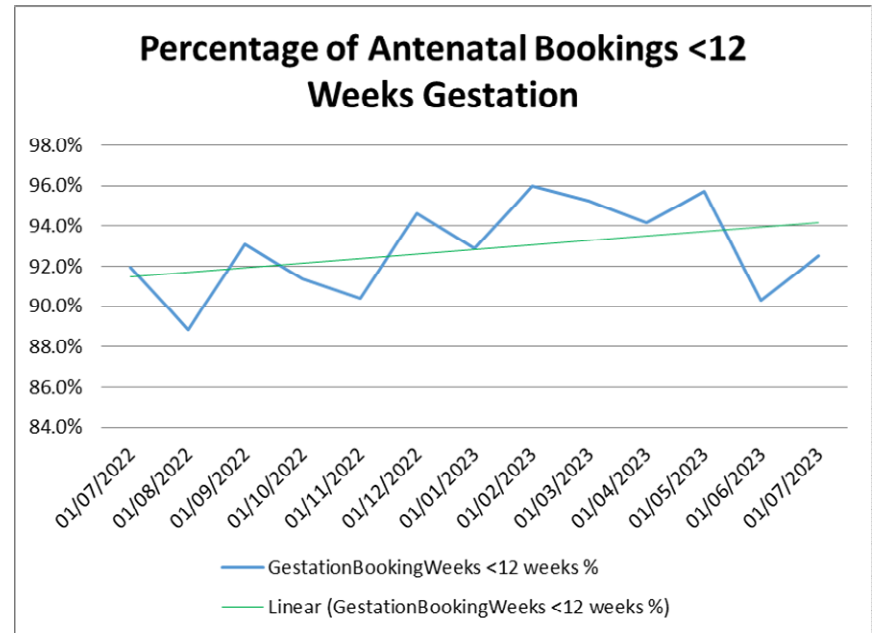
### NHS Highland (North) C-Section Rates (%) July 2022 - July 2023



### Antenatal Booking Current Performance

92.5%

### Percentage of Antenatal Bookings <12 Weeks Gestation





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**Katherine Sutton**  
Chief Officer, Acute

# Integrated Performance & Quality Report

## Objective 1

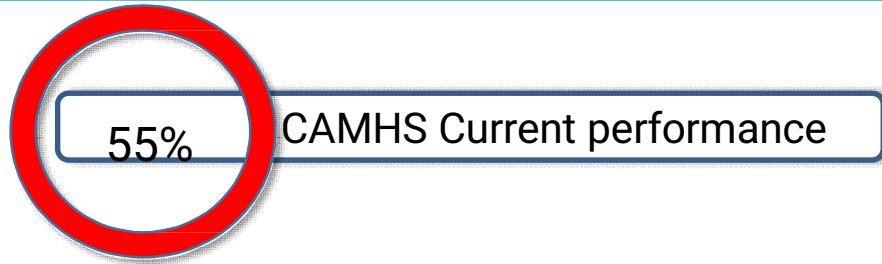
## Our Population

## Outcome 2

## Thrive Well (Child and Adolescent Mental Health Service)

## Priority 2C

*“Support children who have mental health or neurodiversity needs with timely, accessible care and a “no wrong door” approach”*



CAMHS Completed Waits June 2023

### Performance Overview

The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected.

A total of 408 children and young people are waiting to be seen of which 233 have waited over 18 weeks and 175 under 18 weeks with the longest wait being over 2 years.

### Progress made to improve position

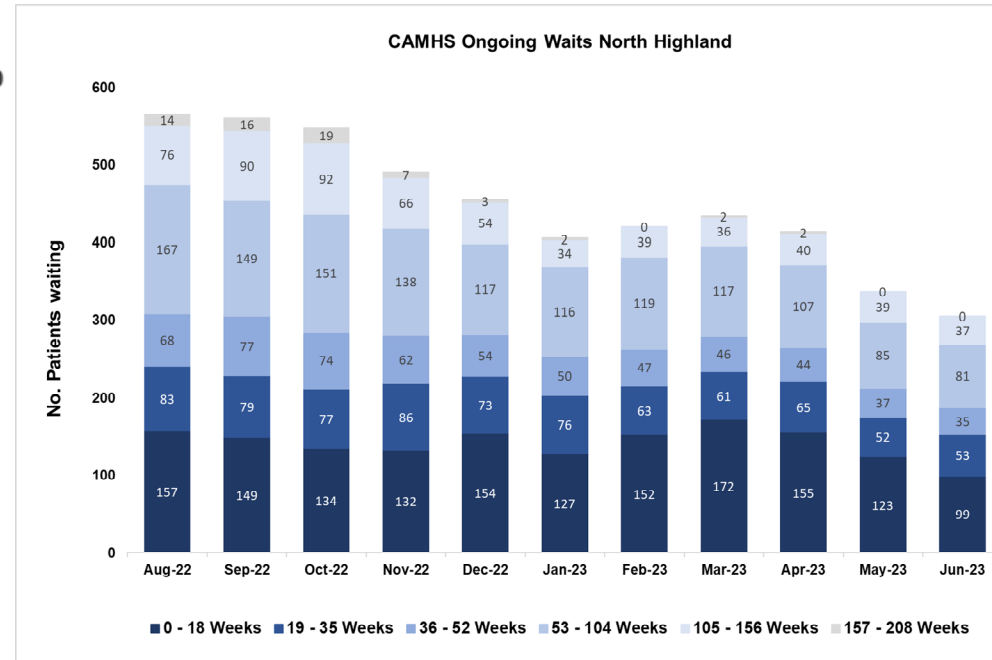
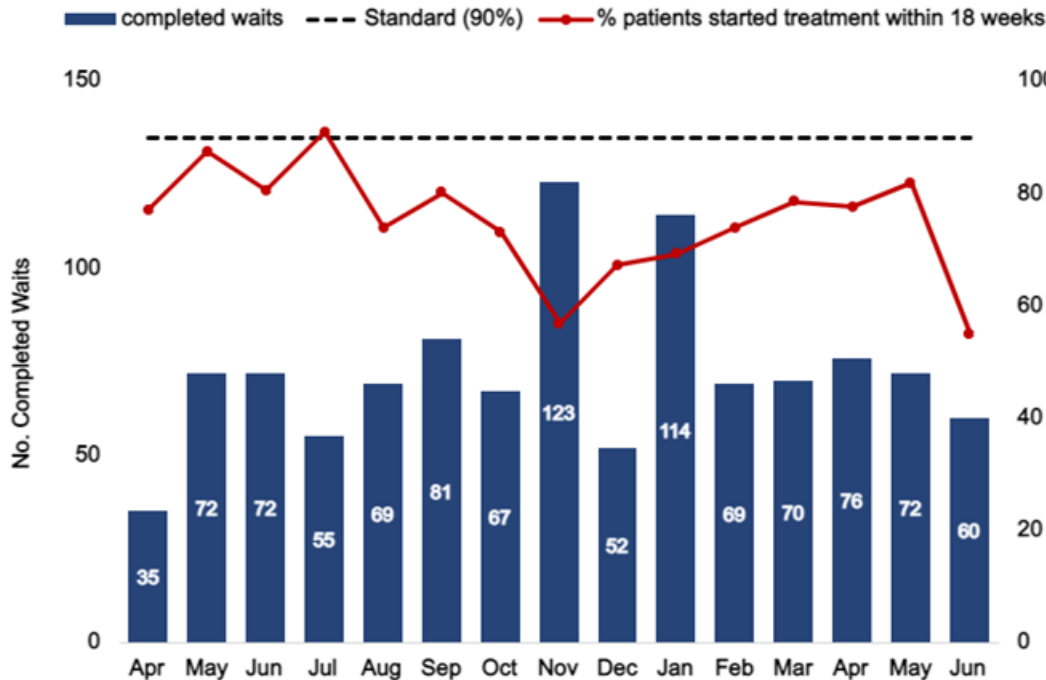
- wait list validation.
- Review of PMS outcome codes to ensure accurate recording
- Wait list initiative (Nov 22 – March 23) to provide extra clinical capacity
- Increase in substantive clinical capacity substantive appointments to nursing and psychiatry. Service no longer relies on agency nurse staff.
- Implementation of more robust clinical activity recording and performance management
- Appointment of Snr Service Manager along with senior psychology and nurse manager appointments augmenting leadership and management capacity

### Immediate Next Steps

- international recruitment for significant psychology vacancies from within budget.
- Ongoing recruitment to substantive posts, additional nursing and psychiatry staff looking for employment.
- Workforce diversification whilst protecting discipline specific critical floor
- Diversification of intervention models to more group based delivery

### Timescales

- Ongoing
- Trajectories set until March 24





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# Integrated Performance & Quality Report

## Objective 1

## Our Population

### Outcome 2

### Thrive Well (Neurodevelopmental Assessment Service / Integrated Childrens Services)

### Priority 2C "Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"



**Katherine Sutton**  
Chief Officer, Acute

#### Progress made to improve position

- Senior service manager recruited
- Integrated Children's Service Board sub group established (including 3<sup>rd</sup> sector and education) to ensure strategic implementation of the National ND Specification, implementation of change plan across the whole system and ensuring family voice is central to service design

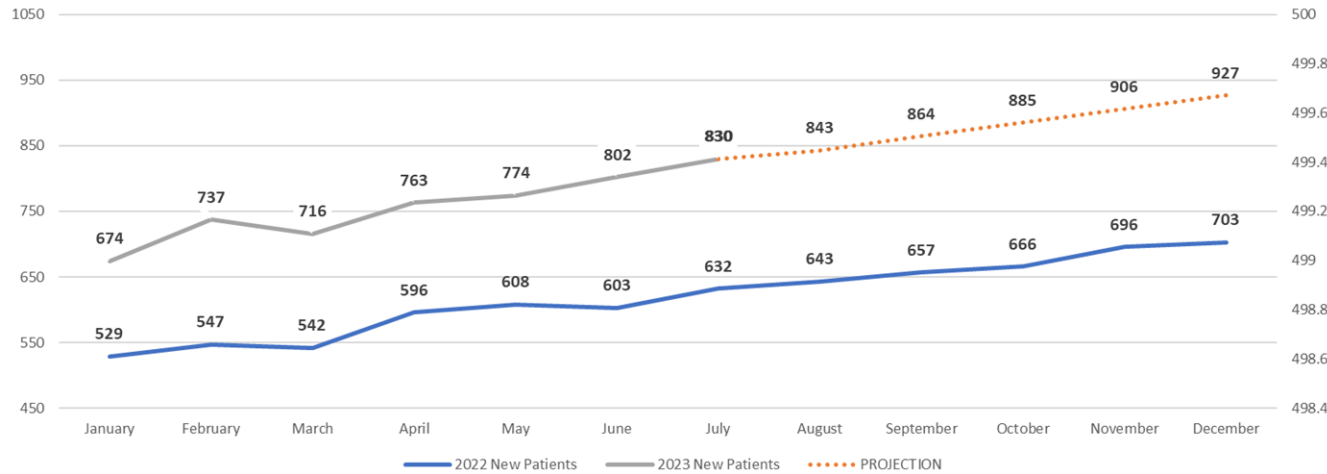
- Longest waits have started to reduce since clinical psychologist commenced.
- Early conclusion pathway for infants to the age of 6 years which is helping.

- SG Test of Change funded project providing ND Support Practitioner support to schools/families pre-referral has evaluated well

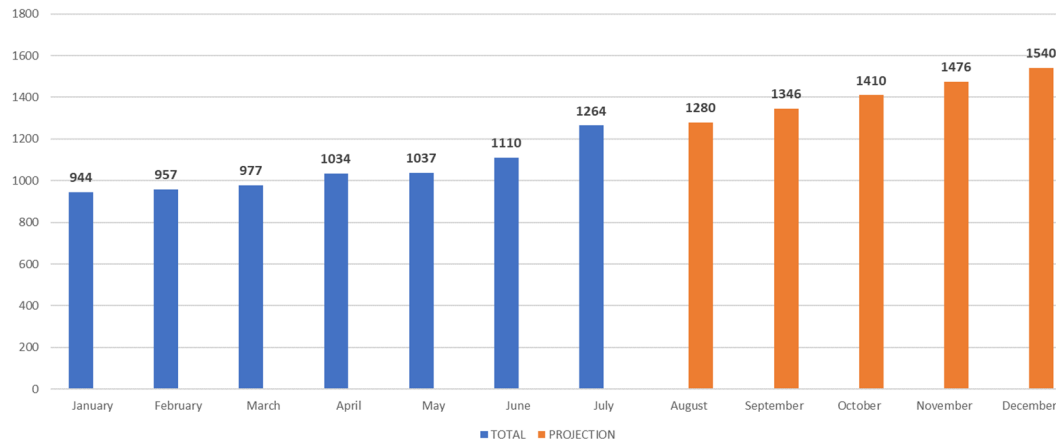
#### Immediate Next Steps

- Clinical lead to be advertised
- Engagement with named persons in health and education to managed the flow to the "front door"
- Consolidate the HUB team through redistribution of resource and reprioritisation of Job Plans

New Patients waiting first appointment 2022 v 2023



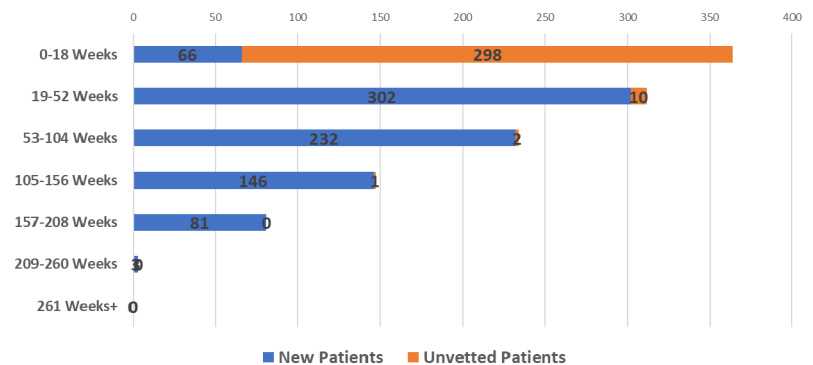
New + Return + Unvetted 2023 Projection



#### Performance Overview

Currently there is a waitlist of 830 patients classed as 'new awaiting their first appointment', however with a further 311 awaiting triage and 123 patients with ongoing assessments so a case load of 1264 patients. We are now seeing the impact of the Covid Pandemic where social isolation at critical stages of the development of young infants is resulting in increased levels of developmental delay are now contributing significantly to the increase in referrals to NDAS. have contributed significantly to the current levels of referral. These have risen from 28/month in 2019 to 155/month in July 2023..

New + Unvetted Patients awaiting first appointment





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**Katherine Sutton**  
Chief Officer, Acute

**Progress made to improve position**

- OPEL embedded
- Redirect / Reschedule Where appropriate
- Streaming ED and minors flow
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Extended Phased Flow in progress
- SAS Safe handover at Hospital in progress
- Direct admitting rights to ED in place

**Immediate Next Steps**

- Focused MIU improvement group
- Closer links with FNC
- Data collection for speciality reviews

**Timescales**

- By 31<sup>st</sup> October 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95%
- By 31<sup>st</sup> August 2023 optimise patient flow by using Phased Flow to increase proportion of patients moved from ED before 1pm and improve Flow Group 3 performance from 30% to 50%

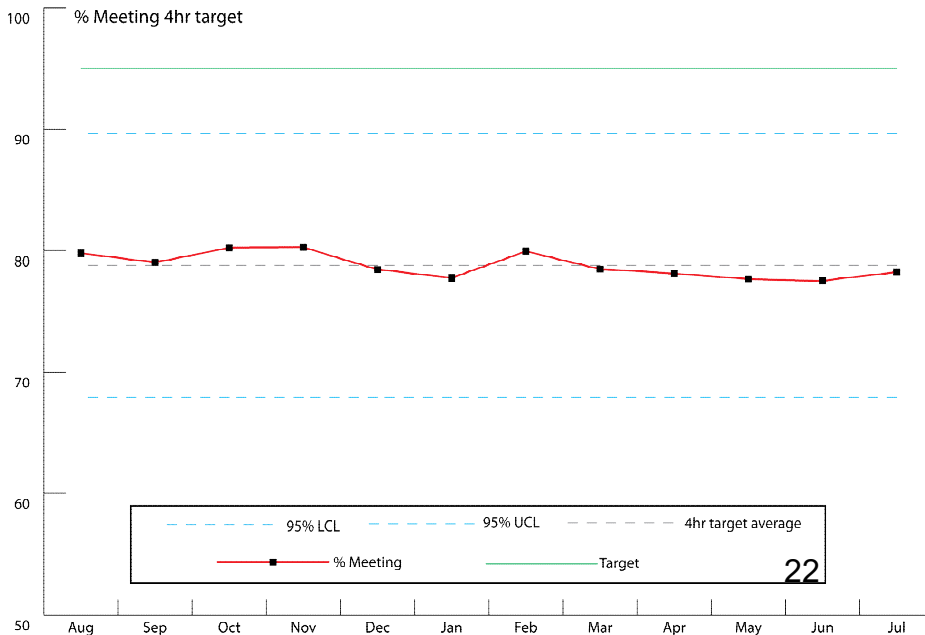
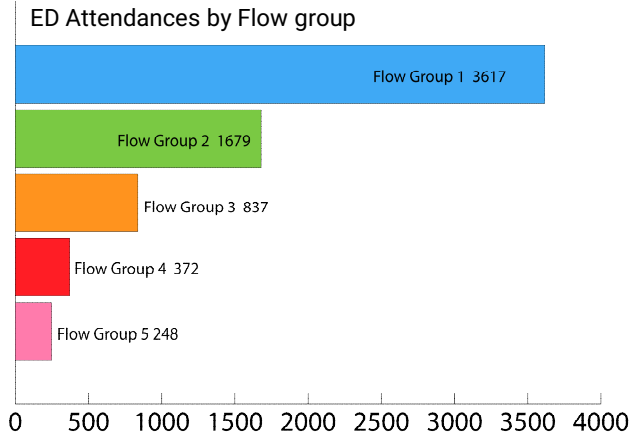
# Integrated Performance & Quality Report

**Objective 3**  
**Outcome 11**  
**Priority 11B**

**In Partnership**

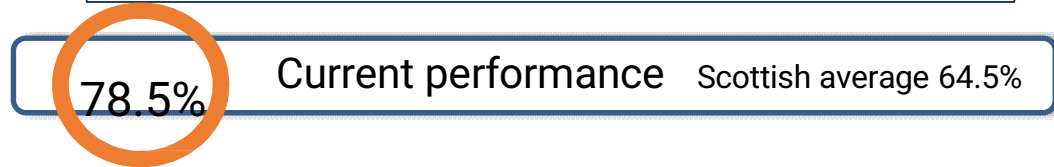
**Respond Well (Urgent and Unscheduled Care)**

*“Ensure that those people with serious or life threatening emergency needs are treated quickly”*

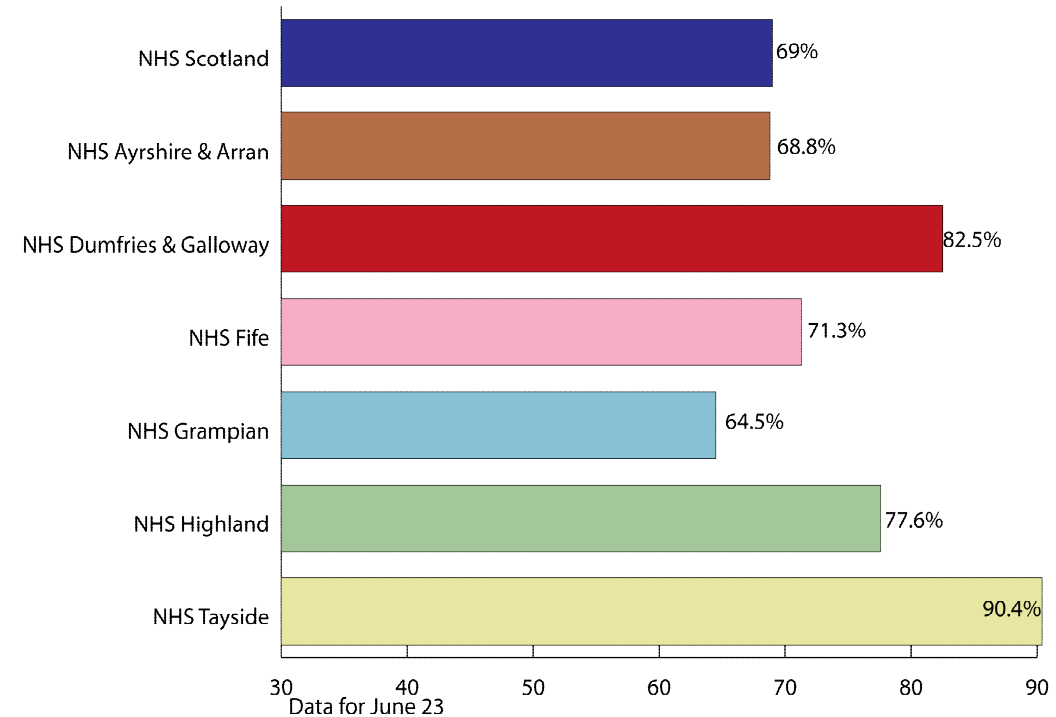


**Performance Overview**

The national target for Emergency Department (ED) performance is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 78.5%.



ED performance comparison





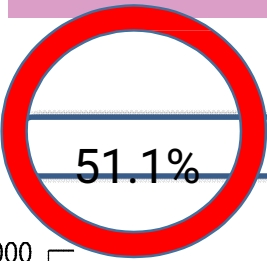
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# Integrated Performance & Quality Report

**Objective 3**  
**Outcome 12**  
**Priority 12A**

**In Partnership**  
**Treat Well (Treatment Time Guarantee)**  
*"Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible"*



**51.1%** Current performance Scottish Average 55.8%

**The national target for Treatment Time Guarantee (TTG) is that no patient will wait >12 weeks from decision to treat to treatment.**  
**The 51.1% related to the overall >12 week TTG target.**

**Katherine Sutton**  
**Chief Officer, Acute**  
**Progress made to improve position**

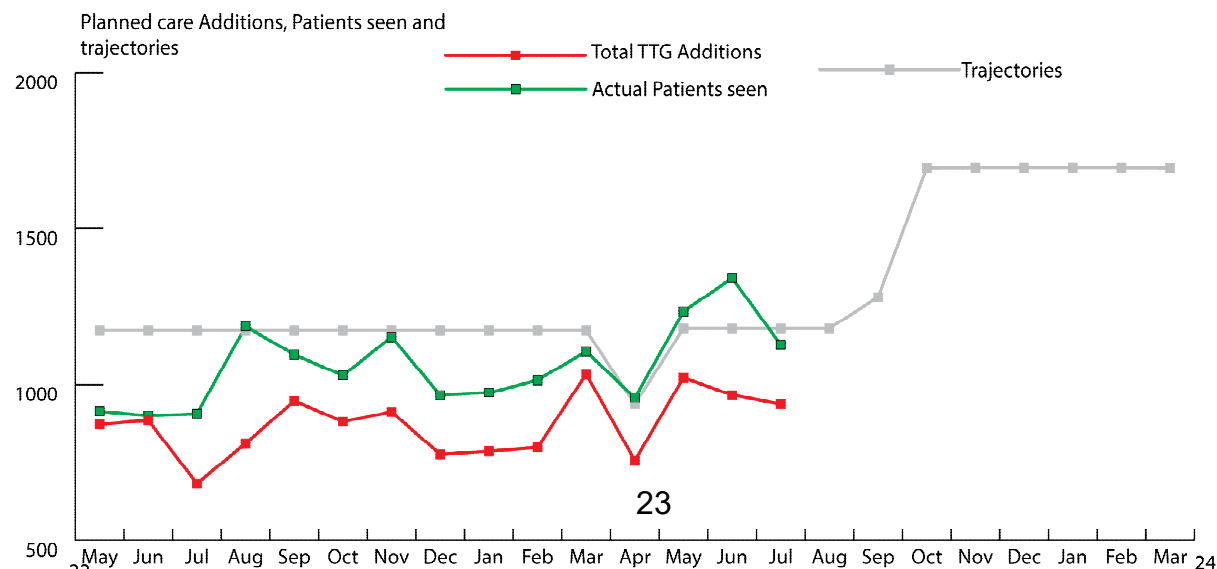
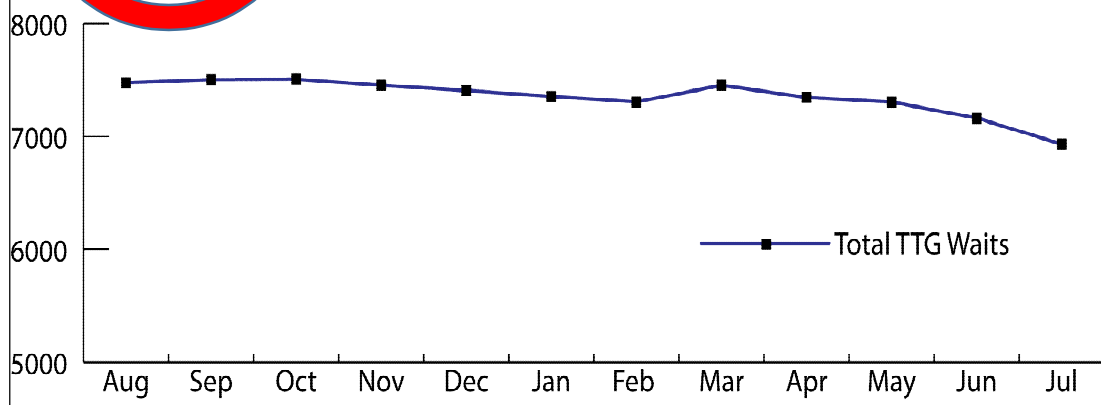
- Cumulative activity target met
- Patient Hub live in certain specialties and being rolled out
- Ongoing development of theatre scheduling tool and picking lists
- OPCS coding programme in place and commenced to improve planning
- Theatre data dashboard gone live

**Immediate Next Steps**

- Theatre Efficiencies Group to be established
- Workshops for Picking List and scheduling tools
- Data analysis for coding and efficiency

**Timescales**

- Theatre scheduling tool implementation – Oct23
- Operational theatre picking list – Sep23
- Coded lists – Mar24
- Patient Hub rolled out Mar24





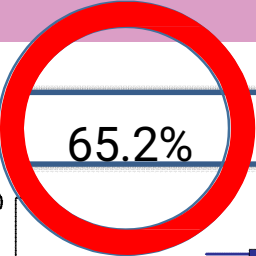
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# Integrated Performance & Quality Report

Objective 3  
Outcome 12  
Priority 12B

In Partnership  
Treat Well (Outpatients)

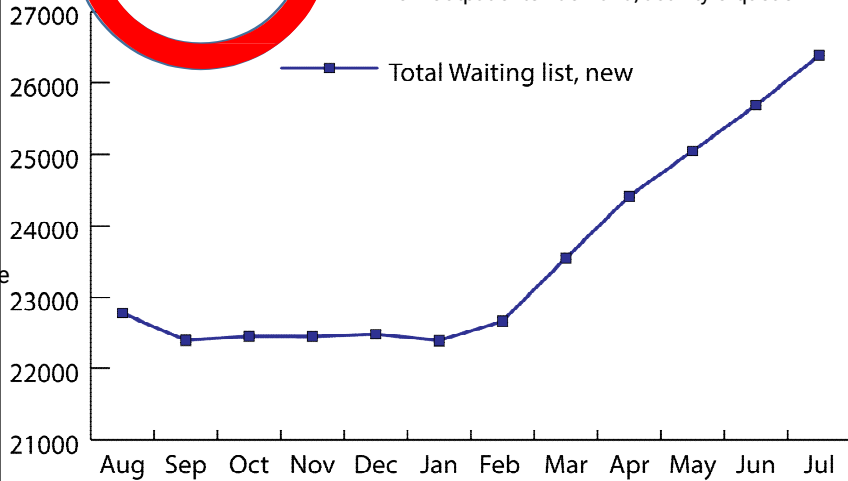
*"Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources"*



65.2%

Current performance Scottish average 66.4%

New Outpatients - demand, activity & queue



**Katherine Sutton**  
Chief Officer, Acute

### Progress made to improve position

- Cumulative activity target met
- ACRT/PIR best practice processes developed
- Patient Hub waiting list validation roll out on going
- Specialties identified to improve Near Me use
- Clinic timetable drafted

### Immediate Next Steps

- Identify specialties with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice
- Re-evaluate patient and clinician satisfaction with Near Me
- Consult on clinic timetable options
- Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments

### Timescales

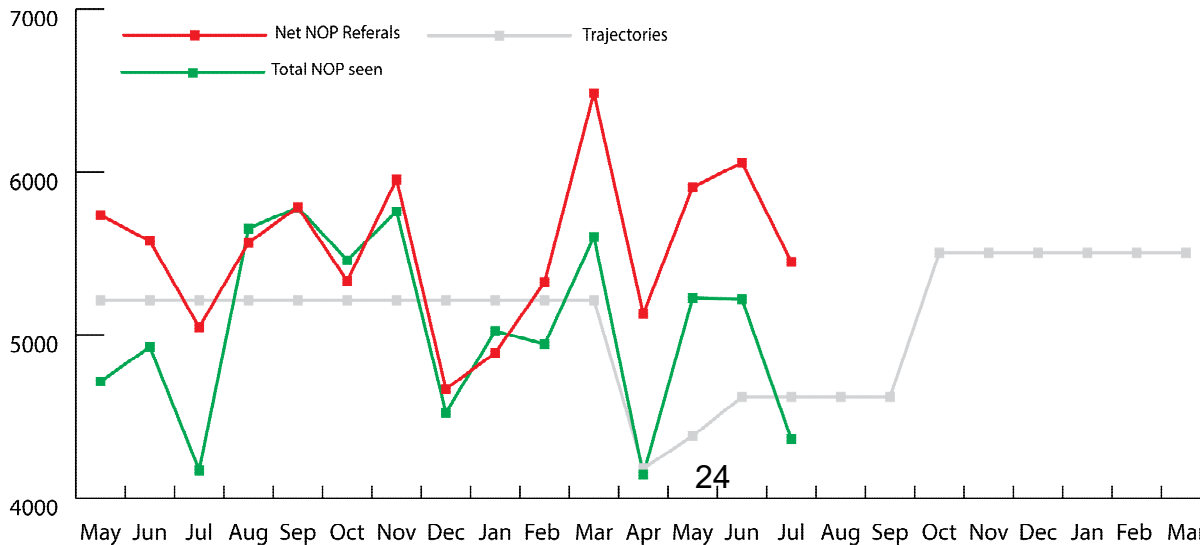
- General Outpatients department clinic timetable – Sep23
- ACRT/PIR - Oct23
- Patient Hub - Mar24

### Performance Overview

The national target for outpatients (OP) is that no patient will wait >12 weeks from referral to appointment. In 22/23 SG provided interim targets with the timescales below. NHS has submitted in our Activity Plan for 23/24 how many patients we anticipate to be waiting >104 weeks, >78 weeks and >52 weeks at the end of each quarter.

The total new outpatient list size has been increasing since January with referrals increasing since December. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.

New outpatient Referrals, Patients seen and Trajectories



24





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**Katherine Sutton**  
Chief Officer, Acute

**Progress Made to improve position**

- Work progressing with radiography and radiology workforce planning
- Radiology outsourcing has robust process and financial implications being reviewed
- Reporting radiographers taking lead on all MSK and Chest X-Rays for efficiency purposes
- Conventional radiology has just opened additional days in Nairn to support demand
- MRI Focus Group in place and investment made in AI to improve productivity once implemented
- Balanced scorecard approach adopted

**Key Risks**

- Unplanned activity continues and needs urgent review
- Workforce recruitment and retention in Consultant Radiologist roles continues to be a challenge
- Removal of MRI van capacity in future year will impact on ability to meet demand

Integrated Performance & Quality Report

**Objective 3**  
**Outcome 12**  
**Priority 12C**

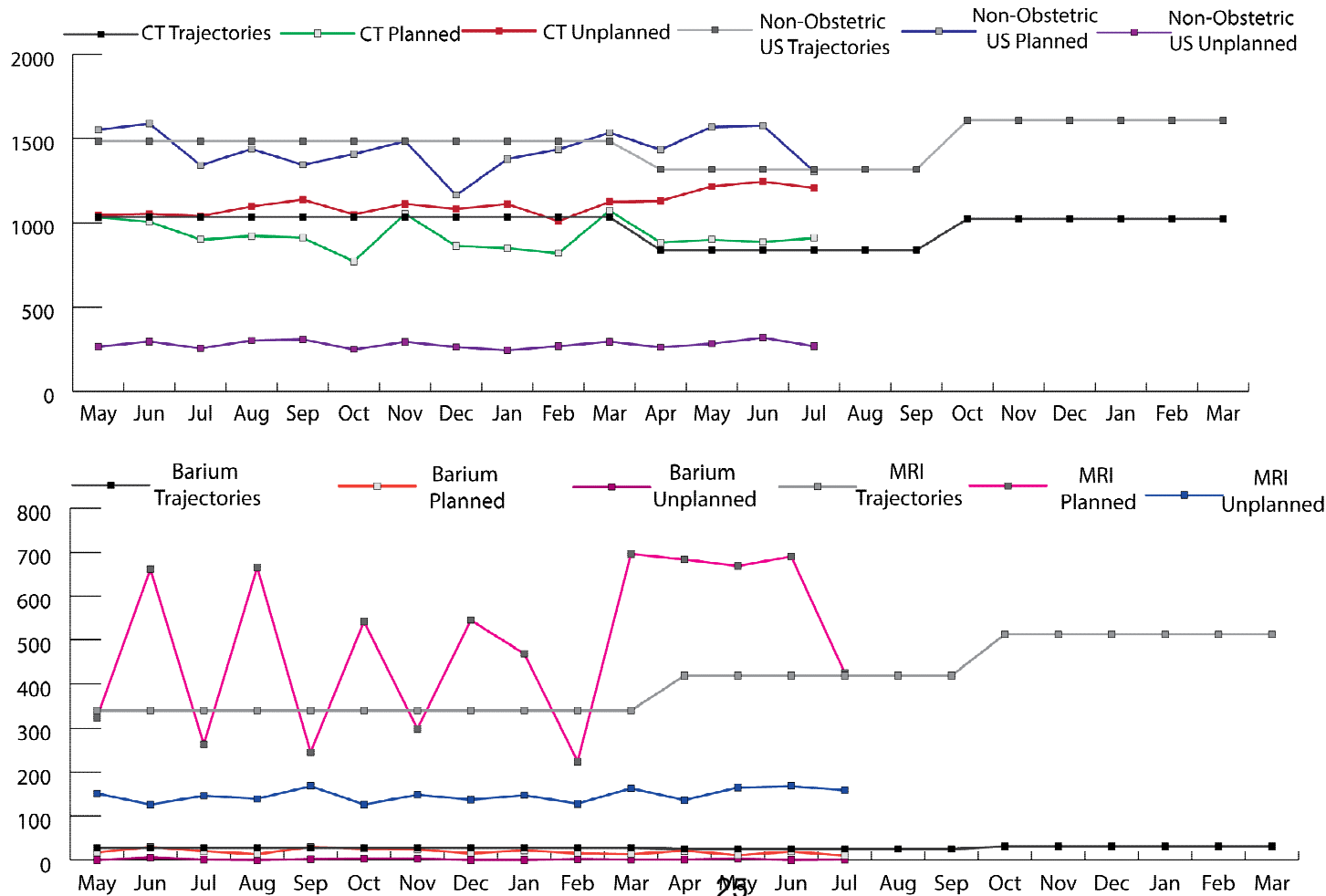
**In Partnership**

**Treat Well (Diagnostics-Radiology)**

*“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”*



Radiology Key tests-Activity and Trajectories



**Performance Overview**

The national target for diagnostics is that our population will wait <6 weeks for a key diagnostic test.

The SG target set is to achieve 80% for radiology by March 2024. Currently we are achieving 71% and are one of the higher performing boards with ultrasound being the highest performing in Scotland.

Trajectory Yearly(23-24 FY)	Trajectory until July	Patients seen Apr-July
34,632	10,388	13,210



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**Katherine Sutton**  
Chief Officer, Acute

**Progress made to improve position**

- CCE funding raised with SG
- Secured place with Glasgow Caledonian for trainee endoscopist; awaiting advert going live
- Patient survey established – over 90% of patients rating service excellent in all categories
- Final stages of JAG accreditation application
- Revised bowel screening pathway in place to achieve 31day target

**Immediate Next Steps**

- Gastroenterology team unable to support elective endoscopy sessions due to staffing crisis; contingency plan in place to mitigate skill mix gap
- JAG application to be submitted 3rd October
- Recruit non-medical endoscopist (delay in recruitment will delay 1 post until 2024)

**Timescales**

- Ongoing

**Integrated Performance & Quality Report**

**Objective 3**  
**Outcome 12**  
**Priority 12C**

**In Partnership**

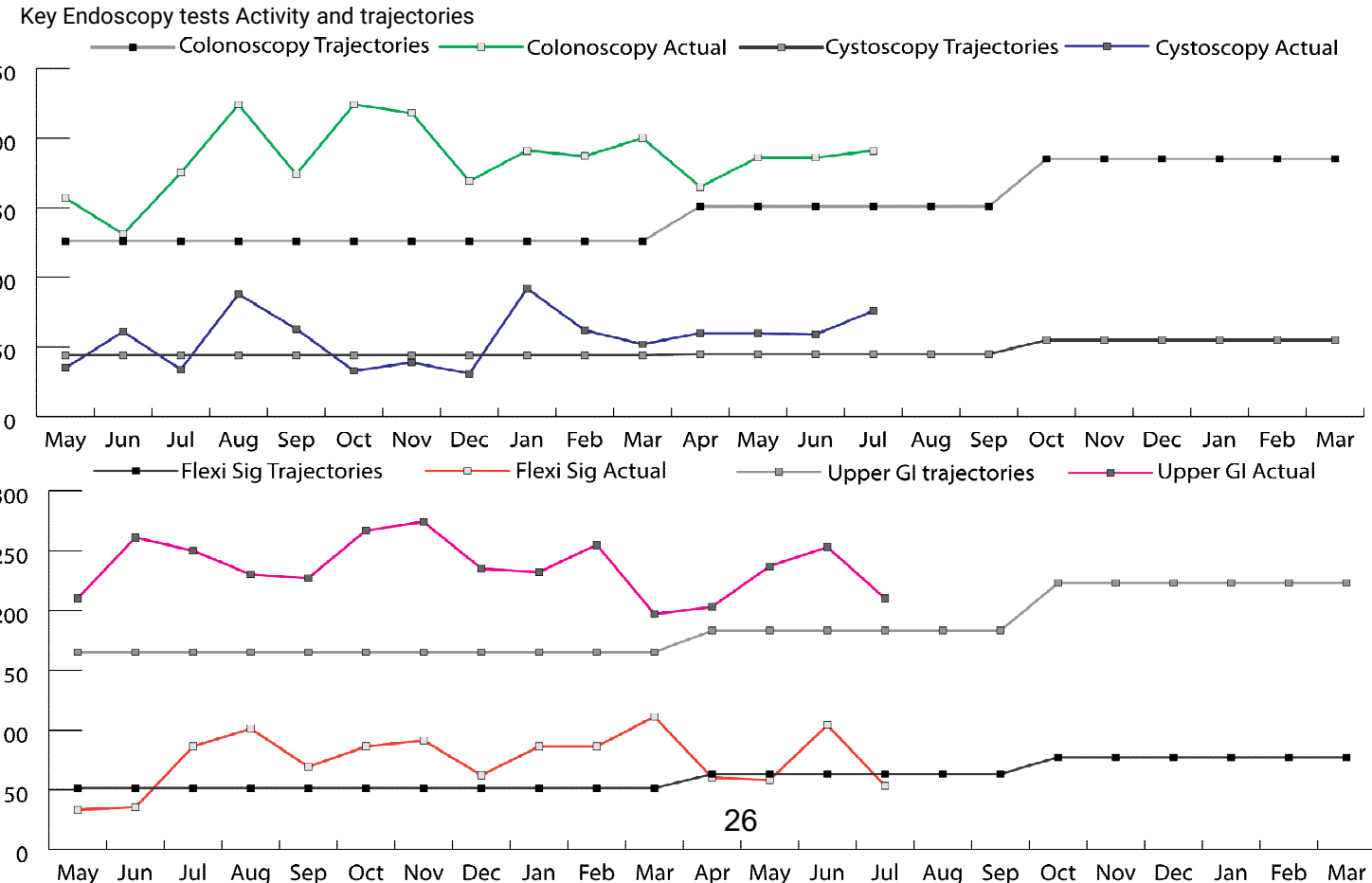
**Treat Well (Diagnostics-Endoscopy)**

*“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”*



**Performance Overview**

**The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test.** We have 4810 people waiting for a key diagnostic test. 1809 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.



**Performance Overview**  
**The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test.** We have 827 people waiting for an Endoscopy test. 337 patients are waiting for an Upper GI test.

Trajectory Yearly (23-24 FY)	Trajectory until July	Patients seen Apr-July
5,892	1,768	2,162



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**Katherine Sutton**  
Chief Officer, Acute  
Progress

- Continued prioritisation of cancer across the acute system
- Effective framework for cancer management improvement plan
- SACT transformation plan
- New locum oncologist now in place

**Key Risks**

- Continued capacity challenges with pathology
- Capacity within urology
- Overall workforce recruitment and retention

- Financial challenges although funding has become available from Scottish Government

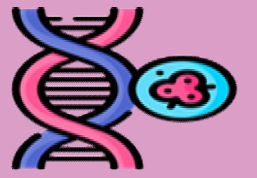
**Timescales**

This will be continuously scrutinised and improvements made to ensure we are delivering the best possible care to our cancer population

**Objective 3**  
**Outcome 13**  
**Priority 13A, 13B, 13C**

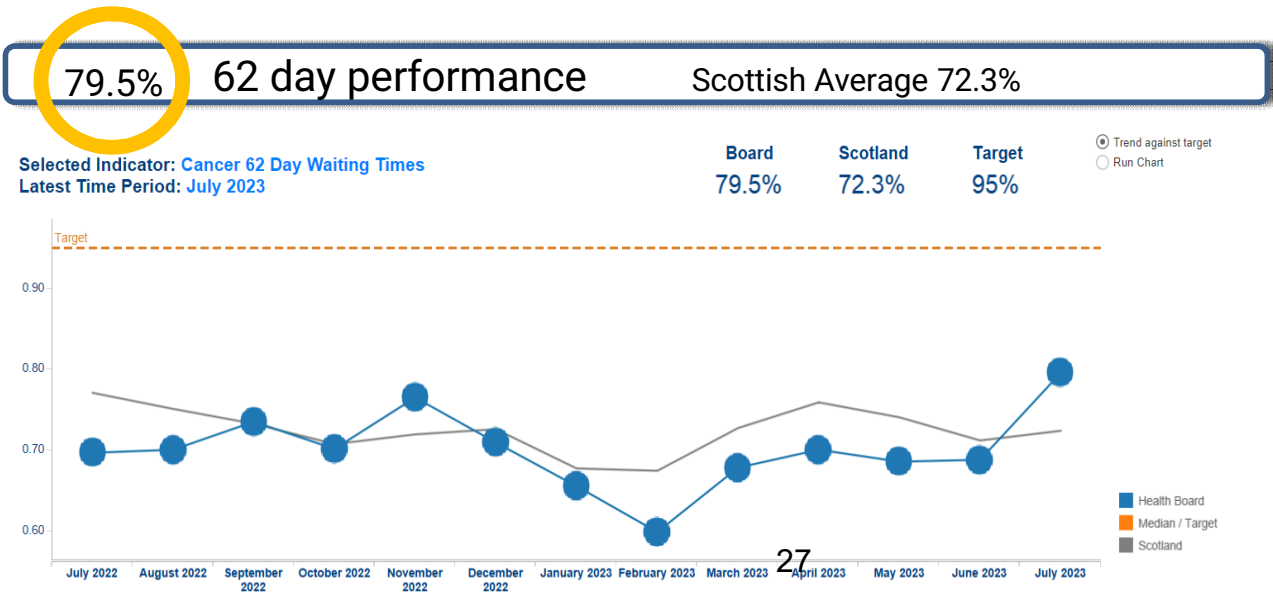
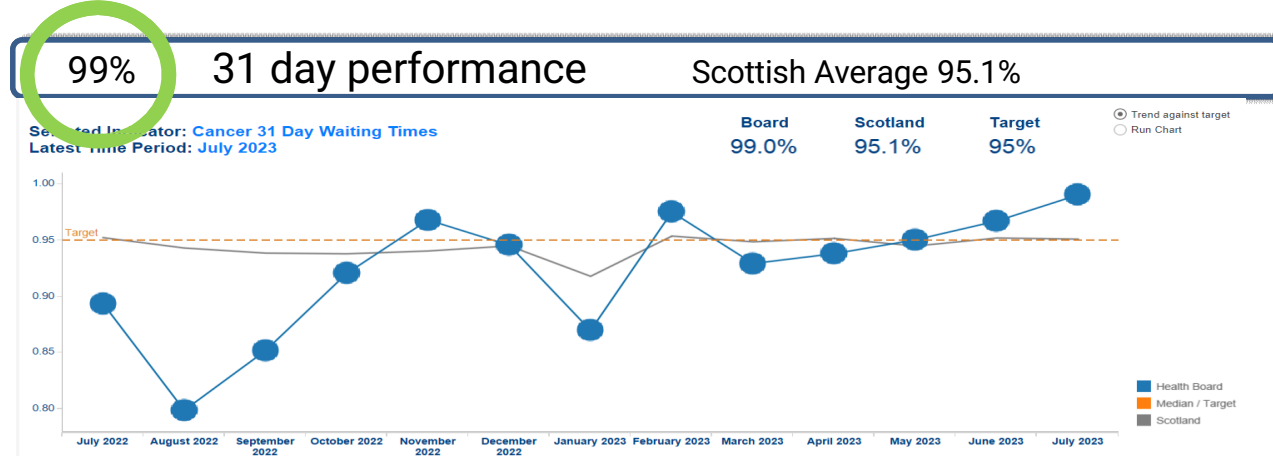
**In Partnership**  
**Journey Well (Cancer Care)**

*“Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment and personal support”*



**Performance Overview**

The national targets for cancer are a) 95% of all patients diagnosed with cancer to begin treatment within 31 days b) 95% of Urgent Suspected Cancer (USC) referrals to begin treatment within 62 days



**31 Day Benchmarking with Other Boards**

Selected Time Period: July 2023  
(click on a circle in timetrend to change the selected time period)

Health Board	Performance (%)
NHS Orkney	100.0%
NHS Ayrshire & Arran	100.0%
NHS Dumfries & Galloway	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Highland	99.0%
NHS Tayside	97.9%
NHS Lanarkshire	97.1%
NHS Borders	96.4%
NHS Forth Valley	95.2%
NHS Fife	94.7%
NHS Greater Glasgow & Clyde	93.5%
NHS Grampian	93.2%
NHS Lothian	92.9%
Golden Jubilee	90.3%

**62 Day Benchmarking with Other Boards**

Selected Time Period: July 2023  
(click on a circle in timetrend to change the selected time period)

Health Board	Performance (%)
NHS Borders	93.3%
NHS Dumfries & Galloway	90.0%
NHS Ayrshire & Arran	81.3%
NHS Lothian	80.1%
NHS Western Isles	80.0%
NHS Highland	79.5%
NHS Lanarkshire	78.4%
NHS Fife	77.5%
NHS Tayside	73.6%
NHS Forth Valley	73.6%
NHS Shetland	66.7%
NHS Greater Glasgow & Clyde	61.2%
NHS Grampian	59.8%
NHS Orkney	0.0%



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**Pam Cremin**  
Chief Officer,  
NHHSCP

DHD's remain a significant concern, hospital flow impacted by a loss of care home beds (161 since March 2022) and a reduction in available care at home (2500hpw over the past two years).

**Progress made to improve position**

- Ongoing review of care at home provision to ensure targeted and most efficient use of this limited resource.
- Consensus workshop held on 23/8/23 to consider and address current issues and to inform future key priorities.
- Daily huddles in place.
- Daily oversight and focused planning for all people who are delayed continues.
- Upstream community pull of patients for timely discharge before they become delayed.

**Immediate Next Steps**

- Action plans reflecting agreed priorities being drawn up & implemented following workshop of 23/08.23 Service developments to include cross system working and strengthening service provision to avoid inappropriate admissions.
- Maximisation of care at home resource working across in-house and independent sectors
- Develop wrap-around models of care – CAH, day care, intermediate care beds.

**Timescales**

- Bullets points 1 to 5 – in place
- Bullet points 6 to 8 – 3 months

Integrated Performance & Quality Report

**Objective 3**  
**Outcome 11**  
**Priority 11C**

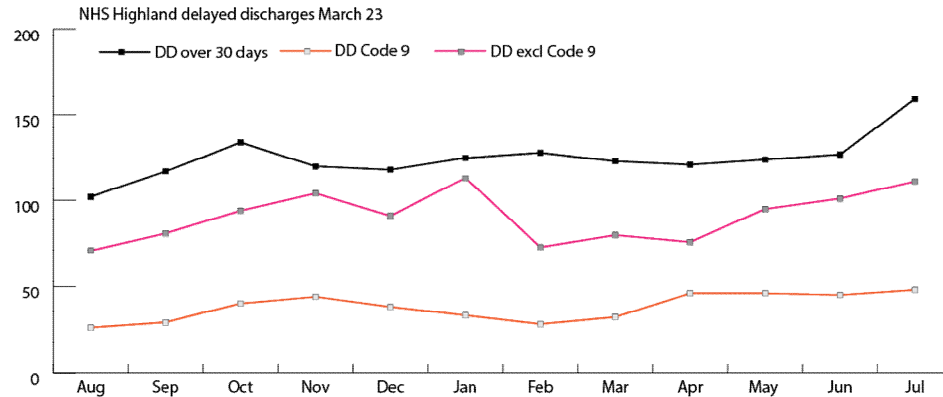
**In Partnership**  
**Respond Well & Care Well (Delayed Discharges)**

*“Ensure that our services are responsive to our population's needs by adopting a “home is best” approach”*

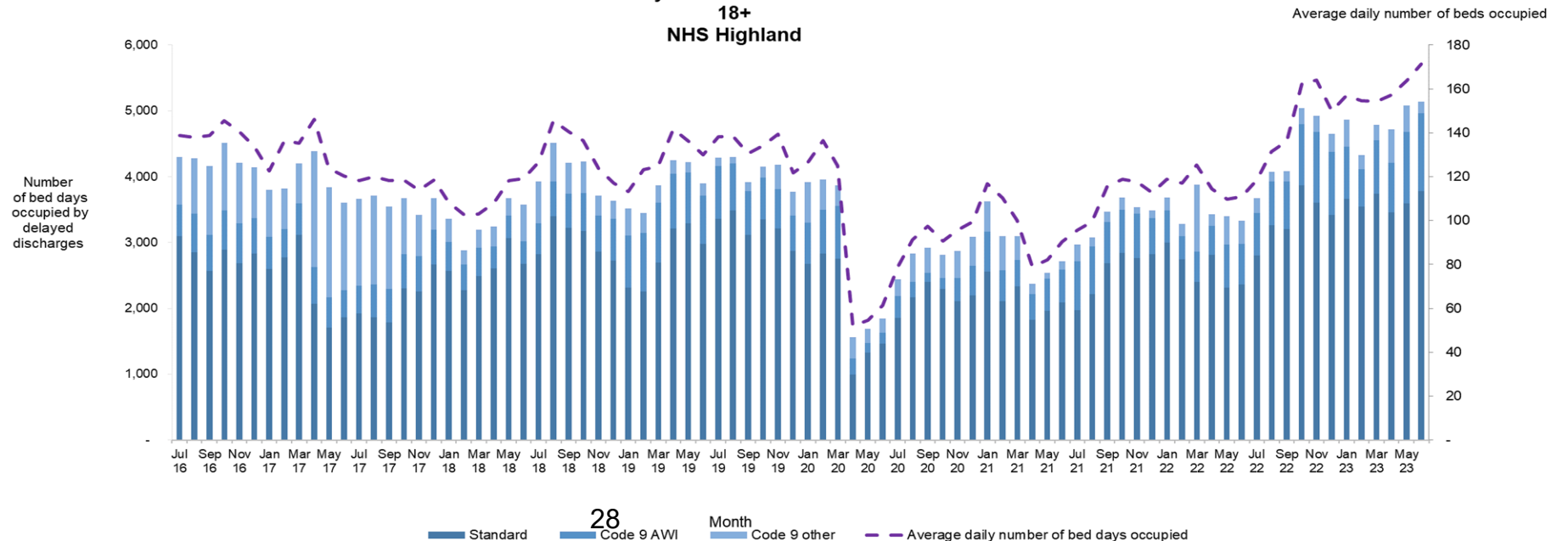


**Performance Overview**

**There is no national target for delayed discharges but we aim to ensure we get our population cared for in the right place at the right time. Of the 181 people who are delayed as at 16/8/23, 63 are in North Highland Community Hospitals, 24 in New Craigs, and 94 in Acute hospital settings.**



**Chart 1 - Bed Days Occupied by Delayed Discharges July 2016 to June 2023 18+ NHS Highland**





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**Pam Cremin**  
**Chief Officer, NHHSCP**

**Position Overview:**

Numbers have started to stabilise after a sustained reduction in service delivery, starting Mar 21. Unmet need is 2600hpw and 287 people are awaiting a service, despite significant collaboration with independent sector.

A short life working group has now met 4 times to work on co-produced tangible solutions with sector reps

**Programme seeks to deliver 5 objectives:**

- Maximise provision through process, training & technology
- Enable market and delivery stability
- Create, sustain and grown capacity
- Recognise, value and promote the paid carer workforce
- Improve affordability

**Next Steps**

•SLWG focussed on solutions for 2023-24

**Timescales**

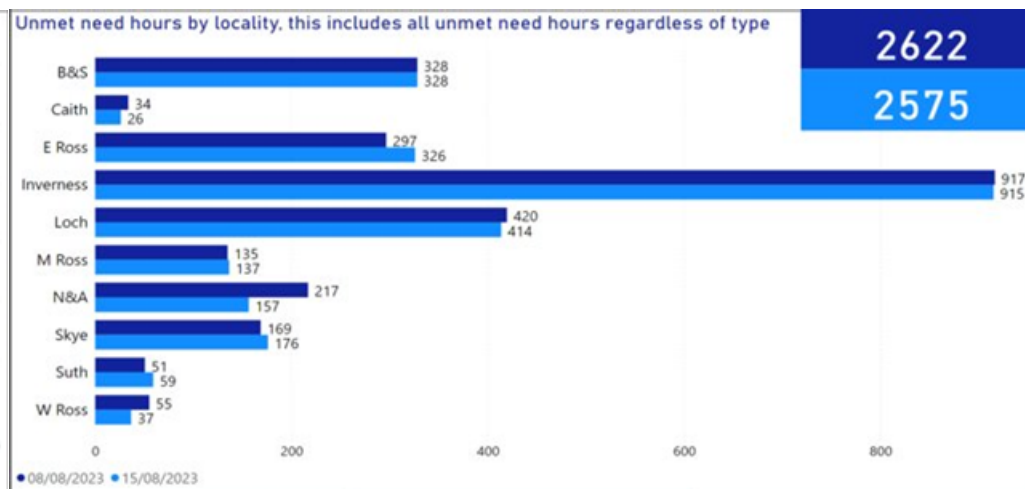
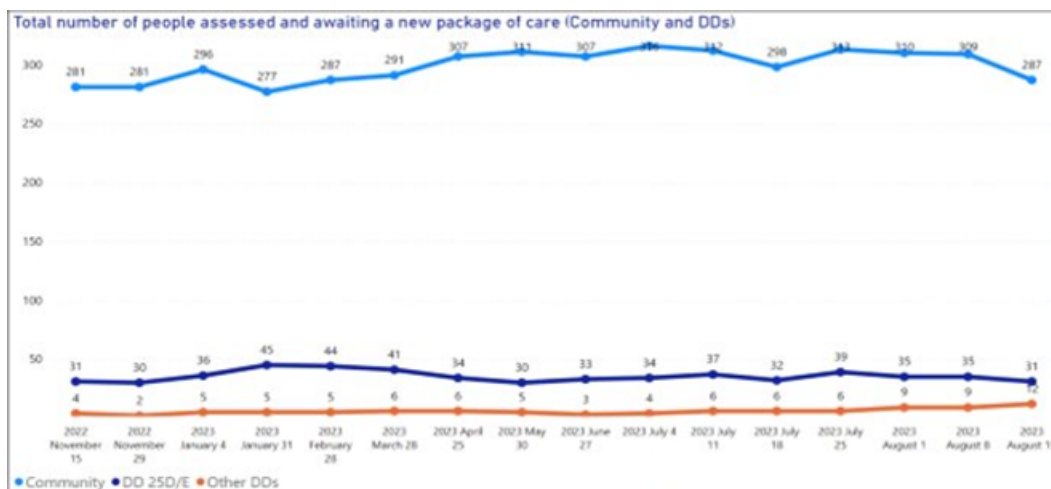
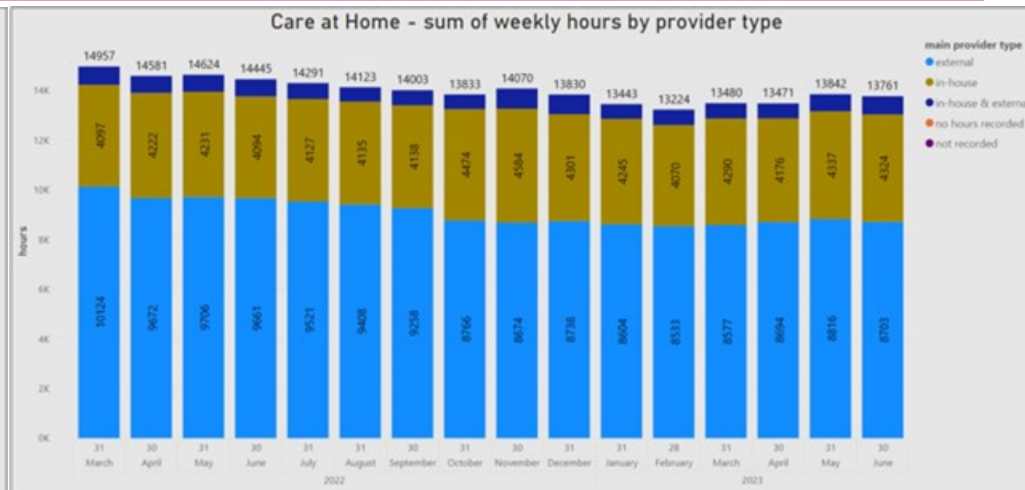
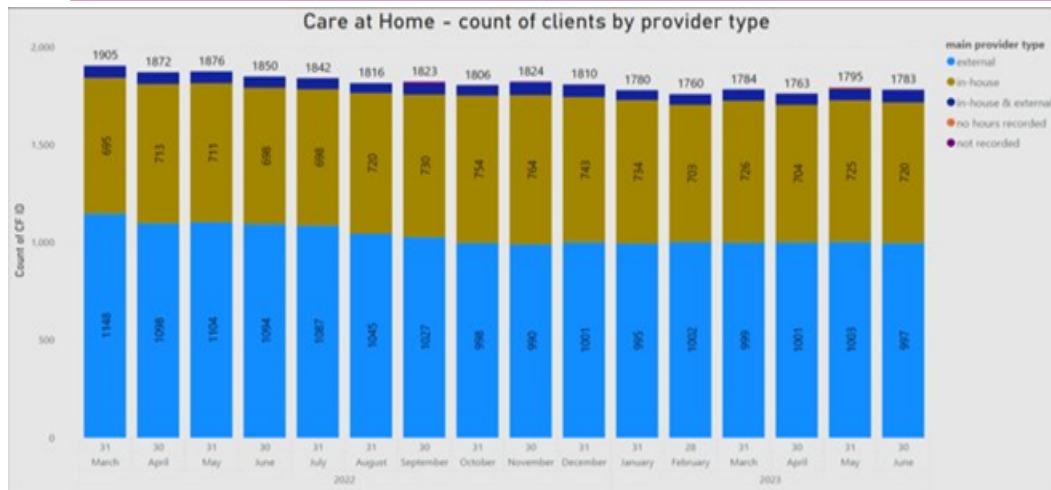
•3-5 year directional plan required, focus short term

**Integrated Performance & Quality Report**

**Objective 3**  
**Outcome 9**  
**Priority 9A, 9B, 9C**

**In Partnership**  
**Care Well (Adult Social Care)**

**"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**





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**Pam Cremin**  
Chief Officer,  
NHHSCP

**Position Overview:**

From Mar 22 to date, there has been significant sustainability turbulence within the independent sector care home market.

Key challenges are recruiting and retaining staff, securing and reliance on agency use, and a lack of available accommodation which compounds the challenge.

Finite number of available beds.

**Progress to improve position:**

- Sustainability of remaining care home provision is crucial.
- Lowest number of commissioned external beds for years.
- 5 care home closures since Mar 22, a combined loss of 141 beds
- NHS acquired external care home during March 2023

**Next Steps**

- National fee rate just agreed for 2023-24, rate an issue due to size and location of NH care homes.

**Timescales**

- Key in year focus is sustainability
- No short term fix

# Integrated Performance & Quality Report

**Objective 3**

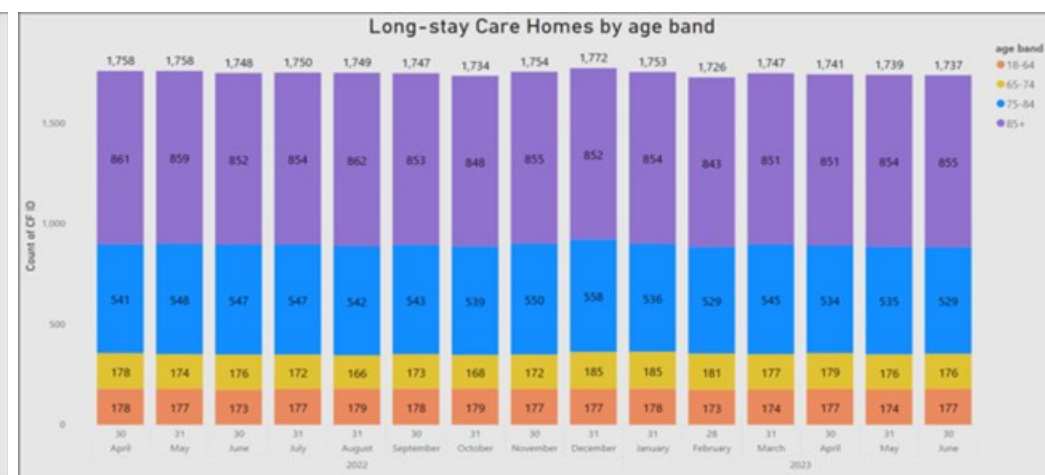
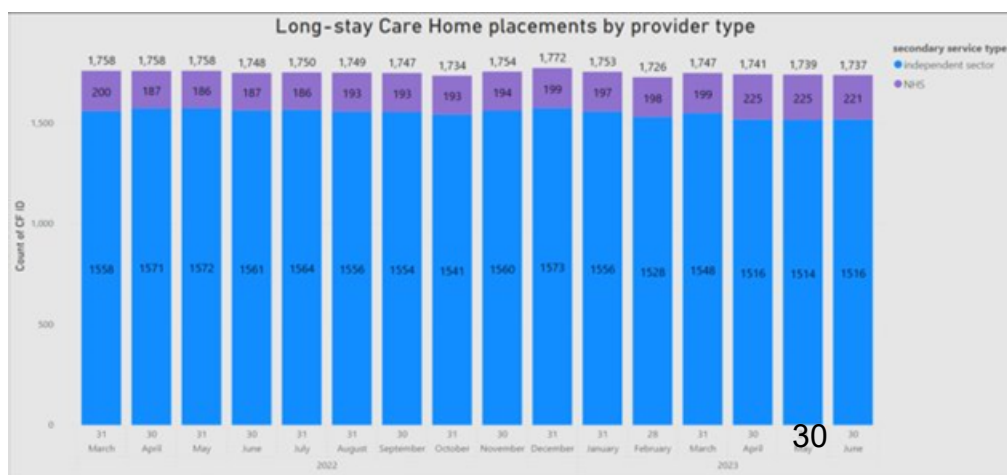
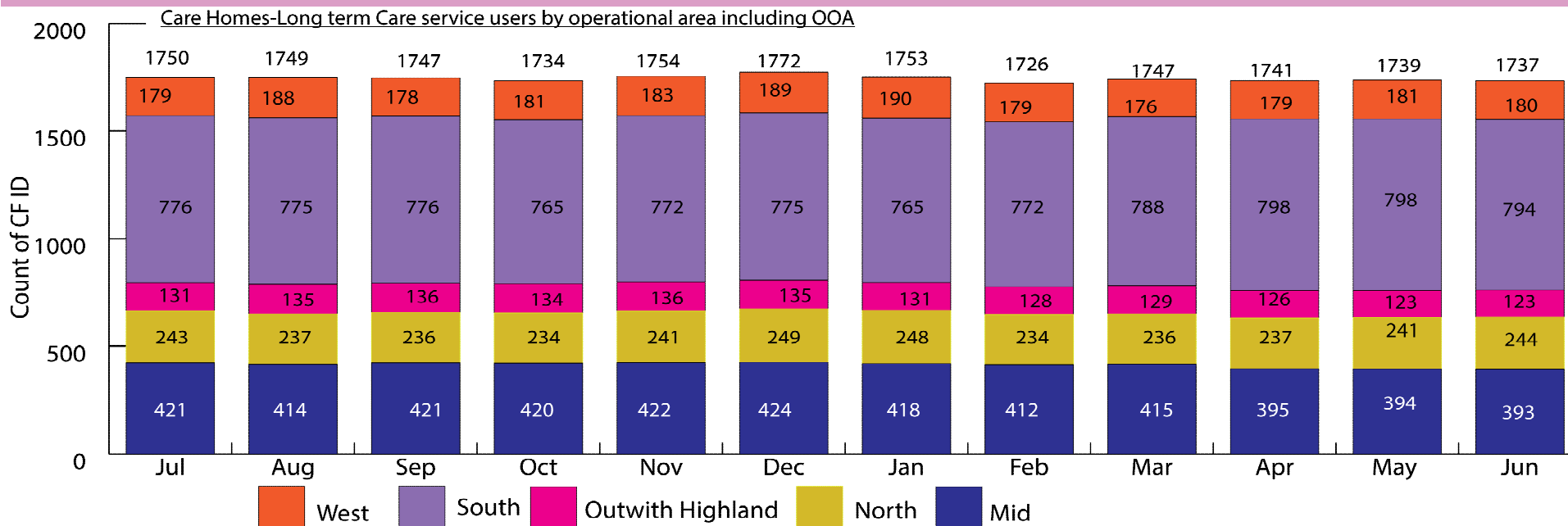
**Outcome 9**

**Priority 9A, 9B, 9C**

**In Partnership**

**Care Well (Adult Social Care)**

**"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**





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**Pam Cremin**  
Chief Officer,  
NHHSCP

**Progress made to improve position**

- STEPPS training complete
- Waiting list review complete
- Workforce and funding review to assess SM post feasibility complete

**Immediate Next Steps**

- Advertise and appoint Senior Service Manager (Oct 23)
- CAPTND data set capture system operational (Sept 23)
- Implementation of PT specification (Sept 23)
- Increase uptake and alternatives for digital therapies (Nov 23)
- New Digital Therapies funding awaiting confirmation letter of funding

**Timescales**

- Included above

# Integrated Performance & Quality Report

**Objective 3**

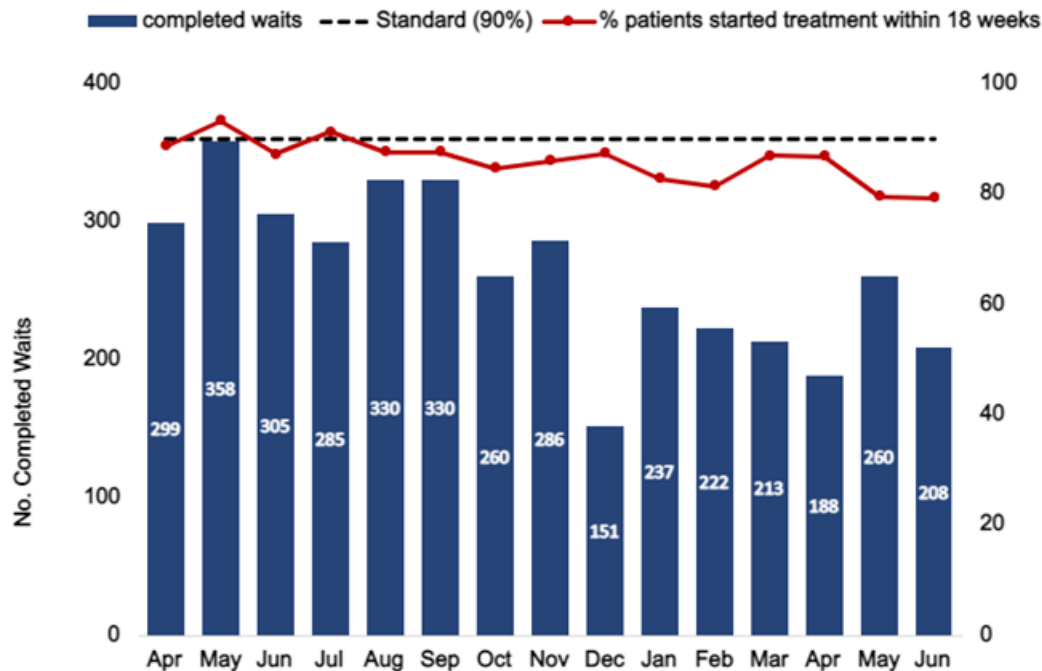
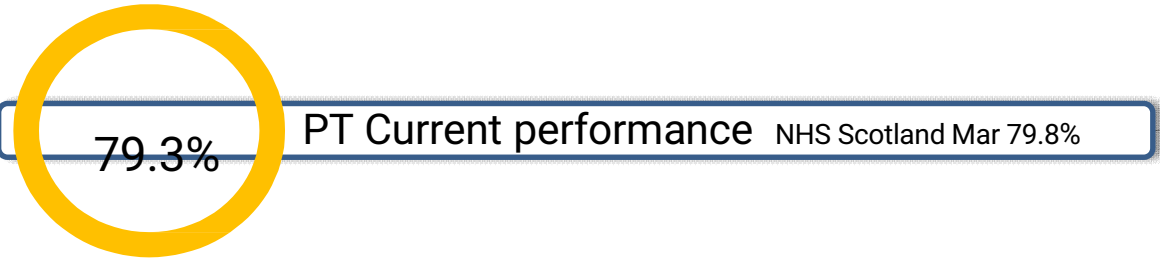
**Outcome 10**

**Priority 10A, 10B, 10C**

**In Partnership**

**Live Well (Psychological Therapies)**

*“Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”*



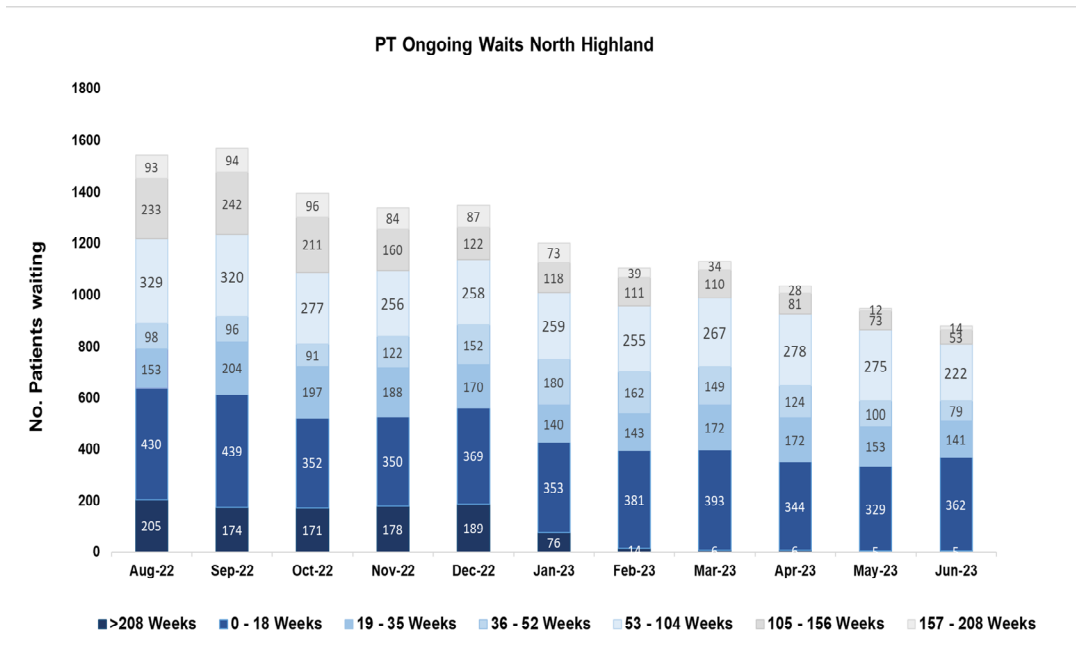
**Performance Overview NHS Highland**

The national target is that 90% of our population commence Psychological Therapies (PT) based treatment within 18 weeks of referral.

**June 2023: Current performance 79.3%. There are a significant backlog of outcomes to be inputted as a result of 80% lack of admin. Therefore, this has impacted on the level of reported performance.**

**Successful recruitment has now filled the vacancies.**

*We have 1128 of our population waiting to access PT services. 689 patients are waiting >18 weeks (61.1% breached target) of which 383 have been waiting >1year.*





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# Integrated Performance & Quality Report

## Objective 3 Our People



Gareth Adkins  
Director of People & Culture

Sickness absence remains above the national 4% target but below the national rate. Absences recorded with an unknown cause/not specified reflect over 25% of reported absences and work is ongoing in improving this with managers. Long term absences are mostly related to other musculoskeletal problems and anxiety/stress which contributes to staffing pressures within teams. Support is ongoing from the People Services Team. Regular online training sessions on attendance are available via TURAS which provides guidance on dealing with attendance concerns and the process for managing attendance. Turnover remains consistent with previous years trends, peaks in ends of fixed term contracts and retirement age. Recruitment processing activity remains high. Areas are encouraged to consider the workforce plans in order to progress appropriate vacancies. Our first 5 international nursing recruits commenced in July 2023 with further cohorts arriving each month until November 2023. Training will be completed in Aberdeen before sitting the OSCE exam and arriving in Inverness.

### Organisational Metrics Jul 2023

Sickness Absence Rate (%)

**6.16**

Long Term SA Rate (%)

**4.11**

Short Term SA Rate (%)

**2.14**

Recorded Absence Reason (%)

**70.80**

Vacancy Time to Fill (Days)

**121.14**

Annual Employee Turnover (%)

**9.12**

### Sickness Absence Rates (%) by Month



### Vacancy Time to Fill (Days) by Month



### Annual Employee Turnover (%) by Month



### Recorded Absence Reason (%) by Month







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# Integrated Performance & Quality Report

## Objective 3 Our People



Gareth Adkins  
Director of People & Culture

A short life working group is being established to progress the actions outstanding from the audit report and the improvements required for Statutory and Mandatory training compliance across the Board.

Personal Development plan training and awareness sessions continue to be rolled out and available to all. This is an interactive session designed to provide the information needed to undertake successful PDPs, ask questions and share good practice.

### Training Metrics Jul 2023

Mandatory eLearning Completion (%)

**66.4**

V&A Practical Training Completion Rate (%)

**37.0**

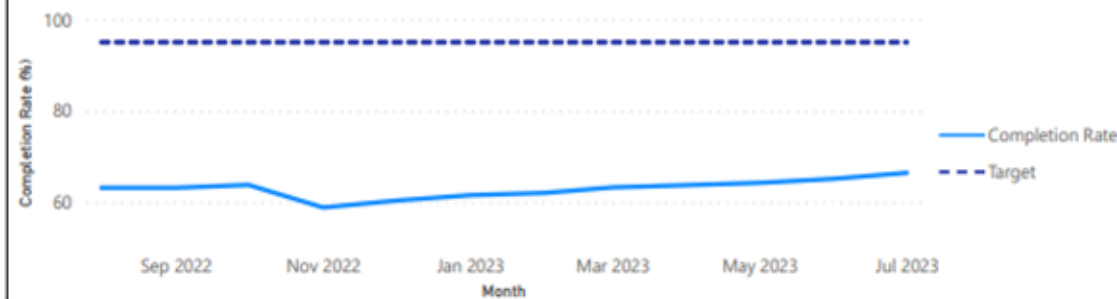
M&H Practical Training Completion Rate (%)

**24.0**

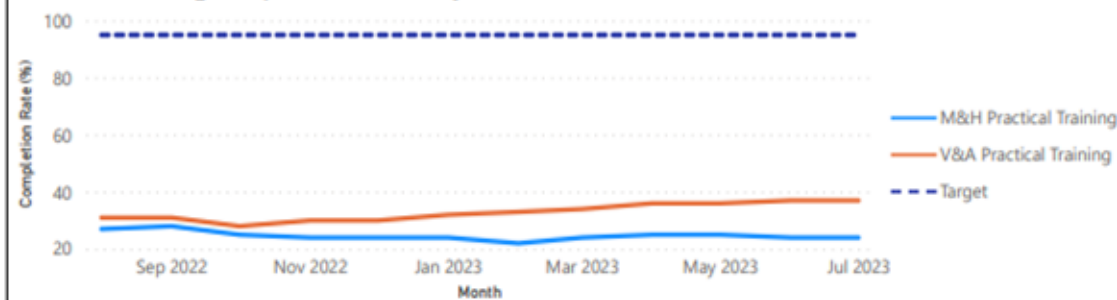
Appraisal Completion Rate (%)

**27.0**

Core Mandatory eLearning Completion Rate (%) by Month



Practical Training Completion Rate (%) by Month



Appraisal Completion Rate (%) by Month



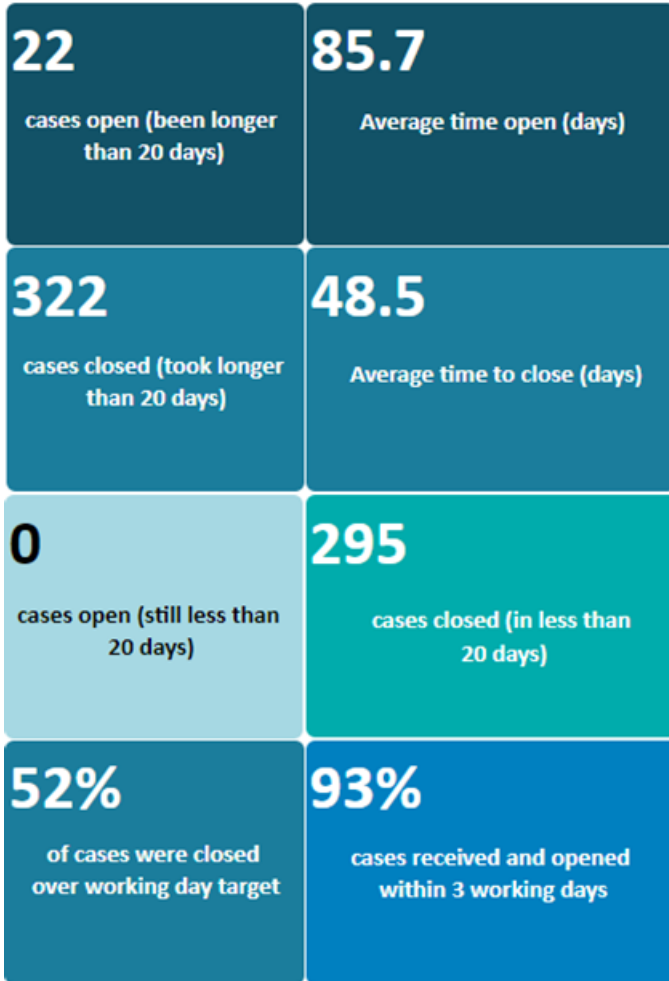


# Clinical Governance July 2023

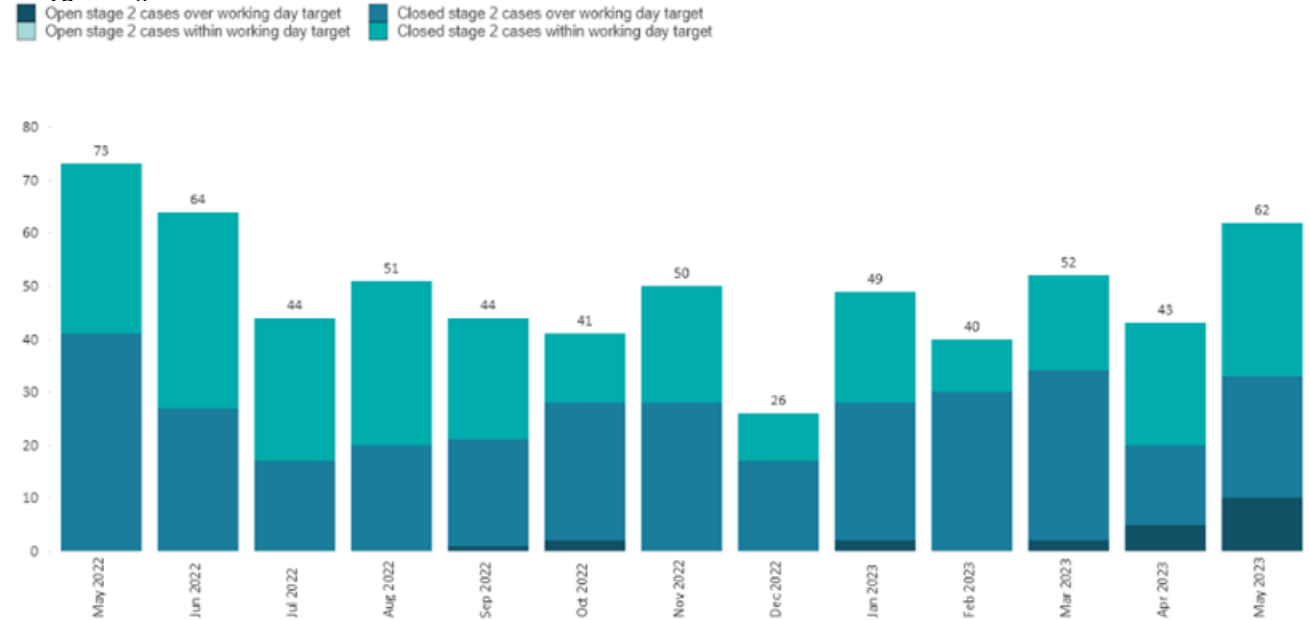
**Stage 2 complaint case information – May 2022 to May 2023 (EXTRACT 27.07.2023)** \*excludes cases with stage of Further Correspondence (FC) and Scottish Public Services Ombudsman (SPSO)

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## NHS Highland stage 2 case overview



## Working day status graph displaying number of stage 2 cases received for NHS Highland over last



## Working day performance (closed within 20 days) for stage 2 cases | Shown by operational unit

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Highland	44%	58%	61%	61%	52%	32%	44%	35%	43%	25%	35%	53%	47%
Argyll & Bute	14%	0%	38%	67%	14%	17%	29%	50%	50%	20%	40%	20%	33%
Acute	64%	66%	71%	70%	65%	29%	52%	25%	50%	28%	41%	61%	53%
Highland Health & Social Care Partnership (HHSCP)	34%	20%	59%	70%	38%	57%	45%	39%	38%	25%	20%	20%	42%



Context by Dr Boyd Peters  
Medical Director

Data show performance against 20 working day target response time improved significantly in April 2023. This continues to be closely monitored through EDG, SLTs and weekly Operational Unit meeting.

Complaints performance in June 2023 was 58%

Complaints performance was discussed at EDG on the 14 August and it was agreed on a monthly basis Complaints manager will attend to discuss learning and themes.

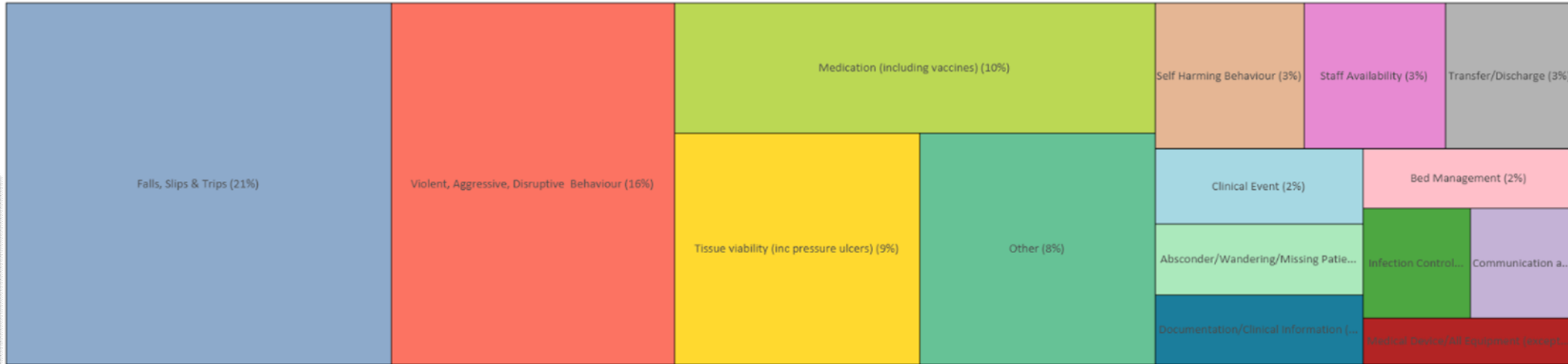


# Clinical Governance July 2023

Adverse Event information – April 2023 to June 2023 (EXTRACT 27.07.23)

	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

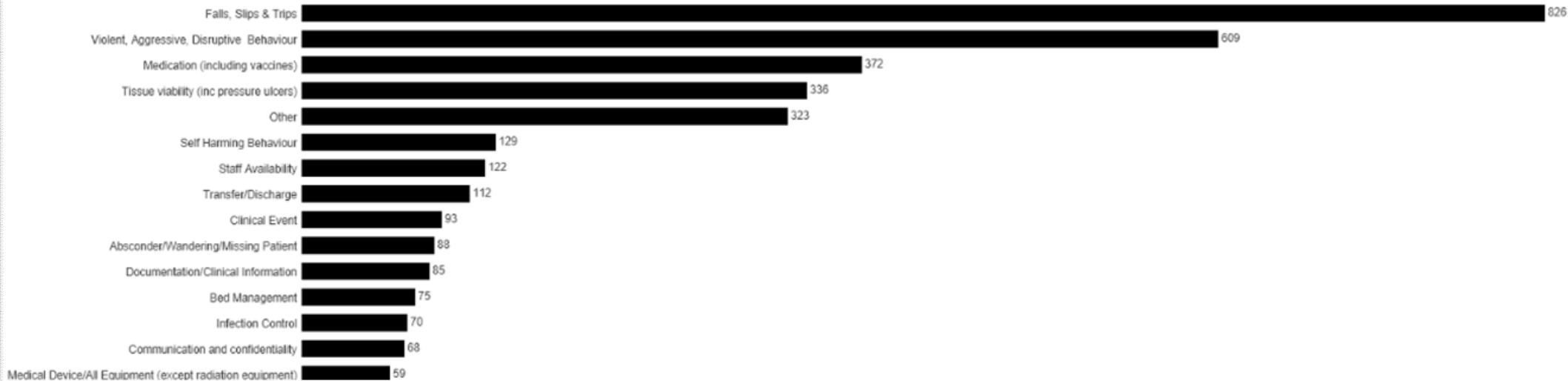
Together We Care with you, for you  
Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (April 2023 – June 2023)



Context by Dr Boyd Peters  
Medical Director

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories.

Operational Areas are closely monitoring Falls, V&A, medication errors and Tissue Viability.





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# Clinical Governance July 2023

Significant Adverse Event Review (SAER) information – June 2022 to June 2023 (EXTRACT 27.07.23)

	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

Number of SAERs declared in NHS Highland over last 13 Months

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
<b>Highland</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>
Argyll and Bute	0	1	0	0	1	2	1	0	0	1	0	0	0
HHSCP	0	2	0	0	0	1	0	1	0	0	2	0	0
Acute	0	0	0	0	0	0	1	1	0	1	0	0	1



Context by Dr Boyd Peters  
Medical Director

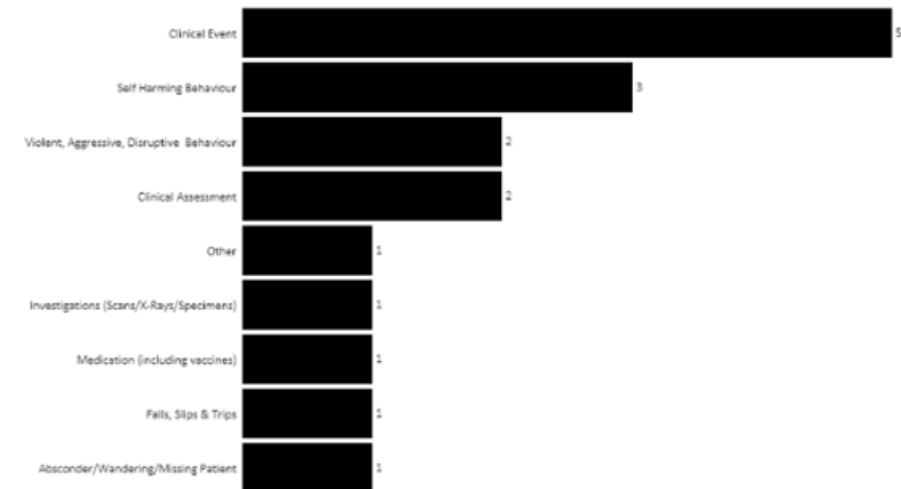
Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. All SAERs are progressing within timescale.

Many of the more serious adverse events are being reviewed as case reviews/care assessment.

The Board Nurse Director and Board Medical Director Raised Concerns about their concern about the number of outstanding SAER actions. This was raised at EDG on 14 August. A review of the current SAER process is being undertaken to enhance governance.

Open SAERs declared in NHS Highland over working day target by month declared Category Issue of SAERs declared in NHS Highland over last 13 months

Five. ( most are significantly over the timescale)





# Clinical Governance July 2023

Hospital inpatient falls – June 2022 to June 2023 (EXTRACT 27.07.2023)

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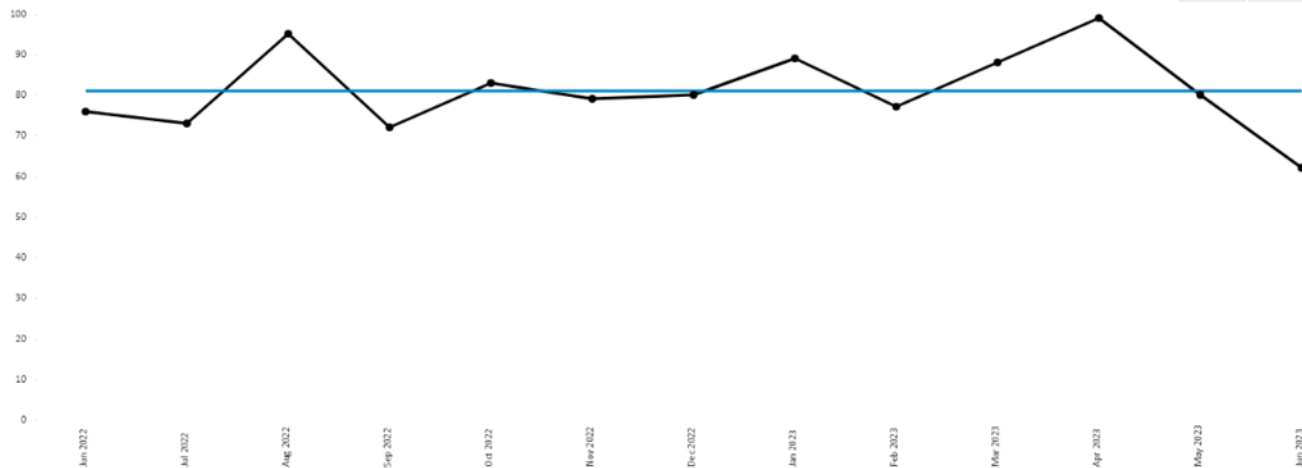
Context by Louise Bussell  
Board Nurse Director

May and June have seen a reduction in falls across the Acute Division and Health and Social Care Partnership. This links with the introduction of the Daily Care Plan across all clinical areas. This is clearly positive news but we need to be continue to monitor closely to ensure a sustained and continuing reduction and to understand the link with the care plan role out. We will be closely monitoring this within our ongoing audit work.

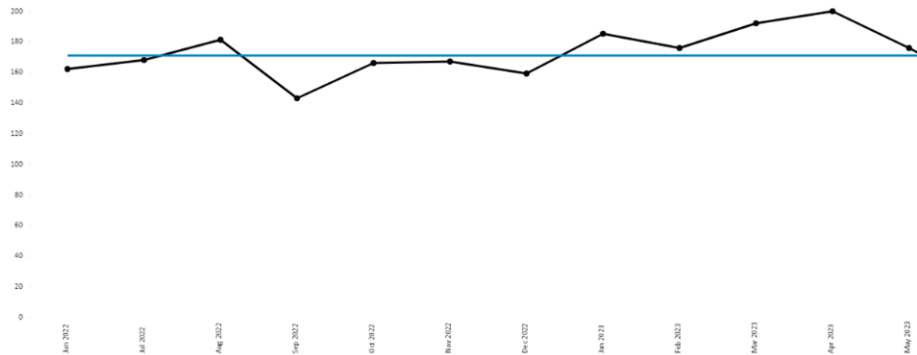
Falls with harm remain consistent as a proportion of total falls and therefore the continued focus on reducing all falls is critical.

Work progressing through Falls risk management group and SLWG looking at equipment, environment, learning from Riddor reports etc

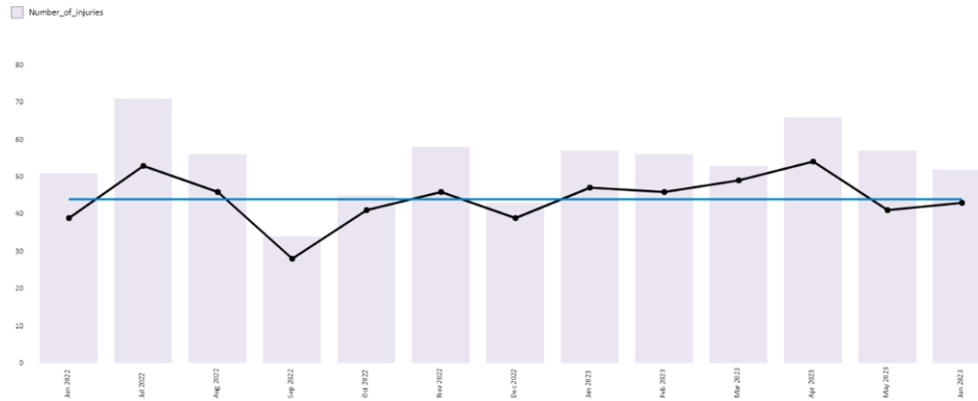
Run chart of Raigmore hospital inpatient falls over last 13 months



Run chart of NHS Highland hospital inpatient falls over last 13 Months



Hospital inpatient falls with harm (and injury count) over last 13 months



	Risk	Mitigation
1	Staffing challenges remain a risk across all areas  Opening of additional bed capacity in the Acute environment is also increasing the risk, approximately 20-30 beds daily	Key principles of falls prevention and promotion of positive risk taking are universally applied as part of essentials of safe care and incorporated through Daily Care plan  Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource
2	The Increasing complexity and frailty of patients in our care facilities.	Patient and family Falls leaflet developed  Identify staff to attend SPSP event in September



# Clinical Governance July 2023

Tissue Viability – June 2022 to June 2023 (EXTRACT 27.07.2023)

	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review and redesign 2.Additional fixed term nursing support for Care Homes as part of SG commitment to enhanced care home support to increase capacity to deliver preventative work in Care Homes and with Care @ Home teams 3.Designated Quality Improvement Practitioner to provide focussed support for pressure ulcer prevention across all care settings 4. Development of monthly TV Newsletter to provide ongoing updates and features on wound care products and practice to support generalists to upskill in wound care management
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHH e-clinic are beginning to outstrip existing capacity	1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2 All below ankle wounds referred to podiatry for specialist review and shared care 3.Review and monitoring impact of enhanced care home support to referral rates.

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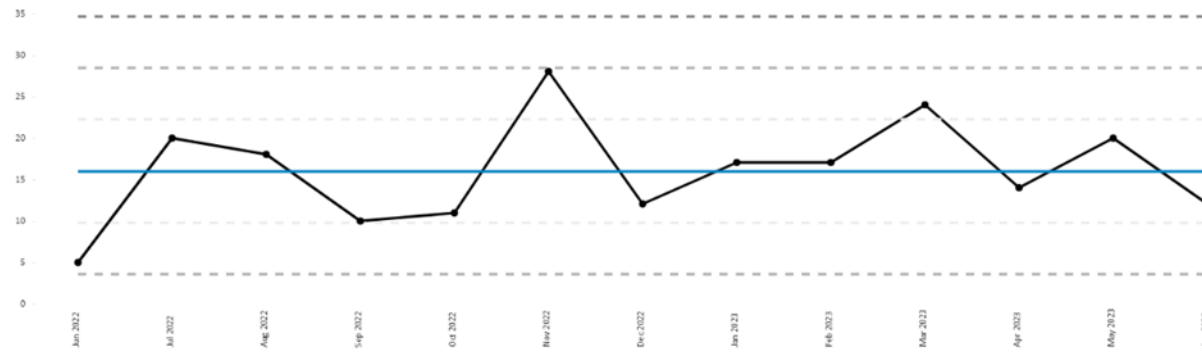
Context by Louise Bussell  
Board Nurse Director

The new Board Tissue viability nurse specialist lead is now in post which has significantly improved the tissue viability workforce challenges. She is already implementing improvements and establishing plans for the future.

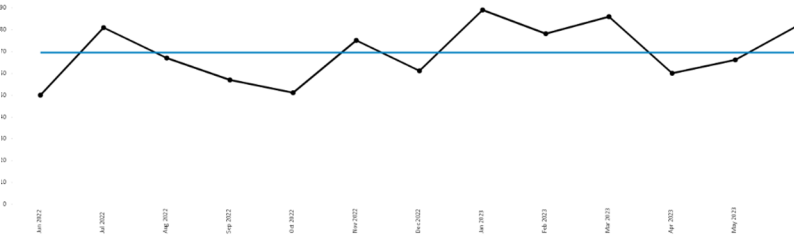
The eagerly anticipated driver diagram from Health Improvement Scotland has now been shared which is providing key drivers for supporting in the prevention and reduction of pressure ulcers.

The NHS Highland Tissue Viability Leadership Group has agreed to aim to reduce hospital acquired PUs by 10%. Current referral processes are under review and a review of pressure relieving equipment has commenced to consider the need for a mattress replacement programme

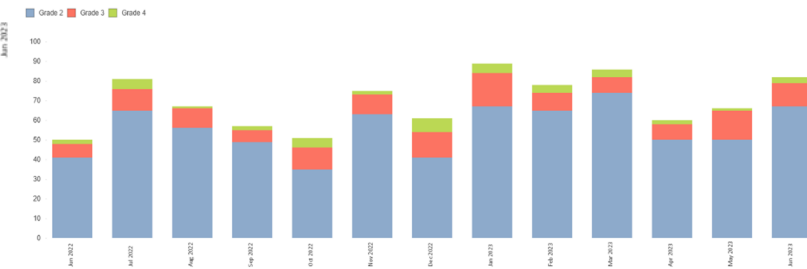
Run chart of grade 2-4 pressure ulcers developed in Raigmore Hospital over last 13 months



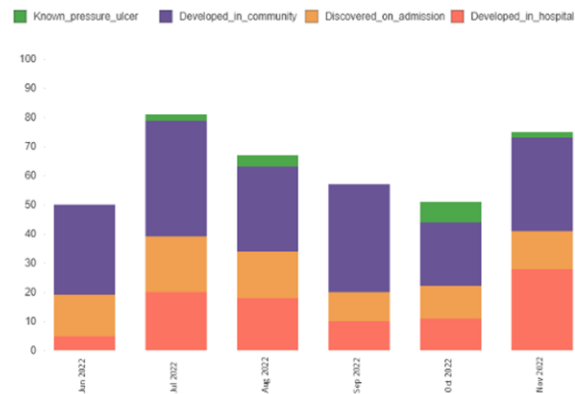
Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)



Bar chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)



Number of NHS Highland grade 2-4 pressure ulcers split by subcategory over last 13 months



Grade 2 723  
Grade 3 137  
Grade 4 43

Developed\_in\_hospital 208  
Discovered\_on\_admission 204  
Developed\_in\_community 454  
Known\_pressure\_ulcer 37



# Clinical Governance July 2023

Public Health Scotland (PHS) data only available until March 2023

Infection Prevention, E Coli, Staphylococcus aureus bacteraemia (SAB) and Clostridium difficile (C Diff) Infection Healthcare Associated Infection (HCAI) Rates per 100,000 population

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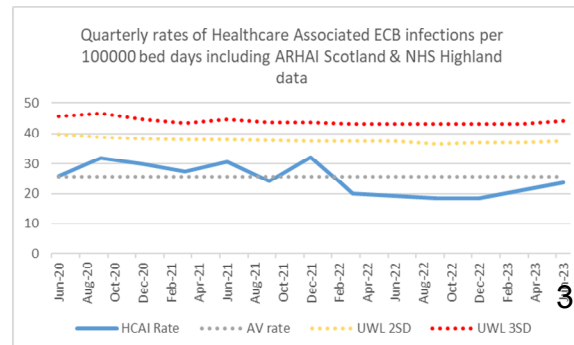
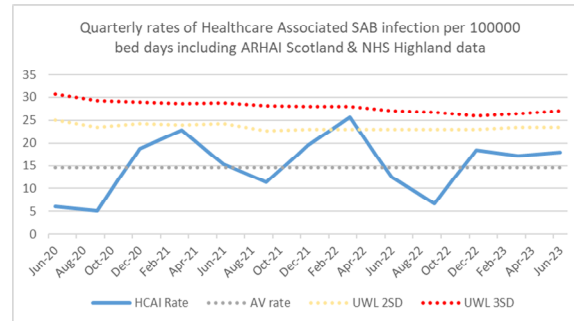
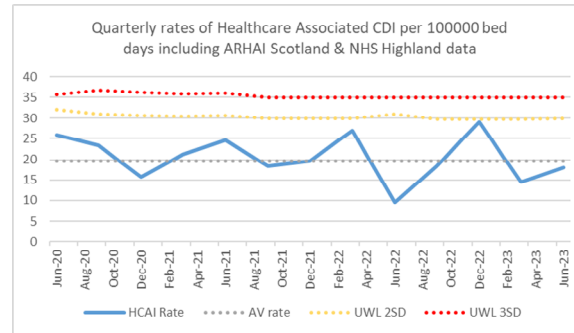
Context by Louise Bussell  
Board Nurse Director

End of year performance against the reduction aims was published in July 2023. NHS Highland met the reduction aim for SAB, but fell slightly short of meeting the aims for EColi bacteraemia and CDI infections, We remained within predicted limits (for CDI we are 4 over and for EColi we are 3 over the reduction aim). Overall we are pleased with our position and the hard work that has put us in this position but always strive for continual improvement.

The HCAI data for Apr-June 2023 will not be published until September.

The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences.

A detailed report is submitted to Clinical Governance Committees for awareness and assurance.



Risk	Mitigation
1 Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus, Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the Divisional units. Where present themes are addressed through specific action plans.  Additional capacity to provide support to Care Homes and Care at Home Services will cease at the end of Sept 2023.
2 Staffing challenges remain a significant risk, with demand for the service remaining high	Discussion is underway with Health Protection team to review this service provision going forward. There is a need to upskill the existing IPC workforce, and support new staff to complete training. The review of the National IPC Workforce Strategic plan will be used to inform future service need

Period	Apr-Jun 2023 Q1 (NHS Highland unvalidated data)	Jul-Sep Q2	Oct-Dec Q3	Jan-Mar Q4
<b>SAB</b>	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	18	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a
<b>C. DIFF</b>				
NHS HIGHLAND	18	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a
<b>E.COLI</b>				
NHS HIGHLAND	23.5	n/a	n/a	n/a
SCOTLAND	n/a	n/a	n/a	n/a

# Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
2	COVID vaccine – spring/summer performance	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
2	Comparative COVID vaccine uptake – for people aged 75+	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
3	NHS Highland-Alcohol brief interventions 2023/24 Q1	Quarterly	July 2023	November 2023
3	ABIs delivered	Quarterly	July 2023	November 2023
4	LDP smoking quit attempts by month of planned quit-NHS Highland	12 weeks	July 2023	November 2023
4	LDP 12-week smoking quits by month of follow up-NHS Highland	12 weeks	July 2023	November 2023
5	Highland ADP performance against standard for completed waits	Quarterly	July 2023	November 2023
5	% of of ongoing waits > 3 weeks at quarter-end	Quarterly	July 2023	November 2023
5	Board Comparision: percentage of completed community referrals	Quarterly	July 2023	November 2023
5	Board Comparison: percentage of ongoing waits at quarter-end	Quarterly	July 2023	November 2023
6	NHS Highland C-Section rates(%)	Monthly	July 2023	November 2023
6	Percentage if Antenatal bookings <12 weeks gestation	Monthly		November 2023



Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
7	CAMHS completed waits	Monthly	New graph	November 2023
7	CAMHS ongoing waits	Monthly	New graph	November 2023
8	NDAS New patients awaiting first appointment 22vs23	Monthly	July 2023	November 2023
8	NDAS: New + return + Unvetted projections	Monthly	July 2023	November 2023
8	NDAS: New + Unvetted patients awaiting first appointment	Monthly	July 2023	November 2023
9	ED attendances by flow group	Monthly	July 2023	November 2023
9	ED performance comparison	Monthly	July 2023	November 2023
9	NHS Highland ED 4hr wait performance	Monthly	July 2023	November 2023
10	Total TTG Waitlist	Monthly	July 2023	November 2023
10	Planned care additions, patients seen & Trajectories	Monthly	July 2023	November 2023
11	New outpatients total waiting list	Monthly	July 2023	November 2023
11	New outpatients Referrals, Patients seen & Trajectories	Monthly	July 2023	November 2023
12	Radiology Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
12	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	November 2023
13	Endoscopy Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
13	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
14	31 & 62 Day Performance (2 graphs)	Monthly	July 2023	November 2023
14	NHS board comparison 31-day and 62-day performance (2 graphs)	Monthly	July 2023	November 2023
15	NHS Highland Delayed Discharges	Monthly	July 2023	November 2023
15	Bed days occupied by Delayed Discharges	Monthly	July 2023	November 2023
16	Care at Home Services-Count of clients by provider type	Monthly	July 2023	November 2023
16	Care at Home services-Sum of hours by provider type	Monthly	July 2023	November 2023
16	Total number of people assessed and awaiting a new package of care	Monthly	July 2023	November 2023
16	Unmet need hours by locality	Monthly	July 2023	November 2023
17	Care homes-Long term care service user by operational area including OOA	Monthly	July 2023	November 2023
17	Care homes-No. Of occupied long term care beds by provider types	Monthly	July 2023	November 2023
17	Care Homes-Long stay care homes by age band	Monthly	July 2023	November 2023
18	PT completed waits and performance target	Monthly	July 2023	November 2023
18	PT ongoing waits NH	Monthly	July 2023	November 2023

# NHS Highland



**Meeting:** NHS Highland Board Meeting  
**Meeting date:** 26 September 2023  
**Title:** Finance Report – Month 5 2023/2024  
**Responsible Executive/Non-Executive:** Heledd Cooper, Director of Finance  
**Report Author:** Elaine Ward, Deputy Director of Finance

## 1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

This report will align to the following NHSScotland quality ambition(s):

Effective

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well					

## 2 Report summary

### 2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 5 2023/2024 (August 2023).

### 2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a

residual gap of £68.672m; work is ongoing, within the Board and nationally to look at options and schemes to close this gap. A further allocation for £14.62m has been received which has been allocated to reducing this gap. This report summarises the position at Month 5, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

## 2.3 Assessment

For the period to end August 2023 (Month 5) an overspend of £32.650m is reported. This overspend is forecast to increase to £55.774m by the end of the financial year. The improvement on the residual gap in the plan is due to the additional funding allocations from Scottish Government. The current forecast assumes full delivery of the savings in Acute, Support Services and the HHSCP, and the significant majority of A&B IJB’s target will be achieved.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

It is only possible to give limited assurance at this time due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the development of a robust recovery plan is required to increase the level of assurance – this is currently being developed at pace with oversight and support from Scottish Government in line with their “tailored support”.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a Quality Impact Assessment (QIA).

### 3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the QIA tool, where appropriate, the impact of savings on these areas is assessed.

### 3.3 Financial

Scottish Government has recognised the financial challenge on all Boards for 2023/2024 and beyond and are providing additional support to develop initiatives to reduce the cost base both nationally and within individual Boards. NHS Highland is receiving dedicated tailored support to assist in response to the size of the financial challenge.

### **3.4 Risk Assessment/Management**

There is a risk that NHS Highland will overspend on its 2023/2024 revenue budget by more than the current forecast of £55.774m. This forecast assumes the cost improvement programme is delivered in full within North Highland with limited slippage in Argyll & Bute. The forecast is also dependent on assumptions around funding and expenditure. The Board continues to look for opportunities both locally and nationally to bring the recurrent cost base down.

### **3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because it is not applicable

### **3.6 Other impacts**

None

### **3.7 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage both internal and external stakeholders where appropriate through the following meetings:

- Executive Directors Group – via monthly updates and exception reporting
- Efficiency Transformation Group
- Monthly financial reporting to Scottish Government

### **3.8 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EDG

## **4 Recommendation**

**Discussion** – Examine and consider the implications of the matter.

### **4.1 List of appendices**

Month 5 Position Presentation

# Finance Report – Month 5 (August 2023)

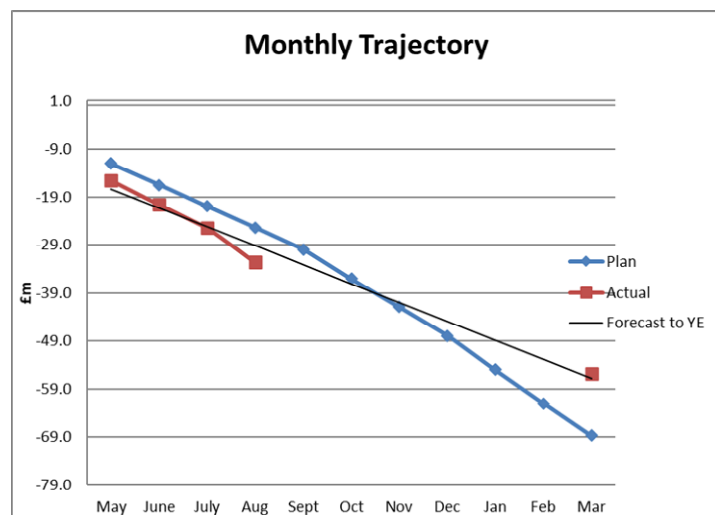
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# MONTH 5 2023/2024 – AUGUST 2023

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,148.711	<b>Total Funding</b>	461.619	461.619	-	1,148.711	-
	<b>Expenditure</b>					
443.189	HHSCP	184.957	190.616	(5.659)	449.508	(6.320)
291.378	Acute Services	120.844	131.156	(10.313)	306.513	(15.135)
150.840	Support Services	52.511	68.502	(15.991)	184.259	(33.419)
<b>885.406</b>	<b>Sub Total</b>	<b>358.312</b>	<b>390.274</b>	<b>(31.962)</b>	<b>940.280</b>	<b>(54.874)</b>
263.305	Argyll & Bute	103.307	103.995	(0.688)	264.205	(0.900)
<b>1,148.711</b>	<b>Total Expenditure</b>	<b>461.619</b>	<b>494.269</b>	<b>(32.650)</b>	<b>1,204.485</b>	<b>(55.774)</b>

## MONTH 5 2023/2024 SUMMARY

- YTD overspend of £32.650m reported
- Overspend forecast to increase to £55.774m by the end of the 2023/2024 financial year
- YTD position includes slippage against the CIP of £8.318m
- Cost improvements/ reductions of £28.843m assumed within the year end forecast
- Forecast is £12.898m better than that presented within the financial plan which was submitted to SG in March 2023. This reflects additional funding received from SG in respect of Sustainability & NRAC Parity (£8.030m recurring) and additional New Medicines Funding (£6.590m non-recurring)



# MONTH 5 2023/2024 – AUGUST 2023



Summary Funding & Expenditure	Current Plan £m
<b>RRL Funding - SGHSCD</b>	
Baseline Funding	809.525
FHS GMS Allocation	75.557
Supplemental Allocations	48.127
Non Core Funding	-
<b>Total Confirmed SGHSCD Funding</b>	<b>933.210</b>
<b>Anticipated funding</b>	
Non Core allocations	70.557
Core allocations	23.982
Total Anticipated Allocations	94.539
<b>Total SGHSCD RRL Funding</b>	<b>1,027.749</b>
<b>Integrated Care Funding</b>	
Adult Services Quantum from THC	131.729
Childrens Services Quantum to THC	(10.767)
Total Integrated care	120.962
<b>Total NHS Highland Funding</b>	<b>1,148.711</b>

## FUNDING

- Current funding £1,148.711m (increase of £1.162m from Month 4)
- £94.539m of allocations anticipated but not yet confirmed by Scottish Government
- £5.308m of allocations received in Month 5 - £4.247m of which is non-recurring.
- Current funding is £16.630m higher than at the close of the 2022/2023 financial year



# MONTH 5 2023/2024 – AUGUST 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
248.040	HHSCP NH Communities	103.953	108.398	(4.445)	254.878	(6.838)
48.733	Mental Health Services	20.724	24.396	(3.671)	53.236	(4.503)
146.573	Primary Care	60.473	61.039	(0.566)	148.804	(2.231)
(0.158)	ASC Other includes ASC Income	(0.192)	(3.216)	3.024	(7.410)	7.252
<b>443.189</b>	<b>Total HHSCP</b>	<b>184.957</b>	<b>190.616</b>	<b>(5.659)</b>	<b>449.508</b>	<b>(6.320)</b>
269.109	HHSCP Health	111.869	117.643	(5.774)	275.653	(6.544)
174.080	Social Care	73.088	72.973	0.115	173.855	0.225
<b>443.189</b>	<b>Total HHSCP</b>	<b>184.957</b>	<b>190.616</b>	<b>(5.659)</b>	<b>449.508</b>	<b>(6.320)</b>

	In Month £'000	YTD £'000
<b>Locum</b>	704	3,080
<b>Agency (Nursing)</b>	747	3,921
<b>Bank</b>	665	2,797
<b>Total</b>	<b>2,116</b>	<b>9,798</b>

## HHSCP

- YTD overspend of £5.659m reported
- Forecast that this will increase to £6.320m by financial year end
- Slippage of £3.635m against the CIP reported in the YTD position with full delivery being forecast by financial year end
- Continuing pressure with agency nursing and locum usage within Mental Health and in-house Care Homes and 2C practices - £9.798m incurred YTD
- A £1.400m prescribing pressure is forecast due to an increase in both the cost of drugs and volume of scripts being issued
- Previously reported pressures in Enhanced Community Services and Chronic Pain are continuing but at a lower cost base that reported in 2022/2023

# MONTH 5 2023/2024 – AUGUST 2023



Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	YE Outturn £000's	YE Variance £000's
Older People - Residential/Non Residential Care	57,090	24,072	24,271	(199)	58,279	(1,189)
Older People - Care at Home	34,112	14,211	14,937	(726)	35,455	(1,343)
People with a Learning Disability	40,116	16,782	17,618	(836)	43,947	(3,831)
People with a Mental Illness	8,008	3,332	3,488	(155)	7,926	81
People with a Physical Disability	7,970	3,351	3,566	(215)	8,444	(474)
Other Community Care	17,843	7,486	7,499	(14)	18,123	(280)
Support Services	8,941	3,853	1,413	2,440	1,181	7,761
Care Home Support/Sustainability Payments	-	-	181	(181)	500	(500)
<b>Total Adult Social Care Services</b>	<b>174,080</b>	<b>73,088</b>	<b>72,973</b>	<b>-</b>	<b>173,855</b>	<b>-</b>

## ADULT SOCIAL CARE

- Breakeven position reported net of Estates maintenance costs
- Forecast year end position assumes achievement of CIP in full
- £0.614m expenditure on agency nursing incurred to date within NHS Highland care homes
- £0.901m forecast full year spend on sustainability packages to ensure continuity of service provision
- Position is supported by utilising in full the funding held by Highland Council from the 2021/2022 financial year
- The position is predicated on the use of £9.823m of funds from 2021/2022 – this is non-recurrent funding which will result in a starting gap of at least this amount at the start of the 2024/2025 financial year

# MONTH 5 2023/2024 – AUGUST 2023



Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
77.110	Medical Division	32.352	36.279	(3.927)	82.001	(4.891)
20.690	Cancer Services	8.638	9.066	(0.428)	21.817	(1.126)
65.066	Surgical Specialties	27.074	29.219	(2.145)	67.761	(2.695)
33.427	Woman and Child	14.560	13.694	0.866	32.153	1.274
44.006	Clinical Support Division	18.494	18.421	0.074	43.603	0.404
(3.672)	Raigmore Senior Mgt & Central Cost	(1.988)	2.290	(4.278)	4.120	(7.792)
25.848	NTC Highland	9.603	9.476	0.127	25.283	0.565
<b>262.475</b>	<b>Sub Total - Raigmore</b>	<b>108.733</b>	<b>118.445</b>	<b>(9.713)</b>	<b>276.737</b>	<b>(14.262)</b>
13.862	Belford	5.811	6.092	(0.281)	14.121	(0.259)
15.040	CGH	6.300	6.619	(0.319)	15.654	(0.614)
<b>291.378</b>	<b>Total for Acute</b>	<b>120.844</b>	<b>131.156</b>	<b>(10.313)</b>	<b>306.513</b>	<b>(15.135)</b>

	In Month £'000	YTD £'000
Locum	860	4,448
Agency (Nursing)	1,124	5,218
Bank	571	2,886
<b>Total</b>	<b>2,555</b>	<b>12,552</b>

## ACUTE

- £10.313m overspend reported year to date
- Forecast that this will increase to £15.135m by financial year end
- £2.458m slippage against CIP reported in YTD position – assuming CIP will be achieved in full this financial year.
- Yet to see impact of targeted interventions to bring down run rate for supplementary staffing – anticipating benefits in quarters 3 & 4
- A pressure of £0.397m is forecast within drugs – this is a reduction from Month 4 due to the draw down of funding built into the plan for horizon scanning
- The forecast includes approx. £8.118m of costs likely to be incurred as a result of patients not being within the correct care setting

# MONTH 5 2023/2024 – AUGUST 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	<b>Support Services</b>					
13.281	Central Services	(3.329)	11.209	(14.538)	45.414	(32.134)
45.183	Corporate Services	18.027	17.491	0.536	43.269	1.913
52.381	Estates Facilities & Capital Planning	21.112	21.953	(0.841)	54.351	(1.970)
14.732	eHealth	6.174	6.344	(0.170)	14.709	0.023
25.264	Tertiary	10.527	11.505	(0.978)	26.516	(1.252)
<b>150.840</b>	<b>Total</b>	<b>52.511</b>	<b>68.502</b>	<b>(15.991)</b>	<b>184.259</b>	<b>(33.419)</b>

## SUPPORT SERVICES

- £15.991m overspend reported year to date with this forecast to increase to £33.419m by financial year end – this reflects the funding gap built into the initial plan submitted to SG in March 2023
- Within Corporate Services vacancies within a number of teams and additional Medical Education funding is driving the underspend. However there are pressures related to unfunded services and post. Whilst these can likely be covered this FY work is ongoing to reduce/ remove these pressures going into 2024/2025
- Within Tertiary there are pressures within the main SLA with L&B, Rheumatology, Cardiac and Forensic Psychiatry services provided out of area
- Estates continue to see pressures in utility & food costs, additional maintenance, additional pay costs at New Craigs due to facilities staff being aligned to Agenda for Change uplifts and increased cleaning across a number of sites

# MONTH 5 2023/2024 – AUGUST 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	<b>Argyll &amp; Bute - Health</b>					
122.853	Hospital & Community Services	51.495	51.413	0.082	123.111	(0.258)
38.367	Acute & Complex Care	16.263	16.552	(0.289)	39.417	(1.050)
10.090	Children & Families	4.212	4.142	0.070	9.890	0.200
38.040	Primary Care inc NCL	15.035	15.053	(0.018)	38.040	-
21.964	Prescribing	9.079	10.620	(1.541)	24.464	(2.500)
10.712	Estates	4.354	4.362	(0.007)	10.834	(0.122)
5.650	Management Services	1.848	1.817	0.031	5.720	(0.070)
15.630	Central/Public health	1.022	0.038	0.985	12.730	2.900
<b>263.305</b>	<b>Total Argyll &amp; Bute</b>	<b>103.307</b>	<b>103.995</b>	<b>(0.688)</b>	<b>264.205</b>	<b>(0.900)</b>

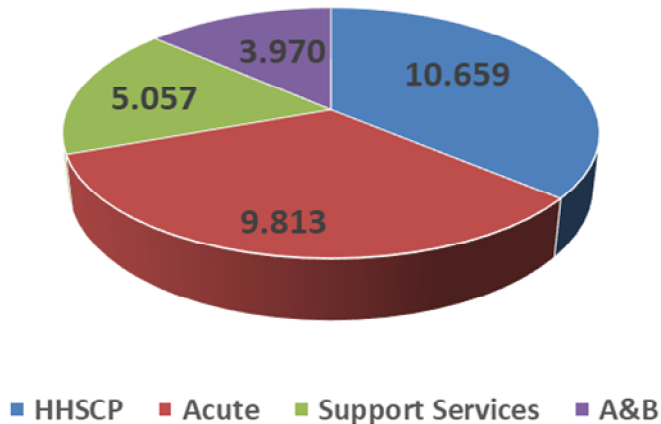
	In Month £'000	YTD £'000
<b>Locum</b>	502	2,353
<b>Agency (Nursing)</b>	195	1,177
<b>Bank</b>	359	1,618
<b>Total</b>	<b>1,056</b>	<b>5,148</b>

## ARGYLL & BUTE

- YTD overspend of £0.688m reported with this forecast to increase to £0.900m by financial year end
- The YTD position includes £0.699m of slippage against the CIP.
- It is anticipated that cost improvements/ reductions of £3.313m will be delivered in year – slippage of £0.657m
- £2.500m of a pressure relating to prescribing and £1.600m of agency staffing (mainly in LIH due to vacancy cover) is built into the full year projection

# MONTH 5 2023/2024 – AUGUST 2023

£29.500m Cost Improvement Programme



## COST IMPROVEMENT

- £29.500M CIP programme planned
- At the end of Month 5 slippage of £8.318m against the CIP is reported
- Cost improvements of £28.843m are built into the year end forecast
- There is a risk around non delivery of cost improvements/ reductions but the Efficiency & Transformation Governance Group is providing scrutiny in this area to maximise delivery this FY.

	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	10,659	10,659	-
Acute	9,813	9,813	-
Support Services	5,057	5,057	-
A&B	3,970	3,313	(657)
<b>Total Forecast Savings</b>	<b>29,500</b>	<b>28,843</b>	<b>(657)</b>

# MONTH 5 2023/2024 – AUGUST 2023



All Horizon 1 Schemes by Unit				
Division	Target £000s £000s	Estimated Value of Schemes £000s £000s	Savings/Cost Reduction in Forecast £000s £000s	Variance (Target Less Savings Forecast) £000s
Acute	9,813	7,474	6,124	(3,690)
HHSCP - Health	6,546	2,505	1,955	(4,591)
HHSCP - ASC	4,113	1,612	275	(3,838)
Support Services	5,057	1,774	1,373	(3,684)
A & B IJB	3,970	2,314	2,294	(1,677)
<b>Grand total</b>	<b>29,500</b>	<b>15,679</b>	<b>12,021</b>	<b>(17,479)</b>

All Horizon 1 Schemes by Workstream				
Workstream	Target £000s	Estimated Value of Schemes £000s	Savings/Cost Reduction Achieved £000s	Variance (Target Less Savings Delivered) £000s
Service Redesign and Reform		30	-	-
Workforce - Medical Locums	2,460	2,950	2,877	417
Workforce - Nursing Agency	5,000	2,694	2,509	(2,492)
Non Medical Agency	140	-	-	(140)
Workforce - Permanent Staff	2,500	1,045	1,036	(1,464)
Workforce - Other		1,086	296	296
Other Non-Pay	265	2,977	1,985	1,720
Prescribing	1,150	1,578	654	(496)
Procurement	2,000	90	34	(1,966)
Infrastructure		107	-	-
ASC	4,113	217	275	(3,838)
Digital		50	-	-
A&B Schemes	3,970	2,314	2,294	(1,676)
Non Rec Measures		-	-	-
Income Generation		480	-	-
Estates - Energy		5	5	5
Unidentified	7,902	56	56	(7,846)
<b>Grand total</b>	<b>29,500</b>	<b>15,679</b>	<b>12,021</b>	<b>(17,479)</b>

## 3 HORIZONS

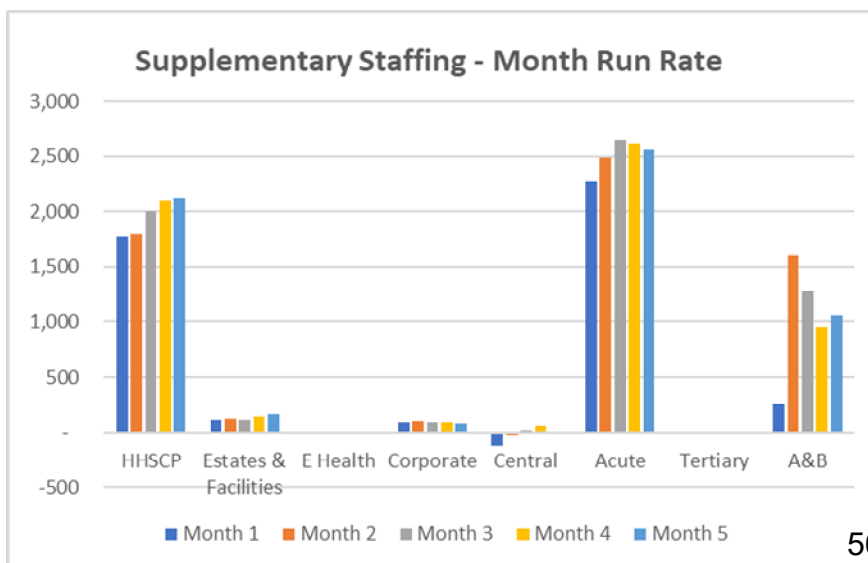
- Efficiency and Transformation Governance Group is now meeting weekly with operational and support areas reporting back on plans and providing updates on delivery
- Workforce, Prescribing and Digital working groups have been established to focus on cost improvements and reductions in these areas across all areas of the Board
- The targets across the workstreams are based on the plan submitted to SG in March 2023 which aligned to the Sustainability & Value delivery target of £350m across Scotland

# MONTH 5 2023/2024 – AUGUST 2023

	2023/2024 YTD £'000	2022/2023 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	9,798	7,321	2,477
Estates & Facilities	656	714	(58)
E Health	8	1.00	7
Corporate	465	496	(31)
Central	(50)	(372)	322
Acute	12,552	10,774	1,778
Tertiary	1	1	-
Argyll & Bute	5,148	4,126	1,022
<b>TOTAL</b>	<b>28,577</b>	<b>23,061</b>	<b>5,516</b>

## SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at Month 5 is £28.577m – overspend on pay costs at Month 5 is £2.522m
- Run rate reducing within Corporate & Acute areas but still seeing increases in other areas



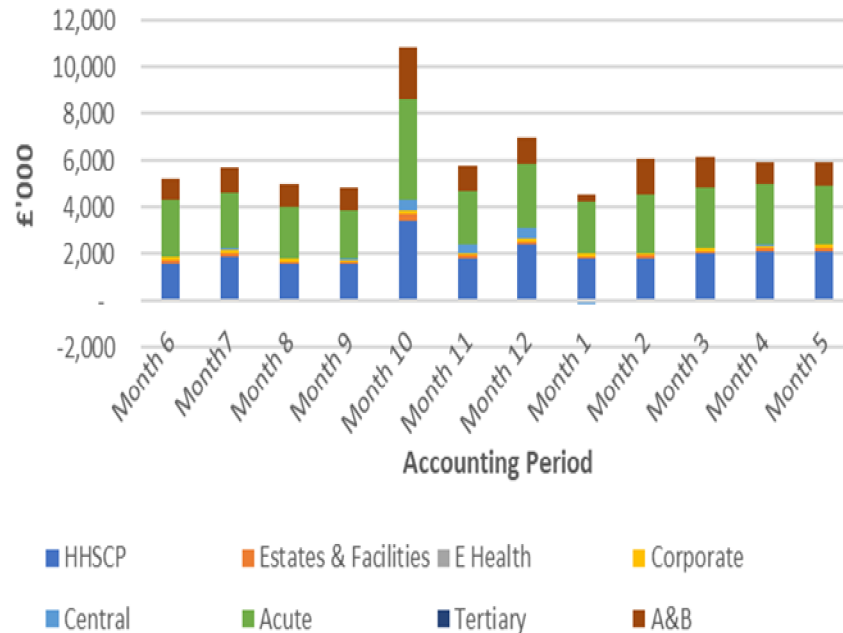
Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
<b>Pay</b>			
Medical & Dental	45.802	48.469	(2.667)
Medical & Dental Support	2.732	3.353	(0.621)
Nursing & Midwifery	86.678	89.678	(3.001)
Allied Health Professionals	16.633	15.978	0.654
Healthcare Sciences	6.679	6.870	(0.191)
Other Therapeutic	9.211	8.546	0.665
Support Services	18.604	17.885	0.720
Admin & Clerical	34.619	34.063	0.556
Senior Managers	1.485	1.143	0.343
Social Care	23.325	21.784	1.541
Vacancy factor/pay savings	(1.046)	(0.526)	(0.520)
<b>Total Pay</b>	<b>244.722</b>	<b>247.244</b>	<b>(2.522)</b>



# MONTH 5 2023/2024 – AUGUST 2023



Supplementary Staffing Sept 22 - Aug 23



## SUPPLEMENTARY STAFFING

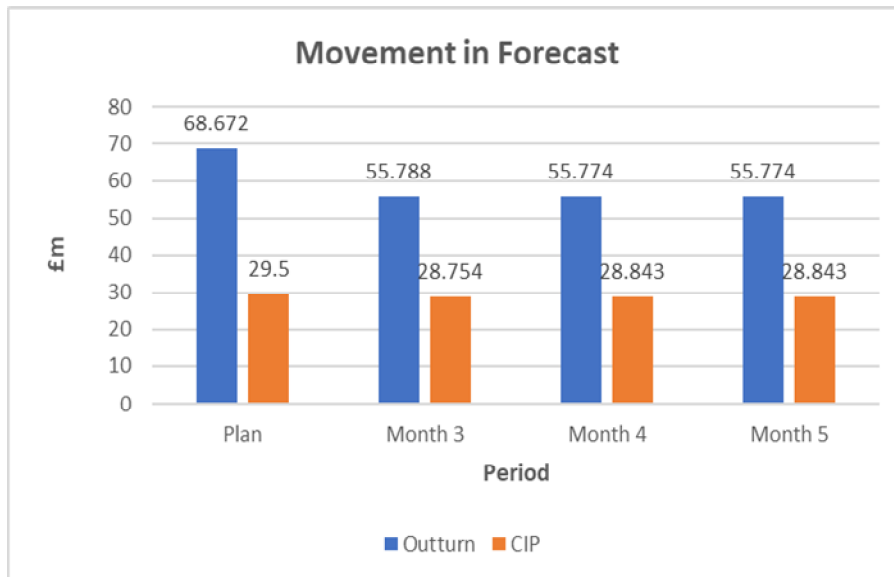
- Month 10 in 2022/2023 is an outlier due to system and reporting issues experienced at that time. Month 10 includes an element of costs which would routinely have been reported in Month 9, 10 or 11
- The rolling 12 month position highlights spend in 2023/2024 is tracking slightly ahead of the latter part of 2022/2023. Whilst increased pay rates will impact on the level of spend this highlights that action to reduce a reliance on supplementary staffing has yet to flow through into spend patterns.

# MONTH 5 2023/2024 – AUGUST 2023

	Operational Delivery	Savings Delivered	Forecast Position
Best Case	(84.617)	28.843	(55.774)
Worst Case	(92.175)	8.047	(84.128)
Likely	(83.795)	17.700	(66.095)

## FORECAST POSITION

- The current year end forecast of £55.774m is based on a number of assumptions which are relevant at this point in time
- Delivery against the CIP presents a risk to delivery of this position.
- The forecast reported is considered the best case scenario.
- Should no further savings be delivered this FY there is the potential that NHS Highland would be overspent by £84.128m by financial year end
- The likely position is assuming 60% of savings are delivered with no change to the expenditure run rate other than through the actions taken to deliver costs improvements/ reductions which are built into the savings projection
- There have been no significant movements in the projection to year end during Month 5



# MONTH 5 2023/2024 – AUGUST 2023

Discovery &  
Discovery  
Champions

Admin  
Services Job  
Family Review

Quarterly Self  
Assessment

NHS England

Length of Stay  
Reports

PLICS

ADTC Analysis

Financial  
Improvement  
Pack

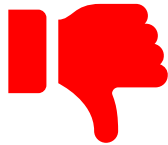
## FINANCIAL IMPROVEMENT GROUP

- FIG continues to be a forum to generate and share ideas about where efficiencies can potentially be generated
- Ideas are shared with services lead to confirm whether this is something we do, can do, have previously done or need to consider implementing

## SUSTAINABILITY & VALUE

- The August Financial Improvement Group Newsletter focussed on 8 themes.
- Discovery, Discovery Champions, NHS England, Length of Stay Reports & PLICS all focus on benchmarking and how NHS Scotland can better understand and manipulate its cost base
- The Admin Service Job Family Review has provided information on staffing levels across years
- The ADTC Analysis is seeking to improve financial engagement in Area Drug & Therapeutics Committees
- The Quarterly Self Assessment and Financial Improvement Pack are tools to allow comparison across Boards and to enable Boards to reflect on work being undertaken

## KEY RISKS



- Supplementary staffing (locum costs and additional beds)
- Prescribing & drugs costs
- Adult Social Care pressures
- Continuing impact of high inflation rate
- Mental Health Out of Area placements
- SLA uplifts
- Delivery of savings

## MITIGATIONS



- Reduced support/ sustainability packages
- Reduction in planned spend (review of business cases/ pressures)
- Non-recurrent VAT rebates
- Additional SG Funding – Sustainability & NRAC Parity and New Medicines Funding

# MONTH 5 2023/2024 – AUGUST 2023



Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
<b>Project Specific Schemes</b>				
880		Radiotherapy Equipment	-	880
500		NTC (H)	540	(40)
2,400		Belford Hospital replacement	498	1,902
1,500		Caithness redesign project	584	916
2,500		Granttown HC upgrade	206	2,294
2,820		Broadford HC extension	-	2,820
<b>Other Centrally Provided Capital Funding</b>				
2,650		Raigmore Maternity capacity	249	2,401
60		Cowal Community Hospital GP relocation	(2)	62
1,350		Raigmore car park project	632	718
500		Laundry Water Filtration Equip	12	488
50		Raigmore oncology unit	0	50
-		Campbeltown boiler replace	12	(12)
860	860	EV charging points - NHS wide	276	584
1,250		Backlog maintenance additional funding	970	280
783	783	National Infrastructure Equipment Funding (NIB)	-	783
<b>18,103</b>	<b>1,643</b>		<b>3,977</b>	<b>14,126</b>
<b>Formula Allocation</b>				
827	827	PFI Lifecycle Costs	355	472
2,010	2,010	Equipment Purchase Advisory Group (EPAG)	713	1,297
2,350	2,350	Estates Capital Allocation	2,430	(80)
1,500	1,500	eHealth Capital Allocation	374	1,126
260	260	Minor Capital Group	-	260
-	-	Other	(22)	22
<b>6,947</b>	<b>6,947</b>		<b>3,851</b>	<b>3,096</b>
<b>25,050</b>	<b>8,590</b>	<b>Capital Expenditure</b>	<b>7,828</b>	<b>17,222</b>

## CAPITAL

- Capital programme of £25.050m planned
- £3.794m reduction from reported position at Month 4 – reflecting a review of deliverability and increased NIB funding
- Only formula funding received – further allocation anticipated in September
- Main areas of spend to date are

Project	Spend to end June 2023
National Treatment Centre – Highland	£0.540m
Estates Backlog Maintenance	£3.400m
Equipment Purchase	£0.713m
Raigmore Car Park	£0.718m

**NHS Highland**



**Meeting:** NHS Highland Board.  
**Meeting date:** 26<sup>th</sup> September 2023.  
**Title:** Highland Integrated Children`s Services Plan 2023 – 2026 (Cover Report).  
**Responsible Executive/Non-Executive:** Louise Bussell Nurse Director and Tim Allison Director of Public Health.  
**Report Author:** Tracey Gervaise Head of Operations Women and Child Health Directorate.

**1 Purpose**

**This is presented to the Board for:**

- Assurance
- Discussion

**This report relates to:**

- Scottish Government Policy

**This report will align to the following NHS Scotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well	X	Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

**2 Report summary**

**2.1 Situation**

This report introduces the Highland Community Planning Partnership Integrated Children`s Services Plan 2023 – 2026 (ICSP) (Appendix 1.). It was highlighted and

confirmed in the Highland Health and Social Care Committee report dated: August 2023 report title: Integrated Children`s Services Plan 2023-2026 (included in the NHS Board meeting agenda and papers).

NHS Board Members are asked to:

- i. Note the work undertaken by the Highland Integrated Children`s Services Planning Board (HICSPB) to produce the HICSP 2023 - 2026.
- ii. Note and provide comment on the HICSP 2023 – 2026 which has been approved by the Highland Community Planning Partnership Board.

## 2.2 Background

The Children and Young People`s (Scotland) Act 2014 includes Part 3: Children`s Services Planning.

Part 3 was updated in 2020 as a result of a public consultation and relates to Children`s Services Plans from 1 April 2020 onwards. The guidance provides information and advice about how local authorities and health boards, working in partnership with other public bodies and organisations, should exercise the functions conferred by Part 3 of the Act.

Part 3 sets a legal framework for children`s services planning including its scope and range. It places duties on public bodies to improve outcomes for all children and young people by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

While overall responsibility for children`s services planning clearly rests with a local authority and its relevant health board it is expected that they will work collaboratively with other members of the Community Planning Partnership, as well as with children, young people and their families at various stages of the plan`s development and review.

The 10-step approach suggested by the Care Inspectorate is based on findings of Scotland-wide joint inspections of services for children and young people about what makes for successful children`s services planning. This should be adopted at a local level.

Part 3. is designed to support effective children`s services planning by clarifying national requirements and expectations while at the same time not being overly prescriptive as to how these should be met. Community Planning Partners and the group they task with leading on children`s services planning should agree priorities based on a joint local needs assessment and related improvement activities likely to make the most positive difference to the wellbeing and life chances of children<sup>1</sup>.

In terms of national reporting requirements, a local annual Children`s Services Plan report must be submitted to Scottish Government no later than end of the first quarter of the financial year.

Membership of the HICSPB comprises of NHS Highland, Local Authority, Police Scotland and Third Sector representation and is chaired by the local authority Head of Improvement and Performance.

NHSH representation includes: Nurse Director and Director of Public Health: Executive Leads for Child Protection and Child Health.

### **2.3 Assessment**

Part 3. has been adopted by the HICSPB for the HICSP 2023 – 2026.

Considerable work has been undertaken to draft the 2023-2026 iteration of the HICSP; this includes a Joint Strategic Needs Assessment (2023) (JSNA).

Key input and support have been provided by the NHS Highland Public Health Intelligence Team to complete the JSNA. Further work is to be progressed to improve and enhance local data and intelligence, to support informed decision making and strategic commissioning of children`s services, for example neurodiverse conditions and young carers. Statutory partner and third sector intelligence teams will progress with this work.

HICSP priority themes include:

- Poverty
- Child Protection
- Corporate Parenting
- Rights and Participation
- Health and Wellbeing
- Drugs and Alcohol

A life course approach has been adopted, from pre-birth to young adulthood. This takes into account the increasing complex needs and vulnerabilities of pregnant women and also care experienced young people (up to the age of 26) in Highland.

A performance management framework which determines clear indicators for monitoring and evaluating the effectiveness of outcomes in responding to and addressing children`s and young people`s wellbeing needs is in place.

The United Nations Convention on the Rights of the Child (UNCRC), Getting It Right For Every Child (GIRFEC) and commitment to `Keeping the Promise` are core and embedded within the HICSP 2023 – 2026.

To improve continuity and prevent duplication of plans at a Partnership level, the Highland Child Protection Committee, the Promise Board and the Highland Alcohol and Drug Partnership Plans have been brought together into the children`s services planning framework.



Via the local implementation of the national Whole Family Wellbeing Programme and associated funding there is a need strategically to commission whole family support within communities. To date, a Programme Manager, Business Analyst and Locality Co-ordinators have been recruited and programme work is underway e.g. localities mapping exercise.

Within the Highland Community Planning Partnership Highland Outcomes Improvement Plan (HOIP), structure and arrangements, delivery groups have sub-groups for integrated children's services, for example poverty and mental health.

The HICSP 2023 – 2026 cross references and is consistent with the HOIP 2017—2027 which also prioritises reduction in inequalities in Highland, aiming to make the Highlands a fairer place via listening to communities and working in partnership with them to make Highland the best place to live, work and play.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance

Work needs to be progressed to:

- Cross reference the NESH ADP Start Well and Thrive Well components to the HICSP 2023 -26. This will further clarify and confirm NHS Highland's contribution to the Plan.
- As part of HICSP 2023-2026 performance management and reporting arrangements, develop an implementation plan which includes actions, leads, timescales etc.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

As highlighted in this report in 2.2, Part 3. places a duty on public bodies to improve outcomes for all children and young people by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. Any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising.

### 3.2 Workforce

The multi-agency Universal Services workforce is crucial for the successful implementation and performance of the HICSP. Single agency and multi-disciplinary training, professional development and support are in place. Further investment and training are required. Regular engagement and consultation with the multi-agency

universal services workforce by leaders is also important and required to enable and ensure that a collaborative and inclusive approach to planning and delivering children`s services is achieved. This was identified as an area for improvement via the Care Inspectorate Joint Inspection of Children`s Services in Highland in 2022 and is part of the HICS Improvement Plan.

**3.3 Financial**

The intention is to deliver the HICSP within existing resource. However, further resource implications may be identified within the duration of the plan (2023 - 2026).

**3.4 Risk Assessment/Management**

Risks are managed through Highland Council and NHS Highland systems.

**3.5 Data Protection**

There are no specific data protection implications from this report.

**3.6 Equality and Diversity, including health inequalities**

Issues of inequality have been considered within the joint strategic needs assessment. <https://www.nhshighland.scot.nhs.uk/about/publications-and-public-records/children-and-young-people-s-needs-assessment/>

**3.7 Other impacts**

As previously highlighted in this report, there is a statutory requirement for partnerships to produce an ICSP every three years. The HICSPB also has a focus on meeting the statutory requirements of the UNCRC; an example of this is the current development of a Highland Rights and Participation Strategy.

**3.8 Communication, involvement, engagement and consultation**

Engagement and participation with key stakeholders, including children, young people and families was undertaken as part of the development of the HICSP 2023 – 2026, led by the Third Sector.

The HICSPB has met monthly during the last 12 months; all statutory partners and the third sector are represented on the HICSPB. In addition, during this period the HICSPB hosted a series of workshops to agree the change ideas articulated within the plan and developed the joint strategic needs assessment which determined the priorities for this plan.

**3.9 Route to the Meeting**

The HICSP 2023-2026 has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Highland Community Planning Board – for approval of the HICSP 2023 -2026.
- Highland Health and Social Care Committee – to note the work undertaken by the HICSPB to produce the HICSP 2023-2026, and note and provide comment on the HICSP 2023 – 2026 which has been approved by the Highland Community Planning Partnership Board.

## **4 Recommendation**

The Board is asked to note and discuss the content of this report.

### **4.1 List of appendices**

The following appendices are included within the pre-identified HSCC report:  
Appendix 1. Highland ICSP 2023 – 2026

### **4.2 References**

1. Children’s Services Planning: Guidance Scottish Government 13 January 2020.



**Highland**  
Community  
Planning  
Partnership



Com-pàirteachas  
Dealbhadh  
Coimhearsnachd  
**na Gàidhealtachd**

# Highland Children's Service Plan 2023 - 2026

Plana Sheirbheisean Chloinne Amalaichte na Gàidhealtachd 2023 -2026

## Geography

Highland covers a third of the land area of Scotland, including the most remote and sparsely populated parts of the United Kingdom. The Highlands has the 7th highest population of the 32 authorities in Scotland (235,540) while having the lowest population density at 8 persons per square kilometre.

The total land area including all islands at low water is 26,484 square kilometres. This is 33 per cent the land area of Scotland and 11.4 per cent of Great Britain. It is 10 times larger than Luxembourg, 20 per cent larger than Wales, and nearly the size of Belgium.

# Our Partnership



The Highland Community Planning Partnership brings together public agencies, third sector organisations and other key community groups to work collaboratively with the people of Highland to deliver better outcomes.

The Highland Community Planning Partnership works strategically at a Highland level, through a series of nine geographical local Community Partnerships as well as regional thematic groups. Ultimately these deliver our Local Outcome Improvement Plan.

The Highland Outcome Improvement Plan sets out the vision, purpose and focus for the Highland Community Planning Partnership from 2017-2027. The five core outcomes have been chosen and agreed upon with communities. The partnership believes working towards these outcomes will have a significant impact on reducing inequalities in Highland.

Highland's Children's Service Plan sits within a context of the Community Planning Partnership and the Integrated Children's Service Planning Board, strategically leads the improvement of outcomes for all Highland's Children and Families.

This plan has been developed in collaboration with public sector bodies and 3<sup>rd</sup> sector organisations and is informed by both the voice and testimony of children, young people and families and the needs of our communities as articulated through our Joint Strategic Needs Assessment (2023)

This plan articulates how partners work together to provide services which are organised, equipped to deliver high-quality, joined-up, trauma-informed, responsive and preventative support to children and families.

# Our Commitment



# Keeping the Promise

We will ensure that all Highland's Children and Young People are Safe, Healthy, Achieving, Nurtured, Loved, Respected and Included.

We will support Highland's families with respect, care and compassion, ensuring their voices are integral to all we do.

We will enable and empower families to thrive and to stay together wherever possible

We will tackle poverty and inequalities and will support and enable families to live and thrive together in their communities



## Our Commitments in Practice

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Our partnership will reflect our commitment in our:

- Physical settings
- Policies and procedures
- Contact with people who access our services
- Activities and interventions
- Workforce experience

# Our Principles

- Our partnership is committed to developing a trauma informed and responsive approach to supporting children, young people and their families.
- We will develop services that are informed and shaped by people with lived experience and place the voice of infants, children, young people and families at the heart of service improvement.

• Our Partnership is committed to upholding the rights of infants, children and young people in ensuring they are protected from prejudice and that every child has the opportunity to grow up to maximise their full potential.

• We will strive to uphold the United Nations Convention on the Rights of the Child (UNCRC). This is the global “gold standard” for children’s rights. It sets out the rights that all children have to help them to “be all they can be”. They include rights relating to health, education, leisure, play, fair and equal treatment, protection from exploitation and the right to be heard.





In order to fully understand the needs of our children, young people and families in Highland, and to strategically inform Integrated Children's Service Planning, in 2023 our partnership undertook a Joint Strategic Needs Assessment. Continually assessing and analysis Highland need will be integral to our future planning, ensuring we are data informed and evidenced based in our approach to reshaping service for Highland which meet the needs of the present and set us on a path to improve the outcomes for the future. The full JSNA can be found [here](#)

# Our Joint Strategic Needs Assessment 2023

## Key findings

Around 2% of children under 15 have a Child Protection Plan and 0.9% of Highlands Children are care experienced.

1 in 3 children under the age of 18 live in remote and rural areas

1 in 5 children are affected by poverty

34% of infants are breastfed to at least 8 weeks offering them the best start in life

Highland teenage pregnancies have fallen however preventative activity pre-conception and during pregnancy needs to be strengthened

In our 2021 Lifestyle Survey 70% of young people felt their wellbeing needs were being met through the GIRFEC approach

In our 2021 Lifestyle Survey 30% of young people did not feel they were achieving to their potential

73.5% of children measured starting Primary 1 had a healthy BMI.

75% of referrals to CAMHS are for young people between 12 and 17 years.

In 2021 43% of children were identified as having an additional support for learning needs.

There is an increase in the number of infants with developmental concerns recorded at the 27 month health visitor check

Need to strengthen pre-conception and antenatal support where 11.2% per 1000 maternity cases were using drugs during pregnancy.

46.8% of young people leave school to higher or further education with 43.7% to employment.



# Our Joint Strategic Needs Assessment 2023 Summary Analysis

Our Joint Strategic Needs Assessment tells us

- Many of our families are suffering the physical, social, emotional and developmental impacts of the pandemic. Our supports need to be reshaped to meet the need of the present and to be sustainable into the future
- Our focus need to be on early protection, prevention and intervention and to empower whole families to be resilient, self-sustaining and healthy
- Some of our families are living in poverty, one of the most significant determinant of health and wellbeing outcomes
- Our support to care experienced children and young people, and those at risk of harm, needs to be flexible, trauma informed recognising the impact of adverse childhood experience.
- The mental health and wellbeing of our children and young people is under pressure and we need to take a whole system approach to ensuring staged support is available and accessible for all children and young people when they need it.
- Our services need to be delivered in a more local, collaborative and coordinated way to ensure access to support, particularly in remote and rural Highland
- Our services and supports need to be inclusive of the needs of families with protected characteristics
- Outcomes are better for families when they are supported to stay together wherever it is safe to do so



# The Voice and Participation of Children and Young People



Our Partnership recognises the necessity for greater active participation of children, young people and families in all aspects of planning and service delivery.

There requires to be a culture shift which secures the Voice and testimony of Highland's families at each place and stage of planning across the whole system.

Through listening to our families, across the lifetime of this plan we will develop a whole system strategy to support the culture change needed, for the benefit of Highland's children, young people and their families

What is participation?

Participation is the meaningful involvement of children and young people in decision making and planning.  
Participation takes many forms but must always be inclusive, ensuring that the voices of all children and young people - no matter the challenges they face in their lives - are raised, heard and acted upon

Why will we take an active participation approach to improving outcome for Highland's families?

We believe that Highland families know what their own and the needs of their communities are.  
CYP participation is a fundamental human right. Article 12 of the UNCRC states that CYP have the right to be listened to and taken seriously in decision making processes and given all the information they need to form their opinions.  
With the incorporation of UNCRC into Scots law, we have an obligation to ensure that CYP becomes part of policy and practice in Highland

How will we make the change?

We will develop our CYP Participation Strategy with associated Implementation Plan is underway and will be completed during year one of ICSP 23 – 26.  
The participation strategy will be dovetailed with the priorities as set out by the Rights and Participation Improvement Group, embedding participation in practice will be a commitment across all themes in the ICSP.

How will we know we've made a difference?

The Implementation Group will be tasked with coordinating and resourcing support for implementation and will also be responsible for monitoring and evaluating the implementation of CYP participation in practice across the partnership in Highland in 2024 – 26.  
We will drive forward out plan and evaluate our systems, practices and processes to ensure meaningful participation becomes embedded in all Highland family support

# Integrated Planning Our Themes



Poverty



Child Protection



Corporate Parenting



Rights and Participation



Health and Wellbeing



Drugs and Alcohol

Our partnership will take a thematic approach to improving outcomes for infants, children, young people and families. These themes have been identified through listening to children, young people and their families and analysis of the data and evidence within The Joint Strategic Needs Assessment (2023)

Priorities have been developed for each of our Integrated Planning Themes and key change ideas articulated within this plan.

In order to deliver on our commitments and planning for Highland families, a number of strategic oversight boards and committees will be accountable for delivery of the priorities and plans using the life course approach. These are:

- Highland's Poverty Group
- Highland's Child Protection Committee
- The Promise Board (Corporate Parenting)
- Highland's Rights and Participation Group
- Highland's Health and Wellbeing Board – including mental health
- Highland Alcohol and Drug Partnership Group

Performance and Outcome Management:

All outcomes within this plan are linked to Highland's Outcome Improve Plan Performance will be measured through the Integrated Children's Service Performance Management Framework and monitored by Highland's Integrated Children's Service Planning Board. This Board will provide an annual update to the Community Planning Partnership Board

# Our Life Course Approach



**GETTING STARTED**



**GROWING UP**



**MOVING ON**

Our objective is to improve outcomes for Highland's Infants, Children and Young People through robust integrated planning, local delivery of services and support and by considering the needs of their families across a life course from pre birth to young adulthood.

In taking a life course approach we can more readily identify opportunities to minimise risk and enhance the protective factors through evidence-based interventions.

A life course approach capitalises on the potential to deliver an inter-generational approach to reducing inequalities from generation to generation and improve conditions for daily life.

In this plan we call the period from preconception to school age **GETTING STARTED**

The time when children are at Primary School age we call **GROWING UP**

The secondary age young people and young adults are considered to be **MOVING ON**



## Our Priorities

### Getting Started: Pre birth – 5 years



Poverty

We will reduce financial barriers on families and mitigate the impact of the cost of living crisis



Child Protection

We will ensure that unborn babies, infants and children in early years get the right help at the right time and are protected and safe



Corporate Parenting

We will honour The Promise by developing a family centred trauma informed approach to support



Rights and Participation

We will ensure children's rights are evident in practice



Health and Wellbeing

We will enable and empower families to good health and develop approaches to codesign support



Drugs and Alcohol

We will develop a whole family approach to drugs and alcohol which effectively recognises and support parents, unborn infants and babies affected by drugs and alcohol



## Our Priorities Growing Up: Primary Years



### Poverty

We will reduce financial barriers on families and close the poverty related attainment gap



### Child Protection

We will support the development of prevention and early intervention approaches to protect children through their primary years



### Corporate Parenting

We will ensure Whole Family Support to ensure all Highland's Children are supported in their local community, to stay with their families wherever possible



### Rights and Participation

We will ensure children's rights are evident in practice



### Health and Wellbeing

We will support a whole family, whole community, whole system approach to improving the health and wellbeing and develop our partnership workforce in mental health and wellbeing.



### Drugs and Alcohol

We will revise and improve the programme of substance use education and prevention in schools and wider settings to ensure it is good quality, impactful and in line with best practice



## Our Priorities

### Moving on: secondary to young adulthood



#### Poverty

We will reduce financial barriers on families and mitigate the cost of living crisis



#### Child Protection

We will ensure young people are protected and their needs and voices are considered particularly those at risk from community harm.



#### Corporate Parenting

We will ensure there is robust support for care experienced young people to move into adulthood



#### Rights and Participation

We will ensure children's rights are evident in practice



#### Health and Wellbeing

We will enable empower and support healthy choices for young adults particularly supporting self management of their own mental health and wellbeing



#### Drugs and Alcohol

We will support early intervention amongst young people who are at higher risk of developing problem alcohol and drug use due



# Integrated Children's Service Alcohol and Drug Partnership Delivery Plan



## Getting Started



## Growing up



## Moving on

<p><b>Priority: We will develop a whole family approach to drugs and alcohol which effectively recognises and support parents, unborn infants and babies affected by drugs and alcohol</b></p>	<p><b>Priority: We will revise and improve the programme of substance use education and prevention in schools and wider settings to ensure it is good quality, impactful and in line with best practice</b></p>	<p><b>Priority: We will support early intervention amongst young people who are at higher risk of developing problem alcohol and drug use due</b></p>
<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>
<p>Develop policy and increase awareness across Highland re FASD</p>	<p>Develop the Highland Prevention and Intervention Model and pilot elements of the Icelandic Prevention Mode</p>	<p>Strengthen treatment and support services for young people affected by their own or another's alcohol or drug problem</p>
<p>Develop pre conception information supports</p>	<p>Increase access via the H-SAT to quality and evidence based online resources for young people, parents and professionals</p>	<p>Develop opportunities to support culture change within schools and communities through active sport, nutrition and lifestyle healthy choice</p>
<p>Provide additional support to antenatal care through specialist midwifery D&amp;A post</p>	<p>Develop the role of Highland's Advanced Nurse (Schools) to support Drugs and Alcohol</p>	<p>Develop assertive outreach approach for schools and communities in need</p>

# Integrated Children's Service Child Protection Delivery Plan



## Getting Started



## Growing up



## Moving on

<p><b>Priority: We will ensure child protection practice is of a high standard and keeps unborn babies and infants in their early years safe from harm.</b></p>	<p><b>Priority: We will develop prevention and early intervention opportunities to protect all children</b></p>	<p><b>Priority: We will ensure the needs of older children and young people are met, particularly those at risk of Community Harm</b></p>
<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>
<p>Review the Child Protection Assessment and Planning Process</p>	<p>Scope, develop and deliver abuse prevention work in Highland</p>	<p>Develop new approach for those involved with Youth Justice Support and at risk of Community Harm</p>
<p>Develop approaches which enable the wider family to be more involved in the child protection planning process</p>	<p>Co-produce child protection materials with children and young people</p>	<p>Ensure the workforce is competent and confident in responding to the needs of older children within the child protection process</p>
<p>Ensure the voices of children in their early years are heard as part of the child protection process</p>	<p>Support the development and roll out of early intervention projects</p>	<p>Strengthen the links between child and adult support and protection, ensuring processes are dovetailed and families and communities remain safe</p>

# Integrated Children's Service Health and Wellbeing Delivery Plan



## Getting Started



## Growing up



## Moving on

<b>Priority: We will enable and empower families to good health.</b>	<b>Priority: We will support the development of a whole family approach to health and wellbeing</b>	<b>Priority: We will enable, empower and support healthy choices for young adults</b>
<b>Change Idea</b>	<b>Change Idea</b>	<b>Change Idea</b>
Embed our financial inclusion pathways across Highland	Refocus roles to provide targeted support to support health and wellbeing	Develop early intervention to health and wellbeing initiatives in schools
Develop our workforce in the use of alternative methods of listening to the voice of infants	Refresh Highland's Supporting Parents Strategy	Develop the workforce through establishing core health and wellbeing learning
Develop mechanism which ensure the identification of need at key points of transition	Develop Highland's play strategy	Develop health and wellbeing outreach initiatives for young people out of mainstream school and/or interrupted learners or hard to reach groups

# Integrated Children's Service Health and Wellbeing (Mental Health) Delivery Plan



## Getting Started



## Growing up



## Moving on

<p><b>Priority: We will develop approaches to codesign support and interventions with families</b></p>	<p><b>Priority: We will support the learning of our workforce in mental health and wellbeing</b></p>	<p><b>Priority: We will support young people to self manage their mental health and wellbeing</b></p>
<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>
<p>Mandatory learning for all staff on the impacts of trauma, adverse experience and brain development</p>	<p>Develop a one stop shop, quality evidence based tool kit for mental health</p>	<p>Support staff through additional training to understand the teenage brain with links to emotional literacy and distress.</p>
<p>Develop a programme of support for parents with young children including skill with mental coping strategies</p>	<p>Develop a mental health knowledge and skills framework for staff supporting families in Highland</p>	<p>Co-design initiatives and interventions with young people which enable ongoing conversations about mental health</p>
<p>Develop the pathways for onward support for families in private nurseries, playgroups and early years settings</p>	<p>Refresh and implement the positive relationships guidance in schools</p>	<p>Create a champion model for mental health for highland</p>

# Integrated Children's Service Promise Board Delivery Plan



## Getting Started



## Growing up



## Moving on

<b>Priority: We will develop Whole Family Support for our families who experience care</b>	<b>Priority: We will ensure there is good support for experienced children to thrive in their childhood</b>	<b>Priority: We will ensure there is good planning for young people as they move into adulthood</b>
<b>Change Idea</b>	<b>Change Idea</b>	<b>Change Idea</b>
Develop relationships across the partnership between the workforce, children, young people and families.	Develop a shared trauma informed approach across the partnership	Develop single point of contact support for care experienced young people moving into their new home
Empower families through family group decision making	Promote, extend and evaluate "Better Meetings" The practitioners guide.	Improve support at time of transition to further and higher education or employment
Develop imaginative and varied support and prevention for mental health for care experienced infants and families	Develop the Promise ambassador approach across the partnership	Improve partnership working to enable trusted relationships through HECM Model

# Integrated Children's Service Rights and Participation Delivery Plan



## Getting Started



## Growing up



## Moving on

Priority: We will ensure rights of unborn babies and infants are protected and evident in practice	Priority: We will ensure rights of children are protected and evident in practice	Priority: We will ensure rights of young people are protected and evident in practice
Change Idea	Change Idea	Change Idea
Implement the Voice of the Infant Best Practice Guidelines and Infant Pledge	Embed children's rights in the curriculum with diversity through picture books, gender bias, decolonisation and differentiation	Track the improvement in views being listened to through the Highland Lifestyle Survey
Support infant's rights through a play strategy and early years pedagogy	Support practice to ensure children's views are included in all Childs Plans	Support young people to co-design and/or create guidance to further children's rights
Track the recover from covid through developmental data	Ensure all children are involved in policy decisions	Improve access to free period products in schools

# Integrated Children's Service Poverty Delivery Plan



## Getting Started



## Growing up



## Moving on

<p><b>Priority: We will reduce the financial barriers in order to increase participation, raise aspirations and address impact of poverty</b></p>	<p><b>Priority: Mitigate the impact of the cost of living crisis</b></p>	<p><b>Priority: We will raise attainment and close the poverty related attainment gap</b></p>
<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>	<p><b>Change Idea</b></p>
<p>Develop flexible models of childcare in rural areas</p>	<p>Increase the uptake of sanitary products in schools</p>	<p>Raise aware of the impact of poverty amongst children and young people</p>
<p>Implement the Whole Family Approach to mitigate the impacts of poverty</p>	<p>Develop system for weekend food support</p>	<p>Roll out the Family First approach</p>
<p>Develop financial inclusion pathways</p>	<p>Roll out the cost of school day tool kit</p>	<p>Identity way to provide targeted support within universal services</p>

## A Whole System Approach to Family Wellbeing



Cohesion



Coordination



Collaboration



Through the timeline of this plan, we will develop community scaffolding for our supports through our community-based whole family wellbeing approach.

This programme aims to reduce inequalities and improve the health and wellbeing outcomes of the Highland Population through improving cohesion, co-ordination and collaboration of whole family support within Highland's Communities. Working to the founding principles of this plan, communities will be supported by a partnership programme team to:

- Develop cohesion to local support, robust coordination of planning and close collaboration with all stakeholder across the whole locality
- Identify need, build on successes and develop local initiatives
- Strengthen universal and early supports, being needs led and evidence based.

Our partnership recognises through our joint strategic needs assessment, and having listened to the voices of our communities, the impact of the Covid Pandemic on Health and Wellbeing. It also recognises some of the strengths and unique challenges to Highland life. We believe the enablement and empowerment of local solutions across the wider geography of Highland will deliver on the aims and objective of this programme and our overarching Highland Outcome Improvement Plan ensuring that Highland is the best place for families to live and thrive.



# Governance

The Integrated children's services planning partnerships Board provides oversight to the on-going work and future development of the plan on behalf of the Highland Community Planning Partnership. The Board is directly accountable to the Community Planning Partnership Board.

In order to ensure a robust partnership approach to governance, assurance and performance management, the integrated children's service board provides additional reporting to

- ❖ The Highland Council, and the NHS Highland Board through The NHS Highland Health and Social Care Committee and The Highland Council Health, Social Care and Wellbeing Committee.
- ❖ The public protection chief officer group, who undertake their statutory responsibility ensuring that appropriate assurance on the development and progress of the plan is received
- ❖ Highland Child Protection Committee and Highland's Joint Monitoring Committee.

Membership of Highland's Integrated Children's Service Board :

- Director of Public Health, NHS Highland
- Board Nurse Director, NHS Highland
- Head of Health Improvement, NHS Highland
- Head of Education, The Highland Council
- Executive Chief Officer Health and Social Care, The Highland Council
- Child Health Lead, The Highland Council
- Head of Operations, Women and Children's Directorate, NHS Highland
- Head of community support and engagement, The Highland Council
- Police Scotland, Partnership Superintendent
- Deputy Chief Officer, Highland Third Sector Interface
- Director of Children and Families (Aberlour Trust)
- Principal Educational Psychologist, The Highland Council
- Lead Officer, Highland Child Protection Committee
- Chief Officer Inspiring Young Voices
- Youth Work Manager, Youth Highland

**NHS Highland**



**Meeting:** Board Meeting  
**Meeting date:** 26 September 2023  
**Title:** Leadership and Culture Programme  
**Responsible Executive/Non-Executive:** Gareth Adkins, Director of People & Culture  
**Report Author:** Gareth Adkins, Director of People & Culture

**1 Purpose**

**This is presented to the Forum for:**

- Assurance

**This report relates to a:**

- Board Strategy

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

**2 Report summary**

**2.1 Situation**

The purpose of this paper is to describe the framework we will use to build on the work that has been undertaken to develop our leadership capability and ensure our leadership behaviours are consistent with the values of the organisation that describe the culture we want our staff to experience.

The proposals outlined in more detail in Appendix 1 have been discussed and endorsed by the cultural oversight group at their meeting on 26th July the Area Partnership Forum on 18<sup>th</sup> August 2023 and Staff Governance Committee on 6<sup>th</sup> September 2023.

The Board are now asked to review and approve our refreshed approach to our leadership and culture programme.

## 2.2 Background

NHS Highland has made progress through a wide range of work since the Sturrock review to address the issues raised in the report in April 2019, build a culture where people can thrive and become an organisation that is widely considered to be a great place to work.

The Culture Oversight Group (COG) has been an important forum for bringing together key stakeholders including leaders from different parts of the organisation and staff representatives including people with lived experience of the organisation and its culture. The culture oversight group has been the main group overseeing development and delivery of the culture programme including reporting to the board.

The board has received regular updates on the culture programme including reports on the healing process and the recommendations of the Independent Review Panel (IRP). The healing process concluded in March 2022 and the board received an update at a special meeting of the board on 28<sup>th</sup> June 2022. This included a review and assessment of the progress against the Sturrock report recommendations and the IRP's recommendations detailed in its 5 organisational learning reports.

The work completed so far was discussed in depth at the meeting and the progress to date was acknowledged. The board also noted that further work would be required to continue the process of cultural change including a review and refresh of our culture and leadership programme.

This paper sets proposed next steps following a period of reflection and stakeholder engagement including engaging with the COG.

## 2.3 Assessment

Progress to date as outlined in appendix 1 was discussed and noted by the COG and the group were asked to consider the following questions in relation to agreeing the focus of the next phase of our culture programme:

- What are the elements of our culture programme that have worked well so far?
- What are the gaps or areas to strengthen?
- How do we ensure we maintain our achievements and embed them into business as usual?
- What are the most impactful interventions we should prioritise?
- How do we balance prioritisation with our longer term approach to cultural change?

The COG were presented with and approved the detailed proposals outlined in Appendix 1, which are summarised below in two sections; Direction of travel and next steps for our leadership and development programme.

The COG also discussed its Terms of Reference and agreed to further discussion and revision of the membership in line with the agreed direction of travel. It was agreed that staffside membership would be reviewed with them to ensure wide engagement and representation. It was also agreed the COG will report to the Staff Governance Committee via the APF and provide updates to other fora as required.

### 2.3.1 Direction of Travel

The following revised structure for governance and delivery of our approach to cultural change will be 3 inter-related components:

- **A leadership and culture programme with oversight and governance by the COG**, focussed on leadership and staff development within a refreshed leadership and culture framework
- **Our Workforce Plan and Annual Delivery Plan with oversight and governance by the workforce oversight group** with updates to COG on agreed focus areas, e.g., recruitment, onboarding processes, health and well-being
- **Performance management through staff governance standards and existing staff governance arrangements** and organisational performance framework

### 2.3.2 Next steps for our Leadership and Culture Programme

The leadership and culture programme will be delivered through a refreshed framework illustrated in figure 1. Detailed proposals for each of the components of the framework will be developed as follows:

- **A learning system** including:
  - Organisational support for organising and delivering staff conferences and learning sessions
  - Leadership networks for peer support
  - Capacity and capability for coaching and mentoring
  - A masterclass programme
- A refreshed **leadership and management development programme** to enhance the relational, technical and management skills development modules within the programme

- An updated **staff development programme** with additional content to strengthen the cultural dimensions of our induction and personal development programmes

In addition a proposal for a refreshed cultural measurement framework will be developing building on existing staff engagement mechanisms.

Further work will also be required to develop an implementation plan that sets out clearly how we will deliver the programme at scale across the organisation in a timely way.

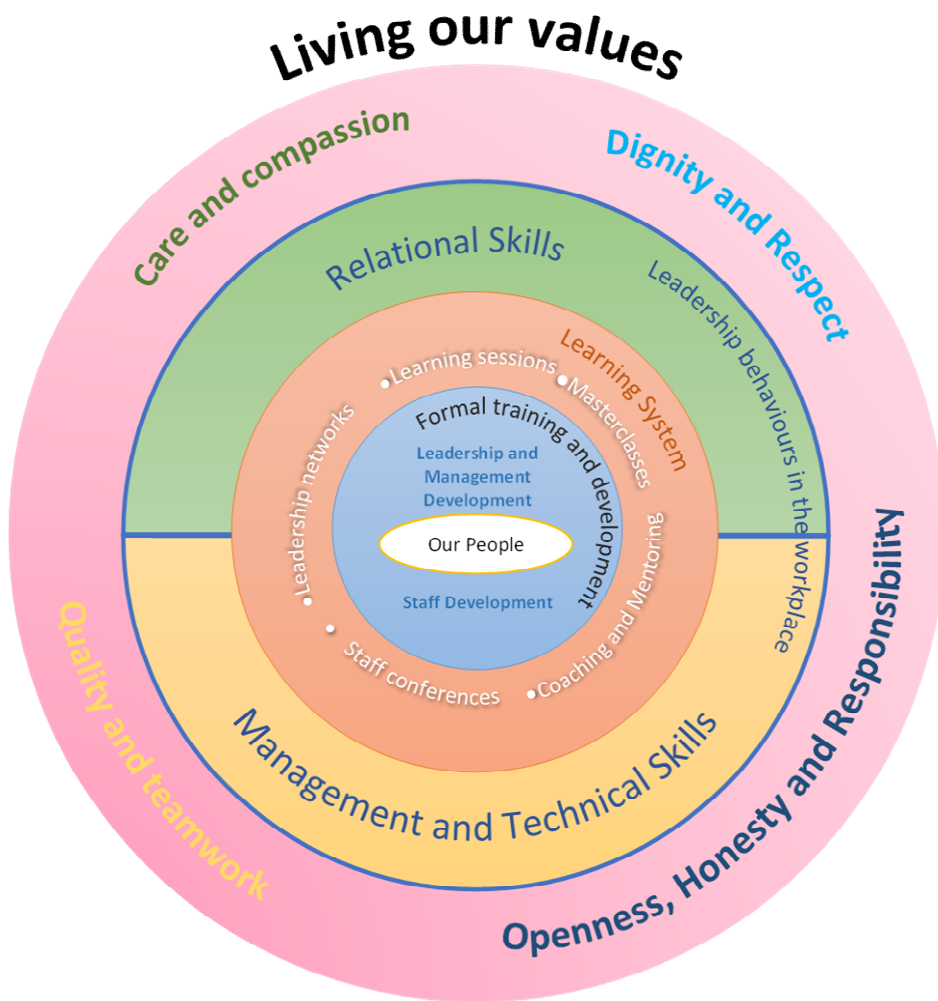


Figure 1 – Leadership and Culture Framework

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

It is proposed this report provides moderate assurance as we have agreed with the COG a direction of travel and the next steps for delivering our leadership and culture programme. Further work is required to provide substantial assurance that we have a detailed plan for development and delivery that can be monitored by the COG and through staff governance arrangements.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Our leadership and development programme is a key component of ensuring we can be a high performing organisation. There is much evidence of the impact of developing leadership capability at all levels on quality and patient care.

**3.2 Workforce**

Our leadership and development programme is a key priority for achieving our strategic objective of making NHS Highland a great place to work.

**3.3 Financial**

Any financial implications of the proposals developed will need to be considered including the organisational benefits and how we will measure impact of any investment.

**3.4 Risk Assessment/Management**

Further work will be required to develop programme specific risks. This programme aligns with and is a mitigation for corporate level risks associated with workforce and culture.

**3.5 Data Protection**

This report does not include personally identifiable information

**3.6 Equality and Diversity, including health inequalities**

None identified at this stage but delivery proposals for our programme will need further assessment.

**3.7 Other impacts**

None

**3.8 Communication, involvement, engagement and consultation**

These proposals have been approved by the COG on 26<sup>th</sup> August and were endorsed by the APF on 18<sup>th</sup> August and the Staff Governance Committee on 6<sup>th</sup> September 2023. This paper will be presented to the Integrated Joint Board on 30<sup>th</sup> September following discussion at the Board Meeting on 26<sup>th</sup> September.

**3.9 Route to the Meeting**

See above

**4 Recommendation**

The Board is asked to discuss and approve the proposals for our future approach to leadership and culture including the proposals for developing our programme of work.

- **Assurance** – The Board is asked to approve a moderate assurance level based on clear next steps for our programme and proposal with further work required to fully detail our plans as mentioned in Appendix 1.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Leadership and Culture Programme Discussion Paper

# **Our leadership and culture programme for NHS Highland**

## **1 Situation**

The purpose of this paper is to describe the framework we will use to build on the work that has been undertaken to develop our leadership capability and ensure our leadership behaviours are consistent with the values of the organisation that describe the culture we want our staff to experience.

The proposals outlined in this paper have been discussed and endorsed by the cultural oversight group at their meeting on 26<sup>th</sup> July, the area partnership forum on 18<sup>th</sup> August and Staff Governance committee on 6<sup>th</sup> September.

The Board is now asked to review and approve our refreshed approach to our leadership and culture programme.

## **2 Background**

NHS Highland has made progress through a wide range of work since the Sturrock review to address the issues raised in the report in April 2019, build a culture where people can thrive and become an organisation that is widely considered to be a great place to work.

The Culture Oversight Group (COG) has been an important forum for bringing together key stakeholders including leaders from different parts of the organisation and staff representatives including people with lived experience of the organisation and its culture. The culture oversight group has been the main group overseeing development and delivery of the culture programme including reporting to the board.

The board has received regular updates on the culture programme including reports on the healing process and the recommendations of the Independent Review Panel (IRP). The healing process concluded in March 2022 and the board received an update at a special meeting of the board on 28<sup>th</sup> June 2022. This included a review and assessment of the progress against the Sturrock report recommendations and the IRP's recommendations detailed in its 5 organisational learning reports. The work completed so far was discussed in depth at the meeting and the progress to date was acknowledged. The board also noted that further work would be required to continue the process of cultural change.

### **2.1 Culture Programme**

The key themes of the culture programme that was established and a selection of work completed to date within these themes are outlined below.

#### **Developing our leadership**

- Leadership and Management development programme levels 1-4 launched in October 2021 (currently paused and awaiting refreshed programme – see below)
- Systems Leadership training with Kings Fund completed by a cohort of executive directors and senior leaders
- Executive team development programme in place
- Board development programme in place aligned with blueprint for good corporate governance
- Essentials in management programme piloted by National Treatment Centre staff
- Mentoring scheme introduced

#### **Creating a culture of trust, civility and psychological safety**

- Whistleblowing standards introduced including training and raising awareness with staff



- Whistleblowing non-executive appointed and undertaking regular visits to meet staff across NHS Highland area
- Independent Guardian Speak Up service in place since August 2020
- Educational sessions delivered including compassionate leadership and civility saves lives
- Courageous Conversations training delivered to over 1000 colleagues since July 2020, with online module launched in March 2022

### **Improving staff engagement**

- Regular vlogs by executive team
- Ask me anything sessions
- Listening and learning survey
- Listening and learning panels
- Extensive staff engagement in board strategy development
- Launch of onboarding and exit interview surveys

### **Improving community engagement**

- New models of community engagement used in service redesign programmes including Caithness, Lochaber and Coll
- Widespread consultation and engagement in development of Board strategy
- Well embedded community engagement in Argyll and Bute strategic commissioning approach and cycle

### **Staff health and wellbeing**

- Psychological Therapies being provided as part of Healing Process
- Employee Assistance Programme in place since May 2020 including access to counselling and support
- Occupational health services strengthened through additional psychological therapies staff
- Wellbeing team conversation module under development

### **Clinical engagement**

- New chair appointed to area clinical forum and work ongoing with executive and senior leadership team to strengthen relationships between clinicians and managers
- Promotion of whistleblowing standards and processes as well as guardian service with clinical staff to enable concerns to be raised in confidence if required

### **Partnership working**

- New employee director appointed and working with executive and senior leadership including people colleagues to develop understanding and practice of partnership working
- Facilities time recording system launched to support ongoing review of resources available to support partnership working
- Partnership working included in refreshed corporate induction programme
- Local partnership forums in place across the region

### **Diversity and Inclusion**

- Gaelic language plan developed and approved
- Diversity and inclusion accreditation being undertaken to recognise good practice and identify areas for improvement including disability confident employer, equally safe and carer positive accreditation
- One of people partners has progressed an employer focussed diversity and inclusion action plan including establishing a new diversity and inclusion group
- Review of diversity related employee data completed

- Incorporation of diversity and inclusion questions into listening and learning survey

### People processes

- People team reviewed and restructured with introduction of people partners to provide guidance and support across senior leadership team
- Employee Relations toolkit developed and being promoted to support improvements in implementation of formal HR policies and processes
- Once for Scotland policies rolled out with training for staff
- Promotion of early resolution by people colleagues and staffside
- Facilitation skills training provided across the organisation
- Investment in Organisational Development (OD) team to provide training for teams and individuals to manage challenging situations.
- OD team providing team development support
- New corporate induction programme launched
- New recruitment and induction training for managers developed
- International recruitment team and processes established
- New attraction methods introduced including 'Aim High, Aim Highland'

### 2.2 Leadership and Management Development programme

A key component of the culture programme has been the development of a Leadership and Management Development programme with four levels as illustrated in figure 2.



**Figure 2 – Leadership and Management Development Programme**

The programme is based on developing the following nationally defined leadership capabilities appropriate to the levels outline above

- Self-Leadership
- Creativity and Innovation
- Collaborating and Influencing
- Vision

- Motivating and Inspiring
- Empowering

It also provides management skills development at each level in the following areas:

1. Service Delivery
2. Operational Accountability
3. People Management
4. Financial Management
5. Systems Administration
6. Service Planning and Development
7. Health and Safety

This programme has been tested through delivery to cohorts of leaders at each level and we now have the opportunity to review the programme and consider how it may be further enhanced.

### **3 Assessment**

As noted by the board there is further work required to develop and strengthen our approach to cultural change that can build on the foundations that have been established and outlined above.

Development of our organisation, our people and the culture they experience should be a continual, ongoing commitment that both strengthens and improves our culture and seeks to embed good practices that maintain the cultural and organisational changes we achieve. Similar to quality improvement, developing and maintaining our culture and living our values is never complete or 'done'.

There are key questions the Culture Oversight Group was asked to consider in agreeing the focus of the next phase of our culture programme:

- What are the elements of our culture programme that have worked well so far?
- What are the gaps or areas to strengthen?
- How do we ensure we maintain our achievements and embed them into business as usual

There are many different elements of our work to develop NHS Highland as a high performing organisation and achieve lasting cultural change. The group was therefore asked to consider the challenge of the scope and scale of our culture programme including:

- What are the most impactful interventions we should prioritise?
- How do we balance prioritisation with our longer term approach to cultural change?

#### **3.1 Proposed changes to our overall approach**

The COG was asked to approve proposals to simplify our overall approach to achieving lasting cultural change into 3 elements which although interconnected will require a different governance approach for each.

**Leadership and culture programme** – The COG will remain as the main group overseeing the development and delivery of this programme which will be refreshed and refocussed as described below.

**Workforce Plan and Annual Delivery Plan** – This plan includes the people elements of the wider board strategy and annual delivery plan and it is proposed that governance and oversight of this will be provided by a workforce oversight group. The COG would continue to receive high level updates with a focus on the actions that are a priority as they have most impact on the experience our people have of the workplace and therefore culture (this is explained further below).

## **Staff Governance Standards**

Staff governance, performance and quality management as well as financial management form the basis of our organisational performance framework. The leadership and culture programme has a role to play in ensuring that all our leaders understand our performance framework and their associated role and responsibilities. The leadership and culture programme will also ensure all our leaders have the skills to fulfil their performance framework responsibilities in a caring and compassionate way.

However, our existing governance arrangements for performance including staff governance standards are our mechanism for embedding good leadership and management practices into business as usual and adopting a continuous improvement approach to staff governance.

### **3.2 Leadership and culture programme proposals**

The COG were asked to approve proposals that the next phase of our leadership and culture programme is structured to enable the COG to focus on smaller set of key priorities through the following:

#### **Leadership and Culture Framework**

Development and approval of a framework that sets out how we seek to achieve the behavioural changes that lead to the cultural changes we seek

#### **Leadership and Management Development Programme**

Development and delivery of an updated programme to include new modules that the COG prioritise as having the most impact on behavioural and cultural change

#### **Staff Development Programme**

Development and delivery of an updated programme to include new modules that the COG prioritise as having the most impact on behavioural and cultural change. This would include elements to include in our induction processes for all staff to complete as well as adding to our learning and development catalogue to support ongoing staff development.

#### **3.2.1 Proposed Leadership and Culture Framework**

The diagram in figure 1 illustrates a proposed framework that illustrates the components of a cultural change model based on:

- Formal taught programmes that give delegates the knowledge and skills development needed to become proficient and effective leaders
- A learning system to support leaders to put theory into practice and develop their skills
- Leaders practising their skills in the workplace and demonstrating the leadership behaviours we want to see
- People experience a culture that reflects our values

We have staff and leadership programmes in place that needs to be updated and refreshed and also need to be rolled out across the organisation. There have also been aspects of a learning system established but it is proposed that strengthening this should be a priority of leadership and culture programme.

#### **Strengthening our learning system**

The learning system that we will support will encourage a social movement approach to cultural change and emphasise that culture and living our values is everyone's responsibility. The areas that could be considered for further development are:

- Providing organisational support for organising and delivering staff conferences and learning sessions
- Developing leadership networks for peer support
- Expanding our capacity and capability for coaching and mentoring

- Commissioning masterclasses

**Next steps**

A proposal for our learning system will be developed and brought back for consideration and approval by the COG.

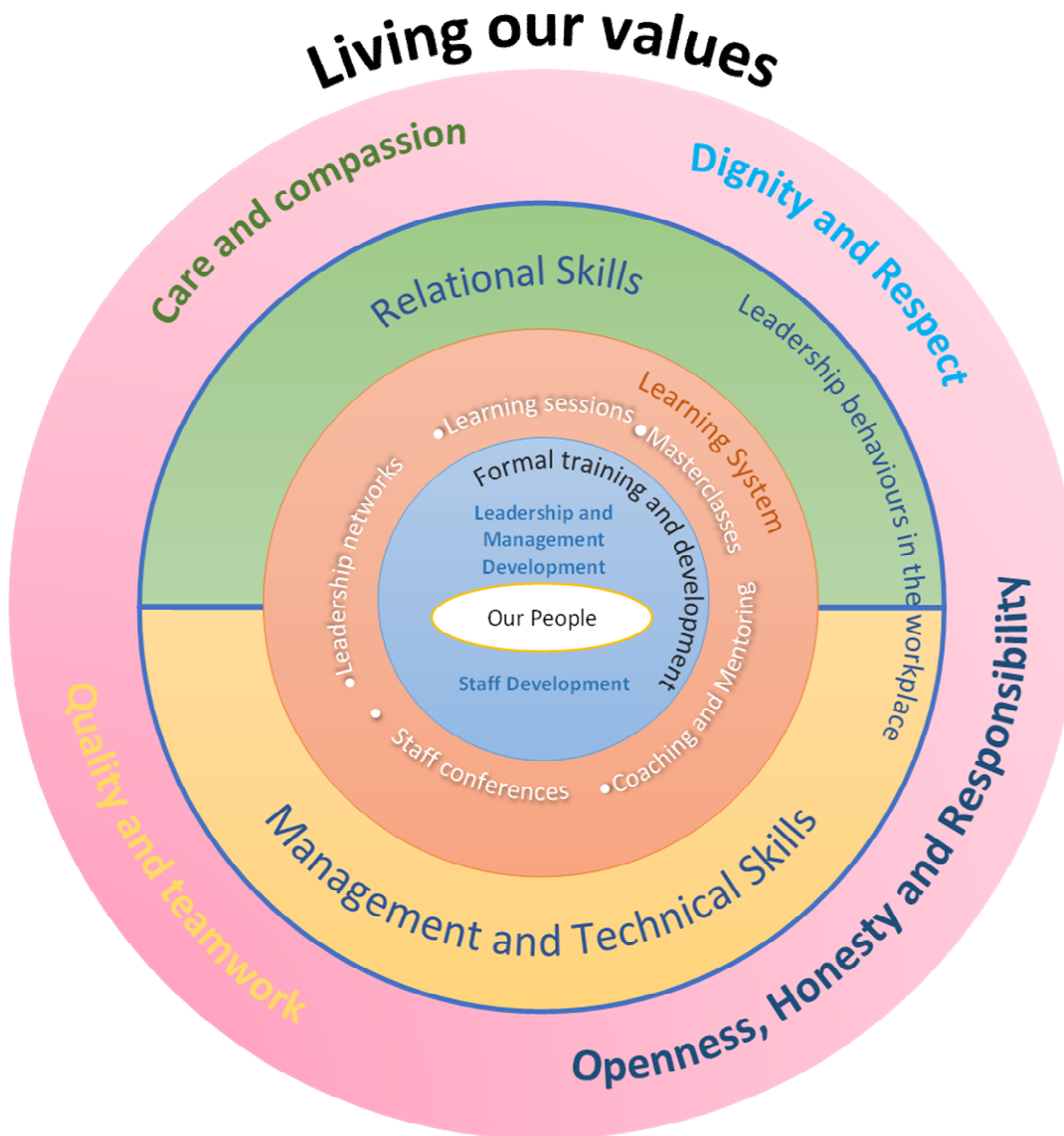


Figure 1 – Leadership and Culture Framework

**3.3 Leadership and Management Development programme**

The current programme curriculum has been developed in a modular format to cover the relational, technical and management skills as outlined above. The key questions are:

- What are the gaps or areas to strengthen by refreshing or creating new modules?
- What are the most impactful interventions we should prioritise?

**Relational skills**

While technical and management skills can be considered as ‘how to manage people and services’ relational skills can be considered ‘the way we go about working with people’.

The modules of the current programme that cover relational skills should be reviewed to ensure we are focussing on the most impactful changes in leadership behaviours we want to see.

Areas that could be prioritised for inclusion or strengthening may be:

- Compassionate leadership principles and practice
- Caring behaviours to promote good health and well-being for our staff
- Understanding diversity and inclusion including unconscious bias
- Collaboration, consensus building and managing differences of opinion

### **Technical and management skills**

The programme currently includes a number of technical and management modules as core skills we expect all leaders to have across these areas:

1. Service Delivery
2. Operational Accountability
3. People Management
4. Financial Management
5. Systems Administration
6. Service Planning and Development
7. Health and Safety

There is a balance to be struck between adding content and modules to the programme as core skills we want all leaders to have as quickly as possible and developing modules that could be considered part of a continuing professional development curriculum, we expect leaders to pursue over time.

Areas that could be prioritised for inclusion or strengthening may be:

- Partnership working
- Organisational change and change management
- Planning and Programme management
- Financial sustainability and best value
- Quality Improvement

### **Next steps**

A review of the leadership and management development programme will be completed, and a proposal brought back to the COG setting out the priorities for enhancing the relational and technical, management skills development modules within the programme

## **3.4 Staff Development Programme**

We have an opportunity to review and refresh our organisation wide **staff development programme**. This would build on existing learning and development for all staff, so we all understand our responsibilities, have the skills to work effectively together and live the values of organisation.

Our staff development programme will be developed in a similar way to the leadership and management development programme to ensure staff:

- Have the core relational skills for working as a member of a team and the organisation
- Understand their responsibilities to the organisation and their colleagues in relation to how work together
- Have the core competencies to do their job effectively

There are two aspects to consider: induction and continuing personal development

## Induction

Induction should cover the core skills and competencies we want all staff to have and potential areas to consider for inclusion or strengthening include:

- Diversity and inclusion
- Knowledge and skills to support civility saves lives and promoting professionalism initiatives
- Quality improvement
- Raising concerns
- Resolving differences of opinion

## Personal development

We have an extensive catalogue of personal development modules, some of which have been developed nationally and some locally. Potential areas to consider for inclusion or strengthening include:

- Resilience
- Mental health awareness and peer support
- Financial sustainability and best value

## Next steps

A review of our induction and personal development programmes will be completed and a proposal brought back to the COG setting out the priorities for developing additional content that will strengthen the cultural dimensions of staff development programme.

## 3.5 Workforce Plan and Annual Delivery Plan

Our workforce strategy and related people and workforce actions in the annual delivery plan set out our priorities across the following areas:

- Staff engagement
- Community engagement
- Health and wellbeing
- Learning and Development
- Partnership working
- Employee Relations
- Recruitment and onboarding
- Raising concerns and whistleblowing
- Health and Safety
- Diversity and Inclusion

As outlined above the workforce oversight group will have responsibility for governance and oversight of progress against our workforce priorities.

The COG will receive high level updates on across these areas. However, the following areas have been identified as critical to improving the experience of our staff in the workplace:

- Improving **recruitment** so it is quicker, more efficient and effective for both managers and candidates, so we get the right people in our workforce in a timely way
- Improving **onboarding** including induction and payroll processes to improve employee experience on joining the organisation
- Improving **statutory training** processes so new starts have the mandatory training required to join the workplace and existing staff are maintaining their training
- Enhanced support for **health and wellbeing** building on findings from project wingman



## Next steps

The COG will receive a workforce plan update with specific focus on:

- Recruitment
- Onboarding
- Statutory training
- Health and wellbeing including findings from project wingman

### 3.6 Staff Governance Standards

As outlined above staff governance is well embedded in our existing performance and governance framework through monitoring and oversight of Key Performance Indicators for staff governance.

Work has also been completed to strengthen our ability to measure cultural change alongside 'traditional' staff governance KPIs through:

- development of listening and learning surveys and panels
- guardian service reporting
- whistleblowing champion visits and reports
- promotion and support for imatter

## Next steps

A review of our cultural measurement framework will be completed, and COG included in future discussion and consultation (timescales to be confirmed for completion of the review)

## 4 Recommendations

This paper has included a lot of information to review and consider. There are two sets of recommendations included here to clarify what is being asked of the Board in relation to the direction of travel for the leadership and culture programme and next steps for developing the programme.

### 4.1 Direction of travel

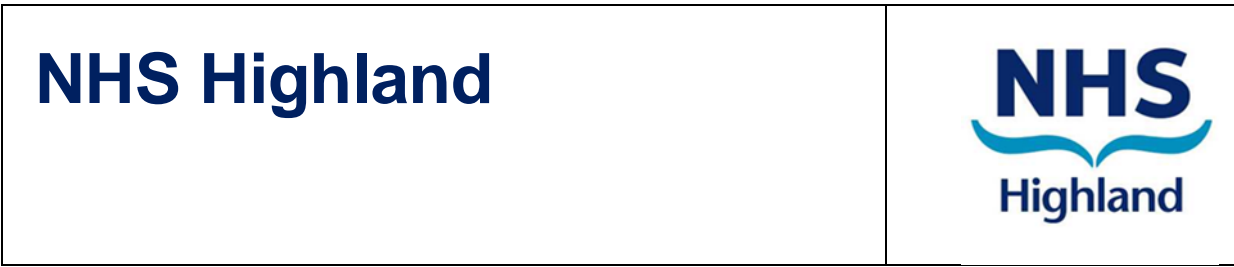
The Board is asked to:

- Note the progress to date to address the issues arising from the Sturrock report including the progress in the development our leadership and our work to support cultural change
- Approve the following proposed structure for governance and delivery of our approach to cultural change through:
  - A **leadership and culture programme with oversight and governance by the COG**, focussed on leadership and staff development within a refreshed leadership and culture framework
  - Our **Workforce Plan and Annual Delivery Plan with oversight and governance by the workforce oversight group** with updates to COG on agreed focus areas, e.g., recruitment, onboarding processes, health and well-being
  - Performance management through **staff governance standards and existing staff governance arrangements and organisational performance framework**
- Approve proposal to review our cultural measurement framework and present to COG for further discussion and consultation (timescales to be confirmed)

## 4.2 Next steps for our leadership and culture programme

The Board is asked to approve development of proposals for the following:

- A **learning system** which may include:
  - Organisational support for organising and delivering staff conferences and learning sessions
  - Leadership networks for peer support
  - Capacity and capability for coaching and mentoring
  - A masterclass programme
  
- A refreshed **leadership and management development programme** to enhance the relational, technical and management skills development modules within the programme which may include:
  - Compassionate leadership principles and practice
  - Caring behaviours to promote good health and well-being for our staff
  - Understanding diversity and inclusion including unconscious bias
  - Collaboration, consensus building and managing differences of opinion
  - Partnership working
  - Organisational change and change management
  - Planning and Programme management
  - Financial sustainability and best value
  - Quality Improvement
  
- An updated **staff development programme** with additional content to strengthen the cultural dimensions of our induction and personal development programmes which may include:
  - Diversity and inclusion
  - Knowledge and skills to support civility saves lives and promoting professionalism initiatives
  - Quality improvement
  - Raising concerns
  - Resolving differences of opinion
  - Resilience
  - Mental health awareness and peer support
  - Financial sustainability and best value



**Meeting:** Board Meeting  
**Meeting date:** 26 September 2023  
**Title:** Whistleblowing Annual Report 22/23  
**Responsible Executive/Non-Executive:** Gareth Adkins, Director of People & Culture  
**Report Author:** Gaye Boyd, Deputy Director of People

**1 Purpose**

**This is presented to the Forum for:**

- Assurance

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

**2 Report summary**

**2.1 Situation**

Since the introduction of the Whistleblowing Standards NHS Highland have reported quarterly and annually with details of concerns raised to the following: Area Partnership Forum, Staff Governance Committee, Argyll & Bute Integrated Joint Board and the Board. There has also been regular discussion at the Executive Directors Group. This year the Annual Report details the information required by the Independent National

Whistleblowing Officer (INWO) including the 10 mandatory Key Performance Indicators.

**2.2 Background**

The National Whistleblowing Standards were implemented in April 2021. This is the second annual report that has been developed and presented to the Area Partnership Forum.

**2.3 Assessment**

The report provides detail on concerns raised through the financial year April 2022 to March 2023. In total 5 concerns were closed in this period all relating to Patient Safety and Quality; 1 was upheld, 2 partially upheld and 2 not upheld. It is important however that as an organisation we continue to learn from all concerns raised

Areas for consideration and improvement within the report include:-

- Refinement of our administration and support processes. This will provide coordination and oversight of all stages of the process and ensure a consistency with our responses and record keeping
- Ensure a robust process is in place for tracking and monitoring actions. This would provide assurance on recommendations and actions being progressed and completed
- Review of routes for concerns to be raised and the role of confidential contacts

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

It is proposed this report provides moderate assurance due to the improvements to be progressed

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

All concerns raised in this period were in relation to patient safety and quality.

**3.2 Workforce**

Our workforce has additional protection in place under these standards.

**3.3 Financial**

None identified

**3.4 Risk Assessment/Management**

The risks that have been identified are regarding timescales and compliance with the National Standards

**3.5 Data Protection**

This report does not include personally identifiable information

**3.6 Equality and Diversity, including health inequalities**

None identified

**3.7 Other impacts**

None

**3.8 Communication, involvement, engagement and consultation**

The annual report was presented to the Area Partnership Forum on 18<sup>th</sup> August 2023 and Staff Governance Committee on 6<sup>th</sup> September, it will also be brought to the Integrated Joint Board on 27<sup>th</sup> September.

**3.9 Route to the Meeting**

The Annual report has been considered by the Executive Directors Group on 14<sup>th</sup> August.

**4 Recommendation**

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Annual Whistleblowing Report



# **Annual Whistleblowing Report**

**1 April 2022 to 31 March 2023**

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## Executive Summary

NHS Highland is presenting the Annual Whistleblowing Report for the period April 2022 to March 2023. This is the second annual report, since the launch of the Whistleblowing Standards in April 2021 and sets out the mandatory information required by the INWO, including the 10 mandatory KPI's, along with additional context where appropriate.

Significant activity has occurred across the year to promote speaking up, raising concerns and the Whistleblowing Standards across the Board area, including active participation in October's Speak Up week, Guardian Service and Whistleblowing Champion visits along with leadership training, and our new Induction events. We also contributed to the development of new INWO guidance, using our insights and experience to date.

Our Quarterly reports are shared with the Board, the Argyll & Bute IJB, the Area Partnership Forum and the Staff Governance Committee and there is regular focus and discussion in our Executive Directors and Board Development meetings.

Of the cases raised in this period, all of the concerns raised relate to patient safety and quality issues, and in Q4 we updated the categories of reporting to further break this down.

Of the 5 concerns closed in the reporting period, 2 were not upheld, 1 was upheld, and 2 were partially upheld. Where partially upheld, both cases had learning and improvement actions but the main substance of the concern was not upheld. All were Stage 2 concerns and our average time to close was 20 weeks and 3 days.

We continue to learn from all of the concerns raised, whatever the outcome and engage proactively and positively with the INWO to ensure we are handling concerns in the best possible way. There is a growing trend of INWO referral when concerns are not upheld, but the process helps us understand if we could do better and to make improvements.

Timescales for final outcomes are an area for improvement, although progress has been made, further action is still needed in this. Further refinement of our administration and support processes will take place, to ensure that there is oversight of all stages of the process, and a consistency in our responses and recording keeping, as well as central tracking of any actions agreed.



## KPI 1: Learnings, Changes and Improvements as a result of considering Whistleblowing concerns

Whilst there are still a small number of cases being raised, there are always learnings, both from the cases that are raised, but also the experience of the process and the opportunities to make change and refinement.

### INWO reviews

A number of our cases are currently being reviewed by the INWO and once these have concluded, their observations will be helpful in giving further opportunity for improvement to be made.

In the case that was referred back to NHS Highland following a Stage 1 concern that was closed, this helped us to clarify about the extent to which we should be considering whether someone delivered services on behalf of NHS Highland. Our processes now ensure that careful consideration is given to third party, contractor and support status, which has been useful. In this case it related to third party cleaning, in an external training facility, that was not commissioned by the NHS. The fact that patients attended the facility for NHS Highland treatment and could be impacted by issues, meant that it was potentially in scope, although the concern was not upheld on review.

### Administration and support

Further refinement of our administration and support processes for Whistleblowing will take place in the coming months, to ensure that there is central coordination and oversight of all stages of the process, and a consistency in our responses and recording keeping, as well as central tracking of any actions agreed. Our current process includes the contracted Guardian Service as a confidential point of contact for our staff and provides support for onward referral to our whistleblowing process. Staff can also contact staffside representatives to discuss concerns and receive support to refer to our whistleblowing process. We will work in partnership with our staff and with our Guardian Service to review the effectiveness of our approach to providing confidential contacts and the whistleblowing referral process, in order to identify any improvements we can make.

Whilst it is important that individual investigators who we appoint are able to carry their work out in an impartial and appropriate manner, the format and content of the final responses needs to be consistent, compliant with the standards and be written with the appropriate tone and style. thatand, Executive oversight of the process is in place to provide this assurance. We will review the training and support available to investigators and report writers and identify any opportunities for 'getting it right first time' and reducing any rework required.

Consideration will also be given to whether sharing draft reports with the Whistleblower and any respondents ahead of the final Stage 2 response would be helpful, allowing them to highlight any confidentiality or accuracy concerns, whilst not impacting the findings or recommendations.

### Action tracking

Whilst there has only been one finding fully upheld, it has highlighted that we do need to ensure that actions are centrally tracked and monitored through an agreed governance process with appropriate visibility and escalation options if not progressing. There are two elements required for monitoring and action tracking:

- during the whistleblowing process to conclusion and outcome to ensure a timely and effective process

- following closure of the whistleblowing investigation to ensure any recommendations or actions are followed through and completed.

We kept our longest standing case open after formal closure of the investigation in order to allow ongoing monitoring of the actions resulting from the investigation. We could have formally closed the case shortly after our response if we had chosen to separately track the actions resulting from the outcome of the whistleblowing case. We will review options for adopting a separate tracking approach for subsequent recommendations from whistleblowing cases so there is clarity on the efficiency and effectiveness of the whistleblowing process and we have assurance that actions which may take a period of time to implement are monitored through to completion.

## Data

As all of our cases this year have been categorised as related to patient safety and quality we have decided to add further subcategories to provide greater clarity and better understanding of the themes arising from whistleblowing cases. As a result, with effect from the Q4 report, we included 5 subcategories within this category. Our categories are now:

- Patient Safety & Quality
  - Staffing and Resources
  - Poor Practice / Capability
  - Health and Safety
  - Waiting / Treatment Times
  - Behaviours
- Fraud
- Changing or falsifying information
- Breaking Legal Obligation
- Abusing Authority

We will continue to review reporting to ensure it is as robust and insightful as possible, over the coming year.

## Investigation resource

With delays in responding and pressures on resources we are also giving consideration to how we assign investigators, so they have both the skills and experience as well as the capacity to address the matter effectively but rapidly.

As outlined above we will also review the processes and support we have in place for coordinating and managing cases so that we make the most efficient use of the time our senior managers and executives contribute to whistleblowing. We also need to ensure that the investigation process is as timely as possible through effective scheduling and tracking of progress.

## Confidentiality

We haven't had any issues related to confidentiality with the small number and specific nature of concerns raised to date. Our approach to confidential contacts, including the Guardian Service, has worked well to protect anonymity and encourage staff to raise concerns confidentially. It has also enabled staff to remain anonymous whilst deciding if they wish to formally raise a whistleblowing case, at which point their identity must be disclosed to those involved in the whistleblowing process who are duty bound to protect that confidentiality. This has enabled contacts to be recorded and queries dealt with through alternatives to the whistleblowing process. This is in keeping with the

standards in relation to dealing with issues raised through business as usual processes where possible.

This anonymous data may be useful to the organisation to identify improvements we may need to make in staff knowledge, awareness and understanding of 'business as usual' process they could be accessing as an alternative or in addition to the confidential contacts system.

## KPI 2 - Experiences of all those involved in the whistleblowing procedure

### Our approach

Our approach to whistleblowing is one where concerns received are welcomed as an opportunity to learn and improve in terms of colleague safety and wellbeing, as well as patient care and patient safety. There is a genuine desire to encourage colleagues to speak up about concerns and for leaders to listen and hear what is being raised and effectively address it. This is a core element of our culture, as well as being embedded in our Together We Care Board strategy and our Annual Delivery Plan.

Of those whose cases were concluded in this period, feedback on the experience of the process was mixed and we continue to learn and improve as a result.

### Support for those who wish to raise a concern

NHS Highland has a dedicated whistleblowing support line, which is run by our confidential contacts, the Guardian Service. This ensures that independent support can be given to anyone involved in a Whistleblowing concern and this support has been well received. That support is available to both those who raise concerns and those who are involved as respondents or witnesses.

### Timescales

In one case, the length of time to conclude the case was a cause for concern, and learnings have been taken in terms of getting the balance between a thorough investigation led by a senior colleague and getting to the core issues quickly. Their case took 170 days (34 weeks) to conclude and key learnings were taken from this, although their concerns were upheld.

Improving our time to resolve concerns is a key priority, however, we will always balance the need for a thorough and impartial investigation with careful consideration of the concern by someone appropriately skilled and experienced, who is in a position to make findings and recommend actions.

### Escalations to INWO

The other main feedback we receive is when the outcome does not uphold a concern, colleagues are unhappy and this leads to an escalation to the INWO. Of the 5 cases closed in this period, 3 of these were cases then raised with the INWO as they were unhappy with the outcome.

Another 1 of the 5 cases was an escalation of a previous case, that was reopened at the request of the INWO, although the outcome of the INWO process was that the claim was not upheld.

Out of the 5 cases closed this period the one that was not escalated to the INWO was the case that was upheld. This may reflect that the whistleblower was satisfied with the response, whilst those escalated to the INWO may reflect those whistleblowers wished a further independent review. It is particularly important for us to learn from any cases that are subsequently upheld by INWO.

We have recognised that we need to support investigating managers to agree clear terms of reference and a format of reporting, without compromising the pace of getting to the root of the issues and coming up with actions to address these.

### Support to raise concerns

On a positive note, our Executive Lead for Whistleblowing gave support and advice to a member of staff from another organisation which delivers services on behalf of NHS Highland, after becoming aware of their situation through their union representative.

This advice, support and engagement with the employer was much appreciated, and whilst ultimately the colleague had to go to the INWO to progress things, our willingness to take this seriously and to try to encourage the following of the Standards was appreciated.

As a result we need to ensure we continue to work with partners, suppliers and contractors to ensure they know their responsibilities under the Standards and where to seek further support and guidance, as well as to report any concerns they deal with, to NHS Highland.

## KPI 3: Levels of staff perceptions, awareness and training

### Induction

In February 2023, NHS Highland launched its Welcome to NHS Highland Induction event, a half day online session where all new colleagues are updated on a range of information about NHS Highland, our services, our strategy, our values and our leadership. Colleagues who have not previously had a corporate induction, who have changed role or who wish to find out more can also attend.

The first hour of the session is hosted by one of the NHS Highland Executive Team. Within the key information discussed, support channels, how to raise concerns, Speaking up, the Guardian Service and the Whistleblowing Standards are all covered, to ensure from the start of their career with us, colleagues know how to have their concerns heard and addressed.

As part of the wider induction process, we signpost colleagues to the Whistleblowing training modules available on Turas.

### Involvement, Training and Engagement

In August 2022, the Executive Lead for Whistleblowing held a workshop for our executives and senior managers, to remind them of the details of the Whistleblowing Standards and the requirements they place upon the organisation, as well as the processes, support and guidance that is available to support them in managing concerns. We shared learnings and case studies and tested their understanding of the standards, as well as ensuring that key contacts and resources were shared. There was excellent engagement from the senior leadership and the slides were made available for them to share with their teams.

We continue to signpost the online learning to colleagues, that is available on TURAS whenever we are talking about Speaking Up and Whistleblowing. We also signpost investigating managers to this, at the start of any new concern, to ensure they are up to date.

The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

### INWO engagement

We also promote and recommend colleagues and managers make themselves familiar with the INWO webpages and resources, which have recently been added to, as these are hugely valuable sources of information.

The Executive Lead for Whistleblowing was part of the national group developing additional guides and resources with the INWO, which went live on 1 April 2023. This has allowed us to share our insights and learning from some complex cases, to ensure lessons are learned and continuous improvement is a focus.

As part of this work, we've paid particular attention to working with our People team, in understanding how Whistleblowing cases can interact with our Once for Scotland processes and to ensure that the appropriate considerations are given on how to best proceed, to ensure the most appropriate route is used and the concern is addressed as rapidly as possible.

### Speak Up Week

From the 3<sup>rd</sup> to the 7<sup>th</sup> October 2023, NHS Highland actively participated in the National Speak Up Week, led by the INWO.

Our Guardians, who act as our Whistleblowing Confidential Contacts, travelled extensively across the Board area promoting Speaking Up and the Whistleblowing Standards. Our Executive Lead held daily sessions and recorded these as well as sharing live, on key topics such as Speaking Up, Praising and Positive feedback, Listening and Responding to concerns, Quality, Care and Safety concerns and a round up of all the weeks key messages and activity. There was also a series of local and national resources, press releases and social media postings shared.

### Non-Executive Whistleblowing Champion visits

In addition to the Speak Up week events, our Non-Executive Whistleblowing Champion carries out regular visits throughout the year to key locations and sites across the Board area and carried out around 21 days of visits in this year, listening to colleagues and reporting back on his experiences and insights.

## KPI 4: The total number of concerns received

During the period April 2022 to March 2023, NHS Highland received 5 Whistleblowing Concerns. Of these 2 were raised in Q1, 2 in Q2 and 1 in Q4.

There was 1 further Whistleblowing concern raised in Q1 in relation to our activity, but it was raised through NHS Education Scotland (NES) who carried out the investigation and will report on the

concern. This is because it related to medical trainees, who are overseen by NES. However, NHS Highland management are fully engaged with the actions agreed to address the concern, but are not reporting the outcome of the concern, as it will be reported by NES.

This means 5 Whistleblowing concerns were received in this year.

One of these 5 cases was a previous case, which the INWO asked us to reopen, following our initial decision that the majority of the concern was not within the scope of the standards. Following investigation under Stage 2, the concern was not upheld.

Another point to note, as it raised some interesting questions, was the concern raised towards the end of Q4, as it related to a complaint about an organisation which is funded to deliver services on behalf of NHS . Their employee felt they were not addressing their complaint in line with the Standards. This was a complex case and NHS Highland through the Exec Lead attempted to support the organisation to understand and work with the Standards, however, this was challenging.

The employee was given advice and support by the Exec Lead and o the Confidential contacts. Advice was taken from the INWO as to whether NHS Highland should take on the investigation. INWO confirmed that the colleague should contact them directly with concerns and this is now with the INWO. We will ensure appropriate reporting of the outcome is shared with NHS Highland.

There were also 2 active Whistleblowing concerns which were received in the previous year and had not concluded by the end of March 2022, 1 of these was resolved in October 2022 the other remained open to allow ongoing long term actions with management, colleagues and the community around service planning and monitoring of relationships to continue.

## KPI 5: Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed

In the period April 2022 to March 2023, there were 5 concerns closed, 4 from this year and 1 from the previous year.

Of these, all 5 concerns were at Stage 2, i.e 100% of all concerns closed were Stage 2 concerns.

## KPI 6: Concerns upheld, partially upheld, and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage

Of the 5 concerns closed in this period, 2 were not upheld (40%), 2 were partially upheld (40%) and 1 was upheld (20%).

For both those concerns partially upheld, the main substance of the concern was not upheld, but improvements to some related practices and processes were recommended in the investigation report.

## KPI 7: The average time in working days for a full response to concerns at each stage of the whistleblowing procedure

All of the concerns were Stage 2 concerns.

In terms of the 5 concerns that were closed in this period. They took 57 days, 69 days, 82 days, 129 days and 170 days respectively.

This gave an average of 102 days, or 20 weeks and 3 days for each Stage 2 concern to be closed.

## KPI 8: The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days

There were no Stage 1 concerns raised in this period.

There were 5 Stage 2 concerns raised in this period, and none were closed within the 20 days (4 week) deadline.

## KPI 9: The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1

There were no Stage 1 concerns raised in this period.

## KPI 10: The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

There were 5 concerns resolved at Stage 2 in this period, 100% of these had extensions authorised beyond the initial 20 days / 4 weeks.

## Reporting processes

### Quarterly Reporting

NHS Highland Executive WB Lead presents the quarterly Whistleblowing reports to the following formal governance committees:

- NHS Highland Board

- Argyll & Bute Integrated Joint Board
- NHS Highland Staff Governance Committee
- NHS Highland Area Partnership Forum

The reports are also discussed at the Executive Directors Group and Senior Leadership Teams.

All efforts are made to ensure that reporting is timely and prompt, however, it has to be noted that meetings of governance committees are bi-monthly and so often there will be some lag. However, all committees are given time and space to scrutinise the reports and discuss.

In addition, there is dynamic discussion and reporting via the Executive Lead into the Executive Directors Group as well as to specific leaders, to ensure the any urgent matters are rapidly addressed.

### 2022 / 2023 reporting

<b>Quarter</b>	<b>Period covered</b>	<b>Area Partnership Forum</b>	<b>Staff Governance Committee</b>	<b>NHS Highland Board</b>	<b>Argyll &amp; Bute IJB</b>
<b>Q1 22-23</b>	1 April – 30 June 2022	28 Oct 2022	9 November 2022	27 Sept 2022	24 Nov 2022
<b>Q2 22-23</b>	1 July – 30 September 2022	28 Oct 2022	9 November 2022	29 Nov 2022	24 Nov 2022
<b>Q3 22-23</b>	1 October – 31 December 2022	21 April 2023	8 March 2023	28 March 2023	29 March 2023
<b>Q4 22-23</b>	1 January - 31 March 2023	18 Aug 2023	28 June 2023	27 September 2023	30 August 2023
<b>Annual Report 22-23</b>	1 April 2022 - 31 March 2023	18 Aug 2023	6 September 2023	27 Sept 2023	30 September 2023



**NHS Highland**



**Meeting:** Board Meeting  
**Meeting date:** 26 September 2023  
**Title:** Q1 Whistleblowing Report  
**Responsible Executive/Non-Executive:** Gareth Adkins, Director of People & Culture  
**Report Author:** Gaye Boyd, Deputy Director of People

**1 Purpose**

**This is presented to the Forum for:**

- Assurance

**This report relates to a:**

- Legal Requirement

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	X	Nurture Well	X	Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	
Perform well	Progress well					

**2 Report summary**

**2.1 Situation**

Attached is the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021. During the months May and June Heledd Cooper, Director of Finance, provided Executive leadership.

## 2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards. As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports.

## 2.3 Assessment

The Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place.

The Guardian Service, as our Whistleblowing Standards confidential contacts, undertakes the recording and reporting of concerns and have compiled the attached report in Appendix 1.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded
- about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed
- appropriately
- that the person raising the concern is:
  - kept informed as to how the investigation is progressing
  - advised of any extension to timescales
  - advised of outcome/decision made
  - advised of any further route of appeal to the INWO
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

Work continues through the Guardian Service and our Whistleblowing Non-Executive Director to promote the standards and discuss with staff on their visits to locations within the organisation.

Information is also included in the NHS Highland Induction, with training modules

still available on Turas. The promotion and ongoing development of our whistleblowing, listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

In the Q1 Whistleblowing report for the period 1 April to 30 June 2023:

- 2 new contacts were made
- 1 new case was progressed
- 1 case was closed
- 1 case remained in investigation (however not investigated by NHSH)

We continue to focus on improving our timescales to resolve cases and ensuring the 20 day updates are complied with.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

This report proposes moderate assurance is taken. It is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training as well as enhanced reporting and to continue progress made to ensure cases are progressed in a timely manner.

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

**3.2 Workforce**

Our workforce has additional protection in place under these standards.

**3.3 Financial**

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature

**3.4 Risk Assessment/Management**

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

**3.5 Data Protection**

This report does not include personally identifiable information.

**3.6 Equality and Diversity, including health inequalities**

None identified

**3.7 Other impacts**

None

**3.8 Communication, involvement, engagement and consultation**

Duties to involve and engage external stakeholders are carried out where appropriate

**3.9 Route to the Meeting**

This is the first presentation of this report which has been presented to the Area Partnership Forum on 18<sup>th</sup> August 2023 and the Staff Governance Committee on the 6<sup>th</sup> September 2023.

**4 Recommendation**

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Q1 Whistleblowing Report



**Whistleblowing Report**  
**Quarter 1 - 1st April 2023 to 30th June 2023**

**Guardians / Confidential Contacts**  
Julie McAndrew and Derek McIlroy

**INWO Liaison and Lead Executive**  
Fiona Hogg/Heledd Cooper

**Whistleblowing Champion**  
Albert Donald

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## 1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 1 (Q1) report for 2023/24 covering the period from 1 April 2023 to 30 June 2023.

The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

## 2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

### NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to.

*Leadership* – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately

*Monitoring* – through ensuring quarterly reporting is presented and robust challenge and interrogation of this

*Overseeing access* – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.

*Support* – providing support to the Whistleblowing champion and to those who raise concerns.

### **Board Non-Executive Whistleblowing Champion**

This role is taken on by **Albert Donald**, who has been in place since February 2020.

The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

### **INWO Liaison Officer**

This role is taken on by **Heledd Cooper, Director of Finance**. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

## **3. Governance, Decisions and Oversight**

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director Finance is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of Finance who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of Finance coordinate this process.

The criteria for the decision are as set out in the National Whistleblowing Standards [Definitions: What is whistleblowing? | INWO \(spsa.org.uk\)](#). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of Finance and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns.

During Q2 in 2021, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

If the complaint is Whistleblowing, then the Director of Finance liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of Finance oversee progress, ensure timelines and communications are maintained. The Director of Finance will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

#### **4. Raising a Whistleblowing Concerns in NHS Highland**

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the “Confidential Contact” via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

#### **5. The Role of the Guardian Service**

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
  - kept informed as to how the investigation is progressing
  - advised of any extension to timescales
  - advised of outcome/decision made
  - advised of any further route of appeal to the INWO



- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

## 6. KPI Table

The KPI data is taken as of 30<sup>th</sup> June 2023 for Quarter 1 2023/4.

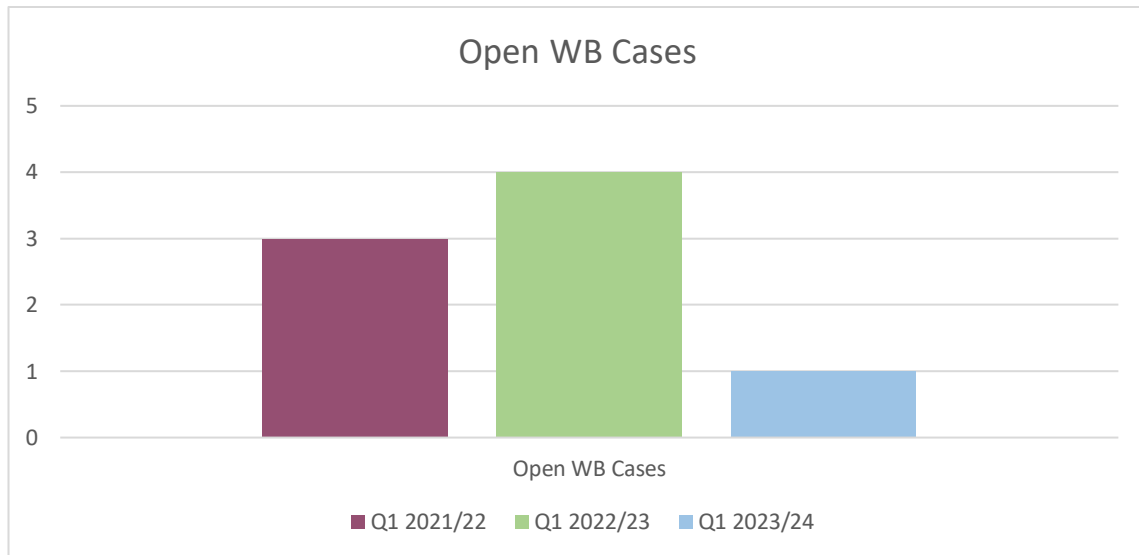
KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2		2	2
Concerns confirmed as WB concerns	1		1	2
OPEN Concerns under investigation	0			
Stage 1 concerns closed in full within 5 working days				
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days				
Stage 2 concerns closed later than 20 working days	1		1	1
Stage 2 concerns still open from prior reports	1		1	1
Closed calls upheld Stage 1				
Closed calls partially upheld Stage 1				
Closed calls not upheld Stage 1				
Closed calls upheld Stage 2				
Closed calls partially upheld Stage 2				1
Closed calls not upheld Stage 2				
Closed calls not WB	1		1	1
Closed calls where Whistleblower chose not to pursue.				
Closed calls which were for another Board to pursue				
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1				
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.				
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)				

## 7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1 April 2023 to 30 June 2023.

There were 2 concerns raised in Q1. One was classed as WB and the other as a concern. The WB concern was investigated under stage 2 of the WB process and closed in the same quarter. At the end of Q1 there was one case open from the previous quarter open and under investigation under stage 2 of the process.

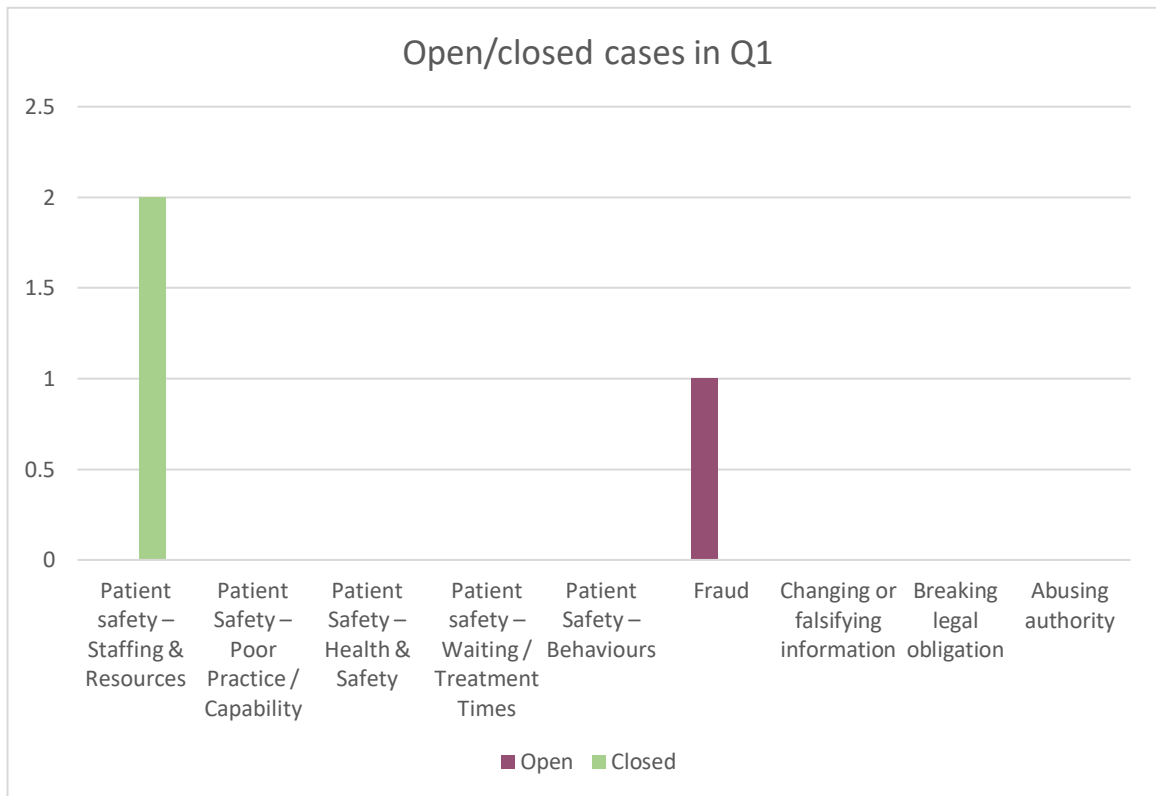
**Graph 1**



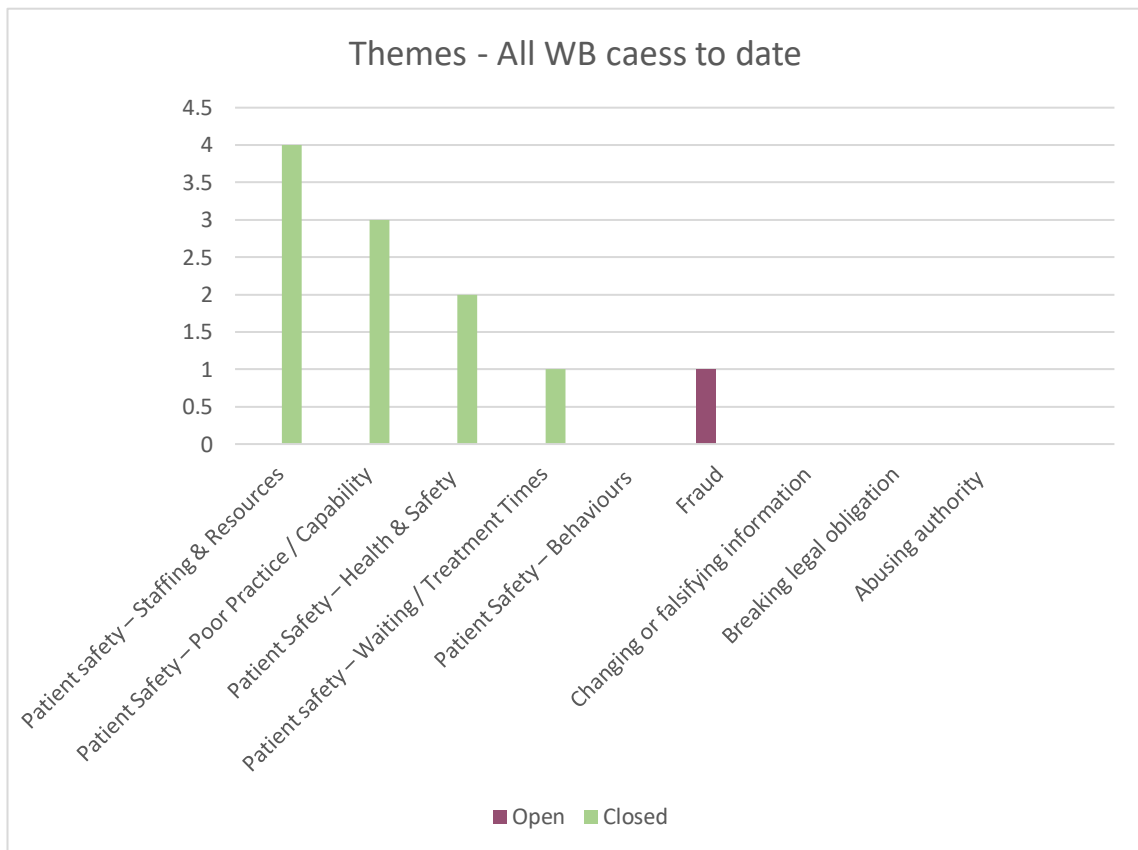
**Graph 3**



**Graph 4**



**Graph 5**



## **8. Detriment as a result of raising a concern.**

No concerns have been raised to date with NHS Highland, the Confidential Contact. Any concern will be taken seriously and addressed and reported through our future reports.

## **9. Concerns Received - Average time for a full response**

Further data on timescales will be provided for all concerns when more data becomes available.

## **10. Lessons learned, changes to service or improvements**

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report.

In respect of the cases concluded in Q3, there have been specific learnings identified and passed to management for Action.

In Case 14, the Head of Operations for Medical will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

In Case 16, the Head of Operations for Clinical Support will take forward recommendations and a summary of progress will be included in the Annual report for 2022/3.

There were no learnings specifically identified from Case 17, although the complainant has made a referral to the INWO which is being progressed and any actions or finding will be shared in future reports.

The Director of People and Culture has been part of a national group, working with the INWO, to develop additional resources to support the process, including specific guidance for HR teams, individuals, managers and colleagues. These will be available from April onwards.

## **11. Colleague and manager experience of the Whistleblowing procedures**

The Confidential Contacts make contact with all individuals who have completed the WB process and offer to meet with them to talk about their experience. The Director of Finance also collates feedback from those who engage in the process, both colleagues and managers, and this is used to ensure the process works as well as possible.

The WB Champion has also been meeting with senior managers who have had involvement in the process and highlighted that there is a need for further engagement and awareness raising about how the process should work and who is responsible.

We have to date had senior managers running the investigations, to ensure these were given proper attention, but this may not be the best approach going forward as the capacity leads to delays in moving forward. There has also been variability in the approach and quality of the investigating and reporting, and now we have run several cases, some anonymised templates and approaches will be shared in future cases.

There is also need for awareness raising with managers and leaders that they must own the process, it is not owned by the confidential contacts or the liaison, they are providing oversight and assurance and reporting, as well as advice and guidance.

A session will be developed and run in the coming months to pick all of this up and will be combined with the launch of the new guidance and a focus on raising and handling all concerns, not just Whistleblowing.

## **12. Colleague awareness and training**

Our Guardians and Whistleblowing non-executive Director continues to visit across the Board area and promote their roles and speak with colleagues as well as internal and external communications and media.

This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report from the WB and Guardians.

There is an opportunity to run further awareness sessions as set out above, aligned to the launch of the new support materials nationally and also our own local guidance.

## **13. Audit of Whistleblowing Standards Implementation**

There is still one action, regarding the documentation of the process, which has been paused until the national guidance is issued in April 2023.

## **14. Annual report**

The first annual Whistleblowing Standards report for NHS Highland was presented to the Board on 26 September 2022 and can be accessed here.

[Microsoft PowerPoint - Annual report 2021 2022 Final Draft.pptx \(scot.nhs.uk\)](#)

This report was circulated, including in a summary form, and was sent to the INWO following the Board meeting. The report was also widely referenced during Speak Up Week, from 3<sup>rd</sup> to 7<sup>th</sup> October 2022.

## Summary open/closed whistleblowing cases

### Q1 2023/2024

#### **Case 20 CLOSED**

This is a stage 2 WB concern raised by staff in Rosebank Ward, Caithness General Hospital, Wick. This is about patient safety, the availability of staffing and the impact this had on the quality of patient care. The concerns were raised internally by staff and then anonymously through the Guardian Service initially in March 2023. The employee asked for the concerns to be progressed to an investigation in line with the whistleblowing standards in April 2023. The concern was investigated and concluded within the reporting period with recommendations made for improvements to mitigate risk and minimise impact of similar repeat conditions.

### Open Cases from previous years

#### **Case 19 OPEN (Q4 2022/2023)**

This is a concern from an employee who works for an external service provider, Centred, a mental health charity who provide services to NHS Highland. The employee raised concerns internally which were dealt with locally however the employee does not feel the concerns were progressed in line with the whistleblowing standards. The SPSO have advised Centred that the outcome should be communicated to the employee who must also be signposted to the INWO rather than NHS Highland to escalate any further issues. For reporting purposes, it has been included in the Q4 2022/2023 reporting cycle as the concerns were initially raised in March 2023.

### Closed cases from pervious years

#### **Case 13 CLOSED**

This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance, and relationship concerns, the WB complaint concluded in Q1 2023/24.



**Meeting:** NHS Highland Board  
**Meeting date:** 26 September 2023  
**Title:** Anchors Strategic Plan Development  
**Responsible Executive/Non-Executive:** David Park, Deputy Chief Executive  
**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

**1 Purpose**

Please select one item in each section

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- 5 Year Strategy, Together We Care, with you, for you
- Argyll & Bute Joint Strategic Plan 2022-25
- Government policy/directive

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	X	Thrive Well	X	Stay Well	X	Anchor Well	X
Grow Well	X	Listen Well	X	Nurture Well	X	Plan Well	X
Care Well	X	Live Well	X	Respond Well	X	Treat Well	X
Journey Well	X	Age Well	X	End Well	X	Value Well	X
Perform well	X	Progress well	X				

Especially relates to Anchor Well, Plan Well and Perform Well as directly link to the Anchors pillars and ambitions. This also directly links to the Argyll & Bute Strategic plan key priorities and commissioning intentions and Living Well Programme, within the 4 outcomes of People, Communities, Workforce and Leadership.

## 2 Report summary

### 2.1 Situation

As part of the NHS Scotland Delivery Plan Guidance of 28 February 2023, we were asked to develop an Anchors Strategic Plan by October 2023. which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.

Further detail of this request was provided in July by Scottish Government. The plan is to be submitted by Friday 27 October 2023 and the finalised plan will be presented to a future Board meeting.

These 3 year plans will help the Scottish Government to understand both the current position of NHS Boards as Anchor institutions and the additional support that could be provided at a national level by the Scottish Government and Public Health Scotland (PHS) to assist their work.

This plan will be joint for north Highland and Argyll & Bute.

### 2.2 Background

Submission of Anchors Strategic Plans are required by all NHS Boards to identify our initial 2023-26 plans. The Plan is to be framed with reference to how it will support a 'prevention' public health approach and contribute to both community wealth building and reducing child poverty. Although climate action is a central anchor activity, activity in relation to this aspect of community wealth building is already be picked up within our Annual Delivery Plan and therefore the Government is not asking for this to be explicitly set out in the Anchors Strategic Plan.

The Anchors Strategic Plan should set out the following information along with any other relevant information we wish to provide:

- How we are currently working or intend to work in partnership, with other local anchors to progress our plan and/or develop joint plans. This to include specific reference to engagement with Local Employability Partnership(s) and Community Planning Partnership(s).
- The actions we have taken and/or plan to take to:
  - maximise local, progressive procurement of goods and services;
  - provide fair work opportunities for new employment and for existing staff;
  - use and/or dispose of your land and assets for the benefit of the local community and local economy.
- The governance arrangements within the Board to progress the Anchors Strategic Plan.



- Cross-reference to the relevant part of our Strategic Workforce Plan that sets out how we will ‘enhance local supply pipelines and cement our role as an ‘Anchor institution’, e.g. our approach to apprenticeships and community outreach’.
- Share the external link for our Community Wealth Building plan

As part of the NHS Scotland Delivery Plan Guidance, the Government also asked NHS Boards to include the following in their Anchors Strategic Plans in order to measure their impact at a local level:

‘a clear baseline in relation to workforce; local procurement; and [if relevant], use or disposal of land and assets for the benefit of the community.’

The challenge of identifying appropriate metrics and data in some areas means that the Government do not expect NHS Boards to include a baseline in the Anchors Strategic Plans that they will submit in October. Further guidance on this will be sent in the autumn.

### 2.3 Assessment

Since receipt of the Commission in July 23, Strategy and Transformation have been working with intention leads to develop our Anchors Strategic Plan.

A series of self-assessment forms are being completed for the following areas:

1. Employer (linked to Plan Well)
2. Procurement (linked to Perform Well)
3. Environment, sustainability and assets (linked to Perform Well)
4. Service design and delivery, and
5. Being an exemplar anchor institution (both linked to anchor Well).

Community Wealth Building Plans for A&B and north Highland have also been referenced to develop the draft Anchors Strategic Plan.

There are 46 reportable areas in the self assessment templates in total.

The following table summarises the count of items requested by each template, based on current collaborations and work as an Anchor Institution within NHS Highland and planned scores over the next 3 years.

<b>Self-assessment template Dimension</b>	<b>Count of Information requested in template</b>	<b>Total Self-assessment Score (out of Total possible Score)</b>	<b>Planned Score over medium term (out of Total possible Score)</b>
Employer – <i>provide fair work opportunities for new and existing staff</i>	13	39 / 52	47 / 52
Procurement – <i>champion local and progressive procurement of goods and services</i>	11	18 / 44	38 / 44
Environment, sustainability and assets – <i>Use land and assets in an environmentally friendly way to the benefit of communities and the local economy</i>	10	24 / 40	31 / 40
Service design and delivery – <i>Our social responsibility will become standard practice in service design and delivery</i>	5	12 / 20	13 / 20
Being an exemplar anchor institution – <i>Work in partnership with communities to improve health and wellbeing</i>	7	14 / 28	18 / 28
<b>Total</b>	<b>46</b>	<b>107 / 184</b>	<b>147 / 184</b>

The Government is prioritising the areas of Employer, Procurement and Environment, Sustainability and Assets for the first iteration of the Plan.

The process has used operational, Programme Board and Delivery Plan information to draft the templates. As this work covers a number of Strategic Ambition areas, we have established the Anchors Strategic Plan Working Group to focus on the Plan. This has involved input from intention leads and relevant support colleagues, from Strategy & Transformation, Estates and Facilities, People and Culture, Finance and Procurement, and Public Health. As the Plan develops, consultation with the IJB and HHSC will be required as partners of delegated services.

The Strategic Plan has been drafted using the templates and approved by the SRO (Head of Strategy & Transformation) and Executive Lead (Deputy Chief Executive).

The draft Anchors Strategic Plan will then be submitted to the:

1. Board on 26 September, for awareness
2. EDG in in October along with any revisions and the Quarter 2 Annual Delivery Plan update, for approval

The ADP Quarter 2 update (July – September) and Draft Anchors Strategic Plan will then be submitted to the Government by 27 October 2023.

The Plan will then be further developed once Government metrics are published. Monitoring of the Plan will then become integrated into the ADP quarterly update process.

In summary:

- The commission is part of the evolution of the planning process and in line with our expectations
- The commission will develop during 2023/24 but the impact of this is not known
- The content of the Anchors Strategic Plan directly correlates with Together We Care Strategy and A&B Joint Strategic Plan
- The process for monitoring the Anchors Strategic Plan will be integrated into the ADP reporting process, with deliverables included in our delivery plan tracker (“ADP2”). The updates included in ADP2 will be monitored through the Programme Board process

**Risks and Challenges**

Not applicable

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

**Comment on the level of assurance**

KPIs to be nationally developed which will determine some of the future plans, but current version of the Plan has been developed via relevant teams, as described above.

**3 Impact Analysis**

**3.1 Quality / Patient Care**

National KPIs are expected to be developed in the Plan from the next iteration.

**3.2 Workforce**

Impact and KPIs are expected to be developed in the Plan from the next iteration. Achievability within resource will then be assessed and the plan revised accordingly.

**3.3 Financial**

Impact and KPIs are expected to be developed in the Plan from the next iteration. Achievability within resource will then be assessed and the plan revised accordingly.

**3.4 Risk Assessment/Management**

Risks will continue to be identified in each deliverable of the Plan with controls and mitigations developed, as part of the quarterly reporting template process.

**3.5 Data Protection**

This does not involve personally identifiable information

**3.6 Equality and Diversity, including health inequalities**

We are seeking to reduce inequalities as part of the strategic intent, although at this time an impact assessment has not been completed. It is proposed that EQIAs are established and updated where relevant.

**3.7 Other impacts**

The potential impact on IJB and HHSCP around governance and any changes brought about by this Board wide plan, to be assessed. Appropriate links to be accordingly made to Annual Delivery Plan documents, Argyll & Bute Strategic Plan and Living Well Programme.

**3.8 Communication, involvement, engagement and consultation**

Involvement and consultation continue to be carried out through the performance framework process via Programme Boards, Anchors Strategy Working Group and individual discussions. The published Plan be shared across the organisation

**3.9 Route to the Meeting**

This has been compiled through discussion with the Anchors Strategy Working Group intention leads and facilitation of Strategy and Transformation team.

**4 Recommendation**

Action being requested:

Awareness of process in developing the Anchors Strategic Plan

**4.1 List of appendices**

The following appendices are included with this report:

None



**Meeting:** NHS Highland Board  
**Meeting date:** 26 September 2023  
**Title:** Draft Annual Performance Report 2023-2024 Highland Health and Social Care Partnership  
**Responsible Executive/Non-Executive:** Pam Cremin, Chief Officer HHSCP  
**Report Author:** Rhiannon Boydell, Interim Head of Strategy and Transformation

**1 Purpose**

**This is presented to the Board for:**

- Awareness
- Decision

**This report relates to a:**

- Annual Performance Report
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well	Stay Well	Anchor Well
Grow Well	Listen Well	Nurture Well	Plan Well
Care Well	Live Well	Respond Well	Treat Well
Journey Well	Age Well	End Well	Value Well
Perform well	Progress well	All strategic outcomes	X

## 2 Report summary

### 2.1 Situation

The Health and Social Care Annual Performance Report (APR) for the year 2022 follows the requirement by the Public Bodies (Joint Working) Scotland Act, 2014. Submission on the Annual Performance Report as per deadlines of 30th September 2023 respectively.

The Health and Social Care Partnership (HSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The HSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities Primary, across Community, Mental Health, Acute Care, Children and Adult Social Care.

The Annual Performance Report (APR) assures the progress in meeting the priorities and actions and is required to be updated and submitted annually to the Scottish Government.

### 2.2 Background

The Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. This consists of The Highland Council act as lead agency for delegated functions relating to children and families and NHS Highland who undertake delegated functions related to adults.

The strategic framework for planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators. The report also provides read across to the NHS Highland Together We Care Strategy, in the appendices.

### 2.3 Assessment

The Annual Report provides an overview of performance at both Health and Social Care Partnership (HSCP) and Scotland level including:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Comparison between the reporting year and pervious reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value

It also includes examples of key achievements during the year.

### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### **3 Impact Analysis**

#### **3.1 Quality/ Patient Care**

Included within the Annual Performance Report

#### **3.2 Workforce**

Included within the Annual Performance Report

#### **3.3 Financial**

Included within the Annual Performance Report

#### **3.4 Risk Assessment/Management**

N/A

#### **3.5 Data Protection**

This does not involve personally identifiable information.

#### **3.6 Equality and Diversity, including health inequalities**

As there is no change in policy an equality impact assessment is not required.

#### **3.7 Other impacts**

N/A

#### **3.8 Communication, involvement, engagement and consultation**

The report is to be published.

#### **3.9 Route to the Meeting**

This has been compiled through with intention leads and senior responsible officers and has been discussed at NHS Highland Executive Directors Group and Community Senior Leadership Team.

The report will go to the Joint Monitoring Committee for final approval prior to publishing.

### **4 Recommendation**

The Board is asked to:

- (a) take **substantial assurance** from this report and
- (b) **approve** the Annual Performance Report for the Highland Health and Social Care Partnership.

#### **4.1 List of appendices**

The following appendices are included with this report:

- Appendix No 1, Highland Health and Social Care Partnership Annual Performance Report
- Appendix No 2, Data report





# Annual Performance

## Report 2022 - 2023

Highland Health & Social Care Partnership



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# Foreword

Welcome to the Annual Performance Report (APR) by Highland Health and Social Care Partnership, on the performance of integrated health and social care provision. The report provides us with the opportunity to celebrate our achievements, share our challenges and reflect on our future delivery of health, social care and wellbeing services, together. We would also like to take this opportunity to recognise the commitment, dedication, person-centred professionalism and resilience of all colleagues working in health and social care, partner agencies, unpaid carers and community volunteers during this challenging period.

As a Partnership, we are committed to developing our services through planning and engagement with our Highland communities. All of our staff, carers and volunteers across Highland are working hard together to improve the health and wellbeing of our population. This report highlights the positive outcomes that the health and social care services are delivering; to everyone using our services, their families and the wider community. Through continuing to ensure people's voices are heard, their needs are understood and effectively met in collaboration with our partners. Thank you to everyone for your continued support and efforts and we look forward to continuing to work with our stakeholders and partners to shape the future of health and social care in Highland.

Pamela Cremin  
**Chief Officer**

Fiona Duncan  
**Executive Chief Officer Health and Social Care**  
**Chief Social Work Officer**

**NHS Highland**

**The Highland Council**



# Introduction

We welcome the opportunity to share the Health and Social Care Annual Performance Report for the year 2022 as required by the Public Bodies (Joint Working) Scotland Act, 2014. The Health and Social Care Partnership (HHSCP) is responsible in ensuring that our local communities are clear on how health and social care integration is performing. The report highlights the key areas of achievement and challenges that we have faced over the year. 2022 has been challenging, but we have worked hard to continue to provide excellent health and social care services for our Highland communities which consists of Primary, Community, Mental Health, Acute Care, Children and Adult Social Care.

The HHSCP has built upon previous years and demonstrates how services have improved and adapted to complement highland communities. There are many examples where performance has been positive and innovative which we aim to maintain. In those areas where there is still work to be done, we are planning our future steps. We have many complex decisions to make around what services will look like in the future. The Health and Social Care Partnership will continue to focus on improving the health and wellbeing as well as delivering an inclusive high-quality service for everyone in Highland. I wish to thank all of our colleagues and partners who continue to provide services to improve the lives of those who live and are cared for in our Highland communities.



# Strategic Context and Overview

Highland Health and Social Care Partnership delivers health and social care services through a lead agency Partnership Agreement. The Highland Council act as lead agency for delegated functions relating to children and families, whilst NHS Highland undertakes delegated functions related to adults.

Children’s health services are delegated by NHS Highland and delivered by Highland Council acting as the lead agency. Similarly, adult social care services are delegated by Highland Council and delivered by NHS Highland. Both partners report through joint arrangements with the governance of the partnership being managed through the Joint Monitoring Committee.

The Partnership covers the Highland Council area and is divided into coterminous districts centred on nine local Community Planning Partnerships.

A Joint Strategic Plan for adults is currently being developed by the Partnership through a Strategic Planning Group including both partners, independent sector and third sector representatives and community representation. This will be a 3 year plan covering the period 2024 – 2027.

The next iteration of the integrated children’s service plan is currently being developed by the Integrated Children’s Services Planning Board (ICSPB) on behalf of Highland Community Planning Partnership.

In developing this plan, the ICSPB has undertaken a joint strategic needs assessment and the data gathering from this activity will support an evaluation of the performance management framework which underpins the current plan. The strategic needs assessment takes a life course approach which will be reflected in the structure of the 2023 – 2026 plan.

In addition to the joint strategic needs assessment the priorities for this plan have also been driven by the voice and testimony of children, young people and their families.

As the current plan is a two year plan to reflect the impact of the pandemic the ICSPB intends to re-establish its priorities around the themes of the current plan adding a whole system approach to supporting families as a new priority.

Within the plan, partnership priorities for improvement are set around the following themes:

- **Health and wellbeing including mental health**
- **Child poverty**
- **Children’s rights and participation**
- **Child protection**
- **Corporate parenting (The Promise)**
- **Alcohol and drugs**
- **Whole family wellbeing**

# Performance Management and Governance

The strategic framework for the planning and delivery of health and social care services consists of 9 Health and Well Being Outcomes and a core suite of integration indicators. In NHS Highland adult health and social care services are delivered within the NHS Highland performance governance structure which oversees the delivery of the NHS Highland Strategy and Annual Delivery Plan.

The NHS Highland strategy, Together We Care (TWC) is a Board wide strategy, and clearly communicates the strategic vision, mission, and objectives we need to achieve over the next five years. Whilst our strategy unites our focus and direction, our progress towards achieving its aim is set out and monitored in our Annual Delivery Plans. These plans are fully cognisant of the role and responsibilities of the lead agency Integration Authority (IA) in Highland and the Integration Joint Board (IJB) in Argyll & Bute

NHS Highland has produced a Performance Management Framework. This aims to ensure that NHS Highland successfully delivers national standards for performance and agreed targets encompassing all areas of our strategy “Together We Care, with you, for you” in line with our annual delivery plans. A service planning framework has also been introduced to provide ownership at service level ensuring appropriate plans are in place with clear oversight and governance. The framework ensures an integrated approach to both performance and quality management.

At board level we have redesigned our Integrated Performance and Quality Report (IPQR). This report gives the board an overview of performance and quality across NHS Highland bi-monthly. It is compiled from data considered at our governance committees along with comments, risks and mitigations from our executive leads. A subsection of the IPQR has been agreed by the Highland Health and Social Care Committee, which receives the report, and assurance on performance against it, at each meeting.



Together We Care  
with you, for you

planning, self-evaluation, reporting, performance management and assurance.

The Integrated Children’s Service Planning Board has responsibility for monitoring progress towards achieving the outcomes outlined within the Integrated Children’s Services Plan and utilises a fully developed Performance Framework to achieve this.

Within our planning processes lead officers from partner organisations have been identified for each themed group along with a lead officer for each of the improvement priorities. Partners work together and take responsibility for coordinating performance reporting on a regular basis. In addition, our performance is measured through listening to the voices of children, young people and their families, learning from self-evaluation, analysing intelligence and scrutinising an agreed set of qualitative and quantitative improvement measures.

# Performance Overview

## INTRODUCTION

Over the last year there has been a move from the post-COVID remobilisation of services to focus within the Health and Social Care Partnership on system flow and preparation for winter pressures. From October onwards health and social care services across Scotland experienced an increase in the prevalence of Flu and Covid19 in addition to expected winter illness and system pressures. The Health and Social Care Partnership engaged in collaborative whole system improvement to enhance patient flow through hospitals. A significant challenge during the year affecting system pressures has been in the adult care sector.

## Key Performance Overview

The key performance overview demonstrates the financial year (April 2022 – March 2023), this ensures that there is data continuity linking previous and new reporting using full year data. The Latest performance against the National Integration indicators, ministerial indicators are detailed in the appendix.

## Benchmarking

The benchmark for the National Integration Indicators, making a comparison with the Scottish average has been incorporated into the appendix. This is to allow a performance comparison as there are no national standards or targets in place. The table below explains the percentage comparison.

Benchmarking	
	Better than average
	Average +/- 5%
	Worse than average

## Performance Management Framework

The Highland Health and Social Care Partnership Performance Framework is a set of performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides as aligned with the Annual Delivery Plan. The performance indicators should primarily be reported to the Health and Social Care Committee for scrutiny, assurance, and review. A subset of these indicators will then be incorporated in the Board Integrated Performance and Quality Report (IPQR)

In line with the NHS Highland IPQR, it is intended for this developing report to be more inclusive of the wider Partnership requirements and to further develop indicators in agreement with the Community Services Directorate, Adult Social Care Senior Leadership Team, and Highland Health and Social Care Committee members that will align with the new ‘Together We Care’ Strategy and the Annual Delivery Plan objectives.

## KEY ACHIEVEMENTS IN ADULT SOCIAL CARE

**CARE AT HOME**

The Partnership’s key objectives for care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release / growth.

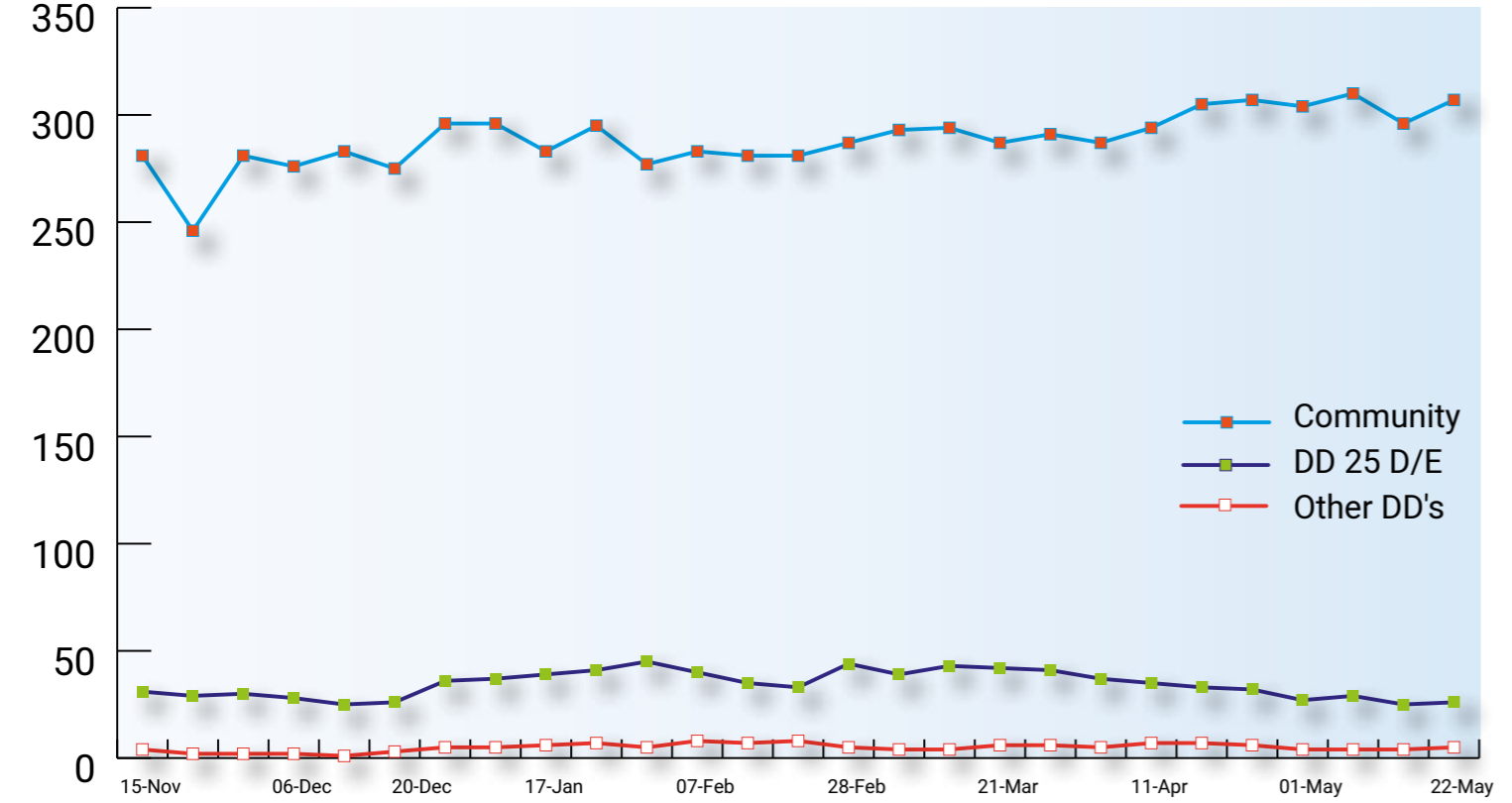
NHS Highland (NHS) has been working closely with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions to address the key issues, summarised as: high attrition and unsuccessful recruitment, impacted by: role pressures; (perception of) sector / role inequity; and fuel costs; staff wellbeing issues specific geographic challenges in rural / remote delivery and the additional costs of providing care at home, as well as the more acute recruitment challenges in these localities.

Over the course of 2022-2023, there has however been a significant reduction of available services (1,300 hours p/w), despite the measures put in place by NHS to seek to stabilise provision, and ensure capacity release and growth – these being advance payments, and continued UKHCA aligned tariff.

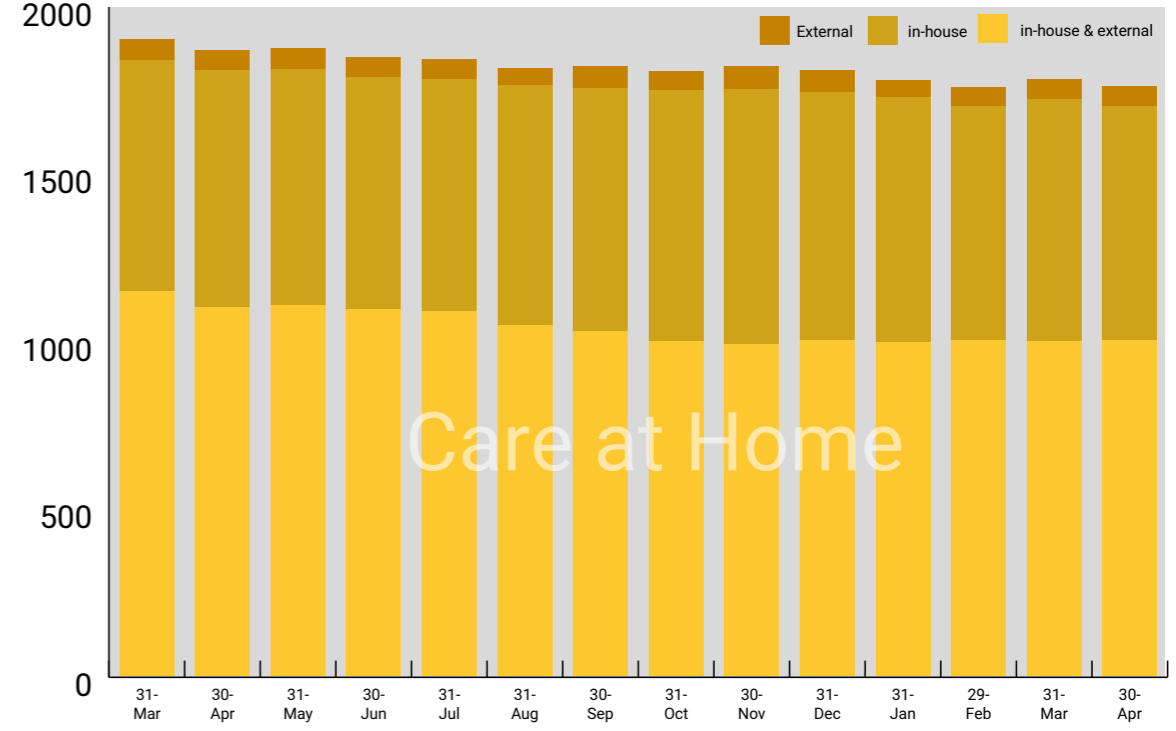
This reduced service capacity is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

Going forward into 2023-2024 and critical to achieving sustainability, there is a need to recognise the care at home workforce as equal partners in the wider health and social care system and to actively support the professional and financial recognition of this. This is a key aspiration being set out within the Partnership’s Strategic Plan. To support this direction, there is a need to identify and implement more significant interventions to shift direction.

The following graph demonstrates all the Highland hospital Delayed Hospital Discharges assessed as requiring care at home (identified in the graph as DD 25 D/E), and those waiting in the community. It represents the total number of people waiting for a care package every month.



As demonstrated in the following graph, the overall numbers have continued to fall after a period of significant and sustained reductions during 2021 and 2022. NHS Highland and external care providers continue to operate in a pressured environment. There has not been growth in external care at home, low levels of recruitment and the loss of experienced care staff that continue to be the primary concern expressed by providers.



**CARE HOMES**

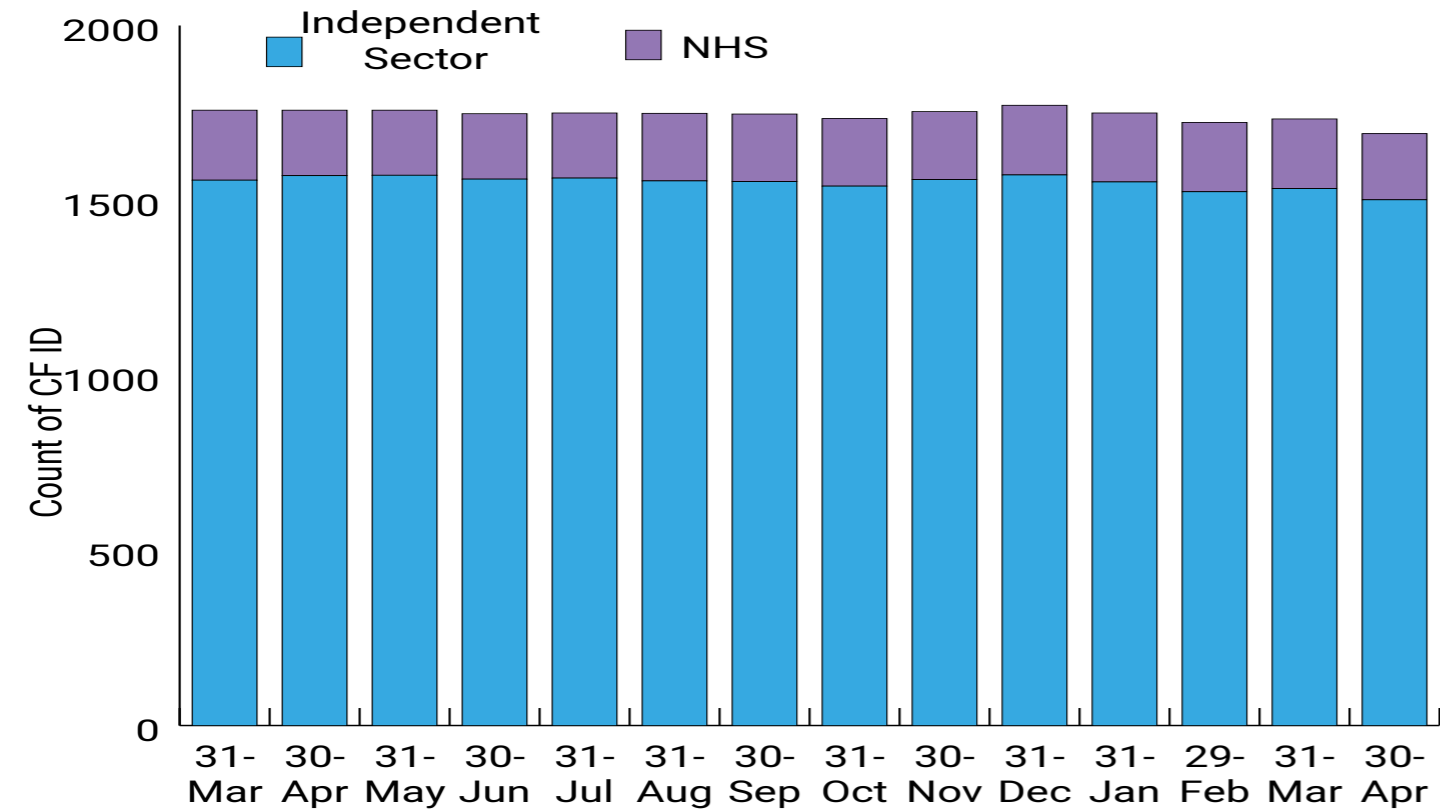
There has been significant independent sector care home fragility over 2022-2023. Since March 2022, there have been 4 independent sector care home closures, with a further closure, announced in March 2023. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home placements. Also over this period, the Health and Social Care Partnership acquired a care home in administration, in order to prevent the closure of this facility and loss of this provision.

This fragility is attributed to a number of factors, namely the remote, rural and small scale provision in Highland, particularly the difficulties of recruiting and retaining staff in these localities (and across the area), securing and relying on agency use, and the lack of available accommodation which compounds the challenges. The single biggest challenge is the ability to recruit and retain staff, and to be able offer more favourable terms and conditions compared to the NHS and to compete against other workforce sectors, particularly the tourism economy.

Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract rate is calculated on the basis of a 50 placement care home, operating at 100% occupancy. The Partnership continues to make representation to Scottish Government and to Ministers to address this inequality.

This reduced bed availability is having an impact on the wider health and social care system, and in particular, the ability to timeously discharge patients delayed in hospital.

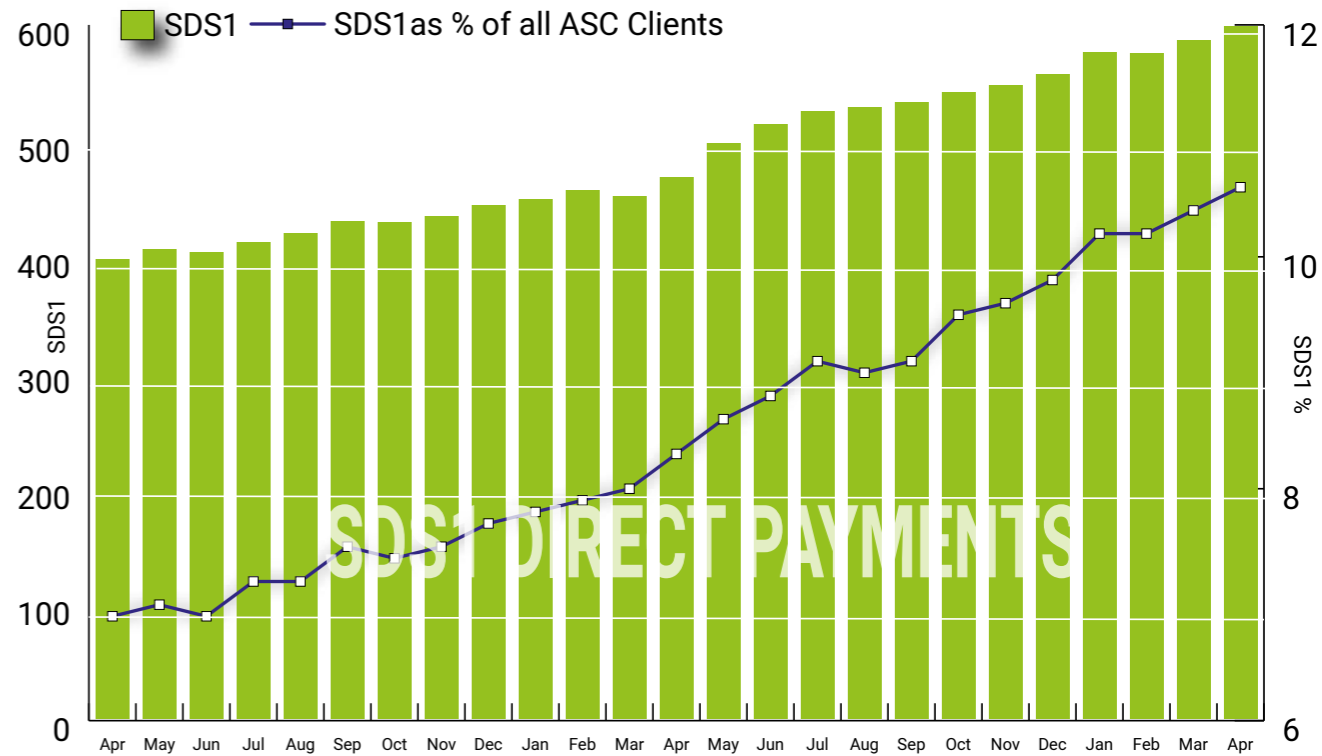
The graph below demonstrates that the total number of independent sectors occupied placements at April 2023 was 1502 which is the lowest for many years. This reduced availability is having an impact on the wider health and social care system, and in particular the ability to timeously discharge patients from the hospital setting.



The HHSCP is working closely with Highland Council to develop a strategy for care homes and an implementation plan to span the medium to longer term care environment.

**ADULT SELF DIRECTED SUPPORT / CARER SHORT BREAKS**

There has been sustained growth in Option 1, direct payments, for both younger and older adults in some remote and rural areas. There is an overall increase of 201 since March 2021 with further growth expected this year. The increase does highlight the unavailability of other care options and a real market shift as we are unable to commission other care services. There is an increase in Option 1 recipients who can retain and recruit personal assistants, this demonstrates resource pressures that are affecting all aspects of the care delivery.



Plans are now in development to better understand and resolve any process barriers to growing the overall number of Independent Service Funds (ISFs) A restructure of the operation of Option 2's was agreed as a key work stream component within an overall programme for promoting choice, flexibility, and control.



## KEY ACHIEVEMENTS IN ADULT SOCIAL CARE

- Development of a case file audit process
- The appointment of an Adult Protection Training Officer and development of a new, comprehensive, multi-agency training programme across Highland is now well progressed .
- An increase in learning review activity has enabled increased learning from cases.
- Revision of the Highland Adult Protection Committee improvement objectives which are:
- Providing leadership through building partnership working and promoting and developing ownership of adult protection responsibilities across relevant agencies including the role of health in adult protection work
- Understanding and responding to the strategic context of adult protection and being accountable to stakeholders
- Promoting consistency of good practice through linking legislation and Codes of Practice to local practice and exploring the implementation of Trauma Informed Practice, Supported Decision Making, Chronologies and Inter-agency Referral Discussions
- Assuring quality across current activity through evaluation and audit work
- Promoting participation in adult protection; ensuring the voices of adults at greater risk of harm and their carers are heard and understood
- Sharing learning from reviews
- Promoting the awareness of harm to our communities by engaging cross-sector partners

### CARE HOME SERVICES

Development of a care home closure framework has to guide decision making and ensure consistency of approach to the closure of a care home. This has been developed in response to significant independent sector care home fragility over 2022- 2023. Since March 2022, there have been 4 independent sector care home closures, with a further closure, announced in March 2023, which is currently concluding. This will result in a total of 5 care home closures having occurred over a 14 month period, and a loss of 141 care home beds.

### CARE AT HOME SERVICES

Close working with care at home partners through regular and structured dialogue in order to better understand the current issues and to work together to identify and implement sustainable solutions. The Partnership's key objectives for care at home services during 2022-2023, has been to achieve stable, resilient and assured provision and capacity release and growth.

### CARERS

Operation of an SDS Option 1 Short Breaks scheme which has given unpaid carers the opportunity to tailor a personalised break. This complements the supports that are available to carers via a range of Carer services introduced to mitigate the worst impacts of COVID-19. Review of carers services to explore how we will shape our carers services into the future. We have done this by bringing unpaid carers and providers together and we are supported Health Improvement Scotland's iHub to ensure this is a collective and collaborative response to meeting unpaid carers needs locally.

### SELF DIRECTED SUPPORT (SDS)

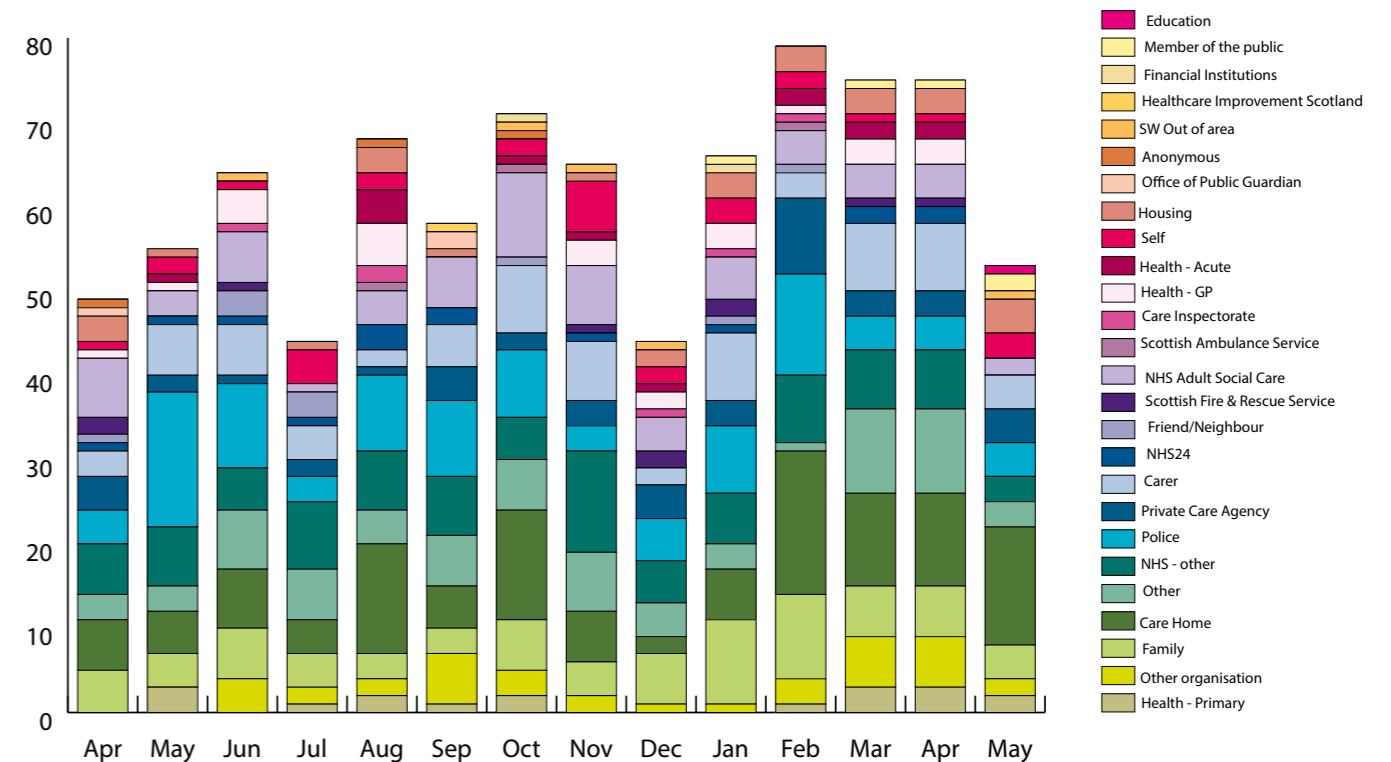
- Review of our Self-directed Support through forming relationships, building trust, sharing intelligence and co-producing new ideas and solutions. We were invited to explain this work nationally at the National SD Collaborative this year and received a visit from the Cabinet Secretary to hear about developments.

We are currently taking a planned, programme approach to:

- Creating more time and capacity – in consultation with workers - via reduced bureaucracy
- Creating greater Worker Autonomy
- Increasing the availability of Independent Support
- Explore new, more flexible commissioning models: Option 2; Alliances, Place-based etc.
- Providing realistic funding for Option 1
- Supporting 'grass roots', systemic self-evaluation and improvement planning

### ADULT SUPPORT AND PROTECTION

The following graph demonstrates the number and source of Adult Support and Protection referrals and illustrates that referrals come from multiple sources. Previously the main source was the Police. However as people have become more aware of Adult Protection the numbers of referrals have increased from other sources. The number of referrals that progress to a full investigation following the initial inquiry is approximately 25%.



"We have done work alongside our partners, in-Control Scotland, to better understand the operation of our Independent Service Funds. We know there are issues in offering greater choice and control in this area and we have brought different component parts of our system - including recipients, contracts, providers, managers and workers - together to see how these can be addressed. As a result of three workshops we have identified the main themes for improvement.

These themes relate to creating an equal working alliance between workers and supported people and increasing the autonomy of workers to realise flexible and creative three-way care planning with trusted providers and supported people. We are planning now to translate the outputs from the work above into creating maximum contractual flexibility to enlist appropriate provision for individuals needing support wherever possible

"We are working with representatives of the local communities in West Lothian to explore how SDS might be used to offer a range of opportunities to reshape social care in the area. We are aiming that this work might develop into a collaborative, "placed-based" commissioning exercise - pulling the different parts of the system together behind a common purpose. We want to explore how a full range of opportunities can be stimulated and made available for people in local communities. We are planning to take a "project" approach to this to enlist appropriate organisational support"

"We are working alongside Health Care Improvement Scotland's iHub to help us forge an alliance between unpaid carers and statutory and community providers to realise the future shape of carer services in Highland. This means that current services and unpaid carers are beginning to work together to develop and share a common goal for carers services. We want to build trust and relationships between the parties: and we want to develop a learning culture where our providers are encouraged to respond flexibly to meeting carer's expressed needs - feeling empowered to try innovative and experimental ways to provide that support."

"We are working with those managing an Option 1 (Direct Payment) and with those with budget responsibilities in Adult Social Care to see if we can describe a fair, equitable and sustainable framework for the calculation of Individual Budgets. We think this should support the exercise of choice by ensuring that the recruitment and retention of Personal Assistants (PA) is a realistic and sustainable option. Work with a local "Peer support group" is well advanced and a model which recognises the real component costs of employing a Personal Assistant in our urban, rural and remote geographies has been agreed. We anticipate that a new hourly rates will be put in place shortly."

"We are involved in an important Self-evaluation and Improvement project of SDS for Highland in partnership with Social Work Scotland and the iHub. This is part of the National SDS Improvement Plan. We are employing facilitated self-evaluation methodology to co-produce improvements in how social workers and their partners carry out some of their "core" work, increasing their capacity for relationship-based practice and their ability to offer greater choice, control and flexibility in social care."

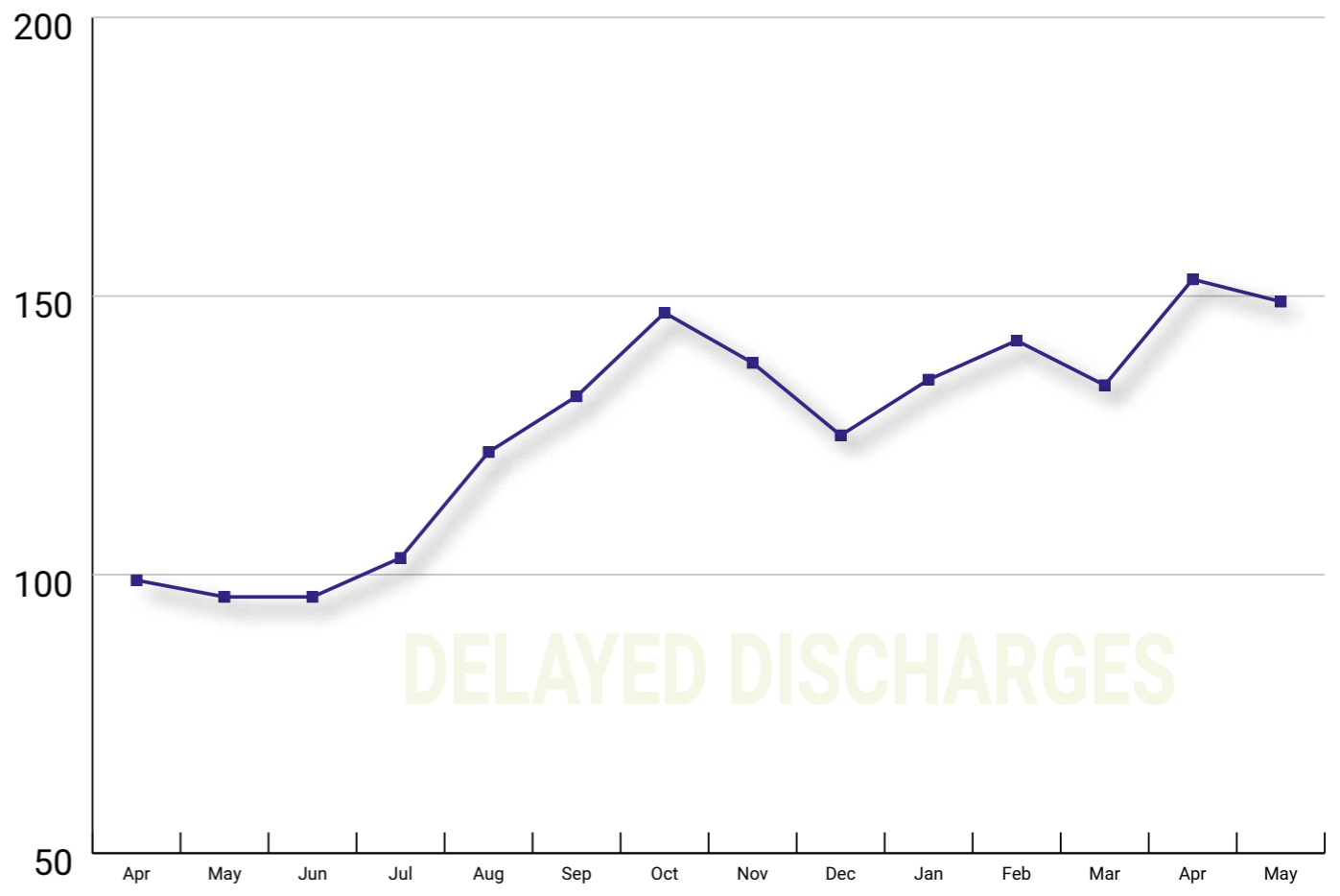
## Working Together in Partnership

## WHOLE SYSTEM FLOW

### DELAYED DISCHARGE

There is no national target for delayed discharges (DDs), but NHS Highland aims to ensure we provide our population care in the right place at the right time.

The following graph demonstrates the total number of delayed discharges every month until May 2023



DELAYED DISCHARGES

Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

It is recognised that there is a close relationship between the unscheduled care work required across the system and the level of delayed discharges, this is alongside the competing challenges within acute and community services. There has been a need identified for quality improvement work across the organisation and in Highland we are progressing key developments that are underway.

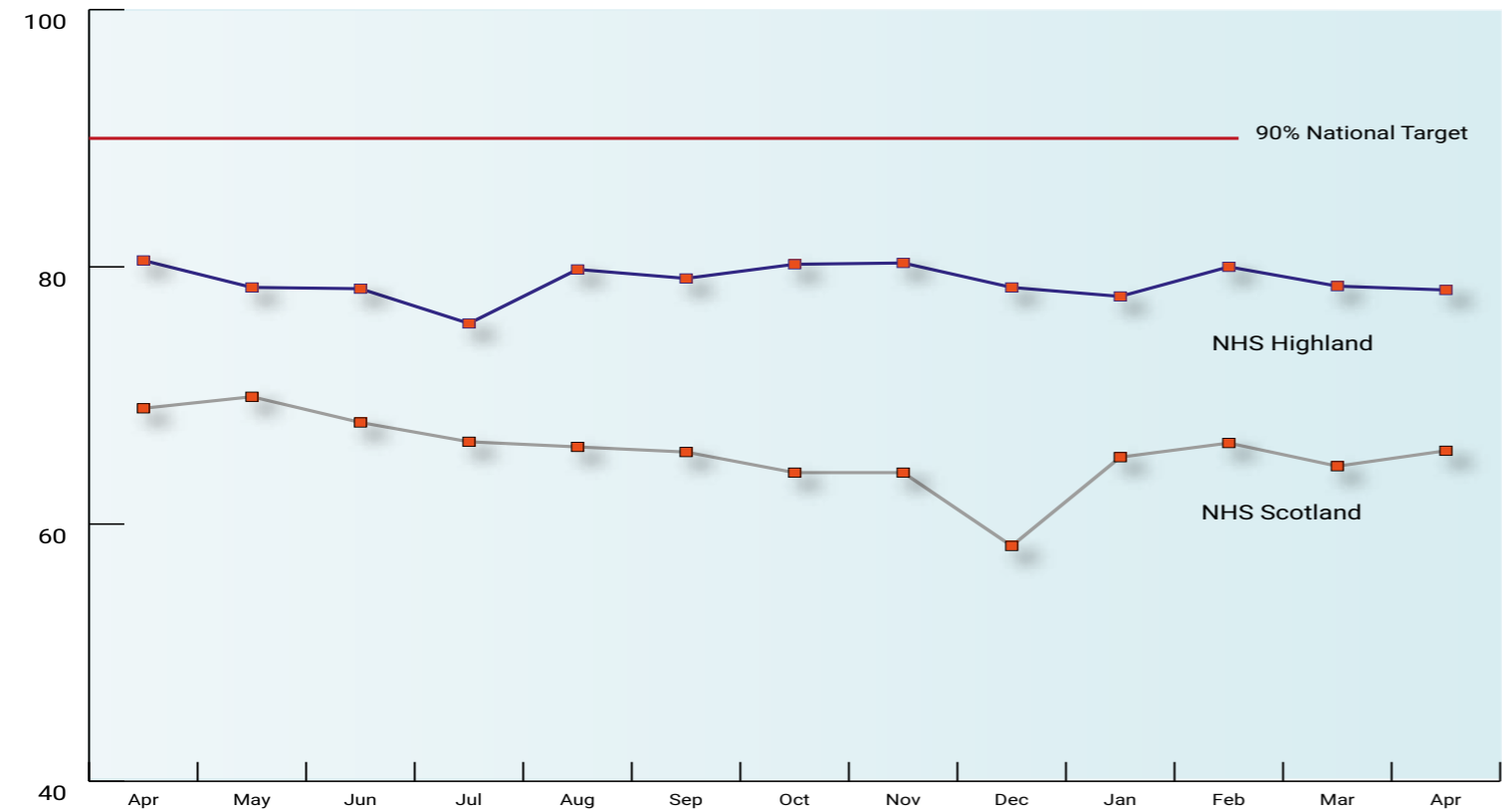
It is recognised that cross system working is key to ensuring success of this work with benchmarking from other areas to achieve sustainable improvements.



# KEY ACHIEVEMENTS IN WHOLE SYSTEM FLOW REDESIGN

## WINTER AND SYSTEMS PRESSURES

The 4-hour Emergency Access Standard remains the key indicator and measure of whole system safety and continues to be supported by the Royal College of Emergency Medicine (RCEM), and a wide range of clinical groups. The following graph illustrates that NHS Highland were able to maintain the 4-hour Emergency Access Standard through the year and during the period of winter pressure at a standard above the Scottish national average.



The national standard for A&E waiting times is that new and unplanned return attendances at an A&E service should be seen and then admitted, transferred, or discharged within four hours.

This programme of work included services from the front door of the 4 Emergency Departments through Acute services, Community and Adult Social Care and includes partner agencies such as SAS.

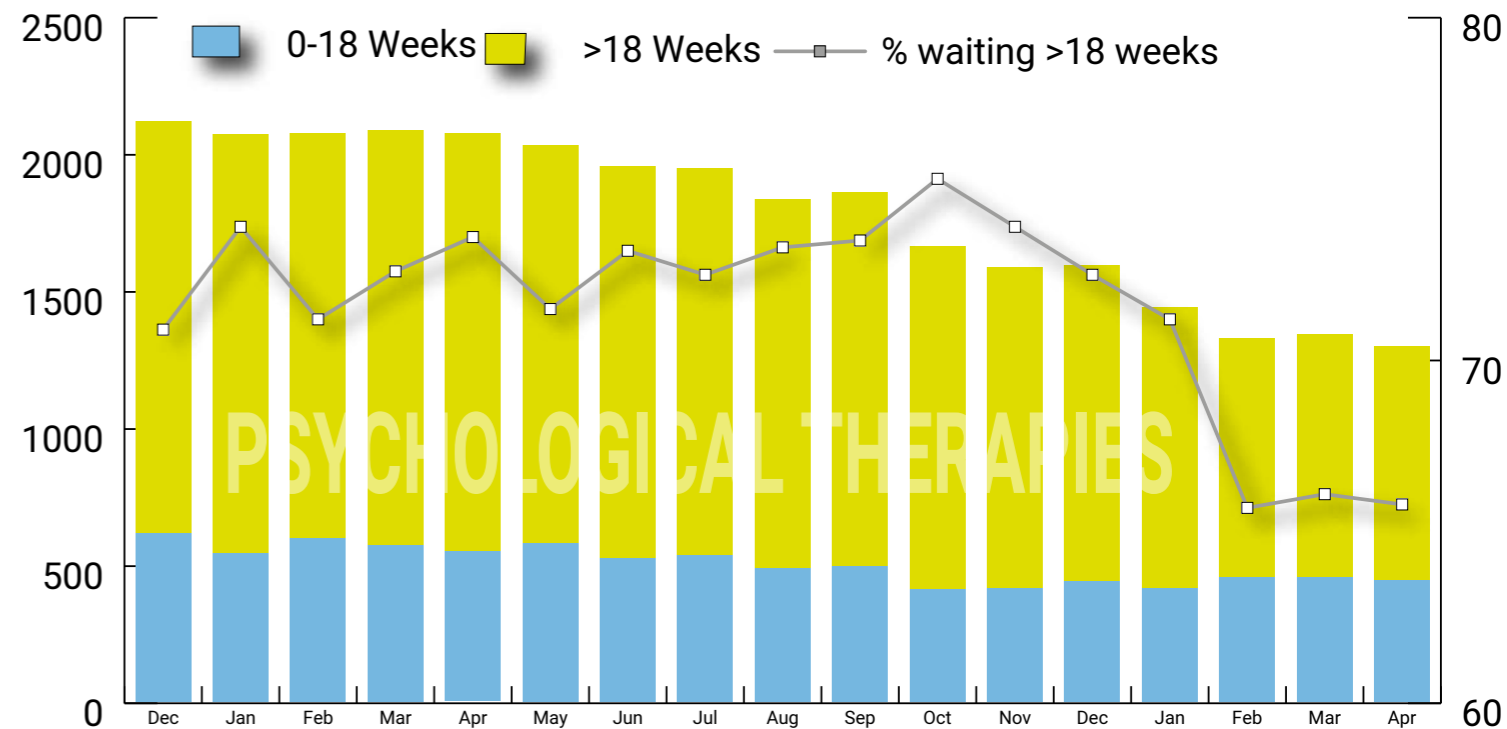
This was established through a "Winter Ready" task and finish group in September to bring together colleagues, 3rd sector and partners as a whole system approach to developing our "Winter Ready Action Plan" (WRAP). Six key priorities were identified to support the system with key actions and outcomes. This allowed us to work collaboratively, system wide to support the development of a mutual understanding of the required outcomes for our population through an integrated approach.

For each of the 6 key themes a set of mission critical actions (54 in total) supported by key performance indicators were developed. Twice weekly tactical meetings were held on Thursdays to ensure accountability and responsibility. Each week a system pressures report was used at the Thursday meetings to examine the whole system across community and acute to understand what mitigations were being put in place to ensure resilience.

# KEY ACHIEVEMENTS IN MENTAL HEALTH AND LEARNING DISABILITY

## PSYCHOLOGICAL THERAPIES

The national target: 90% of people commence psychological therapy-based treatment within 18 weeks of referral. Psychological therapies services have had longstanding challenges with significant waiting times. There are several factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help along with the targeted use of community resources and the development of Community Mental Health Team (CMHT) colleagues to work with their psychological therapy colleagues. It has also been identified that there is a gap in the provision of Clinical Health Psychology this is currently being addressed by the Board and Director of Psychology.



There will always be a need for specialist services and NHS Highland is working to build a sustainable model. Recruitment and retention is a challenge with national recruitment is taking place. There has been successes in developing a Neuropsychology Service which forms the majority of our current extended waits. The data provided is showing improvement overall with clear trajectories agreed with Scottish Government as we progress with our implementation plan.

## DRUG AND ALCOHOL RECOVERY

- The collection of experiential data from people accessing services, family members and practitioners. The data has been thematically analysed with support from Research and Development colleagues and will be used to inform future service developments
- Completion of an evaluation of the Housing First pilot which reported that: "Stable housing alongside rapid access to treatment and support for independent living provides a foundation for improved health and wellbeing, reduction in criminal behaviour and less health emergencies including overdose". The learning will be incorporated in to mainstream services.
- Delivery of a webinar by Caithness Drug and Alcohol Recovery Service In partnership with Health Improvement Scotland, in order to share learning on delivery of assertive outreach in remote and rural communities to reduce drug deaths.
- Expansion of the residential rehabilitation capacity in Inverness within the grounds of Beechwood House. The expansion will allow a 46% increase in annual service capacity and provide benefit to the Highlands

as well as the surrounding areas of Moray and the Western and Northern Isles. Supported by the Drug and Alcohol Recovery Service, CrossReach were able to secure funding of £2.4million from the Scottish Government to achieve this.

- Progress toward delivering the national Medication Assisted treatment Standards (MATS) across NHS Highland. There are no longer lengthy waits and individuals requiring medication assisted treatment will be able to access this on the same day of presentation. There has been an increase in non-medical prescribers who can prescribe treatments previously only available from a GP or specialist doctor.
- Progress in relation to proactively seeking and offering support to all individuals identified as being at risk of harm.
- Caithness and Inverness have both developed specific outreach models with the objective of reducing drug related deaths.
- Joined up working arrangements with Scottish Ambulance Service and Police Scotland have strengthened enabling local services to proactively and urgently respond where concerns have been identified i.e. non-fatal overdose pathway
- Waiting times have reduced across Drug and Alcohol Recovery Services.
- Improvements in access to harm reduction interventions.
- Individuals are now routinely offered a range of harm reduction interventions wherever they present for treatment. This is evidenced by an increase in Naloxone distributed across Highland.



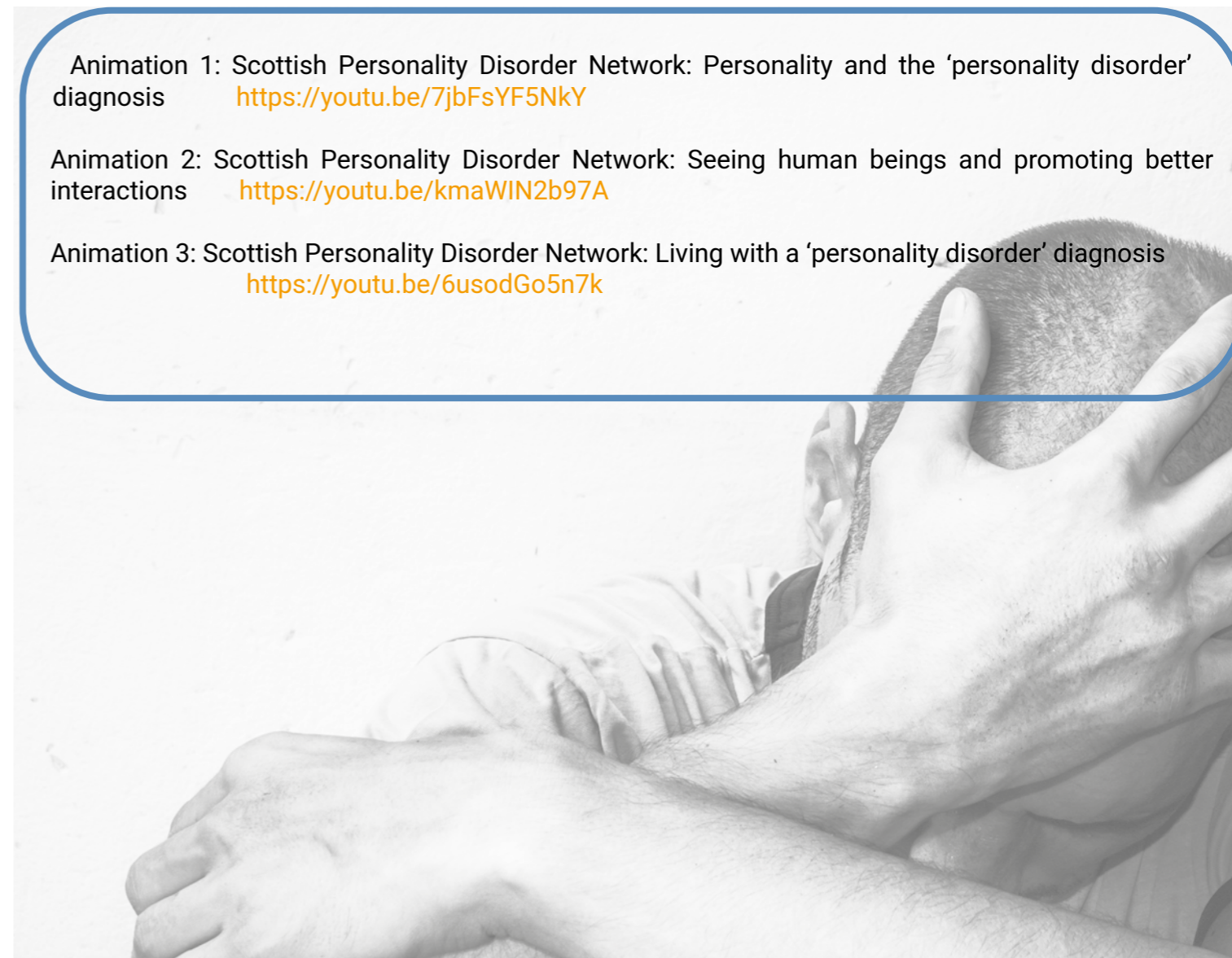
## MENTAL HEALTH

- Establishment of a Mental Health & Wellbeing Primary Care Service (MHWPC). The service provides easily accessible psychological interventions to individuals with mild to moderate mental health concerns
- Revision and improvement of the Psychiatric Emergency Plan including the provision of a new Escort Team to support people transferring into New Craigs Hospital in Inverness from across Highland.
- Establishment of The Highland Peri-natal and Infant Mental Health service. The service provides care and treatment from a wide range of disciplines including midwives, psychology and mental health nurses.
- Involvement of the Highland Mental Health Assessment Unit in the joint Operation Respect initiative over the festive period. This initiative aimed to improve relationships between agencies and the unit continues to proactively develop relationships with other agencies.
- The development of strategies and interventions to enable people to stay at home longer by the Older Adults Stress & Distress Team working with care homes and community health and social care teams.
- Participation in a pilot project to design Attention Deficit Hyperactivity Disorder (ADHD) assessment pathways which will be evaluate later this year.
- Creation of a Mental Health and Learning Disability Services Strategy that we will be available in draft format in July this year. To co-produce this we have worked in partnership with the Scottish Recovery Network to arrange a series of Conversation Cafés to hear from people and created a Stakeholder Group to draft the strategy.
- The NHS Highland Personality Disorder Service has worked closely with the Personality Disorder Network and the Scottish Government to create 3 short animations: "There is Hope Beyond Diagnosis- A Series of Short Animations".

Animation 1: Scottish Personality Disorder Network: Personality and the 'personality disorder' diagnosis <https://youtu.be/7jbFsYF5NkY>

Animation 2: Scottish Personality Disorder Network: Seeing human beings and promoting better interactions <https://youtu.be/kmaWIN2b97A>

Animation 3: Scottish Personality Disorder Network: Living with a 'personality disorder' diagnosis <https://youtu.be/6usodGo5n7k>

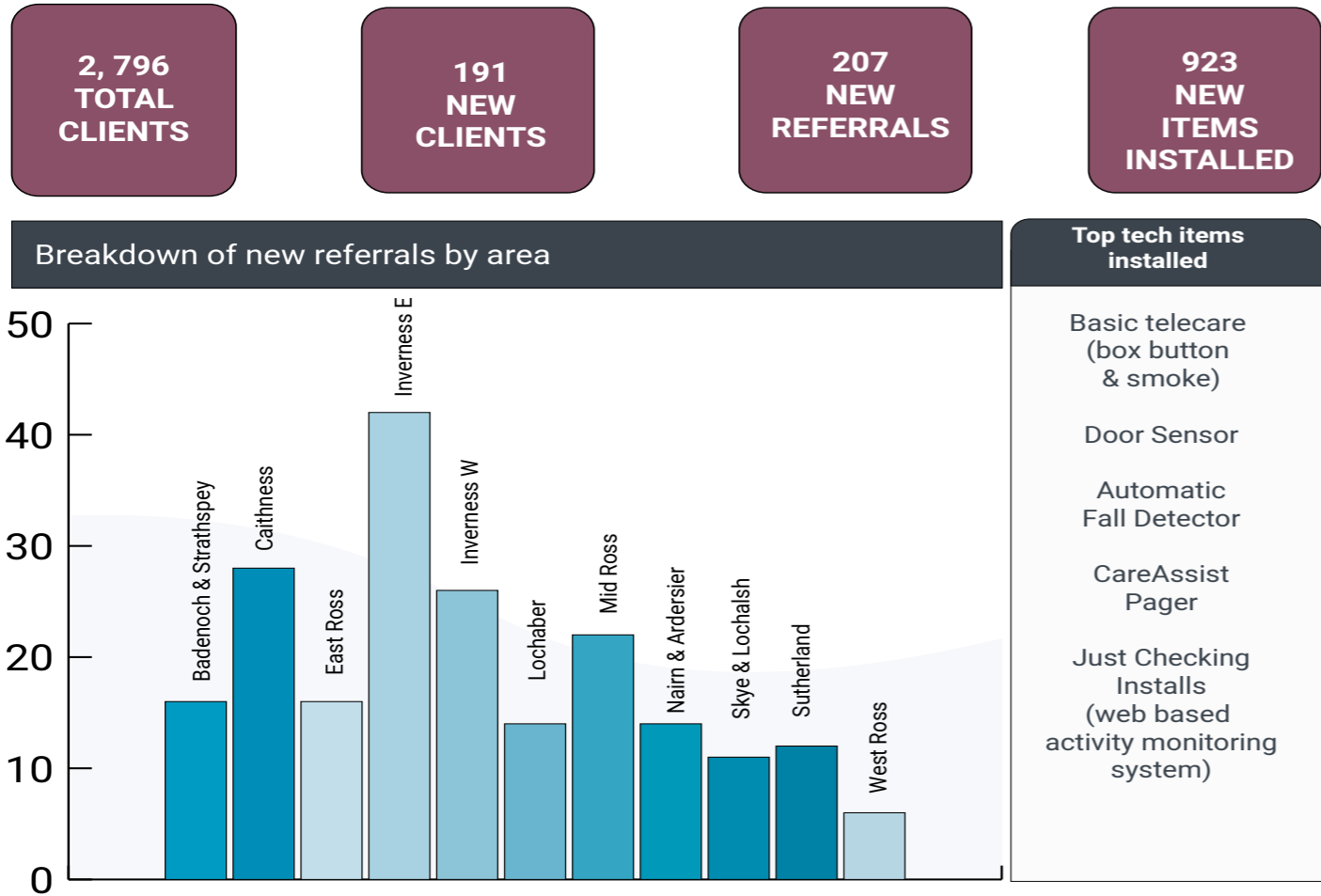


**LEARNING DISABILITIES**

- Creation of a plan to enable all people with a learning disability to receive a health check from a registered professional.
- Review of our housing models. Following the review we will develop further cluster housing models and work with people living in isolated tenancies to live nearer their peers to receive support.
- Development of a new cluster housing project for people with complex needs. We have worked with partners to design and build the project and people will move into their new homes in the forthcoming months.

**KEY ACHIEVEMENTS IN DIGITAL HEALTH AND TECHNOLOGY ENABLED CARE**

The following data identifies a that there are 2,796 people in Highland currently receiving telecare support services. Between January 2023 and March 2023, an additional 207 people were referred, of whom 191 received a service. The majority of these were basic “call and response” services, involving the distribution of 923 items installed into people’s homes.



**TECHNOLOGY ENABLED CARE**

- Continued uptake of the use of technology enabled care by clients and patients. Over the year there were 191 new clients and 923 items installed in people’s homes.
- Continued use of Near Me video consultation appointments. Psychology Services was our top provider of NHS Near Me, with approximately 44% of people accessing Psychological Services through the platform.
- Completion of a trial in Inverness of Komp, which supports the safe self administration of insulin. The results of the trial were positive and continued funding has been secured for a further 12 months.

**KEY ACHIEVEMENTS IN PRIMARY CARE**

- The integration of Pharmacotherapy teams of clinical pharmacists and pharmacy technicians across all GP practices. Remote hub models are also in development in Lochaber, Caithness, Invergordon and Inverness.
- First Contact Physiotherapists are in place across all practices working closely with GPs providing improved access for musculoskeletal conditions. With a team of 30 advanced physiotherapy practitioners, the First Contact Physiotherapy service now works in every general practice in NHS North Highland and provides around 50,000 appointments annually.
- The service enables direct, fast access to assess, diagnose and manage musculoskeletal conditions and supports GP workload, with the ability to prescribe, inject and refer onward. Patient feedback continues to be positive, highlighting ease of access, expert opinion and supported self-management.
- Provision of a community link worker service by Change Mental Health to 29 GP practices. Between February-April 2023, 306 referrals were received. Community link workers can co-ordinate and refer people to access local support services within their area. A service evaluation has been commissioned from the University of the Highlands and Islands.
- Planning for the provision of Community treatment services. These services are due to be implemented during 2023/24 from a range of local venues including community hospitals or GP practices. This service will provide access to a range of nursing services including phlebotomy, wound management and support vaccination transformation.
- Completed merger of three Caithness GP practices creating a greater skill mix of staff, supporting the GP as expert medical generalist. A further merger, of two GP practices is planned, providing greater stability for the Ardnamurchan peninsula.
- Review of GP services on North Coast of Sutherland aligned with the North Coast Redesign and new care facility to be built in Tongue.
- Implementation and progression of an Out-of-hours service review to ensure appropriate workforce model across local areas.
- Increased Public Dental Service (PDS) capacity for in-hours routine and urgent dental care for unregistered and deregistered dental patients. Increasing capacity has been limited by failure to recruit to Dentist posts, mitigated partially by recruitment of Dental Therapists. Recruitment to Dentists posts is unlikely to improve in the short-term. Clinical time has been taken from PDS Dentist appointment books to provide care of unregistered and deregistered dental patients, with the impact of reducing capacity to provide routine care for registered PDS patients and increased waiting times to assess/ treat referrals. Currently, extension of the weekend Oot of Hours (OOH) Emergency Dental Service into weekday evenings is being considered, to alleviate some pressure on in-hours PDS Emergency Dental Service. Also, in specific geographic locations such as Ullapool, where the General dental Practice has closed permanently. The PDS is planning to provide part-time Emergency Dental Service provision in Ullapool, from the vacant Dental Surgery in the Ullapool Health Centre.
- Recruitment to dentist vacancies and introduction of skill mix ensuring dental access for vulnerable individuals, including general anaesthetic. Successful recruitment to Dentist posts has been very limited and unlikely to improve in the short-term, therefore impacting directly on service delivery. Dental Therapists have been recruited where Dentist posts remain unfilled. Recruitment to Dental Therapist posts has proved to be more successful at this time , compared with dentist recruitment, although still challenging.
- New enhanced service glaucoma pathway implemented across 7 Community Optometrists. The new enhanced service ‘Community Glaucoma Service (CGS) is a national service and so far, only some HSCP areas in NHS Greater Glasgow and Clyde have implemented the service. The roll out of the service is being directed by SG Community Eyecare Team. NHS Highland requires more optometrists to obtain NESGAT (NES Glaucoma Accreditation Training) before Scottish Government will support the Health Board implementation of the service (this is a similar position in the majority of health Boards). The next NES training cohort for NESGAT will start in July and so it is anticipated the service will be rolled out across NHS Highland next financial year.

- Development of the Pharmacy First scheme now in place across 59 Community Pharmacies, offering
- Advice and treatment for range of minor ailments. Twelve pharmacies provide an enhanced Pharmacy plus scheme. The Pharmacy First Service provided by Community Pharmacies is a National service that was established in 2020 as part of the Core Pharmacy contract. The activity over the last year has seen a significant increase. The number of Pharmacy First items prescribed have increased by 27% to 105216 items for full year 2022 - 2023 which is representative of the awareness and confidence in the service by the public. The number of recorded consultations to provide advice has also significantly increased with the biggest increase seen over the busy winter period in comparison to the previous year. Overall activity which includes items, consultations and referrals recorded has seen a full year rise by 28%, slightly higher than the national 24% increase year on year.



## KEY ACHIEVEMENTS IN ENGAGEMENT

- Completion of a significant participation and engagement exercise on our Self Directed Support (SDS) strategy by NHS Highland, The Highland Council and a range of partners receiving responses from around 200 people. The exercise gathered the views of people who need support and of those involved in its provision, about how we should deliver self-directed support into the future.
- Completion of a significant consultation exercise on our Mental Health and Learning Disabilities Strategy.
- Completion of a significant participation and engagement exercise included people with lived experience and 74 Partner / Community groups and 18 NHS service areas. Various methods of engagement were utilised, including virtual and face to face sessions, conversation cafés and event tagging. Over 1000 feedback entries were received from across all areas and the information is stored and available for future use.

## KEY ACHIEVEMENTS IN CHILDREN'S SERVICES

### CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

A clear service model has been agreed, maintaining our unscheduled care model, a plan to establish a separate function for intensive home treatment, and realign our core capacity into a locality-based model, which has become centralised in response to staff shortages and COVID response. Locality alignment allows for greater integration with early intervention locality-based provision across NHS and THC, improving service user experience and allowing for greater flexibility and maximisation of workforce capacity across the entire system.

In March 2023, the CAMHS service carried out an experience of service survey. Outcomes are presented below for parents/carers, adolescent, and children's experience of accessing the CAMHS Service currently. Overall high levels of satisfaction were recorded, and an action improvement plan is being developed for 2024.

Some comments and feedback received:

- I was treated well by the people who saw me.
- My views and worries were taken seriously.
- I feel that the people who have seen me are working together to help me.
- My appointments were usually at a convenient time.
- Overall, the help I have received here was good.

### TRANSFORMING THE ROLE OF THE SCHOOL NURSE

As part of Highland's integrated Children's Services Whole Family Approach to Mental Health and Wellbeing, the partnership have made significant progress to transforming the role of School Nursing. Highland's Advanced Nurse Training Programme has raised the qualification, skill, competence, and confidence of the school nursing workforce to address the impacts of inequalities and address family poverty, with a particular focus on mental health for all of school nursing.

### PERINATAL INFANT MENTAL HEALTH

The Perinatal and Infant Mental Health Team is a tri-pathway service covering Perinatal Mental Health, Maternity and Neonatal Psychological Intervention, and Infant Mental Health. The PNIMHT has a particular focus on psychosocial support for the Maternity and the Neonatal Unit, CAMHS sessions, Perinatal Advice Meetings / Professional Reflection (PAMPR) sessions which offer support to staff across the partnership including Midwifery and Health Visiting.

**HIGHLAND SOLIHULL IMPLEMENTATION**

The Solihull Approach focuses on developing nurturing and supportive relationships between children and their carer by promoting reflective, sensitive and effective parenting. The Scottish Government have refreshed the Solihull approach as part of the whole system approach to mental health. The partnership have progressed with implementing the national approach over the past 6 months. The partnership are on track to have a cohort of Solihull trainers by Summer 2023. This will enable local implementation of the approach across the partnership and 3rd sector.

**CHILD HEALTHY WEIGHT**

Working closely with NHS Highland and the third sector The Highland Council dietetic service is helping deliver the tiered programme for child healthy weight which aims to meet the Scottish Government standards for Child Healthy Weight (Tier 2&3) as well as focusing on improving health outcomes for the whole family. To increase uptake, the programmes have been advertised throughout the Highland Council area along with the development of a dedicated web page on the NHS Highland internet detailing the programmes.

**CHILD PROTECTION**

There have been a number of key achievements in child protection. These have included:

- Implementation of the new National Child Protection Guidance
- The delivery of interagency and single discipline learning and staff development opportunities
- Quality Assurance of practice and supervision
- Dissemination of learning from case reviews and the sharing of good practice
- Pilot project using Virtual Reality Headsets to obtain the views of children and young people
- Improve opportunities for supporting children, young people and families affected by drug or alcohol issues by implementing a whole family approach
- Implementation of the Safe and Together Model

**LEARNING FROM CASE REVIEWS**

In Children and families Social Work it was recognised that undertaking reviews during the pandemic has been extremely challenging and not conducive to a safe learning environment. Highland have adapted the National Learning Review Guidance (Scotland) 2021 and held a Learning Review workshop to explore best practice in progressing learning reviews and disseminating learning effectively. A mentoring scheme is currently underway through Barbara Firth, author of the national guidance, to support 12 members of staff from across Health, Social Work, Education and High Life Highland to undertake Learning Reviews and disseminate key messages and learning across agencies

**CARE AND RISK MANAGEMENT PROCESSES**

Care and Risk Management processes have been reviewed and updated with an increased focus on Care elements. Previously, the focus has been primarily on risk management from a Police perspective. However, the new procedures enable a multi-agency approach to ensuring the wellbeing needs of young people are met whilst minimising risk to the wider community. Procedures have been developed in line with national FRAME guidance

**HOME TO HIGHLAND PROGRAMME**

The 'Home to Highland' Programme vision is to return care experienced young people to the Highlands from Out of Area (OOA) residential placements, whilst also building services in-area to help children avoid OOA residential placements. The Programme aims to reduce spot-purchased residential placements, retain more

young people in the Highland area and increase the number of children placed in foster care and family alternatives.

Since 2018, over 70 children have returned to Highland and over 400 have worked with the 'Home to Highland' team with demonstrably improved educational and emotional wellbeing outcomes. A combination of new services and the creative use of existing provisions are enabling children to remain in the communities they know and that care for them. This also reduces the need for additional out of area placements.

**UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC)**

During the past year the Home Office have created a rota system for transferring UASC to local authorities across the country. This process was mandated towards the end of 2021. Our alliance with our 3rd sector partners enabled us to provide a service to these young people and have successfully adopted a model to ensure ongoing sustainability in meeting our mandated responsibility.



# Finance

## Summary

**Note** HHSCP financial position at month 12 which shows a year end overspend of £6.800m  
 ASC breaking even due to funding drawn down which was held by Highland Council

## Final position to March 2023

For the 12 months to March, HHSCP have overspent against budget by £6.800m, components of this overspend can be viewed in Table 1 below.

Current Plan	Detail	Plan to Date	Actual to Date	Variance to Date
£000		£000	£000	£000
	<b>HHSCP</b>			
234,002	NH Communities	234,002	240,518	(6,516)
49,592	Mental Health Services	49,592	50,617	(1,025)
146,698	Primary Care	146,698	147,451	(753)
(287)	ASC Other & Income	(287)	(1,781)	1,494
<b>430,004</b>	<b>Total HHSCP</b>	<b>430,004</b>	<b>436,805</b>	<b>(6,800)</b>
	<b>HHSCP</b>			
262,299	Health	262,299	269,077	(6,778)
167,706	Social Work	167,706	167,728	(22)
<b>430,004</b>	<b>Total HHSCP</b>	<b>430,004</b>	<b>436,805</b>	<b>(6,800)</b>

Within the NH Communities year end out-turn of £6.516m, an overspend of £2.633m relates to Adult Social Care expenditure – see appendix 1 for further detail on Social Care. Adult Social Care for 22/23 saw an increase in Independent Sector Care costs, with Learning Disability younger adult packages being the main attribute. Health ended with a year-end overspend of £3.882m, with unfunded services in Chronic Pain and Enhanced Community Service and slippage on the CIP contributing to this variance. Recruitment issues across the districts have resulted in a high number of vacancies which helped to mitigate the pressures within the service.

Mental Health Services ended the year with a £1.025m overspend; with locum and agency usage the main outliers. National recruitment difficulties within the Psychiatry service meant a greater reliance on the use of medical locums with £2.334m agency expenditure in the financial year. Increase in clinical observations in both the Dementia and LD units have resulted in nursing agency costs of £1.526m. However, ongoing vacancies across both inpatient and community services have mitigated this pressure.

Primary Care’s year end out-turn showed an overspend of £0.753m. Within 22/23 the Board increased its number of managed practices (2cs) and as such there was an increase in locum costs due to recruitment issues. Within Prescribing, short supply drugs increased costs nationally with the HHSCP overspending by £1.200m in 22/23. Mitigating this position, Dental reported an underspend of £1.418m which reflects the ongoing recruitment difficulties within the service.

ASC Central are reporting a £1.494m underspend. This position reflects the drawdown of funding held by the Highland Council and the full Adult Social Care position can be viewed on appendix 1.

## Savings

NHS Highland identified a savings challenge of £26.000m to deliver a balanced position at the start of the year. Whilst there was delivery of savings of £3.165m from the Division, additional support from the SG at the end of the year was required to deliver a break even position.

## Conclusion

HHSCP financial position completed the year end with an overspend of £6.800m. This position reflects the challenge of the service pressures and slippage on the CIP.

## Governance Implications

Accurate and timely financial reporting is essential to maintain financial stability and facilitate the achievement of Financial Targets which underpin the delivery and development of patient care services. In turn, this supports the deliverance of the Governance Standards around Clinical, Staff and Patient and Public Involvement. The financial position is scrutinised in a wide variety of governance settings in NHS Highland.

## Risk Assessment

Risks to the financial position are monitored monthly. There is an over-arching entry in the Strategic Risk Register.

## Planning for Fairness

A robust system of financial control is crucial to ensuring a planned approach to savings targets – this allows time for impact assessments of key proposals impacting on services.

## Engagement and Communication

The majority of the Board’s revenue budgets are devolved to operational units, which report into two governance committees that include staff-side, patient and public forum members in addition to local authority members, voluntary sector representatives and non-executive directors. These meetings are open to the public. The overall financial position is considered at the full Board meeting on a regular basis. All these meetings are also open to the public and are webcast.



Services Category	Annual	YTD			YE	
	Budget	Budget	Actual	Variance	Outturn	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
Older People - Residential/Non Residential Care						
Older People - Care Homes (In House)	16,670	16,670	15,965	705	15,965	705
Older People - Care Homes - (ISC/SDS)	32,270	32,270	33,995	(1,725)	33,995	(1,725)
Older People - Other non-residential Care (in House)	1,288	1,288	1,227	61	1,227	61
Older People - Other non-residential Care (ISC)	1,590	1,590	1,640	(50)	1,640	(50)
<b>Total Older People - Residential/Non Residential Care</b>	<b>51,818</b>	<b>51,818</b>	<b>52,827</b>	<b>(1,009)</b>	<b>52,827</b>	<b>(1,009)</b>
Older People - Care at Home						
Older People - Care at Home (in House)	16,672	16,672	15,860	812	15,746	926
Older People - Care at home (ISC/SDS)	16,586	16,586	18,183	(1,596)	18,296	(1,710)
<b>Total Older People - Care at Home</b>	<b>33,258</b>	<b>33,258</b>	<b>34,043</b>	<b>(784)</b>	<b>34,043</b>	<b>(784)</b>
People with a Learning Disability						
People with a Learning Disability (In House)	4,643	4,643	3,483	1,160	3,483	1,160
People with a Learning Disability (ISC/SDS)	34,737	34,737	35,656	(919)	35,656	(919)
<b>Total People with a Learning Disability</b>	<b>39,380</b>	<b>39,380</b>	<b>39,139</b>	<b>242</b>	<b>39,139</b>	<b>242</b>
People with a Mental Illness						
People with a Mental Illness (In House)	561	561	332	228	332	228
People with a Mental Illness (ISC/SDS)	7,914	7,914	7,738	176	7,738	176
<b>Total People with a Mental Illness</b>	<b>8,475</b>	<b>8,475</b>	<b>8,071</b>	<b>404</b>	<b>8,071</b>	<b>404</b>
People with a Physical Disability						
People with a Physical Disability (In House)	932	932	646	286	646	286
People with a Physical Disability (ISC/SDS)	6,951	6,951	7,185	(234)	7,185	(234)
<b>Total People with a Physical Disability</b>	<b>7,883</b>	<b>7,883</b>	<b>7,831</b>	<b>52</b>	<b>7,831</b>	<b>52</b>
Other Community Care						
Community Care Teams	8,546	8,546	7,420	1,126	7,420	1,126
People Misusing Drugs and Alcohol (ISC)	16	16	10	6	10	6
Housing Support	6,091	6,091	5,908	183	5,908	183
Telecare	985	985	929	56	929	56
Carers Support	1,485	1,485	1,485	(0)	1,485	(0)

Services Category	Annual	YTD			YE	
	Budget	Budget	Actual	Variance	Outturn	Variance
	£000's	£000's	£000's	£000's	£000's	£000's
<b>Total Other Community Care</b>	<b>17,122</b>	<b>17,122</b>	<b>15,752</b>	<b>1,371</b>	<b>15,752</b>	<b>1,371</b>
Support Services						
Business Support	1,860	1,860	1,658	201	1,658	201
Management and Planning	7,686	7,686	8,161	(475)	8,161	(475)
<b>Total Support Services</b>	<b>9,546</b>	<b>9,546</b>	<b>9,820</b>	<b>(274)</b>	<b>9,820</b>	<b>(274)</b>
Care Home Support	836	836	836	(0)	836	(0)
<b>Total Adult Social Care Services</b>	<b>168,318</b>	<b>168,318</b>	<b>168,318</b>	<b>0</b>	<b>168,318</b>	<b>0</b>

## RISKS TO PERFORMANCE

There are several key risks to delivering our strategic objectives and overall performance. These are:

### Service sustainability and increasing demand

Regionally and nationally, the demand on our health and care services is increasing. In Highland, our aging population and the difficulty to recruit is putting additional pressure on services. The Aim High, Aim Highland programme is working to tackle this, along with working with partner agencies to secure housing for staff, collaboration with the NES and UHI on career pathways and also strategic workforce planning within each of our programme board to review current and future issues.

### Infrastructure

Many of our facilities are now dated and no longer fit for purpose. These are addressed in priority through our Estates services and utilising risk registers. Achievements in this area, improving staff and patient experience, have been investment in and the completion of two new builds, Broadford Hospital and the National Treatment Centre. Two hospitals, in Aviemore and Broadford, won the Healthcare Building of the Year award in 2022 and 2023. Further investment has been agreed in Lochaber and Caithness.

### Rural Delivery

There is an increased cost of care associated with delivery across our remote and rural region. In addition to this, we must ensure that the geography of our Board area does not increase inequalities to accessing care.

### Workforce capacity and resilience

Recruitment to NHS Highland is challenging due to our geography and demographics. The lack of a complete workforce results in additional pressure on existing staff and results in reduced staff resilience. The Highland Health and Social Care Partnership and NHS Highland are working to proactively address the situation. In addition to the work being done to improve recruitment and career pathways, NHS Highland has in place an independent Guardian Speak Up service and a 24/7 employee assistance programme staff can directly access.

### Finance

As demand increases, the finance available is decreasing. We must attempt to deliver more with less and thus work in new and adaptive ways. With regards to this, all programme boards are working with finance, strategy and transformation, service leads and workforce planning to identify more efficient ways of working.



# NHS



## Highland



**The Highland  
Council**

**Comhairle na  
Gàidhealtachd**



# NHS Highland Data Reports

National Integration Indicators

Together We Care Outcomes

Ministerial Strategic Indicator Summary

North Highland Health & Social Care Partnership Performance and Quality Report Indicators

National Outcomes	National Standard	National Integration Indicators	Target 2022/23	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2022
					15/16	95%	17/18	94%	19/20	94%	21/22			
1	NA	1. Percentage of adults able to look after their health very well or quite well	NA	Biennial	15/16	95%	17/18	94%	19/20	94%	21/22	92.4%		90.9%
2	NA	2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	NA	Biennial	15/16	83%	17/18	86%	19/20	82%	21/22	86.5%		79%
2 & 3	NA	3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	NA	Biennial	15/16	77%	17/18	79%	19/20	75%	21/22	72.1%		70.6%
3 & 9	NA	4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	NA	Biennial	15/16	73%	17/18	76%	19/20	69%	21/22	71.9%		66.4%
3	NA	5. Percentage of adults receiving any care or support who rated it as excellent or good	NA	Biennial	15/16	83%	17/18	83%	19/20	79%	21/22	83%		75.3%
3	NA	6. Percentage of people with positive experience of the care provided by their GP practice	NA	Biennial	15/16	89%	17/18	87%	19/20	85%	21/22	77.2%		66.5%
4	NA	7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	NA	Biennial	15/16	85%	17/18	86%	19/20	78%	21/22	84.3%		78.1%
6	NA	8. Percentage of carers who feel supported to continue in their caring role	NA	Biennial	15/16	37%	17/18	38%	19/20	33%	21/22	28.7%		29.7%
7	NA	9. Percentage of adults supported at home who agreed they felt safe	NA	Biennial	15/16	84%	17/18	84%	19/20	82%	21/22	86%		79.7%
1 & 5	NA	11. Premature mortality rate for people under 75 (per 100,000 population)	NA	Year Ending	19/20	390	20/21	397	21/22	407	22/23			466
1, 2, 4, 5 & 7	NA	12. Emergency admission rate for adults (per 100,000 population)	NA	Year Ending	19/20	10,677	20/21	9,836	21/22	9,828	22/23			11,155
2, 4, & 7	NA	13. Emergency bed day rate for adults (per 100,000 population)	NA	Year Ending	19/20	117,078	20/21	99,861	21/22	108,743	22/23			113,134
2, 3, 7 & 9	NA	14. Emergency re-admissions to hospital within 28 days of discharge (per 1,000 discharges)	NA	Year Ending	19/20	113	20/21	118	21/22	110	22/23			102
2, 3 & 9	NA	15. Proportion of last 6 months of life spent at home or in a community setting	NA	Year Ending	19/20	89%	20/21	91%	21/22	90.4%	22/23			89.3%

National Outcomes	National Standard	National Integration Indicators	Target 2022/23	Reporting Period	Reporting Periods							NHS Highland	Benchmarking	Scotland 2022
					19/20		20/21		21/22		22/23			
2, 4, 7 & 9	NA	16. Falls rate per 1,000 population aged 65+	NA	Year Ending	19/20	15	20/21	15	21/22	14.2%	22/23			22.2%
3, 4, & 7	NA	17. Percentage of care services graded "good" (4) or better in Care Inspectorate inspections	NA	Year Ending	19/20	83%	20/21	84%	21/22	83%	22/23			75.2%
2	NA	18. Percentage of adults with long term care needs receiving care at home	NA	Year Ending	19/20	55%	20/21	54%	21/22	52.2%	22/23			63.5%
2, 3, 4 & 9	NA	19. No. of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	NA	Year Ending	19/20	1,278	20/21	817	21/22	1,249	22/23			919
2, 4, 7 & 9	NA	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA	Year Ending	19/20	23%	20/21		21/22	23%	NI. 20 presents the cost of emergency admissions as a proportion of total health and social care expenditure. PHS have recommended that integration authorities do not report information with their APR beyond 2019/20. Due to changes in service delivery during COVID-19 pandemic, NHS Boards were not able to provide information at this level for financial year 2020/21. As a result, PHS are not able to produce cost information for that year.			
8	NA	**10. Percentage of staff who recommend their workplace as good	NA								Under development by PHS			
2	NA	**21. Percentage of people admitted to hospital from home during the year, who are discharged to a care home (under development)	NA											
2, 3 & 9	NA	**22. Percentage of people who are discharged from hospital within 72 hours of being ready (under development)	NA											
2, 3 & 9	NA	**23. Expenditure on end of life care (under development)	NA											

## KEY TO TABLES

performance status		benchmarking	
improving performance			better than average
static			average +/- 5%
declining performance			worse than average
pending publication			PHS data

Calendar year 2022 is used here as a proxy for 2022/23 due to the national data for 2022/23 being incomplete. We have done this following guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2022 should improve the consistency of reporting between Health and Social Care Partnerships. Biennial survey data is next updated in 2024.

Section	MSG No.	Standard/Indicator	Target 2021/22	Reporting Periods								NHS Highland	Comments	
Ministerial Strategic Indicators	MSG 1	Number of emergency admissions - North Highland		18/19	"23,072 (10.9)"	19/20	"23,008 (8.6)"	20/21	"19,783 (9.2)"	21/22	"20,717 (8.8)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 2a	Unplanned bed days -acute		18/19	"179,741 (84.3)"	19/20	"184,712 (72.9)"	20/21	"158,248 (77.2)"	21/22	"180,136 (82.4)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 2c	Unplanned bed days -mental health		18/19	"39,519 (18.3)"	19/20	"38,641 (16.0)"	20/21	"33,214 (14.2)"	21/22	"32,636 (15.7)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 3	A&E Attendances		18/19	"39,450 (17.3)"	19/20	"40,451 (13.2)"	20/21	"31,598 (14.2)"	21/22	"38,185 (17.0)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 4a	Delayed Discharges - bed days All Reasons		18/19	"37,824 (16.8)"	19/20	"42,611 (18.0)"	20/21	"28,223 (14.6)"	21/22	"34,673 (17.0)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 4c	Delayed Discharges - bed days H&SC Reasons		18/19	"27,769 (11.3)"	19/20	"31,830 (12.4)"	20/21	"19,819 (10.2)"	21/22	"24,482 (9.2)"	22/23	not yet published	(rolling 12 months & rate per 1,000 population)
	MSG 5	End of life care -Percentage of last 6 months in the community		18/19	89.7%	19/20	89.6%	20/21	91.6%	21/22	91.4%	22/23	not yet published	21/22 provisional from PHS
	MSG 5	End of Life - Percentage of last six months in hospital / hospice		18/19	103.0%	19/20	10.4%	20/21	8.4%	21/22	8.6%	22/23	not yet published	21/22 provisional from PHS
	MSG 6	Balance of Care - Percentage of Population in Community Settings		18/19	99.6%	19/20	99.7%	20/21	99.7%	21/22		22/23		latest PHS published data is for 2020/21

Strategic Objective/ Outcome	Priority	Measure	National Outcome	Reporting Period	Reporting Periods					Comments
					Mar-19	Mar-20	Mar-21	Mar-22	Mar-23	
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - Unmet Need - No. of clients assessed and awaiting a service (waiting list includes DHD patients)		Year-End	143	155	163	241	321	number of clients per week
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - Unmet Need - No. of hours required - assessed and awaiting a service (includes DHD patients)		Year-End	397	593	911	1455	2383	number of scheduled hours per week required including new clients and those already in receipt of a service requiring additional hours
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - current clients in receipt of a service		Year-End	1,889	1,871	2,020	1,904	1,784	number of clients per week, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - hours per week (current clients in receipt of a service)		Year-End	14,970	14,440	15,921	14,949	13,458	number of hours per week, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - new clients in receipt of a service		Yearly	1,032	1,091	1,256	1,052	1,034	number of new clients during year, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care at Home - closed clients		Yearly	1,150	1,111	1,095	1,193	1,189	number of closed clients during year, including internal and external provision
SO Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (current)		Year-End			1,723	1,758	1,733	number of residential placements for March of each year
SO 3 Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (new)					59	53	52	number of new residential placements for March of each year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Care Homes - long-stay residential & nursing placements (closed)					54	73	81	number of closed residential placements for March of each year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Carer Breaks - Number of people who were approved funding	6	Annual				171	213	Only commenced in 21/22, total number of people whose application for funding was approved (respite, holiday or treatments for wellbeing)
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Carer Breaks - Total funding approved	6	Annual				£399,458	£532,286	Only commenced in 21/22, total funding for people whose application for funding was approved (respite, holiday or treatments for wellbeing)
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	SDS Option 1 - Current number of clients in receipt of a direct payment		Year-End	355	373	403	451	585	
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	SDS Option 2 - Current number of clients in receipt of an ISF		Year-End	261	266	241	235	207	

Strategic Objective/ Outcome	Priority	Measure	National Outcome	Reporting Period	Reporting Periods					Comments
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	Psychological Therapies - Current number of People on Waiting List within North Highland		Year-End						
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	Psychological Therapies - % of People within North Highland in receipt of treatment within 18 weeks		Year-End						National Target 90% of people will receive treatment within 18 weeks
SO 3/Outcome 10 - Live Well	10a, 10b, 10c	CMHT		Year-End						
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Number of referrals received	7	Annual	344	525	636	675	740	Total number of referrals received within the financial year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Percentage of referrals received that progressed to an investigation	7	Annual	30.2%	26.9%	36.9%	31.4%	25.8%	Completed referrals with an outcome of further AP action
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)	Adult Protection - Number of investigations	7	Annual	97	127	211	206	183	Total number of investigations commenced within the financial year
SO 3/Outcome 9 Care Well	2 (9a,9b, 9c)									
SO 3/Outcome 11 - Respond Well	3 (11c)	DHD		Year-End						

No	Together We Care Outcome	Description	Main Service	Linked to National & Ministerial Outcomes and Indicators
1	Start Well	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH	
2	Thrive Well	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics	
3	Stay Well	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services	National Outcome 1
4	Anchor Well	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement	
5	Grow Well	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services	
6	Listen Well	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services	National Outcome 8
7	Nurture Well	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services	
8	Plan Well	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services	
9	Care Well	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care	"National Outcome 2, 3, 4, 6, 7, 9 Ministerial Strategic Indicator 6"
10	Live Well	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services	"National Outcome 2, 3, 4, 7, 9 Ministerial Strategic Indicator 2c"

No	Together We Care Outcome	Description	Main Service	Linked to National & Ministerial Outcomes and Indicators
11	Respond Well	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	Urgent and Unscheduled Care Services	"National Outcome 1, 2, 3, 4, 5, 7, 9 Ministerial Strategic Indicator 1, 2a, 2c, 3, 4a, 4c"
12	Treat Well	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned care and support services	National Outcome 2, 3, 4, 7, 9
13	Journey Well	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services	National Outcome 2, 3, 4, 7, 9
14	Age Well	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions	"National Outcome 2, 4, 7, 9 Ministerial Strategic Indicator 5"
15	End Well	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services	National Outcome 1, 2, 3, 4, 5, 9
16	Value Well	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers	National Outcome 6, 8
17	Perform Well	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning	This ambition facilitates delivery of the strategic ambitions
18	Progress Well	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate	This ambition facilitates delivery of the strategic ambitions
19	Enable Well	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National	This ambition facilitates delivery of the strategic ambitions



# The Highland Council Data Reports

Performance Management Framework

# Integrated Childrens Services Planning Board Performance Management Framework

OUTCOME 1 Highland's Children will be safe, healthy, achieving, loved, nurtured, active, included, respected and responsible				
indicator 1	target	baseline	current	data source
the number of young carers identified on SEEMiS will increase	improve from baseline	68		Education & Learning
analysis				
indicator 2	target	baseline	current	data source
the number of households with children in temporary accommodation will reduce	95	100		Education & Learning
analysis				
indicator 3	target	baseline	current	data source
Percentage of children reaching their developmental milestones at their 27 – 30 month health review will increase	85%	75%	82%	Child Health
analysis				
Data from NHS, last updated Jan - Mar 23. Note in the data file that this is incomplete.				
Data shows a slightly decreasing number of children achieving their developmental milestones at the 27-30 month Child Health Surveillance review. This is correlated to				
the number of assessments being undertaken and the targeted approach which is part of the mitigation plan to improve outcomes. (note Indicator #6)				
GRAPH				
indicator 4	target	baseline	current	data source
Percentage of children in P1 with their body mass index measured	95%	85%	94%	Child Health
analysis				
data last updated in 2021-22 by NHS Highland				
indicator 5	target	baseline	current	data source
The rate of LBW babies born to the most deprived compared to those born in the least deprived parts of Highland.	improve fgrom baseline	1%		Public Health
analysis				
Note from NHS H: "Monitoring metric still unclear - change to singletons only? - to discuss at next data meeting"				

indicator 6	target	baseline	current	data source
Improve the uptake of 27-30 month surveillance contact	95%	52%	77%	Child Health
analysis				
<p>There has been a slight decrease in the uptake of this core contact. A contributory factor has been the availability of suitability qualified Health Visitors. Highland's Advanced Nurse Training programme has been highly successful across the past 2 years in supporting the recruitment and training to advanced level health visitors.</p> <p>Highland currently have allow vacancy rate (around 8%) in Health Visiting however 20% of the HV workforce are undertaking the one year post graduate masters level health visitor training programme. Training requirements mean that trainee health visitors are not available or qualified to undertake this review. This has impacted on the ability to undertake the developmental assessment within the allotted timescale.</p> <p>Mitigating actions are in place which include prioritisation for families in need, at risk, where there are concerns, care experienced, suffering the impacts of inequalities or trauma. Bank Staff are also used where necessary to support the review. There is likely to be a significant improvement in performance with the 22/23 and 23/24 cohort of health visitors achieve their advanced qualification and are supported through the preceptorship course GRAPH</p>				
indicator 7	target	baseline	current	data source
% of children with 1 or more developmental concerns recorded at the 27 – 30 month review	95%	85%	82%	Child Health
analysis				
Not updated in NESH file.				
indicator 8	target	baseline	current	data source
Percentage uptake of 6-8 week Child Health Surveillance contact	95%	85%	82%	Child Health
analysis				
<p>Data updated by NESH - last update Dec 22. Note saying incomplete data for Mar 23. Data from Quarter 3 (incomplete) reports only 82% of children have had a 6-8 week child health surveillance contact. This contact is part of the universal Health Visiting pathway. This contact remained a priority through the pandemic as determined by the Chief Nursing Officer. Health visitors complete the infant assessment, and the paperwork is forwarded to the GP who submits the completed documentation only after the GP 6-week infant check is complete. This GP check historically included the 6–8 week infant immunisation. A number of GPs have reported a reduction in presentation to the 6 week check since infant immunisations are no longer delivered at this time. Mitigating action to include</p> <ol style="list-style-type: none"> <li>1. Ongoing scrutiny of the data is required to measure risk</li> <li>2. The Highland Council Health visitors to promote attendance at GP practice for completion of review</li> <li>3. NESH Child Health Dept reminder to all GPs re submission of completed data forms.</li> </ol>				
indicator 9	target	baseline	current	data source
Achieve 36% of new born babies exclusively breastfed at 6-8 week review	36%	30%	32%	Child Health

analysis

Data updated by NESH - last update Mar 23.

A number of key professionals, including midwives, health visitors, Community Early Years Practitioners (CEYP) and specialist breast feeding support workers support women to exclusively breastfeed their baby in Highland. Breastfeeding rates have been consistently good in Highland. The performance has dipped slightly in the past quarter, however an improvement plan has been put in place to address this, particularly to a partnership approach, between NESH and THC, is being tested to improve support for breast feeding in remote and rural Highland. This involves better use of core support worker roles (CEYP) through enhanced additional infant feeding support. It is hoped this approach will provide a more effective and equitable service for families across Highland. This will be evaluated to support the scale and spread of a more universal approach to infant feeding support across other rural locations in Highland.

indicator 10	target	baseline	current	data source
Maintain 95% Allocation of Health Plan indicator at 6-8 weeks from birth (annual cumulative)	95%	97%	NK	Child Health

analysis

not updated in NESH file

indicator 11	target	baseline	current	data source
Maintain 95% uptake rate of MMR1 (% of 5 year olds)	95%	95%	95%	Child Health

analysis

latest data from NESH to Dec 22

Indicator 12	target	baseline	current	data source																																							
<p>90% CAMHS referrals are seen within 18 weeks</p> <table border="1"> <caption>Indicator 12 Data (Apr 2022 - Mar 2023)</caption> <thead> <tr> <th>Month</th> <th>Ongoing Waits</th> <th>% started treatment within 18 weeks</th> </tr> </thead> <tbody> <tr><td>Apr</td><td>558</td><td>78%</td></tr> <tr><td>May</td><td>587</td><td>88%</td></tr> <tr><td>Jun</td><td>507</td><td>82%</td></tr> <tr><td>Jul</td><td>495</td><td>90%</td></tr> <tr><td>Aug</td><td>435</td><td>75%</td></tr> <tr><td>Sep</td><td>444</td><td>80%</td></tr> <tr><td>Oct</td><td>441</td><td>75%</td></tr> <tr><td>Nov</td><td>381</td><td>60%</td></tr> <tr><td>Dec</td><td>324</td><td>65%</td></tr> <tr><td>Jan</td><td>304</td><td>68%</td></tr> <tr><td>Feb</td><td>290</td><td>72%</td></tr> <tr><td>Mar</td><td>292</td><td>78%</td></tr> </tbody> </table>	Month	Ongoing Waits	% started treatment within 18 weeks	Apr	558	78%	May	587	88%	Jun	507	82%	Jul	495	90%	Aug	435	75%	Sep	444	80%	Oct	441	75%	Nov	381	60%	Dec	324	65%	Jan	304	68%	Feb	290	72%	Mar	292	78%	90%	80%		CAMHS, Education & Learning
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analysis

considerable progress has been made in clinical modelling, performance and governance. Progress has been made despite a lack of appropriate supports and improvements in e – health with much of the work of business analyst colleagues having to be completed manually due to limitations of current systems. The service has halved the number of patients waiting since the peak of May 2022 and reduced longest waits from over 4 years just over 2 years projected clearing of cases over 2 years by April 2023. This progress has been achieved with a workforce funded establishment at the second lowest of mainland boards with a current vacancy rate of 48% with ongoing national workforce shortages and additional recruitment challenges of remote and ruralservices. We are diversifying our staff profile and adopting a grow our ownstrategy which is showing promise but will be a medium term approach to increasing capacity.

indicator 13	target	baseline	current	data source
Percentage of statutory health assessments completed within 4 weeks of becoming LAC will increase to 95%	95%	70%	72%	Health & Social Care
analysis				
Statutory health assessments in Highland for Care Experience infants children and young people are carried out by health visitors and school nurses in accordance with the Scottish Government Guidance for Health Assessments 2015. A number of NHS Boards have recently adopted a proportionate approach to assessing health need for care experienced children and young people. This approach recognises the need for a relationship based approach to assessing health needs of children and young people who may have suffered extreme trauma. The approach enables an assessment which has the views, voice and choice of children and young people at the heart and supports a more meaningful and considered holistic assessments and analysis of need. It is proposed that across 23/24 Highland move to this model of assessment of health need for CE CYP.				
In order to drive forward this approach additional training is being rolled and existing documentation has been reviewed. It is projected that the change will have a positive impact on the performance data, quality of the assessment and skill of the workforce. The advanced qualified school nursing workforce has been increased in Highland through the advanced training programme, from 6 FTE in 2018, to 22 FTE in 2023. The vacancy rate in School Nursing is currently 5%. Pressures in teams centre on supporting the advanced nurse training programme. It is anticipated performance will improve as the advanced nurses currently in training qualify and are supported through the preceptorship year				
indicator 14	target	baseline	current	data source
Percentage of young people in RCC with an up to date Routine Childhood Immunisation Schedule (RCIS)	improve from baseline	67%	57%	Health & Social Care
analysis				
Data updated quarterly in PRMS. 57.4% represents a decrease from the baseline but an increase compared to recent quarters. There has been a small increase in this indicator although it remains down from baseline. Recent developments within School Nursing and Transforming roles has allowed a greater health resource for Children and Young People in Residential Childcare. Developing relationships, taking time to explore barriers and supporting attendance at health appointments should support an increased uptake of immunisations. The centralisation of immunisation services with more open clinics may have a positive impact on the immunisation uptake for CYP in residential child care.				
indicator 15	target	baseline	current	data source
Percentage of children and young people referred to AHP Service PHYSIOTHERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	89%	Health & Social Care

There are a number of contributory factors to the slight increase in the waiting times for paediatric physiotherapy, these centre on staffing availability thought acting up arrangement/retiral/staff sickness and the loss of the ASN support within schools as "therapy partners" which place pressure on the resilience of such a small Highland wide team and affect performance. The number of requests for assistance have continued to rise. A mitigation plan was put in place which included temporary pause of some assessments (now restarted), prioritisation of urgent cases and hospital discharges, and introduced clinics where feasible to reduce travel and create capacity to cover outlying geographical areas. Staff have worked flexibly across geographical boundaries. Virtual appointments have continued where this is possible. Building capacity through reduction to Just Ask enquiry line, use of staff bank where possible and data cleansing exercise. The workforce continues to be under pressure however not withstanding this, there are early signs the mitigations are helping. There is continued risk to staff morale, sickness levels and service user complaint particularly as an increasing number of families are electing to use private therapists. The small service requires to be futureproofed as a result of potential retiral of staff in the incoming years.

indicator 16	target	baseline	current		data source
Percentage of children and young people referred to AHP Service OCCUPATIONAL THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	85%	51%		Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for OT over the last year, including an increase in need/number of request, limited resilience due to staff sickness/availability of staffing within the small paediatric OT service in Highland, increase in the urgent area of work, hospital discharges from out of authority and acute complex cases in more rural areas and increased surgeries for CYP post covid. A particular pressure has arisen since 2020 since the removal of a number significant portion of ASN support in schools. A mitigation plan is in place which includes: A Central approach to managing waiting times for cross team overview and prioritisation, revisiting geographical boundaries to enable longer waits to be actioned, consideration of alternative ways of interventions (telephone, telehealth, face to face), pre request discussions are being carried out and increasing to manage where possible advice / support and intervention and building capacity through reduction of time on Just Ask helpline. Clinic-based services have been tried with limited success as many CYP need school / home visits as well. Some aspects of the service have been redesigned to ensure upfront intervention and support and reduce the need for Requests in some areas ( e.g. Sensory , Post diagnostic support). Further data cleansing is planned to ensure figures are correct. OT have recently redesigned some aspects of their service to ensure upfront intervention and support, aiming to reduce the need for Requests in some areas. A steady staffing flow over the coming months is required to begin to improve the 18 week RTT target. GRAPH

indicator 17	target	baseline	current		data source
Percentage of children and young people referred to AHP Service DIETETICS, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	88%	66%		Health & Social Care

Paediatric dietetics consists, in the main of a small specialist team. The increase in waiting times has been a direct result of an increase in need/referrals (from 71 requests in 2022 to 86 per month in 2023) to the service and a decrease in staffing availability, with an average of 28% reduction across dieticians and support staff as a result of long term sickness, carers leave etc. A review of the service was undertaken in 2022 with mitigating action plan which included further prioritisation. This includes a greater focus on early prevention and intervention and working with schools and families, addressing emerging issues at an earlier stage working and through the implementation of new focussed pathways around particular areas of increased need. (eg: selective eating). The plan also is driving forward change to the approach addressing infant allergy which aims to provide early support for parents of infants with feeding difficulties and a reduction in the misdiagnosis of cow's milk protein allergy as well as contributing to service development for the increased number of CYP who have diabetes including supporting access to technology for more vulnerable CYPs, to support self management A period of full staffing may be possible in coming months, and this should improve waiting times to within target by the autumn as long as demand does not continue to significantly increase. The mitigation plan will be adapted according to presenting need with risks escalated as necessary. GRAPH

indicator 18	target	baseline	current		data source
Percentage of children and young people referred to AHP Service SPEECH & LANGUAGE THERAPY, waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%		46%		Health & Social Care

analysis

There are a number of contributory factors to the increase in waiting times for SLT over the last year, including an increase in need/number of request and the decrease in availability of staff with long term sick leave, phased returns, secondments without backfill, a career break and maternity leave and the loss of ASN therapy partner support. There is consistently a difficulty in recruitment to paediatric SLT as a result of a national shortage. These factors have a direct impact on the length of waits for SLT assessment and intervention. It is clear from caseload evaluation that there is increasing complexity of requests for SLT post pandemic creating a widening gap between new requests and discharges. It is also clear that the SLT capacity is significantly impacted by the increased need to support early assessment into neurodiversity. The central SLT team has supported the building of capacity of a core NDAS team for Highland through the diversion of resource for this specific activity. A mitigation plan is in place which include pre-request conversations, whole setting approaches, NDAS Early Conclusion assessment work, online and face to face parent groups for the early intervention around complex cases. An extensive team action plan has been put in place with a number of potential routes to address waiting times Risks centre on supporting developmental outcomes, particularly for infants and non-verbal children and on the health and wellbeing of the workforce. With the mitigations it is hoped that by end of 2023, overall service waits will be reduced to 75% being seen within 18 weeks.  
GRAPH

indicator 19	target	baseline	current	data source
Percentage of children and young people referred to AHP Services (ALL above), waiting less than 18 weeks from date referral received to census date (Interim Measure) - NOT 18RTT METHODOLOGY	90%	80%	56%	Health & Social Care

analysis

The AHP teams collectively have had an increase in the numbers of requests for assistance being made in the post covid period. This is beginning to settle for Occupational Therapy (OT) but continued to increase over the past year for Speech and Language Therapy (SLT) , Dietetics and Physiotherapy. Numbers of children/ young people (CYP) waiting has increased for all services over the past year with only Physiotherapy being within the 18 weeks target in the last few months. This is mainly due to difficulties with staffing. Vacant posts can be difficult to fill quickly and there is often no cover for staff who are on long term leave. Staffing has fluctuated for all teams, however staff availability (as a result of absence/maternity leave etc) is a broad theme across all teams creating a lack of resilience. Systems changes, including the loss of ASN support in schools working alongside AHP disciplines as "therapy partners" has had a direct impact on capacity with all AHP teams  
GRAPH

indicator 20	target	baseline	current	data source
The health needs of children are considered within risk identification and safety planning, through specialist child health protection advisors	100%	100%		Health & Social Care

analysis

indicator 21	target	baseline	current	data source
Numbers of children and young people waiting less than 18 weeks from date of request received by NDAS (Neuro Developmental Assessment Service) to census date(monthly)	90%	24%	24%	NHS Highland

analysis

Waiting list data March 2023 .The 2017 National Neurodevelopmental guidance determined the need for a MDT approach to assessment and differential diagnosis of potential neurodevelopmental disorders. This was a significant change from the previous approach which enabled single or dual clinical diagnosis dealt with in a locality approach by members of the CAMHS, paediatric and/or SLT teams. This guidance was consolidated in 2021 with the release of The National ND Specification. The waiting list has steadily grown since 2017, to a current wait of 36 month (2023). Requests for NDAS have risen by 300% post pandemic, (from 30/month to 90/month in April 2023). An improvement plan is in place to address the current service pressures, with scrutiny via the CAMHS Oversight Board, NHS Performance Oversight Board and the Integrated CS Planning Board. Early conclusion pathway has been developed for young infants with initial positive results. NDAS is recorded as a risk on both NSH Highland and H&SC Risk Register.

indicator 22	target	baseline	current	data source
Percentage of referrals that lead to recruitment to the Family Nurse Partnership programme	85%	65%	85%	Health & Social Care

analysis

The Family Nurse Partnership provides intensive family support to new and first time parents under the age of 20. (under the age of 15 if care experienced) The programme is voluntary and reliant on referrals from midwives. This is a national programme, with rigorous fidelity regulations, scrutiny and reporting. Highland are working with the Scottish Government Programme Team to consider the provision in remote and rural areas. This has historically proved problematic as a result of recruitment difficulties.

indicator 23	target	baseline	current	data source
Increase the uptake of specialist child protection advice and guidance to health staff supporting children and families at risk	improve from baseline	59%	100%	Health & Social Care
analysis				
<p>IRDs are the interagency tripartite (health, social work and police Scotland) discussions which form part of the risk assessment and planning for children at risk of harm. Child Protection Advisors, are accountable for co-ordinating, representing and analysing all information from across the health systems as part of the IRD process. There has been a 48% increase in the Interagency Referral Discussions (IRDs) between 20/21 and 22/23. This created significant pressure to the service including risks to the delivery of stat/man Child Protection training across the partnership and for providing supervision to staff to universal and targeted health services. An action plan was implemented to ensure the tripartite process was secured. These actions included upskilling from the general workforce to be trained in being the agency decision maker at IRD. Notwithstanding this, the service, and ability to retain the national tripartite approach to child protection risk management, continues to be at risk. The risk is likely to increase in the incoming months as a result of implementation of the new Child Protection Guidance and an increase in the number of IRDs</p>				
Outcome 2 The voice and rights of Highland's children will be central to the improvement of services and support				
indicator 24	target	baseline	current	data source
The number of children reporting that they feel safe in their community increases	improve from baseline	85%	88%	Education and Learning
analysis				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils. Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Large improvement in the value for the most recent survey, with an increase from 55.41% in 2019 and 58.98% in 2017.</p>				
indicator 25	target	baseline	current	data source
Self-reported incidence of smoking will decrease	improve from baseline	13%	3%	Education and Learning
analysis				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 3.28% (P7: 0.44%, S2: 2.71% and S4: 6.70%) is a decrease from 5.32% in 2019. This downward trend has been seen for a number of years.</p>				
indicator 26	target	baseline	current	data source
The number of children who report that they drink alcoholat least once per week	improve from baseline	20%	6%	Education and Learning
analysis				
<p>Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools Mean of 5.56% (P7: 0.43%, S2: 1.37% and S4: 14.90%) is a decrease from 8.79% in 2019. This downward trend has been seen for a number of years.</p>				



indicator 27	target	baseline	current	data source
The number of children in P7 who report that they use drugs at least once per week	improve from baseline	1.8%	0.26%	Education and Learning

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils  
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools. There has been a decrease over time, with 2017 reporting at 2.60%, 2019: 1.14% and 2021: 0.26%.

indicator 28	target	baseline	current	data source
The number of children in S2 who report that they use drugs at least once per week	improve from baseline	5.3%	0.65%	Education and Learning

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils  
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools. There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.

indicator 29	target	baseline	current	data source
The number of children in S4 who report that they use drugs at least once per week	improve from baseline	19.2%	2.38%	Education and Learning

analysis

Most recent data from the 2021 lifestyle survey with over participants from P7, S2 and S4 pupils  
 Baseline for the data was established in 2011 – the survey is undertaken every two years across Highland schools. There has been a decrease over time, with 2017 reporting at 7.20%, 2019: 5.07% and 2021: 2.38%.

indicator 30	target	baseline	current	data source
Maintain high levels of positive destinations for pupils in Highland vs national averages	93%	91%		Education and Learning

analysis

indicator 31	target	baseline	current	data source
The number of offence based referrals to SCRA reduces	improve from baseline	528	314	Education and Learning

analysis

Latest data from FY21/22. Offence based referrals have decreased since the baseline was established, but have increased slightly in the last year. GRAPH

indicator 32	target	baseline	current	data source
The reduction in multiple exclusions is maintained	36	55		Education and Learning

analysis

indicator 33	target	baseline	current	data source
The number of children entering P1 who demonstrate anability to develop positive relationships increases	improve from baseline	91%		Education and Learning
analysis				
indicator 34	target	baseline	current	data source
The delay in the time taken between a child being accommodated and permanency decision will decrease (Target in Months)	9	12	9.4	Health & Social Care
analysis				
This data is reported quarterly on PRMS under the title "Average months between child accommodated to permanence decision at CPM Qtr". The latest update was for Q4 21/22 and the baseline was established in 2016.				
indicator 35	target	baseline	current	data source
The number of care experienced children or young people placed out with Highland will decrease (spot purchase placements)	15	55	21	Health & Social Care
analysis				
This data is reported monthly. The baseline was established in 2016.				
indicator 36	target	baseline	current	data source
The number of care experienced children or young people in secure care will decrease	3	8	3	Health & Social Care
analysis				
This data is collected monthly. The baseline was established in 2021.				
indicator 37	target	baseline	current	data source
There will be a shift in the balance of spend from out of area placement to local intensive support, to reduce the number of children being placed out with Highland through the Home to Highland programme	50%	10%	38%	Health & Social Care
analysis				
This data is collected monthly. The baseline was established in 2018.				
indicator 38	target	baseline	current	data source
All children returning "Home to Highland" will have a bespoke education/positive destination plan in place	100%	22	15	Health & Social Care
analysis				
This data is collected annually. The baseline was established in academic year 2018/19				

indicator 39	target	baseline	current	data source
Number of children subject to initial and pre-birth child protection case conferences		26	38	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. GRAPH

indicator 40	target	baseline	current	data source
Number of initial and pre-birth child protection case conferences		19	51	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Overall number of initial and pre-birth CPCCs decreasing but the number of overall children subject to CPCCs are increasing - suggesting an increase in family sizes being subject. GRAPH

indicator 41	target	baseline	current	data source
Conversion rate (%) of children subject to initial and pre-birth child protection case conferences registered on child protection register	95%	78%	87%	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Conversion rate dropped below 90% in latest update, however of the 5 children that were not registered in the quarter, 4 of these decisions have been deferred pending further investigation. GRAPH

Indicator 42	target	baseline	current	data source
Number of children on the child protection register as at end of reporting period		112	96	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. There has been an overall reduction in the number of children registered on the CP Register, however there has been a noticeable increase in the last quarter. This is due to a lower number of de-registrations in the period. GRAPH

Indicator 43	target	baseline	current	data source
Number of children de-registered from the child protection register in period	35	34	23	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. Q3 2022/23 has seen the greatest variation in the number of registrations and de-registrations for some time – with 10 more registrations. This is the largest variance since Q3 2020/21. It should be noted that large sibling groups being registered or de-registered in any quarter can impact on the overall figures significantly

indicator 44	target	baseline	current	data source
Number of concerns recorded for children placed on the child protection register in period at a pre-birth or initial conference		58	90	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. In Q3 2022/23, there were 90 concerns recorded and showed an increase from the low value in the prior quarter. Emotional Abuse was the most common concern recorded across Highland in the Quarter, but there was also a notable increase in Physical Abuse in the quarter.  
GRAPH

Indicator 45	target	baseline	current	data source
Number of children and young people referred to the Children's Reporter		213	317	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23. There tended to be little variation in the figures until last quarter, where the number of children referred on Non-Offence Grounds has increased significantly and remained at this high level. In particular, there have been sharp rises in the reason for referral being: "Child's Conduct Harmful to Self or Others", rising from 49 in Q1 2022/23 to 94 in Q2 and 130 in Q3, and "Lack of Parental Care", rising from 93 in Q1 to 125 in Q2 and 180 in Q3. The current figure is much higher than the baseline figure.  
GRAPH

indicator 46	target	baseline	current	data source
Number of children and young people referred to the Children's Reporter	reduction from baseline	8	1	HSC-CP minimum dataset

analysis

This data is collected quarterly and reported in the Child Protection Minimum Dataset. Latest data from Q3 2022/23.  
GRAPH

indicator 47	target	baseline	current	data source
The number of non-offence referrals taken to a hearing by the Reporter	reduction from baseline	218	417	HSC SCRA quarterly

analysis

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been a sharp and significant increase in recent updates in the total number of non-offence referrals.  
GRAPH

indicator 48	target	baseline	current	data source
Number of Children's Hearings held		263	202	HSC SCRA quarterly

analysis

Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). The number of Children's Hearings has remained relatively steady in recent quarters, with the most recent update being the lowest level since Q4 21/22.  
GRAPH

indicator 49	target	baseline	current	data source
Number of Pre Hearing Panels held		4	20	HSC SCRA quarterly
analysis				
Data reported quarterly from SCRA, last update for Q3 22/23 (April 23)				
indicator 50	target	baseline	current	data source
Number of children with a Compulsory Supervision Order in place at the quarter end		54	62	HSC SCRA quarterly
analysis				
Data reported quarterly from SCRA, last update for Q3 22/23 (April 23). There has been some variation quarter-to-quarter in the number of children with a CSO in place. The current figure of 61 is higher than recent quarters. GRAPH				
indicator 51	target	baseline	current	data source
Number of looked after children and young people at home with parents	increase from baseline	112	82	HSC SG annual return
analysis				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of LAC and young people at home with parents has dropped from 114 in 2021 to a provisional figure of 82 in the 2022 submission. This is in part explained by the overall trend in number of looked after children in Highland (-28% decrease at home v -17% decrease overall).				
indicator 52	target	baseline	current	data source
Number of looked after children and young people with friends and families	increase from baseline	100	79	HSC SG annual return
analysis				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. The number of looked after children and young people with friends and family has decreased in a similar manner to that at home with parents from 117 (-32% decrease with friends and family v -17% overall LAC).				
indicator 53	target	baseline	current	data source
Number of looked after children and young people with foster parents provided by local authority	increase from baseline	121	172	HSC SG annual return
analysis				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with foster parents provided by local authority has increased from 156 to a provisional figure of 172. This explains the movement in indicators #50 & #51 above; while the overall number of LAC decreased by -17%, LAC with foster parents provided by the local authority has increased by 10% in the year.				

indicator 54	target	baseline	current	data source
Number of looked after children and young people with prospective adopters	increase from baseline	12	16	HSC SG annual return
analysis				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. Number of looked after children and young people with prospective adopters has decreased in the year from 22 to 16. This decrease is in line with the decreases seen above (-28%). It is, however, above the baseline figure.				
indicator 55	target	baseline	current	data source
Number of looked after children and young people within a local authority provided house	reduction from baseline	81	65	HSC SG annual return
analysis				
This data is collected and quality-assured annually as part of the statutory returns to Scottish Government. The snapshot for the data is 31 July. While the number of looked after children within a local authority provided house has decreased from 70 in 2021 to a provisional figure of 65, this represents a greater %age of overall LAC. The number of LAC has reduced by -17% but those LAC within a local authority provided house has only decreased 7%.				
indicator 56	target	baseline	current	data source
The number of LAC accommodated outwith Highland will decrease	30	44	17	Health and Social Care
analysis				
This data is reported quarterly on PRMS, with the baseline being established in 2016. The last update was in April 2023. The indicator on PRMS is titled: The average no. of LAC accommodated outwith Highland - Quarterly. The current value of 17 is a continued decrease since Q3 22/23, and represents the lowest value since the baseline was established.				
indicator 57	target	baseline	current	data source
The percentage of children needing to live away from the family home but supported in kinship care increases	20%	19%	18%	Health and Social Care
analysis				
This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023. There has been a slight decrease in the monthly figure for the last three months, with the current figure sitting below both the target and baseline figure GRAPH				
indicator 58	target	baseline	current	data source
The number of children where permanence is achieved via a Residence order increases	82	72	120	Health and Social Care
analysis				
This data is reported monthly on PRMS, with the baseline being established in 2016. The last update was in April 2023. There has been an overall steady increase in the value in recent months, and a significant increase in both the target and baseline figure.				



**Meeting:** NHS Highland Board  
**Meeting date:** 26 September  
**Title:** Argyll & Bute HSCP Annual Performance Report  
**Responsible Executive/Non-Executive:** Fiona Davies  
**Report Author:** Charlotte Craig

**1 Purpose**

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	x	Progress well					

**2 Report summary**

**2.1 Situation**

The Argyll & Bute Integration Joint Board (IJB) receive the Annual Performance Report for approval. There have been five Annual Performance Reports, covering 2016/17, 2017/18, 2018/19, 2019/20 and 2021. Required content of the report is set out in The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

<http://www.legislation.gov.uk/ssi/2014/326/contents/made>

As a minimum the annual performance report must include:

- Assessment of performance in relation to the 9 National Health and Wellbeing Outcomes
- Assessment of performance in relation to integration delivery principles
- Assessment of performance in relation to the Partnership's Joint Strategic Plan
- Comparison between the reporting year and previous reporting years, up to a maximum of 5 years. (This does not apply in the first reporting year)
- Financial performance and Best Value
- Information about Localities
- Details of Service Inspections

## 2.2 Background

The Argyll & Bute HSCP, delivering on behalf of the IJB is responsible for the planning and delivery of high quality health and social care services to and in partnership with the communities of Argyll and Bute to achieve the National Health and Wellbeing Outcomes (NHWBO) and the Children and Young People Outcomes.

## 2.3 Assessment

The 2022 report incorporates the monitoring of the progress of the Joint Strategic Plan (2022-2025) within each service area. In order to report robust figures at both Health and Social Care Partnership (HSCP) and Scotland level, and continuing the trend from the last three years. For the purpose of this report, we have included performance data from the calendar year as for previous years.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance

The Joint Strategic Plan for 2022-25 was approved in March 2022. Robust performance management arrangements are critical to the delivery of the Strategic Plan which details each service areas priorities for the next three years. These also contribute to all the strategic objectives and new priorities of the HSCP. The annual monitoring report has been incorporated into the APR. Scrutiny of performance is undertake at both IJB and Committee level.



**3 Impact Analysis**

**3.1 Quality/ Patient Care**

Noted within the report performance indicators

**3.2 Workforce**

Noted within the report performance indicators

**3.3 Financial**

Noted within the report performance indicators

**3.4 Risk Assessment/Management**

Impact on strategic and operational risks will be assessed within existing risk assessment processes.

**3.5 Data Protection**

No impact on GDPR or current data sharing agreements.

**3.6 Equality and Diversity, including health inequalities**

As there is no change in policy, an equality impact assessment is not required. Equality Outcomes reporting is presented to the IJB as per guidance.

**3.7 Other impacts**

As noted in the report priorities.

**3.8 Communication, involvement, engagement and consultation**

The Annual Report is a publicly available document and available at a number of partner forums for note.

**3.9 Route to the Meeting**

- Integration Joint Board 31 May 2023

**4 Recommendation**

- **Awareness** – For Members’ information only.

**4.1 List of appendices**

There are no appendices but the link to access the Annual Performance Report is:

[Publications | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk/publications)



**Meeting:** NHS Highland Board  
**Meeting date:** 26 September 2023  
**Title:** Audit Committee Annual Report 2022-23  
**Responsible Executive/Non-Executive:** Pam Dudek, Chief Executive  
**Report Author:** Ruth Daly, Board Secretary

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Safe
- Effective
- Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well	Thrive Well	Stay Well	Anchor Well	
Grow Well	Listen Well	Nurture Well	Plan Well	
Care Well	Live Well	Respond Well	Treat Well	
Journey Well	Age Well	End Well	Value Well	
Perform well	Progress well	All outcomes	X	

**2 Report summary**

**2.1 Situation**

All Governance Committees of the Board are required to submit an Annual Statement of Assurance to the Audit Committee and Board to provide assurance on their activities throughout the financial year.

**2.2 Background**

This report encloses the Audit Committee Annual Report covering the period 1 April 2022 to 31 March 2023 which was agreed by the Audit Committee on 20 June 2023.

**2.3 Assessment**

All Governance Committees provide annual assurance statements about the adequacy and effectiveness of the governance arrangements and systems of control within their respective areas. The Board’s Governance Committee annual reports were considered by the Audit Committee as per its remit, and thereafter by the Board in June 2023.

For completeness, the Audit Committee’s own annual report is reproduced now for the Board’s endorsement.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

**3.2 Workforce**

**3.3 Financial**

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements includes production of Governance Committee annual reports. This is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

**3.4 Risk Assessment/Management**

A risk assessment has not been carried out for this paper.

**3.5 Data Protection**

This report does not involve personally identifiable information.

**3.6 Equality and Diversity, including health inequalities**

There are no equality or diversity implications arising from this paper.

**3.7 Other impacts**

No other impacts.

**3.8 Communication, involvement, engagement and consultation**

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item. The

Board's Annual Report and Accounts will be submitted to Scottish Government and made public later in 2023.

**3.9 Route to the Meeting**

The appendix to this report has been considered by Audit Committee in June 2023.

**4 Recommendation**

The Board is invited to **endorse** the Audit Committee Annual Report.

**4.1 List of appendices**

The following appendices are included with this report:

- Appendix A – Audit Committee Annual Report

**NHS Highland**

**To: NHS Highland Board**

**From: Gaener Rodger, Chair, Audit Committee**

**Subject: Audit Committee Annual Report 2022/23**

## **1 Background**

In line with sound governance principles, an annual report of the work of the Audit Committee is completed. This is undertaken to cover the period up to 20<sup>th</sup> June 2023 and allows the Audit Committee to provide the Board of NHS Highland with the assurance that it has undertaken the responsibilities under its Terms of Reference, including recommending approval of the Annual Report and Accounts to the Board for approval.

## **2 Activity**

This report covers the period 4<sup>th</sup> May 2022 to 20<sup>th</sup> June 2023 during which time there were eight meetings of the Audit Committee.

The Audit Committee's purpose is to:

- ensure the management of the Board's activities is in accordance with the regulations governing the NHS in Scotland that an effective system of internal control is maintained and that a strong corporate governance culture is in operation.
- approve and monitor the delivery of the internal and external audit plans.
- ensure a system of internal control is in existence and maintained to give reasonable assurance that assets are safeguarded; waste or inefficiency is avoided; risk management is in place; reliable financial information is produced.
- ensure a system of control is in existence and maintained to give assurance on risks related to information governance, security and privacy.
- support the Board and Accountable Officer in their responsibilities through a process of constructive challenge which focuses on both processes and outcomes.
- recommend the Annual Report and Accounts for approval by the Board.

The Audit Committee agrees the work-plan at the beginning of each financial year, operates with a formal agenda and written papers which are circulated in advance of the meeting. These circulated papers include written reports by both the Internal and the External Auditors. These reports detail the work undertaken, the key issues emerging and the steps being taken by management to address any weaknesses identified.

The Audit Committee is chaired by an independent non-Executive, with four other non-Executives as members. The Committee has implemented the option to co-opt a public member who brings a specific skill sets in relation to the understanding of the internal audit process within the public sector. Although not Committee members, the meetings are usually attended by the Chief Executive Officer and the Director of Finance. The Director of Finance serves as the Lead Officer to the Committee. All Board Members are able to attend as observers and Executives and other officers attend as appropriate to provide further detail and information and to answer specific questions from the Committee.

In addition to considering the work of the Auditors, the Committee also maintains an overview of a number of Internal Control areas on behalf of the NHS Board. An example of this is the overview of Risk Management - which although devolved to Organisational Units – is subject to overall Audit Committee Review.

A separate section of the Audit Committee agenda is dedicated to Counter Fraud, allowing the Committee to discharge this responsibility on behalf of the Board.

The Audit Committee meets with both sets of auditors in private session annually without any non-Audit Committee members present. The Chair also has ongoing direct contact with the Internal Auditors between meetings where appropriate and, as Fraud Champion for the Board, has maintained contact with the Board's Fraud Liaison representative.

#### Membership and Attendance to 20<sup>th</sup> June 2023

MEMBER	28/06/22	06/09/22	06/12/22	07/02/23	08/03/23	02/05/23	20/06/23
Alasdair Christie, Chair 2022	✓	✓	✓	✓	✓	✓	
Gaener Rodger, Chair 2023	✓	✓	✓	✓	✓	✓	
Gerry O'Brien, Vice Chair 2022	✓	✓	✓	n/a	n/a	n/a	
Susan Ringwood, Vice Chair 2023	Apol	✓	✓	✓	✓	✓	
Alex Anderson, Non-Executive	✓	✓	✓	✓	✓	✓	
Garret Corner, Non-Executive	n/a	n/a	n/a	✓	✓	✓	
Stuart Sands, Independent Lay Member	✓	✓	Apol	✓	✓	✓	
<b>IN ATTENDANCE</b>							
David Garden, Director of Finance	✓	n/a	n/a	n/a	n/a	n/a	
Heledd Cooper, Director of Finance	n/a	✓	✓	✓	✓	✓	
Iain Addison, Head of Area Accounting	✓	✓	n/a	n/a	n/a	n/a	

During the period covered by this report the Committee Chair was Alasdair Christie (until 31/12/22) and Gaener Rodger (from 1/1/23). The Committee Chair was supported by Gerry O'Brien (until 31/12/22) and Susan Ringwood (from 1/1/23) as Vice Chair.

### **3 Sub Groups**

The Audit Committee receives Minutes of meetings of the Information Assurance Group and the Resilience Committee together with a short update report according to the meetings schedule for these groups.

### **4 External Reviews**

As part of their work, the External auditor submits an update on work undertaken to the Audit Committee, summarising not only the work undertaken, but also highlighting to the Committee any areas of significant interest.

The Audit Committee also received assurance on and sight of the NHS Highland Data protection audit report by the Information Commissioner's office. This reviewed the extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation. This external audit offered a reasonable level of assurance to the Audit Committee. Management actions have been agreed and are anticipated to be completed by March 2024.

### **5 Key Performance Indicators**

#### Internal Audit Service

A major part of the work of the Audit Committee relates to Internal Audit, whereby the Committee consider and approve the Audit Plan before monitoring the delivery of this plan and consideration of the key points arising.

During this period, the Audit Committee received a formal written summary on 13 Audit Reviews. These reviews were agreed as part of the 2022/23 Audit Plan and included reviews of:

- Patient Services Contracting and Invoicing
- Endowments
- Financial Governance and Accountability
- Governance and Accountability of Performance
- Out of Area Referrals
- Recruitment
- Workforce Planning
- Shadow IT
- Property Transaction Monitoring
- Environmental Sustainability
- Community Planning Partnership
- Consultants Contracts Job Planning
- Protection Payments

A further scheduled review on Equality of Services was considered to be unnecessary and was removed from the audit plan.

A planned review on Children's Services has been deferred to 23/24 with the scope currently being redefined.

The Committee received 12 reports, 10 of which contained Grade 3 and 4 Issues equating to 30 High and 1 Very High Risk Exposure against a Control objective. All reports were considered in full by the Committee.

Common themes reported to the Audit Committee for the 2022/23 period included:

- Policies and Procedures – A lack of clarity regarding when documents were last formally reviewed and these not being consistently applied across the processes being undertaken.
- Capacity – NHS Highland staff noting issues with sufficient capacity to ensure work is undertaken in a timely manner and in line with policies and procedures.
- Communication and Training – A need for formal communication plans and training plans to support staff in understanding their roles and responsibilities.
- Assurance Reporting – A need for regular assurance reporting on activities as opposed to ad hoc reporting.
- Integrated Reporting – The need for further integration of performance, financial and workforce information.

Agreed management Action Plans were noted by the Committee against all issues reported.

The details of reports considered are in the Audit Committee Papers. The Audit Committee minutes are subsequently presented to the full NHS Board.

The internal auditors are responsible for reviewing the management action plans that are produced with each report and reporting progress in implementing the agreed recommendations back to the Audit Committee.

Reducing the outstanding management actions raised in internal audit reports has been a key focus of the committee throughout the financial year. With significant work being instructed this has resulted in reducing the outstanding actions remaining to acceptable levels. This has been assisted by the introduction of a more robust process for monitoring and reviewing action plans by management, to ensure improved compliance.

#### Year End – Annual Report and Accounts of NHS Highland 2020/21

The Audit Committee considered the Annual Report and Accounts of the Board which included the Governance Statement and these were recommended to the Board for approval.

### **6 Emerging issues for 2023/24**

Further progress to reduce the outstanding actions from internal audit reports is planned aiming to eliminate prior year outstanding actions completely.

Executive sponsors will be encouraged to bring more focused areas for review in 2023/24.

### **7 Conclusion**

Over this period, there has been good progress for the Audit Committee. The Audit Committee has also recommended to the Board the accounts for 2022/23 for approval.

The Audit Committee has fully discharged it's duties to date and has therefore been able to contribute to the Board operating within the appropriate framework of Internal Control. The systems of control within the remit of the Committee are considered to be operating adequately and effectively.

**Gaener Rodger,**



**Chair of Audit Committee,**

**21st June 2023**

<p><b>NHS Highland</b></p>	
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**Meeting:** NHS Highland Board  
**Meeting date:** 26 September 2023  
**Title:** Board and Committee meetings dates 2024  
**Responsible Executive/Non-Executive:** Sarah Compton Bishop, Board Chair  
**Report Author:** Ruth Daly, Board Secretary

**1 Purpose**

**This is presented to the Board for:**

- Decision

**This report relates to a:**

- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

- Effective

**This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	X
Care Well		Live Well		Respond Well	X	Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well	X				

**2 Report summary**

**2.1 Situation**

The purpose of this report is to recommend approval of a timetable of Board and Committee meetings for 2024.

**2.2 Background**

Boards are expected to create a coordinated timetable for Board meetings, seminars, and Committee meetings. This programme should ensure a coordinated approach to permit the appropriate level of scrutiny can be delivered, and decisions taken in a logical sequence.

**2.3 Assessment**

**Appendix 1** to this report sets out the meetings dates proposed for 2024 for the Board’s approval. Unless otherwise stated, the proposed dates have been agreed with Governance Committees throughout the August/September cycle of meeting. The following additional details are provided for the Board’s information:

**Audit Committee**

- An additional meeting on 21 May has been proposed since the last meeting of the Committee to close off internal audit reporting prior to the annual accounts.
- Further consideration is being given to the date identified for approval of annual accounts and the Board will be informed of any change.

**Remuneration Committee**

- The dates proposed have yet to be agreed by the Committee and are reproduced here for information.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

**3.2 Workforce**

**3.3 Financial**

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

**3.4 Risk Assessment/Management**

A risk assessment has not been carried out for this paper.

**3.5 Data Protection**

N/A

**3.6 Equality and Diversity, including health inequalities**

There are no equality or diversity implications arising from this paper.

**3.7 Other impacts**

No other impacts

**3.8 Communication, involvement, engagement and consultation**

The proposals in the recommendation have been discussed and agreed with Governance Committees.

**3.9 Route to the Meeting**

The subject of this report has been shared with the relevant Non-Executive Board members.

**4 Recommendation**

The Board is asked to:

- (a) take substantial assurance from the report,
- (b) **agree** the timetable of Board and Committee meetings for 2024.

**4.1 List of appendices**

The following appendix is included with this report:

- Appendix 1 Proposed Board and Committee meetings dates 2024

## NHS BOARD and COMMITTEES – DATES FOR 2024

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NHS Board	NHS Board Briefings and Development Sessions	
<p><b>Chair: Sarah Compton Bishop</b>  <b>Executive Lead:</b> Chief Executive  (Tuesdays – 9.30am)</p> <p>30 January 2024  26 March 2024  28 May 2024  25 June 2024 (annual accounts)  30 July 2024  24 September 2024  26 November 2024</p>	<p><b>Board Briefing Sessions</b></p> <p>23 January 2024  27 February 2024  19 March 2024  23 April 2024  21 May 2024</p>	<p><b>Board Development Sessions</b></p> <p>23 July 2024  27 August 2024  17 September 2024  29 October 2024  19 November 2024</p>
Clinical Governance Committee	Staff Governance Committee	Audit Committee
<p><b>Chair:</b> Alasdair Christie  <b>Executive Lead:</b> Medical Director/Nurse Director  <b>Administrator:</b> Brian Mitchell</p> <p>(Thursdays 9.00am)</p> <p>18 January 2024  7 March 2024  9 May 2024  11 July 2024  5 September 2024  7 November 2024</p>	<p><b>Chair: Ann Clark</b>  <b>Executive Lead:</b> Gareth Adkins  <b>Administrator:</b> Karen Doonan</p> <p>(Tuesdays 10.00am)</p> <p>16 January 2024  5 March 2024  7 May 2024  9 July 2024  3 September 2024  5 November 2024</p>	<p><b>Chair: Gaener Rodger</b>  <b>Executive Lead:</b> Heledd Cooper  <b>Administrator:</b> Stephen Chase</p> <p>(Tuesdays 9.00am)</p> <p>6 February 2024  30 April 2024  <b>21 May 2024</b>  <i>25 June 2024 (Annual Accounts)</i>  3 September 2024  10 December 2024</p>
Finance, Resources and Performance Committee	Remuneration Sub-Committee	Highland Health & Social Care Committee
<p><b>Chair:</b> Alex Anderson  <b>Executive Lead:</b> Heledd Cooper  <b>Administrator:</b> Brian Mitchell</p> <p>(Fridays 9.30am)</p> <p>5 January 2024  1 March 2024  3 May 2024  5 July 2024  6 September 2024  1 November 2024</p>	<p><b>Chair:</b> Ann Clark  <b>Executive Lead:</b> Gareth Adkins  <b>Administrator:</b> Board Secretary</p> <p>(Mondays 10.15 am)  <b>To be confirmed by Committee</b></p> <p><i>26 February 2024</i>  <i>29 April 2024</i>  <i>15 July 2024</i>  <i>23 September 2024</i>  <i>25 November 2024</i></p>	<p><b>Chair: Gerry O'Brien</b>  <b>Executive Lead:</b> Pam Cremin  <b>Administrator:</b> Stephen Chase</p> <p>(Wednesdays 1pm-4pm development sessions at 10.30am on same date)</p> <p>17 January 2024  6 March 2024  8 May 2024  10 July 2024  4 September 2024  6 November 2024</p>

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# NHS Highland



**Meeting:** NHS Highland Board  
**Meeting date:** 26 September 2023  
**Title:** Gaelic Plan – Approved  
**Responsible Executive/Non-Executive:** Pamela Dudek, Chief Executive  
**Report Author:** Nicola Thomson, Gaelic Support

## 1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Legal requirement

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well	Stay Well	Anchor Well	
Grow Well	Listen Well	Nurture Well	Plan Well	
Care Well	Live Well	Respond Well	Treat Well	
Journey Well	Age Well	End Well	Value Well	
Perform well	Progress well	All Well Themes	x	

## 2 Report summary

### 2.1 Situation

The NHS Highland Gaelic Plan was approved by the NHS Highland Board, at the end of 2022, and submitted to Bòrd na Gàidhlig for approval in January 2023. Following some delay due to recruitment issues, Bòrd na Gàidhlig reviewed the plan and made some recommendations. Following minor revisions, which were approved by the Chief Executive, the NHS Highland Gaelic Plan 2023-28 was approved by Bòrd na Gàidhlig on 5th September 2023.

Why is this being brought to the meeting's attention?

This information is being brought to the Board to make them aware that the approved 2023-2028 is now in place and supersedes any previous Gaelic Plans. Work can now begin on the implementation of this Plan.

What is the strategic context?

Gaelic Plans are a legal requirement, under the Gaelic (Scotland) Act 2002. This is the 3rd Gaelic Plan for NHS Highland. The work was carried out alongside NHS Highland's strategic outcomes and is included under the "Nurture Well" theme.

What is the Board being asked to do? (Cross-reference with Recommendation Section below).

The Board is being asked to note the approval, and the Plan is provided for information.

The Board is also being asked to urge all Department Heads to engage proactively with the Plan.

## **2.2 Background**

## **2.3 Assessment**

The Gaelic Audit showed that there is some interest in Gaelic across the organisation and over 20 members of staff signed up for classes last year. A Gaelic module is now available within TURAS and open to all staff, who should be encouraged to access it as part of their induction.

Department Heads will now meet with the Gaelic Support Lead to review their priorities under the Plan's actions.

Time and budgetary pressures will be the key risks, and the Board is asked to urge Departments to be as proactive as possible, whilst acknowledging the challenges in their roles.

Data should be recorded to allow appropriately, for meaningful annual updates to the NHS Board and Bòrd na Gàidhlig.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

### Comment on the level of assurance

A moderate level of assurance is given. The success of this plan is wholly dependent on the ability of department heads to engage with the plan, encouraging their teams to implement, monitor and report on, the actions which have been identified in the Gaelic Plan. Previous implementation has been limited. Ensuring the correct staff members are part of that group will aid effectiveness.

Engagement with all named Department Heads will now commence to maximise delivery of the plan. A relaunch of communication around the Plan will be provided by the Gaelic Support lead.

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

Gaelic-speaking patients, staff and other users will benefit from increased visibility, promotion and efforts around encouraging use and learning of Gaelic within the organisation. There is a significant number of patients from the islands, who are Gaelic speakers, and make use of NHS Highland's services.

### 3.2 Workforce

Staff who have already enrolled in Gaelic classes have found them to be beneficial and have been using some in interactions with patients and colleagues.

### 3.3 Financial

There will be some costs around implementation of key projects and whilst funding can be applied for under the Bòrd na Gàidhlig Language Plan fund, the presumption is that these costs should be, in the main, covered by NHS Highland as part of its commitment to Gaelic. Funding will depend on the specific actions being prioritised. The Gaelic Support lead will draw up a time plan to reflect the order of actions to be implemented, as per the dates in the Plan.

### 3.4 Risk Assessment/Management

Decreasing budgets for use on Gaelic matters [Mitigations: Being creative around implementation to do as much as possible without incurring huge costs].



Staff time constraints and role challenges make Gaelic matters less of a priority. [Mitigation: Keep a high profile on Gaelic matters, sharing positive news and case studies, including impact on patients and working with other partners)

**3.5 Data Protection**

No personal data currently required for the implementation.

**3.6 Equality and Diversity, including health inequalities**

An impact assessment has not been completed.

**3.7 Other impacts**

**3.8 Communication, involvement, engagement and consultation**

Almost a year has passed since the detailed plan was submitted to Bòrd na Gàidhlig, therefore no recent engagement or consultation has taken place, while we have been awaiting the approval. However, Gaelic pages have now been included in the new NHS Highland website and approval has now been granted to create the bilingual NHS Highland | na Gàidhealtachd brand which is a major step forward. Branding guideline are being finalised currently.

**3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Since Board approval, the minor amendments recommended by Bòrd na Gàidhlig were made and subsequently approved by the NHS Highland Chief Executive.

**4 Recommendation**

- **Awareness** – For Members’ information only.

**4.1 List of appendices**

The following appendices are included with this report:

- NHS Highland Final Gaelic Language Plan 2023-28



Gaelic Plan - Third Edition

2023-2028

This plan has been prepared under Section 3 of the Gaelic Language (Scotland) Act 2005 and was



## Facal bhon Cathraiche – Foreword from the Chair

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Tha sinn glè thoilichte an treas eagan de Phlana NHS na Gàidhealtachd fhoillseachadh.

Nì sinn cinnteach gum bi gnìomhachd agus seirbheisean NHS na Gàidhealtachd a thathar a’ tabhann sa Ghàidhlig, aig an aon ìre agus càileachd ris an fheadhainn a tha sinn a’ toirt seachad sa Bheurla.

Nì sinn cinnteach nuair a bhios seirbheisean Gàidhlig rim faighinn leinn, gum bi fios aig luchd-cleachdaidh na Gàidhlig gu bheil iad ann, agus gum bi iad air am brosnachadh gu gnìomhach gus an cleachdadh.

Nì sinn cinnteach gun àrdaichear cothroman do dh’euilaintich, don phoball agus don luchd-obrach againn a’ Ghàidhlig a chleachdadh, mar thaic don Phlana Cànanain Nàiseanta Ghàidhlig, a thathar ag aontachadh an-dràsta, agus na h-amasan leantainneach gum bi a’ Ghàidhlig air a cleachdadh nas trice, le barrachd dhaoine agus ann an raon nas fharsainge de shuidheachaidhean.



**Sarah Compton-Bishop**  
**Cathraiche, NHS na Gàidhealtachd**

*We are very pleased to publish the third edition of the NHS Highland Plan.*

*We will ensure that the operations and services of NHS Highland being offered in Gaelic will be of an equal standard and quality as those that we provide in English.*

*We will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.*

*We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the National Gaelic Language Plan, and the continuing aims that Gaelic is used more often, by more people and in a wider range of situations.*

**Sarah Compton-Bishop**  
**Chair, NHS Highland**

## Facal bhon Àrd-oifigear – Foreword from the Chief Executive

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Tha sinn toilichte an treas eagan den Phlana Gàidhlig againn fhoillseachadh, agus a dh'aindeoin an iomadh dùbhlann a bha romhainn anns na trì bliadhna a dh'fhalbh, le COVID-19, bha sinn air adhartas a dhèanamh leis a' chiad dà phlana.

Tha sinn ag obair gu cruaidh gus ire mhothachaidh na sgioba àrdachadh gus am bi luchd-obrach, euslaintich agus am poball gar n-aithneachadh mar bhuidheann a tha deònach Gàidhlig a chleachdadh, ionnsachadh agus a chur air adhart, far an urrainn dhuinn agus nuair a bhios seo comasach.



Tha na h-amasan àrd-ire againn a' coimhead ri tuilleadh leasachaidhean Gàidhlig ann an seirbheisean leithid seargadh-inntinn, seirbheisean teaghlaich agus cuideachd a bhith a' brosnachadh agus a' leasachadh roghainnean tràth-dhreuchdail do luchd-labhairt na Gàidhlig aig a bheil ùidh ann an slàinte agus cùram sòisealta.

**Pamela Dudek**

**Àrd-oifigear, NHS na Gàidhealtachd**

*We are pleased to publish the third edition of our Gaelic Language Plan, and despite the many challenges faced during the last three years, I am happy to report that progress has been made on the first two.*

*We are working hard to increase awareness so that staff, patients, and the public begin to recognise us as an organisation willing to use, learn and promote Gaelic, where we can and when this is possible.*

*Our high-level aims look to develop further engagement with Gaelic in services such as dementia, family services and to encourage and develop the early-career options for Gaelic speakers interested in health and social care.*

**Pamela Dudek**

**Chief Executive, NHS Highland**

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## 1. RO-RÀDH – INTRODUCTION

### Description of NHS HIGHLAND

NHS Highland covers the largest and most sparsely populated Scottish Health Board area, encompassing 41% of the country's landmass and a population of just over 320,000. We collaborate with people of all ages who need health and social care in both hospital and community settings. We try and support people to avoid hospital admission whenever possible.

Our services cover the whole of North Highland and Argyll & Bute. Our diverse area includes Inverness, one of the fastest growing cities in Western Europe, and 37 populated islands (23 in Argyll & Bute and 14 in Highland, including the Isle of Skye).

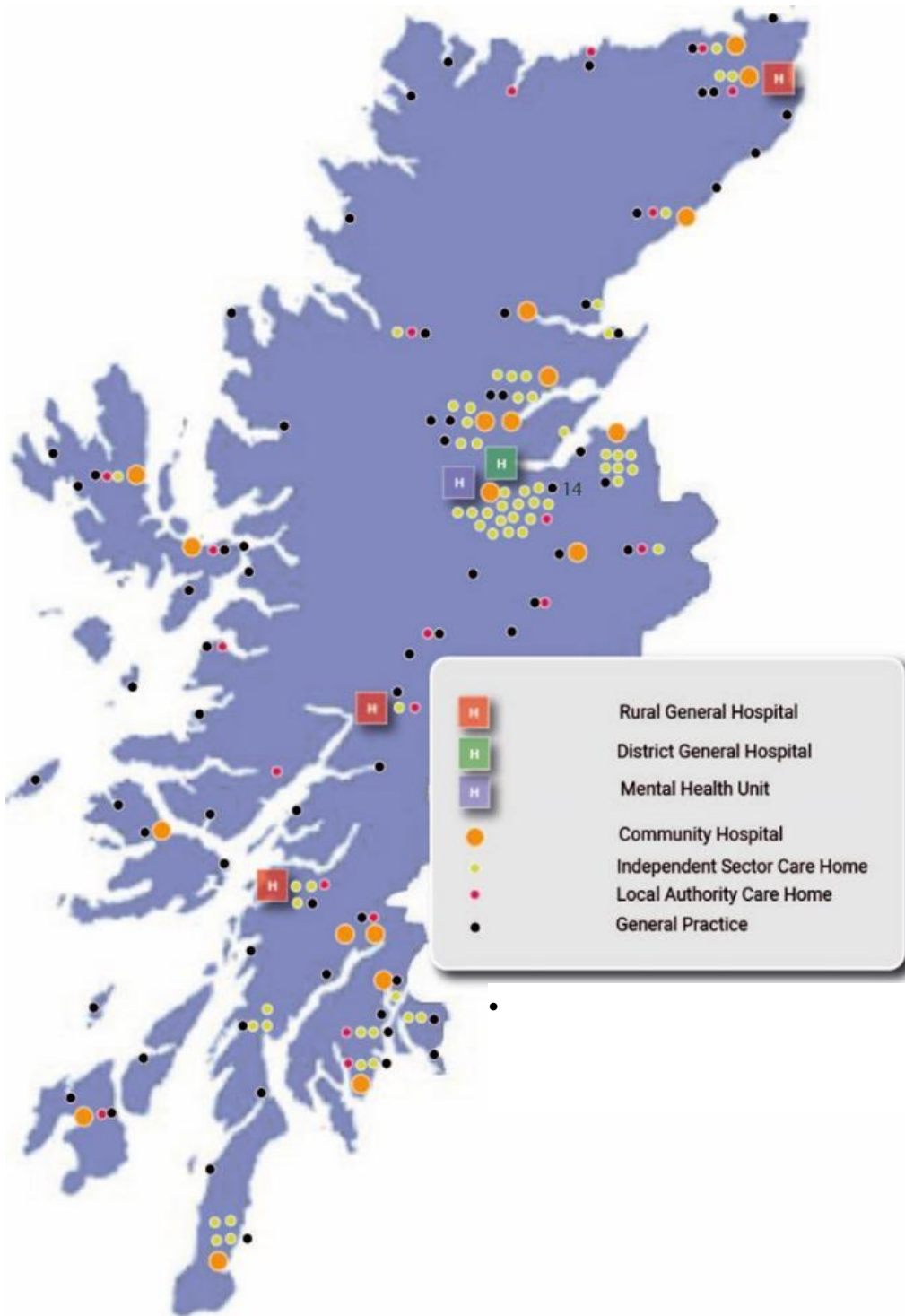
We provide services from our twenty community hospitals, our learning disability unit, specialist mental health hospital at New Craigs and our 4 rural general hospitals. (*See map on next page*). We also have a major acute hospital, Raigmore Hospital, in Inverness. Many of our services are delivered in partnership with primary care, social care, and the voluntary sector.

Despite the often-popular image of a rural idyll, deprivation, fuel poverty and inequalities also affect the population of the area, producing diverse challenges for service delivery, and which are set to worsen considering the current cost-of-living crisis.

In many parts of Highland, the NHS and other public sector agencies are major employers, and changes to services can adversely affect already fragile areas. As an important partner in maintaining the social and economic vibrancy of the areas, concerns around health service quality or changes can, and do, generate considerable attention from communities, local and national politicians as well as staff. The continued engagement and provision of services during the COVID outbreak was a real test of the skills and services within our team and whilst we have had to review how services are run and managed, we are very proud of the tenacity, loyalty and perseverance of our staff in light of the most challenging circumstances we have had to face in a generation.

We have a higher proportion of older people in the population than the Scottish average which provides its own challenges, largely in recruiting sufficient members of staff to provide services. Over the last few years, and specifically post-Covid and Brexit, there have been and continue to be considerable difficulties in recruitment.

Part of our challenge is to ensure we deliver safe and effective care and embed new models of care which will be sustainable and meet future needs, in a post-pandemic environment. We have recently developed our Strategic Plan for the next five years, **Together We Care | Cùram Còmhla**, which includes a range of outcomes looking at all stages of life.



### NHS Highland Structure and Governance

NHS Highland is managed by a Board comprising non-Executive and specific Executive Directors. The Board is accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. Board members are appointed by the Scottish Government. We employ 10,500 colleagues in a variety of roles across our organisation. Our greatest asset is our workforce and, as a Board, we strive to ensure the environment is conducive to ensuring a positive culture, supported, and delivered through our NHS and Social Care values.

Board meetings are held every two months and are open to the public and webcast. The Board has an annual review which is also open to the public. The Chair of the Board, Professor Boyd Robertson, is a native Gaelic speaker and is a strong advocate for the development of Gaelic across the organisation.

### Gaelic within NHS Highland

At the time of the most recent census (2011), 87,100 people aged three and over in Scotland (1.7% of the population) had some Gaelic language skills.

Of these 87,100 people:

- 32,400 (37%) had full skills in Gaelic and could understand, speak, read, and write Gaelic
- 57,600 (66%) could speak Gaelic
- 6,100 (7%) were able to read and/or write but not speak Gaelic
- 23,400 (27%) were able to understand Gaelic but could not speak, read, or write it.

Of those who were Gaelic speakers, 40% reported using Gaelic at home, although the proportion varies geographically according to how widely Gaelic is used in the local community, with the highest being 79%.

The area covered by NHS Highland is home to almost 50% of the Gaelic speakers in Scotland. And whilst the NHS Eileanan Siar (Western Isles) Board area remains the stronghold for Gaelic language (from Lewis in the north down to Barra in the south), we, in NHS Highland, provide a number of services for people living there, particularly through Raigmore Hospital in Inverness, which plays a key role in the healthcare of many Western Isles patients.

Therefore, it is an important part of our service delivery, to ensure that Gaelic speakers can access health and social care, support, and services, either through Gaelic or have access to someone with Gaelic who can support them. The positive uptake of our most recent Gaelic language class activity confirms that there is a real willingness on the part of staff to learn the language, and the breadth of role and location further confirms that there is no limit in terms of either locus or post, for those wishing to learn the language, with active learners from as far north as Orkney and as far south as Helensburgh.

During our internal capacity audit and our pre-consultative period, we have heard many anecdotal stories of how Gaelic has had a positive impact on patients and staff at times where patients may have been feeling at their most vulnerable, including examples in maternity and dementia services. We are very proud of the fact that some of our staff can contribute, in a positive way, through the use and exchange of Gaelic, in addition to their own relevant roles and skills



There has been an increased focus on Gaelic in areas where there is still a prevalence of Gaelic in the communities and in local schools. Recruitment is increasingly bilingual in these areas, to encourage Gaelic speakers into roles within the organisation. Recruitment for the new Broadford community hospital on the Isle of Skye, for example, included bilingual recruitment and Gaelic as a desirable skill in that area. The same principle will apply to recruitment in Tiree and Coll, for example, where there remains a high number of Gaelic speakers within the communities.

### The Gaelic Language (Scotland) Act 2005

*The Gaelic Language (Scotland) Act 2005* was passed by the Scottish Parliament with a view to securing the status of the Gaelic language as an official language of Scotland commanding equal respect to the English language.

One of the key features of the 2005 Act is the provision enabling *Bòrd na Gàidhlig* to require a public authority to prepare a Gaelic language plan. This provision was designed to ensure that the public sector in Scotland plays its part in creating a sustainable future for Gaelic by raising the status and profile of the language and creating practical opportunities for its use.

This document is NHS Highland's Gaelic Language Plan, prepared within the framework of the Gaelic Language (Scotland) Act 2005. It sets out how we will use Gaelic in the operation of our functions, how we will enable the use of Gaelic when communicating with the public and key partners, and how we will promote and develop Gaelic.

Our Gaelic Language Plan has been prepared in accordance with statutory criteria set out in the 2005 Act and having regard to the National Gaelic Language Plan and the Guidance on the Development of Gaelic Language Plans.

### The National Gaelic Language Plan

NHS Highland supports the aim of the National Gaelic Language Plan 2018-23 that "Gaelic is used more often, by more people and in a wider range of situations."

We are committed to achieving this aim by focusing our work on these three headings: -

- Increasing the use of Gaelic within our organisation and encouraging more people to use Gaelic more often when they interact with us.
- Increasing the opportunity for people to learn Gaelic as part of our day-to-day operations will provide more training opportunities for staff to increase their Gaelic language skills.
- Promoting a positive image of Gaelic whenever we can as part of our day-to-day operations as an organisation.

We are also mindful that the Scottish Government recently consulted on its draft 2023-28 National Gaelic Plan and are cognisant of its revised aims.

### Internal Gaelic Capacity Audit

During this process, we conducted our third staff survey, in October 2022, to ascertain the knowledge and skills our workforce has in regard to Gaelic. Currently we have a number of employees who have self-identified as having some Gaelic language skills ranging from basic greetings to fluency in reading, writing, and speaking Gaelic.

Key Summary Findings from the Gaelic Language Capacity Audit are as follows: -

**41% had some ability in Gaelic, with 8% able to hold a conversation or fluent.**

**57% of respondents were interested in accessing training in Gaelic language skills or Gaelic awareness, although only 2% had already accessed this as part of their employment.**

The response rate was lower than expected and did not provide a sufficient sample to create any meaningful comparisons to previous data. Full details relating to our Gaelic Language Capacity Audit can be found in Appendix One. There are currently twenty members of staff engaged in Gaelic language learning which has been arranged in conjunction with Ionad Chaluim Chille Ìle and The Highland Council.

## 2. PRÌOMH PHRIONNSAPALAN – KEY PRINCIPLES

### Equal Respect

We will ensure that the operations and services of NHS Highland being offered in Gaelic will be of an equal standard and quality to those we provide in English.

### Active Offer

We will make an active offer of our Gaelic services to our employees and the public. This will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.

This will take the responsibility away from the individual to ask for the service and will give Gaelic users the confidence to know that their needs will be met if that is their choice.

We will ensure that our Gaelic language services are as accessible as our English language services.

### Mainstreaming

Our contribution to the development areas identified in the National Gaelic Language Plan will primarily be through the implementation of the actions in this plan. We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the national Gaelic Language Plan 2018-23 aim that Gaelic is used more often, by more people and in a wider range of situations.

### 3. GEALLAIDHEAN A’ PHLANA – PLAN COMMITMENTS

#### High-Level Aims

The High-Level aims are intricately linked to the National Gaelic Language Plan 2018-23. As such, they are framed around the three National Gaelic Language Plan headings of: -

- Increasing the use of Gaelic
- Increasing the learning of Gaelic
- Promoting a positive image of Gaelic

#### INCREASING THE USE OF GAELIC

<b>High-level Aim</b>	<b>NHSH will recognise Gaelic as a need within clinical and social care as part of its care for patients.</b>
<b>Desired Outcome</b>	An increased understanding, acceptance, and use of Gaelic with patients and service users by all staff within the relevant areas of the organisation.
<b>Current Practice</b>	There are already members of staff within clinical and social care departments using Gaelic in an informal way, but this is not being measured or captured in a formal way.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. To map the areas and departments in which Gaelic is available for patients.</li> <li>2. Collate and record Gaelic ability among Care at Home staff.</li> <li>3. To provide a clear and simple method of identifying Gaelic-speaking staff and patients</li> <li>4. To collaborate with partners such as Alzheimer’s Scotland, SEALL and others third sector groups, to maximise the opportunities available in providing Gaelic in a beneficial setting for dementia and Alzheimer patients, within care homes and elsewhere.</li> <li>5. Participate in national events such as Dementia Awareness Week</li> <li>6. To include Gaelic within the patient media systems, through collaboration with Hospedia and to develop some Gaelic programmes for the hospital radio, to provide patients who wish to engage with Gaelic, the opportunity to do so and to expose patients to Gaelic while they remain in hospital care.</li> <li>7. In areas where at least 20% are Gaelic speakers or where there are Gaelic-medium schools, Gaelic will be treated as a desirable skill in recruiting into social care and clinical roles.</li> <li>8. Staff will be asked to record use of Gaelic within clinical and social care to benchmark for future reference and organisational development purposes</li> </ol>
<b>Target Date</b>	Dec 2026
<b>Responsibility</b>	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

<b>High-level Aim</b>	<b>NHSH will recognise Gaelic as intrinsic to improving health and wellbeing in its communities including its family and maternity services.</b>
<b>Desired Outcome</b>	Patients will be aware of Gaelic services available within family and maternity services and their benefits.
<b>Current Practice</b>	There are a number of Gaelic speaking staff within NHS Highland, and in services collaborating with communities and families. However, there is no formal recognition of any of these services being available/offered in Gaelic.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Identify Gaelic speakers within the families (including children's services such as ophthalmology) and maternity services across the organisation and collaborate on best practice across the NHSH area.</li> <li>2. Engage with Bòrd na Gàidhlig and other partners to ascertain the most useful ways in which to embed Gaelic within these services.</li> <li>3. Gain feedback from patients and service users around the benefits of using Gaelic.</li> <li>4. Collaborate with <i>Comann nam Pàrant</i> and <i>Comhairle nan Leabhraichean</i> to ensure Gaelic resources are readily available to interested parents or leaflets to signpost them to Gaelic information.</li> <li>5. Gather views from services within the community regarding use of Gaelic with patients and service-users to contribute to considerations for future development of local and community services, i.e., community nursing, substance misuse services, community care and learning disabilities.</li> <li>6. Provide a Gaelic representative on the Community Planning Partnerships in relevant areas such as Skye and Wester Ross</li> </ol>
<b>Target Date</b>	Dec 2024
<b>Responsibility</b>	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

## INCREASING THE LEARNING OF GAELIC

<b>High-level Aim</b>	<b>NHSH will include Gaelic in any educational outreach work it conducts in communities.</b>
<b>Proposed Outcome</b>	Where possible, Gaelic speakers will be involved in educational outreach and information will be distributed bilingually.
<b>Current Practice</b>	Gaelic is not currently a key consideration in educational outreach within NHS Highland.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Collaboration with SDS and other appropriate agencies around attendance and planning for recruitment and careers fairs, especially a presence at those specifically targeted at Gaelic speakers.</li> <li>2. Develop a programme of planned events around Gaelic and healthcare within the communities, including engagement with Gaelic schools and units.</li> <li>3. Encourage and support relevant teams to consider and include Gaelic in their events management and development i.e., Festival of Learning, Awareness Weeks with a 10% year on year Increase.</li> </ol>
<b>Target Date</b>	Dec 2023
<b>Responsibility</b>	Jennifer Swanson, Head of Talent

<b>High-level Aim</b>	<b>NHSH will collaborate with education providers to create Gaelic routes to qualifications in related health and social care in appropriate areas.</b>
<b>Proposed Outcome</b>	There will be pathways available for those wishing to enter the Health and Social Care sector with Gaelic.
<b>Current Practice</b>	There are currently no health or social care courses being run specifically for Gaelic speakers.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Collaborate with SDS about developing a Health and/or Social Care module/qualification for Gaelic speakers.</li> <li>2. Identify and establish a network of Gaelic-speaking carers across specific areas to create cohorts who might be interested in piloting such a course.</li> <li>3. Work with Care Homes to establish an increased presence of Gaelic for their residents and a plan to provide Gaelic music, interaction, videos.</li> <li>4. Work with Sabhal Mòr Ostaig as the education provider, to develop</li> </ol>
<b>Target Date</b>	Course pilot up and running for 2026
<b>Responsibility</b>	Gareth Adkins, Director of People and Culture

#### PROMOTING A POSITIVE IMAGE OF GAELIC

<b>High-level Aim</b>	<b>Gaelic will be included as part of NHSH's vision and strategy.</b>
<b>Proposed Outcome</b>	NHS Highland will be recognised as an organisation where Gaelic is used on a day-to-day basis.
<b>Current Practice</b>	There is an increasing awareness and engagement within the organisation, in addition to a higher level of current Gaelic learners undertaking classes. Gaelic has now been introduced as an embedded part of our 5-year strategy and is being discussed in terms of communications, recruitment, and other areas. Internal communications for all employees now regularly feature a Gaelic article or video.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Recruit a Gaelic-speaking member of the Communications team or create a partnership whereby bilingual communications will be possible, as required.</li> <li>2. Enhance the visibility of Gaelic within the organisation and our plans, making full use of the new website and Gaelic intranet site.</li> <li>3. Increase the number of opportunities being made available to staff, patients, and the public bilingually.</li> <li>4. Increase visibility of Gaelic across the organisation</li> <li>5. Use social media to engage in a wider Gaelic audience e.g., Instagram account specifically for Gaelic health and social care content</li> </ol>
<b>Target Date</b>	Ongoing, website complete by Dec 2024, Comms team member as required
<b>Responsibility</b>	Ruth Fry, Head of Communications

## Corporate Service Aims

STATUS.

<b>Desired Outcome</b>	<b>Logo and brand</b> Render the corporate logo and branding in both Gaelic and English at the first opportunity and as part of any renewal process. The logo should demonstrate equal prominence for both languages.
<b>Current Practice</b>	To date, NHS Scotland have not sanctioned this, and the Board has raised it at Director-General level and with the Health Secretary.
<b>Actions Required</b>	1. Secure permission from NHS Scotland by lobbying at senior levels.
<b>Target Date</b>	December 2023
<b>Responsibility</b>	Chair of Board, Chief Executive and Head of Communications & Engagement

<b>Desired Outcome</b>	<b>Signage</b> Prominent signage will include Gaelic and English as part of any renewal process.
<b>Current Practice</b>	All new capital development signage across NHS Highland is produced bilingually, with recent examples including Broadford Hospital and Badenoch & Strathspey Hospital.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Continued practice to ensure all parties are aware of this from the early planning stages.</li> <li>2. All vehicle livery to include the new bilingual signage on a renew and replace basis.</li> <li>3. Collaborate with NHS Eileanan Siar (Western Isles) to build upon the current database of Gaelic vocabulary to ensure consistency and agree any dialectical variation.</li> <li>4. Rewrite NHS Highland Gaelic policy to include reference to Estates signage</li> </ol>
<b>Target Date</b>	December 25
<b>Responsibility</b>	Head of Estates, Head of Communications

## COMMUNICATING WITH THE PUBLIC

<b>Desired Outcome</b>	<b>Promotion</b> Positive message that communication from the public in Gaelic is always welcome.
<b>Current Practice</b>	Gaelic feedback is welcomed and this is stated online.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Proactive and positive messaging in social media stating that Gaelic is welcome. Training and procedures for staff to deal with correspondence received in Gaelic.</li> <li>2. Collaborate with other public organisations to research best practice in this area, in terms of dealing with the requests given many staff do not have Gaelic.</li> <li>3. Bilingual events within communities where appropriate.</li> </ol>
<b>Target Date</b>	December 2024
<b>Responsibility</b>	Head of Communications, Director of People and Culture

<b>Desired Outcome</b>	<b>Written Communication</b> Written communication in Gaelic is always accepted (post, email, and social media) and replies will be provided in Gaelic in accordance with the general policy.
<b>Current Practice</b>	This is already made clear on the NHS Highland website and there is a Gaelic email address for any Gaelic correspondence which is staffed and redirected, as appropriate.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Continue to promote the availability of Gaelic communication.</li> <li>2. Our complaints and comments forms are bilingual and available on the website.</li> <li>3. Increased visibility in email signatures.</li> <li>4. Our automatically generated text such as email disclaimers will be bilingual.</li> <li>5. The #cleachdi image is promoted regularly and staff with Gaelic will be encouraged to use it.</li> <li>6. You can write to us here in English or Gaelic” will be made more visible on the “Contact Us” page.</li> </ol>
<b>Target Date</b>	Already in place, so continuously monitor and record volume of requests
<b>Responsibility</b>	Mirian Morrison, Clinical Governance Development Manager

<b>Desired Outcome</b>	<b>Reception and phone</b> Where Gaelic speaking staff can provide this service, they are supported to do so, and the service is promoted to the public.
<b>Current Practice</b>	There are some Gaelic-speaking staff at receptions in surgeries across the area but there is no formal network or forum for them.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Provide support and offer training to all reception staff to answer the phone in Gaelic.</li> <li>2. To support staff in responding to users when they do not have the skills to continue in Gaelic.</li> <li>3. Encourage Gaelic speaking staff to use their Gaelic confidently by providing videos around appropriate usage.</li> <li>4. Create a cohort of Gaelic-speaking surgery and reception staff to share ideas</li> </ol>
<b>Target Date</b>	June 2024
<b>Responsibility</b>	Jennifer Swanson, Head of Talent

<b>Desired Outcome</b>	<b>Public meetings</b> Opportunities to hold public meetings bilingually or in Gaelic are regularly explored and promoted.
<b>Current Practice</b>	Bilingual meetings have been held, where appropriate, including Broadford Hospital planning and the consultation on the third iteration of the NHS Highland Gaelic Plan.
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Planned events to be considered bilingual at an early stage through collaboration with the Communication and Engagement Team.</li> <li>2. Increased number of meetings held bilingually</li> </ol>
<b>Target Date</b>	December 24
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

INFORMATION

<b>Desired Outcome</b>	<b>News releases</b> High profile news releases and all news releases related to Gaelic are circulated in both Gaelic and English.
<b>Current Practice</b>	News releases have been circulated in specific areas, but wider circulation of bilingual press releases will be implemented.
<b>Actions Required</b>	1. Year-on-year increase in bilingual press releases in additional areas to include Oban and the Isles, Skye, Raasay and Wester Ross, recognising that press releases are becoming much less frequent.
<b>Target Date</b>	Ongoing with annual reporting
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

<b>Desired Outcome</b>	<b>Social Media</b> Gaelic content distributed regularly through social media, guided by the level of
<b>Current Practice</b>	There has been little social media activity in Gaelic to date
<b>Actions Required</b>	<ol style="list-style-type: none"> <li>1. Create a Gaelic social media space for NHS Highland on Instagram, targeting a younger audience.</li> <li>2. Create a plan for bilingual social media postings and campaigns in conjunction with the Communications &amp; Engagement Team.</li> <li>3. Work towards securing the services of, or employing, a Gaelic speaking communications assistant.</li> <li>4. Create 30 bilingual online posts a year, to include various types of footage e.g. posts, case study, video</li> </ol>
<b>Target Date</b>	July 24
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

<b>Desired Outcome</b>	<b>Website</b> Gaelic content should be available on the public authority’s website, with emphasis given to the pages with the highest potential reach.
<b>Current Practice</b>	There is little mention of Gaelic currently on the old website other than an invitation to the public to contact the organisation in Gaelic and some bilingual forms.
<b>Actions Required</b>	1. Agree a plan for the new website which creates an appropriate amount of Gaelic to include most prominent pages, menus, and a section dedicated to Gaelic.
<b>Target Date</b>	July 24
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement



<b>Desired Outcome</b>	<b>Corporate Publications</b> Produced in Gaelic and English with priority given to those with the highest potential reach.
<b>Current Practice</b>	There has been some Gaelic included in corporate documentation such as the Together We Care – Cùram Còmhla, Leatsa, Dhutsa – 5-year strategy document. However, consideration around Gaelic at the planning stages has yet to be embedded.
<b>Actions Required</b>	Approve a policy around bilingual corporate publications stating when, why and how often this will be appropriate. This policy will be based on the principle of equal respect for Gaelic and English.
<b>Target Date</b>	May 24
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

<b>Desired Outcome</b>	<b>Language utility</b> A process is in place to ensure that the quality and accessibility of Gaelic language in all corporate information is high.
<b>Current Practice</b>	Official translations are already arranged via professional organisations to ensure correct Gaelic. Ainmean Àitean na h-Alba is used as a reference tool for place names and translations use the most recent version of the Gaelic Orthographic Conventions. Where there is a local form used, this is applied consistently.
<b>Actions Required</b>	1. Continue to ensure consistency and high-standard translation.
<b>Target Date</b>	Already in place and continuing.
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

<b>Desired Outcome</b>	<b>Exhibitions</b> Opportunities to deliver public exhibitions bilingually or in Gaelic should be explored on a regular basis with priority given to those with the highest potential impact.
<b>Current Practice</b>	There are not specific exhibitions, but public meetings, conferences and careers fairs are currently held in English only.
<b>Actions Required</b>	1. Include Gaelic as part of the planning process for appropriate key events such as the Festival of Remote and Rural Learning or National Dementia Week, where Gaelic has a specific connection to the event/topic. 2. Ensure there are Gaelic opportunities fed into recruitment, careers, and succession planning strategies for events.
<b>Target Date</b>	December 24
<b>Responsibility</b>	Jennifer Swanson, Head of Talent Ruth Fry, Head of Communications and Engagement

## STAFF

<b>Desired Outcome</b>	<b>Internal audit</b> Conduct an internal audit of Gaelic skills and training needs through the life of each plan.
<b>Current Practice</b>	The previous survey was carried out during the 2nd edition of the plan and a new survey was issued in September 2022.
<b>Actions Required</b>	1. Carry out at least one additional audit during the lifecycle of the plan. 2. Add “ability to speak Gaelic” to forms for new employees so that the data can easily be captured and used for organisational development purposes and reporting to <i>Bòrd na Gàidhlig</i> .
<b>Target Date</b>	Dec 25 (for the second audit of this plan).
<b>Responsibility</b>	Gareth Adkins, Director People and Culture

<b>Desired Outcome</b>	<b>Induction</b> Knowledge of the public authority’s Gaelic language plan included in new staff inductions.
<b>Current Practice</b>	There is currently a reference made to the Gaelic Language plan in induction materials. There is also reference to the Gaelic Awareness module for all new and current staff.
<b>Actions Required</b>	1. Ensure that there is a link in the induction which takes new employees straight to the Gaelic Plan on the NHS intranet. 2. Create a list of handy phrases in Gaelic on the NHS intranet.
<b>Target Date</b>	Dec 23
<b>Responsibility</b>	Gareth Adkins, Director People and Culture

<b>Desired Outcome</b>	<b>Language training</b> Gaelic language skills training and development offered to staff, particularly in relation to implementing the public authority’s Gaelic language plan.
<b>Current Practice</b>	Gaelic classes are up and running and there are around twenty staff currently receiving Gaelic classes as employees of NHS through active collaborations with The Highland Council and Ionad Chaluim Chille, the Gaelic Centre on Islay.
<b>Actions Required</b>	1. Develop clear pathways for staff learning Gaelic. 2. Collaborate with Sabhal Mar Ostaig, the National Centre for Gaelic Language and Culture, on specific training needs and CPD. 3. Promote the Gaelic workplace courses available via the University of Aberdeen.
<b>Target Date</b>	Dec 24.
<b>Responsibility</b>	Gareth Adkins, Director People and Culture

<b>Desired Outcome</b>	<b>Awareness training</b> Gaelic awareness training offered to staff, with priority given to directors, board members and staff dealing directly with the public.
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<b>Current Practice</b>	A Gaelic Awareness module has been added to the NHS Highland induction modules, which is available for all staff.
<b>Actions Required</b>	1. Further communication about the module and active encouragement from Team Leaders for new starts to complete the training. 2. Add the Gaelic Awareness modules to Board inductions and training plans.
<b>Target Date</b>	Dec 2023.
<b>Responsibility</b>	Gareth Adkins, Director of People and Culture Ruth Daly, Board Secretary

<b>Desired Outcome</b>	<b>Recruitment</b> Recognising and respecting Gaelic skills within the recruitment process throughout the public authority. Gaelic is named as an essential and / or desirable skill in job descriptions to deliver the Gaelic language plan and in accordance with the Bard na Gàidhlig recruitment advice. Bilingual or Gaelic only job adverts for all posts where Gaelic is an essential skill.
<b>Current Practice</b>	Gaelic is already listed as a desirable skill for the Web Manager post. However, there are currently no Gaelic essential jobs, Adverts are being provided bilingually in the Skye, Raasay and Wester Ross areas.
<b>Actions Required</b>	1. Gaelic will be included as a desirable skill in all posts within the Oban and the Isles, Skye, Wester Ross and Raasay areas. 2. Continue to provide bilingual adverts in these areas.
	3. Gaelic will be added as an essential skill for the Gaelic communications team member. 4. NHS Highland welcomes applications from Gaelic speakers” will be added to all NESH job adverts.
<b>Target Date</b>	Dec 2024
<b>Responsibility</b>	Jennifer Swanson, Head of Talent

Gaelic Language Corpus

<b>Desired Outcome</b>	<b>Gaelic Orthographic Conventions</b> The most recent Gaelic Orthographic Conventions (GOC3) will be followed in relation to all written materials produced by the public authority.
<b>Current Practice</b>	Complete and ongoing.
<b>Actions Required</b>	1. Continue to use suitably qualified translators who adhere to GOC 3.
<b>Target Date</b>	Ongoing.
<b>Responsibility</b>	Ruth Fry, Head of Communications and Engagement

<b>Desired Outcome</b>	<b>Placenames</b> Gaelic place name advice from Ainmean-Àite na h-Alba is sought and used.
<b>Current Practice</b>	Placenames are already being used in line with the Ainmean-Àite na h-Alba database. Where names are unavailable, suitable qualified translators maintain quality.
<b>Actions Required</b>	1. Continue current practice. 2. Build on the current database of placenames, building and location names for reference
<b>Target Date</b>	Ongoing.
<b>Responsibility</b>	Alan Wilson, Head of Estates, Ruth Fry, Head of Communications

## 5. CEANGLAICHEAN RI FRÈAMAN COILEANAIDH NÀISEANTA – LINKS TO THE NATIONAL PERFORMANCE FRAMEWORK

We fully support the Scottish Government's national outcomes and ensure our work contributes to:

- opportunities for all
- increased wellbeing of people living in Scotland
- sustainable and inclusive growth
- reduced inequalities and equal importance to economic, environmental, and social progress

Our own recently approved 5-year strategy, **Together We Care – Cùram Còmhla**, includes twenty outcomes (NHS) and additional commitments, which fit within the Scottish Government's national outcomes (SG). The aims and outcomes listed in Section 3 demonstrate how NHS Highlands contribution to the National Gaelic Plan are in line with these wider outcomes.

## 6. CEANGLAICHEAN RI FRÈAMAN IONADAIL AGUS SGÈREIL – LINKS TO LOCAL AND REGIONAL FRAMEWORK

### Highland Health & Social Care Partnership (Lead Agency Model)

The Highland Partnership (HSCP) covers the Highland Council area. The population is broadly equally divided across urban areas, small towns, rural areas, and very rural areas. Outside Inverness and the Inner Moray Firth, there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the Southwest, Skye in the West, Aviemore in the South, and Nairn in the East.

These areas function as local service centres for the extensive rural areas which make up most of the region. NHS Highland is the Lead Agency for Integrated Health and Social care for Adults, while The Highland Council is the lead agency for Integrated Health and Social care for Children.

There are four coterminous managerial areas for NHS Highland and The Highland Council children's services, and there are nine local Community Planning Partnerships. The governance of the partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

Gaelic Language Plans are owned by many of the representatives on the Community Planning Partnerships and provide opportunities to work on Gaelic developments in a collaborative way. Recent examples include the joint classes for The Highland Council and NHS Highland employees wishing to learn or improve their Gaelic language skills. Another example includes the sharing of the Gaelic Awareness Raising modules for NHS Highland staff, through collaboration with the Scottish Fire and Rescue Service.

### Argyll & Bute Health and Social Care Partnership (Integration Joint Board)

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Social Care Partnership (HSCP), NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services. This too is supported by a partnership integration scheme determining the partnership agreements.

All NHS Services are delegated to the Argyll & Bute IJB

The area is divided into four localities:

- Oban, Lorn and the Isles (including Lorn and Islands Rural General Hospital in Oban)
- Mid Argyll, Kintyre, and Islay
- Cowal and Bute,
- Helensburgh and Lomond

Argyll and Bute HSCP also manages its own corporate services. Argyll and Bute IJB has approved, in May 2022, a 3-year Joint Strategic Plan and Joint Strategic Commissioning Strategy which establishes the vision, strategic objectives and priorities setting out the strategic direction for how health and social care services will be shaped in the coming years. There are a number of areas where Argyll & Bute IJB works with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

A recent example of collaboration with local partners is the development of a range of Gaelic classes with the Gaelic Centre on Islay, as an online learning resource for staff across the two Boards.

## 7. FOILLSEACHADH – PUBLICATION

### INTERNAL

The Gaelic Plan has been re-introduced over a period of months in the Weekly Round-up internal communication, which goes out to all staff. In addition, there are Teams channels for Gaelic Matters and a fresh staff intranet site specifically for Gaelic information. The Gaelic Plan has also been added to the induction for staff with reference being made to the Gaelic Awareness Module, which sits within TURAS, our eLearning platform. Specific areas within the Gaelic Plan will be highlighted according to the work being implemented. Minutes of the Gaelic Implementation Group will also be available on the staff intranet Gaelic pages and the Group will be officially reformed upon approval of this plan.

### EXTERNAL

Our Gaelic Language Plan will be published in Gaelic and in English on our website.

In addition, we will: -

- issue a bilingual press release announcing the plan.
- publicise the plan through a variety of social media platforms.
- distribute digital copies to arms-length organisations and other third-party organisations, explaining their role in the delivery of the plan.
- distribute digital copies of the plan to key stakeholders in the public, private and third sectors.
- distribute digital copies of the plan to relevant Gaelic organisations and other interested bodies.
- make hard copies available on request

## 8 A' CUR AN GNÌOMH A' PHLANA – RESOURCING THE PLAN

The plan will primarily be delivered from within existing resources through budgets such as Estates, Communications & Engagement and Staff Development. Any services that translators provide will be delivered in the same way as any other translation services. Many actions are low cost or no cost but will have some staff and management time implications.

## 9. A' CUMAIL SÙIL AIR A' PHLANA – MONITORING THE PLAN

The Gaelic Implementation Group will prepare an annual progress report for the Board, which will be submitted annually to Bòrd na Gàidhlig.

## 10. AM PLANA TAOBH A-STAIGH NHS NA GAIDHEALTACHD – THE GAELIC LANGUAGE PLAN WITHIN NHS HIGHLAND

### Overall responsibility for the plan

The Board and the Executive Directors have endorsed this edition of the Plan. Ultimate responsibility for ensuring this Plan is delivered lies with the NHS Highland Chief Executive; currently Pamela Dudek. The senior officer with operational responsibility for overseeing preparation, delivery and monitoring of our Gaelic Language Plan is the Director of People and Culture, currently Gareth Adkins. Support with implementation and delivery is currently being provided by a Gaelic support contractor. Staff are informed of their duties via internal communications, meetings, and conversations with line managers. Questions in relation to the plan should be emailed to the dedicated Gaelic inbox, in the first instance, [nhsh.gaelic@nhs.scot](mailto:nhsh.gaelic@nhs.scot)

### Gaelic Language Plan Implementation and Monitoring Group

The Gaelic Implementation Group is being re-established upon the approval of this edition of the plan and will have a focus on managing the progress and implementation of the Gaelic Language Plan. The remit and membership of the group will be as follows:

#### **Remit**

The Gaelic Language Plan Implementation Group is the key forum for oversight and monitoring of NHS Highland's Gaelic Language Plan and any additional and Gaelic-related activity.

#### **Terms of Reference**

- To monitor the development and implementation of the NHS Highland Gaelic Language Plan.
- To report to the NHS Highland Board and to Bòrd na Gàidhlig, on their behalf, annually and as requested.
- To have oversight of Gaelic Language focused activity within the organisation.
- To review documentation and other public information produced for staff, patients and other stakeholders and make appropriate recommendations.



- To meet annually with Bòrd na Gàidhlig staff to review progress relative to the Gaelic.
- Language Plan and to receive and share relevant updates and information.
- The Gaelic Language Plan Implementation and Monitoring Group (NHS-GIG) will report, in the first instance, to the Executive Directors Group. Reports to other groups and committees will be provided as requested.

### **Frequency of meetings and reporting**

The Gaelic Language Plan Implementation Group shall meet at least four times per year in the first instance. Meetings will be arranged by the People and Culture Directorate.

### **Membership**

#### *Chair*

Director of People and Culture, Gareth Adkins

#### *Members*

Head of Communications and Engagement

Head of Talent

Director-level Nominees from:

- Maternity or family services
- Dementia services
- Highland HSCP
- Argyll & Bute HSCP
- Public Health
- Estates and Facilities
- Education, Learning and Development
- Staffside

#### Arms length organisations and third parties

Those who deliver services/goods on behalf of NHS Highland will be made aware of our commitment to the delivery of the Gaelic Language Plan through stating the requirement in the tendering and contracting of services/goods as a matter of best practice.

## CÙL—PHÀIPEAR 1: IN-SGRÙDADH COMASAN GÀIDHLIG – APPENDIX 1: INTERNAL GAELIC CAPACITY

The staff internal capacity audit was open to all staff within NHS Highland during October 2022. Eighty-five responses were received, which is remarkably lower than the previous survey back in 2016 (582 responses) although slightly higher than the first back in 2012 (73 responses). The sample is too small to provide any meaningful baseline or comparison and it will be carried out again during the lifetime of the Plan. It should be noted that the capacity audit coincided with the public consultation and other NHS surveys which could be a contributing factor, in addition to the current and varied pressures on NHS staff across the Board area.

A summary of the responses is detailed here:

41% had some ability in Gaelic, with 8% able to hold a conversation or fluent.

Almost 50% of respondents were interested in accessing training in Gaelic language skills or Gaelic awareness, although only 2% had already accessed this as part of their employment.

It is encouraging that some who are not fluent are still keen and confident enough to use what they have with other patients:

### Examples of Gaelic being used within NHS Highland

*"I actively ask patients if they have Gaelic then greet them and start simple conversations with them. My Gaelic isn't good enough to do the whole consultation in it."*

*"To make patients feel more at ease and to build relationships."*

*"Any colleagues I know have Gaelic; I greet them in Gaelic."*

*"I use some Gaelic with all Gaelic Medium Education children in the [clinic]. Often, I know they are in GME from their school uniform but sometimes it will come up in conversation or I may know the family already."*

*"I know a few colleagues with Gaelic, and we use it in the passing but not for long conversations."*

*"Elderly patients whose first language is Gaelic speak to me in Gaelic and I can understand their needs."*

*Visitors speak to me in Gaelic, colleagues also speak to me in Gaelic. We try to promote the use of Gaelic in our everyday living..."*

"My colleague is fluent and another a keen learner, so we have used Gaelic in our meetings occasionally."

**Staff were also asked about their general views around usage and visibility of Gaelic within the organisation:**

#### USAGE

Views were mixed around the Usage, Promotion and Visibility of Gaelic. Those who were not in support of the Gaelic Plan felt that money should not be spent on Gaelic, when the NHS is faced with so many other priorities and challenges; everyone with Gaelic already speaks English and concern around the offering of services in additional languages considered equally, if not more, important. Those in support, however, welcomed the Plan and the opportunities to learn and use more Gaelic. Some felt it of most importance to staff who have links with communities and nurseries, within their roles. They felt included by having Gaelic plans within the workplace and encouraged to learn and use what they had.

#### VISIBILITY

There were mixed reviews around visibility, with some welcoming an increase in visibility within the organisation during the last 12 months, but others not aware of anything in Gaelic. Others felt Gaelic visibility was not necessary as everyone with Gaelic could access services in English. Those who had positive views around Gaelic welcomed the increased visibility as it made them feel included. Work was still needed on simple measures to identify Gaelic-speaking patients and staff. Simple ideas for promotion included information posters in maternity services and family clinics. Most felt there was more that could be done to improve visibility.

## CÙL-PHÀIPEAR 2: CO-CHOMHAIRLEACHADH POBLACH – APPENDIX 2: PUBLIC CONSULTATION

A public consultation was held during October and November 2022. Information was disseminated via the NHS consultation web pages, on social media and via internal communications across the staff.

Two public meetings were arranged, one in Gaelic and one in English. A survey was also available in Gaelic and English.

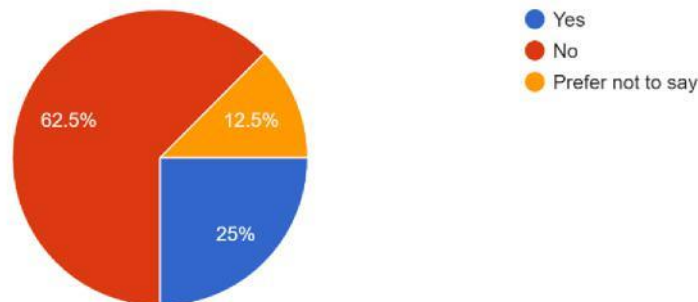
The response rate was very low and could be attributed to the increasing and demanding pressures on the organisation and the prevalence of online surveys in the public, generally. Only 9 responses were received (1 Gaelic and 8 English). A summary of the responses is detailed below. There were also a range of - mostly negative - comments on social media around use of public money and priorities for health and care services.

There seems to be an assumption that money being spent on Gaelic is money taken away from the health services and this could be clarified through better communication across the teams. Some were grateful that work was being done to increase Gaelic within the organisation, and appreciated this happening, however the most common view submitted, was that Gaelic was not considered important in light of all the other priorities facing NHS Highland and health services more generally.

The responses are listed below.

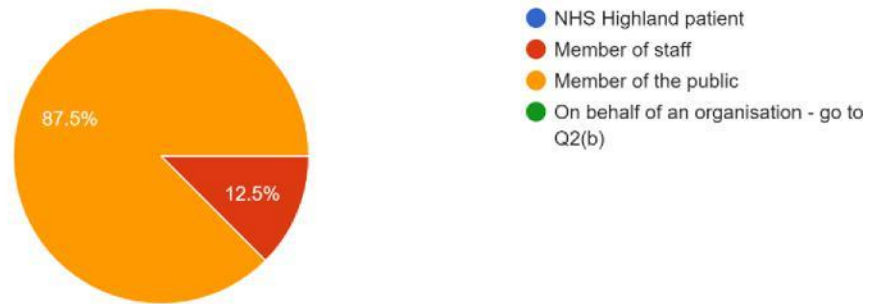
Q1: Are you a Gaelic speaker?

8 responses



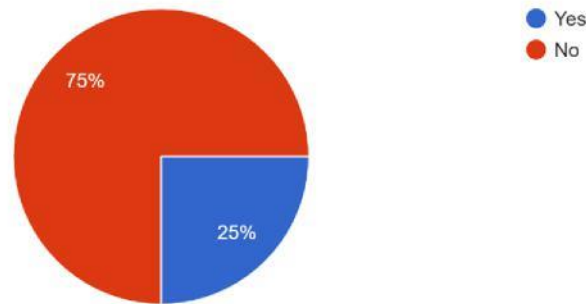
Q2: I am participating in this survey in the following capacity:

8 responses



Q5: Are you of the opinion that the aims and actions around Increasing the Learning of Gaelic, contained within this Plan, are appropriate?

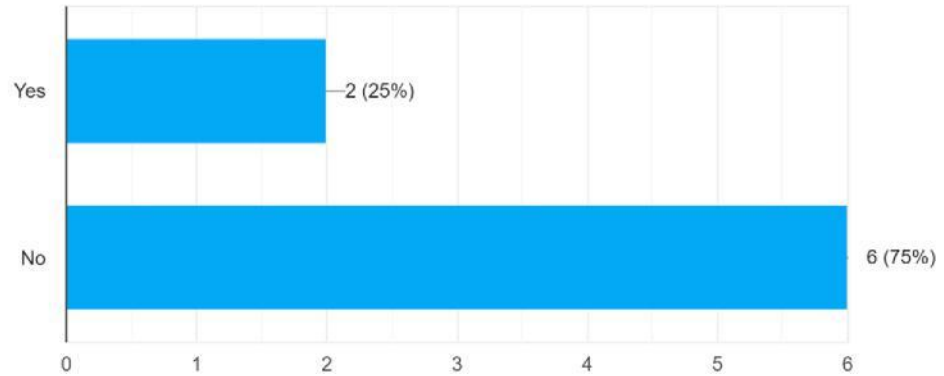
8 responses



- I believe that the goals and activities in your plan make the case for bringing growth to the Gaelic language, and I am very happy that they are being organised for the Gaelic language. However, with the current state of health and care services - the lack of them and the difficulties we have in getting the right services - I wonder the services themselves are not given the same kind of attention, and then provided in both Gaelic and English.

Q3: Are you of the opinion that the aims and actions around Increasing the Use of Gaelic, contained within this Plan, are appropriate?

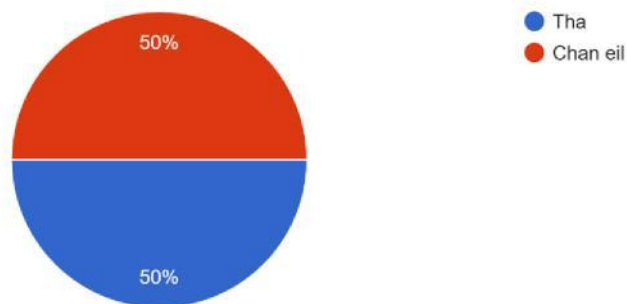
8 responses



- As a former staff member, I would be pleased to see some availability of Gaelic classes for NNSH staff.
- I learned Gaelic and am always happy that other people would want to learn it too, I would be happy to speak to people in the NHS in Gaelic, and I would be very happy to see and read Gaelic in the hospital etc. We hardly get the services that we should anyway, it surprises me that you would consider this more than saving the services, so that Gaelic can be used and learned in them.

Q7: Are you of the opinion that the aims and actions around Promoting a Positive Image of Gaelic, contained within this Plan, are appropriate?

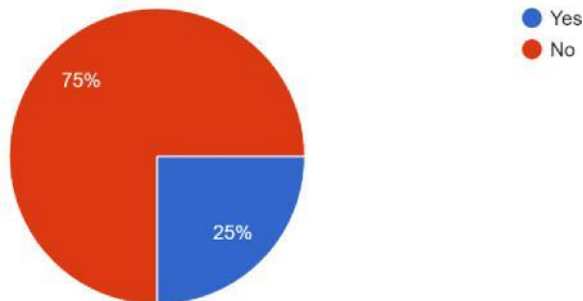
8 responses



Please provide any comments around the aims and objectives around Promoting a Positive Image of Gaelic below.

Q9: Do you think the Corporate Aims are appropriate?

8 responses



2 responses

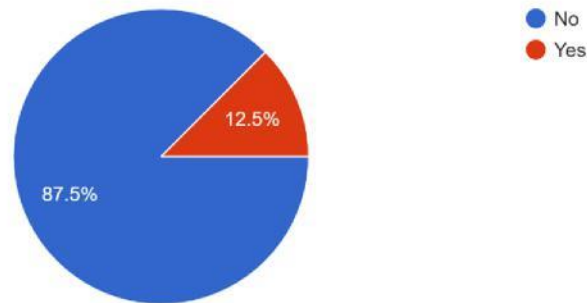
- All languages have a positive image - I find this a strange aim & objective.
- Inappropriate use of time and money
- There is a positive image for Gaelic itself here, and I am happy to see that. That is different from projecting a positive image to the NHS though, more attention needs to be paid to that.

If you would like to make any further general comments around the Plan, please use the space provided.

- I wish it went further and I wish I had confidence that NHH would follow through.
- Concern about mis diagnosis if English isn't used unless there is an only Gaelic patient.

Q12: In accessing and using NHS Highland services, have you ever been able to use Gaelic? e.g. Doctor's consultation, support from staff, provision of information.

8 responses

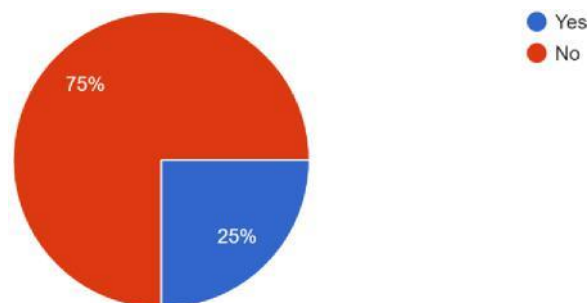


Q12 (b) If you answered yes, it would be helpful to find out more about your experience including the service and location, where Gaelic was provided. This information helps us in planning.

- Letter and nurse although my first language is English, it was nice to chat in a different language.
- A nurse with Gaelic at some point when I was in hospital.

Q13: Would you be interested in using more Gaelic as part of your experience with NHS Highland services?

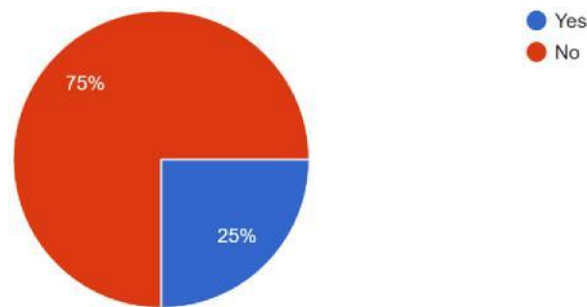
8 responses





Q13: Would you be interested in using more Gaelic as part of your experience with NHS Highland services?

8 responses



Q13 (b) In which services and where, would it be useful to have increased Gaelic provision?

- Everywhere! It is about accessibility - it is rare to see Gaelic on signage other than outside in somewhere like Raigmore. Why only have Gaelic as desirable for jobs in certain areas?
- I think for minimising risk of inaccurate information, English should be a primary common source of use. Conversational Gaelic is nice.
- .... I would be happy to see more Gaelic in [our services] as well as our care and health services themselves. My medical team will not be coming to [here] now because they cannot get a place in the hospital, and I need to see them, not to travel a distance when I am sick. I absolutely love Gaelic, and I will always support it, but first my support is with our health services. Many in my community would agree with me.

We also received a number of responses that fell outwith the scope of the consultation exercise.

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	
<b>MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS</b>	<b>8 September 2023 at 9.30am</b>	

**Present**

Alexander Anderson, Chair  
 Tim Allison, Director of Public Health and Policy  
 Louise Bussell, Board Nurse Director  
 Graham Bell, Non-Executive Director  
 Ann Clark, Non-Executive Director, NHS Board Vice Chair  
 Sarah Compton-Bishop, NHS Board Chair  
 Pamela Dudek, Chief Executive  
 Gerry O'Brien, Non-Executive Director  
 Dr Boyd Peters, Board Medical Director  
 Elaine Ward, Deputy Director of Finance

**In Attendance**

Rhiannon Boydell, Head of Strategy & Transformation  
 Lorraine Cowie, Head of Clinical Support and Cancer  
 Pamela Cremin, Chief Officer, Highland Health and Social Care  
 Ruth Daly, Board Secretary  
 Alan Gray, Scottish Government Sustainability & Value Representative  
 Brian Mitchell, Board Committee Administrator  
 David Park, Deputy Chief Executive  
 Simon Steer, Interim Director of Adult Social Care  
 Katherine Sutton, Chief Officer (Acute)  
 Nathan Ware, Governance and Corporate Records Manager  
 Alan Wilson, Director of Estates, Facilities and Capital Planning

**1 WELCOME AND APOLOGIES**

The Chair took the opportunity to introduce Mr A Gray, Scottish Government Sustainability & Value Representative and welcome him to the meeting.

Apologies were received from H Cooper, F Davies and P Dudek.

**2 DECLARATIONS OF CONFLICT OF INTEREST**

There were no formal Declarations of Interest.

**3 MINUTE OF THE MEETING HELD ON 7 JULY 2023**

The Minute of the Meeting held on 7 July 2023 was **Approved**.

## 4 FINANCE

### 4.1 NHS Highland Financial Position as at end July 2023 (M4)

E Ward spoke to the circulated report and presented an outline of the NHS Highland financial position as at end Month 4, advising the Year-to-Date (YTD) Revenue over spend amounted to approximately £25.519m, with a forecasted overspend of £55.774m as at 31 March 2024, reflecting an improvement on the underlying residual gap due to additional Scottish Government funding allocations in respect of Sustainability & NRAC Parity (£8.03m) and additional New Medicines Funding (£6.59m). The stated forecast assumed full delivery of the savings in Acute, Support Services and the Highland Health and Social Care Partnership (HHSCP), and the significant majority of the Argyll and Bute Integrated Joint Board (IJB) target was also achieved. The reported forecast position was £12.898m better than presented in the financial plan submitted to Scottish Government in March 2023. Members were then taken through the underlying financial data relating to Summary Funding and Expenditure.

Specific detailed updates were also provided in relation to the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll and Bute; Cost Improvement Programme activity; 3 Horizons activity; focus savings areas (Workforce, Prescribing and drugs, and Digital); supplementary staffing; forecast position; sustainability and value; key risks and associated mitigations; and Capital Spend. The circulated report proposed the Committee take **Limited Assurance**.

In discussion, the following points were referenced:

- Adult Social Care. Advised balanced position dependent on reserves held by Highland Council and applied to 2023/2024 only. Discussions ongoing with Highland Council.
- Winter Pressures. Advised potential reduction in bed numbers not in financial projections.
- Funded Nursing Care. Advised relevant discussions being taken forward.
- OPEL. Advised de-escalation arrangements in place and considered to be operating well.
- Community Capacity. Noted number of associated workstreams underway. One new Care Home provider identified. Collaborating with Independent Care sector on wider resilience activity. Hospital at Home aspects were being taken forward. Effectiveness of Caithness Hub model being assessed.
- Nature of Savings Activity. Advised strict savings plan in place, including quality impact assessment. Agreed to provide breakdown of recurrent versus non-recurrent elements and updates on wider financial control activity. Current focus on recurrent savings.
- Role of Highland Council (Adult Social Care). Cost increase year on year, including NHH taking on additional Care Homes, the financial implications of which require discussion. Highland Council looking at future Care Home funding. Positive discussions to date.
- Delayed Discharge and Patient Flow Activity. Stated patients not receiving the Right Care in the Right Place having an associated financial impact. Aspects relating to clinical models, Flow Navigation Centres, Community Hospitals, Rural General Hospitals, Adult Social Care all in the mix. A number of challenges remain. All at strategic planning stage.
- Validity of Current Forecast. Advised this included all known current factors and risks. Financial impact of additional funding in year being assessed by Scottish Government. In Highland, additional allocations are split between North Highland and Argyll and Bute.

#### After discussion, the Committee:

- **Noted** the circulated report and additional verbal updates provided.
- **Agreed** to provide future breakdown of recurrent/non-recurrent savings.
- **Agreed** to take **Limited** assurance regarding delivery of the agreed financial plan 2023/24.

## 4.2 NHS Highland Financial Savings Governance

L Cowie gave a brief presentation in relation to financial savings governance activity; advised formal Financial Savings Governance Groups/arrangements had been established within Acute and Community Service areas and were discussed on a weekly basis. These Groups considered and reviewed Delivery Trackers, considered any gap analysis activity, and review associated Business Cases. Support was provided from within the Finance, and Strategy and Transformation Teams. Work was also ongoing in relation to Sustainability and Value Workstreams as well as in relation to prescribing, locum and agency activity, digital considerations, and establishment of a Corporate Short Life Working Group (SLWG). Activity was reported into the Efficiency and Transformation Governance Group; Executive Directors Group (EDG) and this Committee. An outline of the relevant Financial Savings Tracker was provided. E Ward then provided an up-to-date position in relation to progress of savings activity to date (target £29.5m) and advised a savings gap of £12.7m had yet to be identified. Members were advised as to the importance of relevant validation activity, noting this process was more robust than in previous years.

A Gray further provided a short presentation for members on the provision of tailored financial support to NHS Highland in relation to developing an appropriate financial recovery plan, outlining aspects relating to current Diagnosis; Planning; Delivery and Implementation approach activity. There had been an examination of historic trends relating to the recurring deficit faced by NHS Highland, as indicated, noting that locum and agency costs on emerging from the Covid pandemic period had increased significantly and markedly by more than the national average. Consideration was also being given to the decisions taken within NHS Highland in relation to developments around that time carrying an associated cost burden. He stated, based on the projection of current levels of overspend to financial year end, NHS Highland would have a financial deficit of £76.5m; this would be £55.8m should the current financial plan be successful; and would be £25.4m if the wider Scottish average applied. Achievement of the figure provided in the NHS Highland Financial Plan of £55.8m was the minimum expected by Scottish Government. The unique challenges faced in Highland had been acknowledged. In terms of next steps, there was a requirement for assurance on financial governance arrangements; a need to close the existing £12m savings plan gap; ensure actions taken to deliver on the forecast deficit as a minimum; agree and outline the recovery plan for the next five years, identifying key corporate actions for reducing the overall deficit and developing a minimum plan to deliver 3% savings on a recurring basis.

There followed general discussion, with the following points raised:

- Quantification of the Highland Element. Advised focus is on what can be achieved in partnership, including seeking to identify the particular challenges faced by NHS Highland. Consideration of the financial impact of decisions taken will also be key.
- Business Case Process. Members were shown an analysis of the operational location and value of Business Cases approved since 2018/19 (£42.7m) and were advised a significant number of these had been essential in nature. Approximately 13% of Business Cases had been designated as Optional. Appropriate control and review mechanisms were in place and work continued in association with Scottish Government.
- Wider Financial and Savings Culture and Messaging. Advised weekly meetings held with relevant local Community leaders to ensure appropriate data analysis and performance monitoring taking place. Similar position reported in Acute, working with all relevant operational area budget holders to emphasise requirement to respect financial limits. It was stated changes are being considered, agreed and implemented, including in association with relevant Consultant colleagues and wider clinical teams as appropriate. Looking to further enhance the link between budget discussions and associated recruitment activity; and ensure relevant service redesign processes are being progressed. Weekly reviews held in relation to which posts are being released for recruitment activity, with a focus on available staffing budget, and with discussion linked to the wider individual service financial position. Appropriate engagement and momentum was key in all areas.

**After discussion, the Committee Noted** the reported position and additional verbal updates provided and took assurance on the initiatives being taken forward.

#### **4.3 General Discussion**

The Chair suggested, in light of earlier discussion, that future meetings be held on a monthly basis. These meetings would have focussed agendas to enable full discussion of the subjects scheduled for consideration. Agenda items relating to Finance and Transformation would be scheduled for each meeting. Development sessions would also be considered.

**The Committee Agreed** to schedule monthly meetings moving forward.

### **5 OVERVIEW OF TRANSFORMATION PROGRAMME AND GOVERNANCE**

L Cowie provided a short presentation for members, advising as to the planned three Horizon model approach being taken to developing an NHS Highland Transformation Plan. The aim was to enable strategic change; improve quality; provide cost effective care; provide a learning environment; empower teams to take forward service change; and ensure digital technology was at the heart of all activity. An indication was provided as to the activity planned for delivery in terms of each of the three Horizons (12 months, 2-3 years and 3-5 years), noting these had been categorised as Annual Delivery Plan and Business as Usual; Medium Term Plan and Integrated Service Planning; and Strategic Commissioning Models. Associated priorities and supporting activities were outlined, with relevant system responsibilities and specific priorities for senior Leadership Teams in Horizon 1 detailed further. Support arrangements had been aligned to each of the Senior Leadership Teams as appropriate. She went on to detail the relevant methodology being applied through a strategic and portfolio approach involving strategic commissioning and project management, ensuring good governance and collaborative system leadership.

The following points were then discussed:

- Communication and Engagement for Success. Stated Horizon 2 activity can be a challenge for many, with need for focussed discussion on performance, quality and finance elements through tailored messaging. Emphasised public engagement would be crucial to success. Strong links in place to ensure learning from other NHS Boards in Scotland. Joint workshop event to be held in September 2023, where aspects of best practice would be considered.
- Discovery Data and Social Care Benchmarking. Emphasised need to ensure any future discussions with Highland Council based on accurate benchmarking and datasets.
- Public Health Element/Capturing Activity and Benefits Realisation. Stated this and associated impact assessment activity would form a major component of Horizon 3 activity.
- Environment/Sustainability Aspects. Stated strong links to wider activity and informed Capital investment/planning were key elements to ensuring an integrated approach.
- Culture. Emphasised ensuring success would involve a number of culture changes. This would not be without associated risk. Staff should be encouraged to embrace change, whilst appropriately managing and mitigating risk.
- 1<sup>st</sup> Annual Integration Scheme Performance Report. Advised to be published in early course, including aspects relating to the existing position regarding progress against National Health and Wellbeing outcomes, and associated processes. The Joint Strategic Plan would set the relevant public engagement framework required moving forward.

**After discussion, the Committee Noted the presentation content and reported position.**

**L Bussell and A Clark left the meeting at 11.30am.**

## 6 INTEGRATED PERFORMANCE AND QUALITY REPORT

L Cowie spoke to the circulated report which provided the Committee with a bi-monthly update on NHS performance and quality based on the latest available information, a summary of which would also be provided to the NHS Board. It was advised all Local Delivery Plan Standards were included in the report, excluding GP access figures. Further Indicators continued to be worked on in line with Together We Care and the Annual Delivery Plan. Members were then provided with specific updates on performance relating to vaccination activity; alcohol brief interventions; smoking cessation; drug and alcohol waiting times; Maternity Services; CAMHS; NDAS/Integrated Children's Services; Urgent and Unscheduled Care performance; TTG performance; Outpatients; Diagnostics (Radiology and Endoscopy); Cancer Care; Delayed Discharges; Adult Social Care; and Psychological Therapies. Associated trajectory detail had been included for relevant Indicators. It was proposed the Committee take **Moderate Assurance**.

Matters raised in discussion were related to the following:

- Level of Delayed Discharge. Noted as above pre-pandemic level. Advised position was complex including issues relating to ability to recruit to the care market; level of financial support available to Care Homes; and wider labour market concerns. There was a requirement to focus on those areas where a direct impact could be achieved. Need to capture and communicate associated areas of success, without the mitigation elements of which the position could be of greater concern.
- CAMHS Service. Attention of members drawn to the reduction in ongoing wait levels.

### After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Agreed** to take **Moderate** assurance.

## 7 ASSET MANAGEMENT GROUP – Minutes of Meetings held on 19 July and 16 August 2023

Due to time constraints, there was no discussion held in relation to this Item.

## 8 MAJOR PROJECTS SUMMARY REPORT

There had been circulated a report providing the Committee with an update on three major Capital construction projects, relating to the Raigmore Maternity Upgrade; and Lochaber and Caithness Redesign Projects. The updates provided an Executive Summary; project status update; project programme; key project deliverables completed; key project deliverables to be completed in next period; key project risks; live project issues and escalations; and updates on change control and expenditure elements. It was proposed the Committee take **Moderate Assurance**.

The following was discussed:

- Decant Process for Maternity Upgrade. Advised process not ideal but now agreed and in place. A total of nine phases involved, work on which had begun.
- Caithness Redesign. Noted high number of status elements showing as Amber. Advised cautious approach being adopted, with number of elements requiring further work. Developing and agreeing a single system model would be the next stage of activity.

**After discussion, the Committee:**

- **Noted** the progress of the three Major Capital Projects.
- **Agreed** to take **Moderate** assurance.

**9 ENVIRONMENTAL SUSTAINABILITY GROUP – Minute of Meeting held on 1 August 2023**

There had been circulated Minute of Meeting of the Environmental Sustainability Group held on 1 August 2023.

**The Committee Noted** the circulated Minute.

**10 CORPORATE RISK REGISTER UPDATE**

Due to time constraints, there was no discussion held in relation to this Item.

**11 REVIEW OF COMMITTEE TERMS OF REFERENCE**

There had been circulated the previously approved Committee Terms of Reference, in relation to which members were invited to suggest amendments where required.

**The Committee Noted** any proposed changes would be submitted to the next meeting for approval.

**11 REVIEW OF COMMITTEE WORKPLAN**

Due to time constraints, there was no discussion held in relation to this Item.

**12 PATIENT SAFETY ASSURANCE**

There had been circulated a letter, from the Cabinet Secretary for NHS Recovery, Health and Social Care to all NHS Board Chairs and Chief Executives seeking assurance that the existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland are fully effective. NHS Boards were being asked to provide reassurance in several ways, considering multiple sources of information, including data on patient outcomes, alongside concerns that may already have been raised through whistleblowing procedures or escalation from the point of care to senior leaders. Members were advised the formal NHS Highland response was in preparation and that an update to the recent Staff Governance Committee had indicated there would be an iterative approach to the relevant action to be taken forward.

Members were further advised the current position provided an opportunity for NHS Boards to assess and provide assurance in relation to internal formal processes relating to the escalation of concerns and relevant associated monitoring arrangements. It also allowed for consideration of the formal response to concerns raised to NHS Board level where appropriate. It was advised there were an increasing number of escalations to senior level. Consideration of matters relating to potential patient harm was a complex process. The key questions related to whether matters were being appropriately monitored and reported; to where and then what actions were then being taken forward in response. The ability to reassure staff in relation to these elements was also important. These issues were currently being actively discussed by NHS Board Medical Directors at national level.

**After discussion, the Committee:**

- **Noted** the circulated letter.
- **Agreed** to return to discussion of this matter at a future meeting.

## **12 MEETING DATES FOR 2024**

Members **Noted** and **Approved** the following meeting schedule for 2024:

- **5 January 2024**
- **1 March 2024**
- **May 2024**
- **5 July 2024**
- **6 September 2024**
- **1 November 2024**

**(All meetings to be held from 9.30am to 12.00pm)**

## **13 2023 MEETING SCHEDULE**

The Committee **Noted** the remaining formal meeting schedule for 2023 as follows:

**3 November**  
**1/8 December (to be confirmed)**

## **14 DATE OF NEXT MEETING**

The date of the next meeting of the Committee on 6 October 2023 was **Noted**. There would be a focus on Finance and Transformation, plus Environmental and Sustainability matters.

**The meeting closed at 12.05pm**



## HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

### Report by Committee Chair

#### The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 30 August 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

#### Present:

Gerry O'Brien, Committee Chair, Non-Executive Director  
Philip Macrae, Non-Executive Director, Committee Vice Chair  
Tim Allison, Director of Public Health (until 3pm)  
Cllr, Chris Birt, Highland Council  
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH  
Cllr, Muriel Cockburn, Board Non-Executive Director  
Claire Copeland, Deputy Medical Director  
Pam Cremin, Chief Officer  
Kate Dumigan, Staffside Representative  
Cllr, David Fraser, Highland Council (until 3pm)  
Julie Gilmore, Nurse Representative  
Cllr, Ron Gunn, Highland Council  
Joanne McCoy, Board Non-Executive Director  
Kara McNaught, Area Clinical Forum Representative  
Kaye Oliver, Staffside Representative  
Michelle Stevenson, Public/Patient Representative  
Simon Steer, Director of Adult Social Care  
Elaine Ward,  
Neil Wright, Lead Doctor (GP)

#### In Attendance:

Rhiannon Boydell, Head of Strategy and Transformation  
Jo McBain, Deputy Director of Nursing (for Nurse Director)  
Sarah Compton Bishop, NHS Highland Board Chair  
Arlene Johnstone, Head of Service, Health and Social Care  
Ian Kyle, Head of Integrated Children's Services, Highland Council  
Fiona Malcolm, Head of Integration ASC, Highland Council  
Jill Mitchell, Deputy Chief Officer  
Nathan Ware, Governance and Assurance Co-ordinator  
Stephen Chase, Committee Administrator

#### Apologies:

Mhairi Wylie, Louise Bussell.

## 1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

The Chair offered apologies for the length of the agenda and noted the difficulties around the timely production of papers due to system pressures.

The Chair requested that item 3.9 follow 2.1 to assist the Committee with context for the information delivered.

**1.2 DECLARATIONS OF INTEREST**

There were none.

**1.3 Assurance Report from Meeting held on 28 June 2023 and Action Plan**

The draft minute from the meeting of the Committee held on 28 June 2023 was approved by the Committee as an accurate record pending the removal of a typo at the end of p.4.

- The Chair noted regarding the Action Plan, that he had met with the Chairs of the Audit and Clinical Governance Committees, and that the Chief Officer had been in discussion with the Director of Adult Social Care, the Deputy Medical Director and the Chief Social Worker for Highland Council to develop a Care Governance Framework. The Deputy Medical Director noted that there had been constructive dialogue and that a plan of action would be articulated by the end of September and that an update would be brought to the next meeting of the Committee.
- Further consideration would be given to reintroducing Staff Experience items to the Committee perhaps as part of development sessions.
- The Childrens Report item would be closed off following the November report to the Committee.

<p><b>The Committee</b></p> <ul style="list-style-type: none"> <li>- <b>Approved</b> the Assurance Report</li> <li>- <b>Noted</b> the Action Plan.</li> </ul>	
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**1.4 Matters Arising From Last Meeting**

It was confirmed that the Self-Directed Support item had gone back to the senior leadership team of the HHSCP to ensure the plan could be operationalised and that arrangements were being put in place to allow change in the payment rates. It was hoped that the changes could be implemented from October. The Director of Adult Social Care added the caveat that these actions were dependent upon successful recruitment of staff to undertake or provide support for self-directed care.

<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>NOTED</b> the updates.</li> </ul>	
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**2 FINANCE**

**2.1 Year to Date Financial Position 2023/2024**

The report of the position to month 3 was circulated ahead of the meeting having been previously considered by the Community SLT. The report offered limited assurance to the Committee due to the limited progress on savings delivery and the ongoing utilisation of locums and agency staff. The development of robust savings plans was progressing with the aim of supporting an increase in the level of assurance.

At the meeting an update to the report was presented and circulated showing the position to month 4:

- A total year-to-date overspend of £25.519m was reported with the overspend forecast to increase to £55.774m by the end of the 2023/2024 financial year. The year-to-date position included slippage against the Cost Improvement Plan (CIP) of £8.171m. Cost improvement/reductions of £28.843m were assumed within the year end forecast and the forecast position was £12.898m better than that presented within the financial plan submitted to SG in March 2023. This reflected additional funding received from SG in respect of Sustainability & NRAC Parity (£8.030m) and additional New Medicines Funding (£6.590m).
- Within the partnership, the year-to-date overspend was reported at £4.492m and was forecast to increase to £5.335m by the end of the financial year. Slippage of £2.998m against the CIP was reported with full delivery forecast for the financial year end.
- Pressure on the position of the Partnership had been driven by the impact of locum usage within Mental Health and 2C practices. Focussed work was underway within the 3 Horizons programme to deliver cost reductions/improvements.
- The rising costs of drugs and the volume of prescriptions were noted as carrying a risk of costs increasing ahead of the forecast position.
- North Highland Community Hospitals had been reviewing the costs of unfunded services within Chronic Pain and Enhanced Community Services, and supplementary staffing pressures for in-house care homes had added pressure.
- The forecast for Adult Social Care projected a breakeven position and assumptions around potential additional costs had not materialised at the anticipated levels and the position was supported by funding held by Highland Council from the 2021/22 financial year. However, a number of sustainability issues were noted around an increase in the number of high-cost LD packages, and NHS were working with the independent sector to address challenges faced by partner organisations.
- A number of schemes were underway to address, agency nursing, medical locum costs, prescribing (wound management and continence products in particular), OOH redesign and digital systems.
- The Finance Innovation Group (FIG) had been implemented as a forum to generate and share ideas to identify efficiencies for consideration by service leads and the Partnership.

During discussion,

- It was clarified that within the partnership, there was a target of £10.7m which included £4.113m within Adult Social Care. £555,000 worth of savings had been achieved to date with overall slippage of £3m. Work was underway using the 3 Horizons template to produce a refined position and address the risks by the Efficiency and Transformation Governance Group on a fortnightly basis.
- The pressures on staff within Adult Social Care were noted in relation to areas such as retirement due to stress, and the demands on staff who have to travel across the Highland region to see patients.
- The efforts of staff at local and national levels to address the financial situation were acknowledged in terms of assurance to the Committee that all avenues within the Partnership's control were being explored.
- It was noted that there was work at a national level to address issues around increased volumes of prescribing and drug approvals.
- It was noted that the assumption around savings, had been taken at an early stage because additional cost containment work was underway to address plans for this in order to gain more control over areas such as recruitment.
- With regard to professional support packages for people with complex needs, the Head of Service noted that these packages were expensive but that they were assessed on an ongoing basis to see which areas could be reconsidered or stepped down in order to be most effective. The costliest packages had tended to be for those individuals living in

isolated tenancies instead of cluster arrangements which were simpler to support and conversations with providers and the Highland Council were underway around the strategic direction and supporting people to live within their own homes.

- It was also noted regarding LD packages, that a key issue was that all commissioned services were struggling to meet staffing needs and that the number of young people coming into the system via Transitions requiring 24/7 support had seen a rise.
- It was requested that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.
- The Director of ASC commented that support work had been under significant pressure and was beginning to see the fragility already seen in the Care Home and Care At Home sectors, and that addressing care hours was as important if not more so than finding money to support packages and that there was significant risk around equitable access to care with unmet need. The difficulty of assessing care packages with a long-term focus at the funding stage was acknowledged.
- The Director of ASC gave assurances that the concerns over risks around unmet needs are being addressed in a joint report with the Chief Social Work Officer which will go to the next meeting of the Joint Monitoring Committee

**The Committee:**

- **NOTED** the report and accepted **limited** assurance.
- **Requested** that an update on the overspend in the context of the overall adult social care situation be brought to the Committee in order to better understand the driving pressures.

### 3.9 Chief Officer's Report

The Chief Officer gave a presentation which provided an overview of the Horizon transformation and efficiency programme of work which had been presented to members of the Board the previous day.

- The importance of maintaining an eye on longer term planning from Horizon 1 through to Horizons 2 and 3 in order to achieve transformation plans, workforce redesign and team and service integration.
- Digital solutions were being explored to address unfunded posts and reduce the burden on Corporate Services in recruiting to positions when the labour market is limited in terms of available GPs and other specialist roles.
- Internal analysis had shown that systems needed to be put in place for locality planning and work with Community Planning Partnerships. An example was given of the temporary closure of the Macintosh Centre where the speed of the situation had not allowed for engagement with the public or elected members.
- The CO noted that the focus of Horizon 1 was foundational in terms of transformation planning and therefore required proper public engagement with the public and staff to ensure a good, shared understanding of the larger strategy.
- It was commented that the strategy was about using buildings in the best and most efficient way which may include changing some hospitals into community hubs following a collaborative and co-produced model following successes in North Highland.
- It was noted that unscheduled care is a big focus for community services and therefore work was underway to consider out-of-hours redesign and aligning primary care emergency with community. The Urgent and Unscheduled Care Programme Board was reviewing these areas which included Winter Planning Readiness (see item 3.4), and reducing waits.
- Cost containment had been engaged with addressing unfunded posts with vacancy control principles by stopping recruitment to unfilled vacancies and considering workforce redesign.

- Work around Contracts had been assessing care at home packages and new contract arrangements which were under development and being tested for effectiveness. A consensus workshop had been held the previous week for the senior leadership teams in Acute and Community Services to better understand the challenges across each part of the organisation such as delays to care at different stages.
- The Digital and technology-enabled care workstream was working in partnership with housing services around care delivery such as E-Rostering.
- Eight high impact changes were articulated by the government for the Urgent and Unscheduled Care Programme Board, and conversations had been ongoing with the Centre for Sustainable Delivery to produce five portfolios around community urgent care with consensus across Acute and Community Services senior leadership teams to ensure the right direction of travel and that the right systems were in place to deliver at pace.
- Changes to Ross Memorial Rheumatology Unit plans: Discussions and engagement work were ongoing with community members, Rheumatology clinicians and service users on progress to undertake fire upgrade work at RMH, and the Chief Executive and Chief Officer, met with Dingwall Community Council on 29 July.
- The Committee's attention was drawn to the Scottish Social Services Awards which had opened for nominations and was noted as a way of acknowledging the hard work of colleagues addressing the various system pressures.

In discussion,

- Assurance was given that the strategic work described was fully communicated to Third Sector and external partners, especially in terms of the redesign work with community planning partnerships.
- It was clarified that the report mentioned would go to the Joint Monitoring Committee and that discussions would be had about the appropriate governance route for the NHS Highland Board to have sight of the report. The Chair noted that he would pick this item up with the Chief Officer for consideration.

### **3 PERFORMANCE AND SERVICE DELIVERY**

#### **3.1 Primary Care Overview Report**

The Chair noted in introducing the item that the report purposely did not include work on the Primary Care Improvement Programme due to a substantive item on this topic scheduled for the November meeting.

The Deputy Chief Officer introduced the paper which was offered for awareness and moderate assurance.

During discussion,

- It was confirmed, regarding the planned closure of the Culloden practice, that information would be shared on the practice website and a comms plan to help patients with accessing registration and reassigning patients would be put in place as part of the process.
- It was noted that similar to the situation with Dental Services and access, the learning around gaining intelligence to be forewarned about practice closures was being monitored closely with monthly meetings to address mitigating actions such as group arrangements with practices in areas of more chronic need.
- The issue of an increase in dental treatment fees was raised but at present the details were with Scottish Government for negotiation and would likely follow the implementation of the new contract which was expected in November.

**The Committee:**

- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance.

### 3.2 District Reports & Community Services Overview

The Chair, by way of introduction to the report, noted that the full suite of reports was for information and in order for the Committee to discuss how reporting could be standardised and best used by the Committee.

During discussion

- The Chief Officer suggested that the district reports ought to inform points of discussion in terms of current services, costs, challenges and areas of good practise, and would usefully serve in discussions with the Community Planning Partnerships. The reports could also serve to make connections between the larger partnership strategy and work at an operational level and providing evidence to assist with messaging for both workforce and public.
- Councillor Birt thanked the teams who had worked on the documents and the large amount of useful information, but expressed disappointment at the lack of data on areas such as obesity in different age groups across Highland and a general lack of health data for health improvement purposes.
- The Chief Officer noted the importance of reframing the information in order to find consistency in reporting and assist districts with achieving an integrated model.
- A Clark commented on the role of the committee in relation to Community Planning and a recent Internal Audit report on the topic which identified improvements needed in terms of Board governance and Community Planning. She also noted the need to address different arenas such as local community planning partnership and Community SLT and that therefore the reporting ought to have broad content from which items could be selected to address the requirements of different audiences.
- The need to address the differing timelines and data sets in finding measurable consistency was raised.
- It was noted that access to the reports was currently via the Committee's publicly available papers on the NHS Highland website.

The Chair noted that he would discuss with the Chief Officer the best way to take this matter forward through the use of a development session for the Committee where the Community Planning Internal Audit recommendations would play a role.

The Chair asked the Deputy Chief Officer to let the teams involved in the reports know that they had been well received.

**The Committee:**

- **NOTED** the reports and that there would be a fuller discussion at a forthcoming development session.

### 3.3 Children and Young People Services Plan

The Chair of the Integrated Children's Services Planning Board spoke to the latest iteration of the plan and noted how it had been developed in close partnership between public sector bodies and the Third Sector, and how it had been informed by the voice and testimony of children, young people and their families.

I Kyle noted that the plan had taken a three-stage life course approach to more readily identify opportunities and help minimise risks and enhance protective factors.

- In a bid to improve continuity and prevent duplication in service delivery, where pre-existing partnership groups exist, they had been brought together into the Children's Services planning landscape which included the Highland Child Protection Committee, the Promise Board (previously the Corporate Parenting Board), and the Highland Alcohol and Drug Partnership. The existing Community Planning Partnership delivery groups now also have discrete subgroups for integrated children's services, with a focus on poverty and mental health. The plan sets out the partnership's aspirations to develop a community-based whole family wellbeing approach, aims to reduce inequalities of health and wellbeing of the Highland population.
- The plan was formally launched the week preceding the present meeting in Inverness with an event that brought together over 70 organisations and teams and was attended by over 500 people during the day. The event showcased the range of services and support that is currently available in Highland for children, young people and their families.

The Chair noted that the November meeting would see the 6-month update on delivery but given the timing of the launch of the new plan it was felt important to provide further context which would inform fuller discussion at the November meeting.

In discussion,

- A number of members noted the successful launch event and the useful and important recommendations in the report.
- Councillor Birt noted the lack of any item in the report to address data on nutrition which was a large determinant of future health outcomes. I Kyle noted that there was a commitment to adding to the data sets via the Joint Strategic Needs Assessment but that also there were a number of initiatives ongoing outwith the plan to address the themes raised.
- The issue of children who move around the country with their families such as those in the Armed Forces was raised in terms of engaging these communities to avoid disadvantaging them from the continuity of available care afforded to other families. It was noted that though this was not positioned as a priority it had been factored in to the planning and would require further consideration.
- It was suggested that consideration be given to the integration work across Children's and Adult services for further discussion.

**The Committee:**

- **Noted** the report.

### 3.4 Winter Planning

The report outlined the task of the NHS Board and integration authorities to undertake Winter Planning activities and that this work was supported by collaboration, engagement, assessment and learning across Scotland. Draft Winter Priorities and Actions had been outlined by Scottish Government and these had been considered at an NHS Scotland Winter Summit held in Glasgow on 22 August, attended by a number of NHS Highland employees in key roles across urgent and unscheduled care, scheduled care and strategy and performance roles. The Board is in planning to be prepared for Winter Planning Readiness for 2023/24 by working collaboratively and learning from across Scotland to maximise planning and resilience for the forthcoming winter period.

The Chief Officer gave a presentation that outlined the learning from winter planning approaches in 2022/23 and the approach to be taken for the Highland Partnership to develop and deliver a robust Winter Plan for 2023/24.

Learning from last winter included the usefulness of twice weekly meetings of senior leadership teams who were action focused delivering against key performance indicators within the Urgent and Unscheduled Care Programme, and the current focus was on five portfolios focussed on sustainability of delivery following a joint workshop last week. Issues around areas where the detail could have been better for key performance indicators had been considered as were communications with the public about how to use services effectively. The development of the OPEL escalation framework had been a good support to addressing challenges for staff across the system.

The offer of moderate assurance to the Committee was based on assessment of the learning to achieve a state of readiness going in to the winter period 2023/24.

In discussion,

- It was noted how Winter Planning is in essence 'business as usual' in terms of the wider transformation programme aimed at getting the system back into balance.
- It was suggested that some of the protection measures ought to be revisited in order to encourage mask wearing and good patient hygiene measures where appropriate and continue to emphasise prevention methods to avoid having to go to hospital.

**The Committee:**

- **Noted** the report and accepted **moderate** assurance.

**[The Committee took a rest break from 3.20 to 3.30]**

### **3.5 Draft Mental Health Strategy**

The Chair noted that the report was a draft of the strategy and should be taken by the Committee as an opportunity for comment.

The Head of Service gave a presentation outlining the strategy and noted that it would be shared at an event with the newly formed Mental Health and Longevity Strategic Partnership Group to receive their feedback.

- The strategy team carried out 76 'conversation cafes' and network engagement events in which included meeting with street pastors and providers in informal settings to hear what people wanted from a strategy and what was important to them about the mental health and learning disability services.
- It was clarified to those involved that this engagement work was about Mental Health and Learning Disability services and that mental wellbeing sat within a different strategy.
- The strategy for Highland sits within a newly launched Scottish Government Mental Health and Wellbeing strategy 'Coming Home' and reports on MAT standards.
- A central message received from the engagement work was that good care cannot exist without good relationships, and this message had been key in creating a strategy.
- The Strategic Partnership Group consists of a 50/50 split between NHS staff who deliver services and partner colleagues with the aim of strengthening ties.

In discussion,

- The issue of independent living and independence via employment as an aim was addressed in terms of both supporting those who live on their own and those who may live with their family. It was suggested that this aim might be better thought of in terms of enablement in order to emphasise the aim to understand what each individual wants.
- The challenges to implementing a strategy were raised in terms of the difficulties around recruitment and the pressures upon existing staff. It was felt that the strategy could serve as a way to help teams prioritise what needs to be done at an operational level.
- It was suggested that reference be made in the strategy document to the new Workforce Planning Standards from Scottish Government to emphasise a multidisciplinary approach to service delivery.



- The issue of making a principle-based approach to service redesign was raised and that this was an area that could be strengthened in the report via examples.

The Head of Service confirmed that after the forthcoming meeting with the Strategic Partnership Group the report will be revised to reflect feedback received. Checks will be carried out to ensure public engagement and quality impact assessment work is complete after which the strategy will go to the Board for approval.

The Committee noted receipt of the strategy and had discussed it and the Committee looked forward to the progression of the strategy via the formal Board approval process. Members who have further comments should contact the Head of Service, A Johnstone (arlene.johnstone2@nhs.scot).

**The Committee:**

- **NOTED** the report.

### 3.6 Highland Drug and Alcohol Recovery Services (DARS) Summary Report

Following the launch of the National Mission DARS service delivery had been undergoing improvement work aimed at delivering MAT, mindful that alcohol use remains the main reason for referral into the specialist service. Progress had been slow, primarily due to existing skill sets across NHS Highland to deliver MAT and recruitment challenges. The report notes an improving picture with 2023 having seen continuous improvement across the service as a whole. The report provided a summary of progress to date.

The Interim Head of DARS spoke to the report and noted the recent publication of the Alcohol Death figures which illustrated the real need to address the issues. Moderate assurance was offered to the Committee based upon the planned actions.

- Work was ongoing to implement the Medication Assisted Treatment (MAT) standards, introduced nationally in 2021. Highland had got off to a slow start but in the last quarter report it had started achieving the national treatment standard that nobody should wait longer than three weeks from referral to service and start treatment. The aim is for all patients across the region to be able to access this service and standards and steering groups are in place to act as an interface between drug and alcohol services and primary care to ensure a seamless service for anybody who presents.
- Psychological interventions and trauma-informed care had been seeing more challenges of implementation with a lack of rooms in some areas to deliver therapies. The steering group is picking this challenge up and recruitment had increased in terms of psychological expertise within the service.
- Much work had been carried out with custody services to address drug-related deaths following data that 26% of deaths occurred in custody.

During discussion,

- The issue of addressing rural communities, older women and drink driving was raised and it was noted that there is quality improvement work underway to consider the issues at a local level and work with locality teams to develop plans.
- The Inverness and Caithness outreach teams were noted for their work and that these models were under consideration regarding a wider and effective Highland roll out.

**The Committee:**

- **NOTED** the and accepted **moderate** assurance report, and noted that a further update to the committee would be presented in 12 months.

### 3.7 IPQR

The Interim Head of Strategy spoke to the report and noted the graph on Drug and Alcohol waiting times which were progressing towards the Scottish average, and that 18 week waits for CMHT had seen improvements. Adult Social Care had seen a steadying off in the numbers of people who had previously been awaiting receipt of a care package and a slight improvement in the numbers around Care At Home and Delayed Discharges. Although the overall position remains very challenging, the data indicated that the revised processes implemented by staff were having a positive effect in slowing the overall rate of increase in Delayed Discharges despite the adverse impact of reducing care home beds, reducing care at home hours and other significant system pressures.

In discussion,

- It was suggested that seasonal spikes in numbers could be an area to articulate in order to address the issues.
- In terms of the position around delayed hospital discharges, the Deputy Director of Nursing commented there had been a significant programme of work over the past 12 months to improve the flow and management of people within the system. However, there had been a loss of capacity within North Highland of both care home beds and Care At Home hours. It was noted that despite new process in place for locum and agency staff to address recruitment issues embedding these systems was proving difficult. In addition, anecdotal evidence had shown that there had been a change in the level of complex conditions from people presenting at hospitals.
- It was noted that the average length of hospital stay in Highland is well below the Scottish average.

#### **The Committee:**

- **NOTED** the report and accepted **moderate** assurance noting the stressors on the system.
- **The Chair noted** comments from the previous meeting by J McCoy to be picked up in a development session around the IPQR.

### 3.8 Annual Performance Report

The Chief Officer introduced the report which was for noting by the Committee ahead of going to the Board to be approved for publication alongside the Annual Performance Report for Argyll and Bute. It was noted that the document was intended for the public and addresses outcomes, the commissioning of services and effectiveness of service activity. The report recommended substantial assurance to the Committee due to it following the national framework guidelines for its publication.

Thanks were given to the Interim Head of Strategy and her team for producing a readable and useful document.

#### **The Committee:**

- **NOTED** the report.

### 3.9 Chief Officer's Report

*(See above, between 2.1 and 3.1.)*

## 4 HEALTH IMPROVEMENT

### District Reports

*(See item 3.2 above.)*

## **5 COMMITTEE FUNCTION AND ADMINISTRATION**

### **5.1 Committee Work Plan**

The Chair noted that he would meet with the Chief Officer and colleagues to discuss the work plan and get the most value for the Committee while addressing the large agenda.

#### **The Committee**

- **noted** and **agreed** the Work Plan for 2023-24 in its current form.

### **5.1 Committee Terms of Reference**

The Chair invited the Committee to consider the Terms of Reference and that if any changes were identified to contact him in advance of the next meeting where the Terms of Reference were due to be agreed and sent to the Audit Committee for recommendation to the Board.

#### **The Committee**

- **noted** the Terms of Reference.

## **6 AOCB**

There was none.

## **7 DATE OF NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 1 November 2023** at **1pm** on a virtual basis.

**The Meeting closed at 4.20pm**

<p><b>CLINICAL GOVERNANCE COMMITTEE</b></p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a></p> 
<p><b>DRAFT MINUTE</b></p>	<p><b>31 August 2023 – 9.00 am (via MS Teams)</b></p>

**Present**

Alasdair Christie, Non-Executive Board Director, and Chair  
Ann Clark, Board Vice Chair  
Gareth Adkins, Director of People and Culture  
Tim Allison, Director of Public Health  
Joanne McCoy, Non-Executive Board Director  
Boyd Peters, Medical Director  
Dr Gaener Rodger, Non-Executive Board Director  
Emily Woolard, Independent Public Member  
Louise Bussell, Nursing Director  
Catriona Sinclair, Non-Executive Board Director  
Katherine Sutton, Chief Officer Acute Services  
Muriel Cockburn, Non-Executive Board Director

**In attendance**

Kate Arrow, Clinical Lead for Realistic Medicine  
Claire Copeland, Deputy Medical Director (Until 10:52 am)  
Steven Gunn, Child Death Review Nurse  
Alison Felce, Senior Business Manager  
Evelyn Gray, Associate Nurse Director  
Elizabeth Higgins, Associate Nurse Director  
Andrew Nealis, Information Governance & IT Security Manager  
Carolyn Hunter-Rowe, Public Health Intelligence Manager  
Mirian Morrison, Clinical Governance Development Manager  
Ian Rudd, Director of Pharmacy  
Isla Barton, Director of Midwifery  
Simon Steer, Director of Adult Social Care (Until 09:15 am)  
Cathy Steer, Head of Health Improvement  
Bob Summers, Head of Occupational Health and Safety  
Ruth Daly, Board Secretary  
Stephen Chase, Board Committee Administrator

## 1.1 WELCOME AND APOLOGIES

Apologies were received from L Cowie, I Ross and R Cargill.

## 1.2 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of

Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

### 1.3 MINUTE OF MEETING ON 22 June 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 22 June 2023 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

#### The Committee otherwise:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

### 1.4 MATTERS ARISING

#### 1.4.1 Adult Social Care/Commissioned Services Update

Director of Adult Social Care provided an update to the committee explaining that the Quality and Patient Safety (QPS) process had been agreed with Local Authority and would remain in place for Adult Social Care matters. The Chief Social Work Officer from the Local Authority required NHS Highland to review governance of social care and social work. It was noted that there had been the use of the Vincent Framework within the Health and Social Care partnership. Discussion would be continued to agree with the Chief Social Work Officer on how assurance would need to be reported to Local Authority. The role of the Clinical Governance Committee when seeking Clinical Governance Assurances had not been decided and was still waiting on a report to be produced by the Chief Social Work Officer. The Chair highlighted the necessity of a further update being provided to the Clinical Governance Committee meeting in November.

**Action:** Adult Social Care/Commissioned Services Update to be added as a standalone item to the November 2023 agenda.

The Committee **noted** the update.

#### 1.4.2 Complaints

Clinical Governance Development Manager explained the paper circulated included slides presenting complaint performance across the operational areas of NHS Highland. Key themes had been identified that had been specific for the different operational areas with ongoing work to make improvements based on themes identified. There would be the introduction of a QA form, which would be completed by the investigating officer to identify if contact has been made with the complainant, how learning is being shared and if what action is being taken. This information will be collated and included in the Quality and Patient Safety Dashboard as two new measures. The first measure would be the number of complaints closed in the last two month that contact was made with the complainant/family before the complaint was responded to. Secondly, the number/percentage of complaints closed in the last two months with improvement or action. It was noted that the aim of the QA form would be to improve the quality of complaint responses. Audits would be undertaken and data to be presented on the complaint dashboards.

In discussion, the following points were raised:

- Managed primary care services were responsible for complaint handling for that individual service. Quarterly reports would be submitted by the managed primary care services to the Board to provide updates.
- Complaint performance had been variable and would continue to be monitored to identify key themes and make improvements.
- The Nursing Director expressed the importance of giving quality responses that would be provided in the correct format to provide satisfactory answers to complaints.
- The report focuses on the timeline of responses rather than quality indicators due to reporting constraints. Improvements to reporting would be required to move away from number-based reporting to enable quality indicators to be reported on.

The Medical Director concluded that another report would be presented to the committee in a further meeting to discuss and raise questions on key themes and analysis provided.

The Committee **noted** the update.

#### **1.4.3 Dentistry State of Play and Impact on Acute Services**

The Medical Director explained that a presentation had been created to provide an update on Dentistry nationally but would not be speaking to that presentation. A verbal update was given to highlight that NHS Scotland patients would continue to be deregistered from Dentist Surgeries at a gradual rate rather than more patients being registered. Dental services contracts would be refreshed to review services available by a dentist that would be funded by the NHS. Albeit the contract renewal it was noted that gradual deregistration could continue. A paper would be submitted to the Board Chief Executive Group highlighting the issues and conversations with the Government. The Medical Director advised that they continue to be involved in national and local discussions. It was noted that a further update would be provided to the committee at a future meeting.

The Committee Chair questioned how patients who had been deregistered would be notified. The Medical Director advised that they would be raised to J Lyon, the Clinical Dental Director.

The Committee **noted** the update.

#### **1.4.4 Revised Health and Safety Policy**

The Director for People and Culture introduced themselves to the committee explaining that they were the Executive lead for the Health and Safety Committee. The revised Health and Safety policy had been presented to the committee for noting and discussion. Work had begun across management structures to embed Health and Safety responsibility and ownership across the organisation. A corporate plan would be created to map out the focus of the upcoming years to strengthen organisational systems. Clinical colleagues would be included in the differentiation in Health and Safety issues that were affecting staff, patients, and visitors. It was noted that Clinical Governance mechanisms would be used to manage patient safety related issues. There would be the requirement to be clear on what elements of the corporate plan would be managed by the Health and Safety Committee and the Clinical Governance Committee.

The Head of Health and Safety explained that the policy presented to the committee was a legal document. Part two of the policy included the organisational arrangements for implementation of the policy, therefore would need regular updates to the management structures and leadership structures. Learning is in place for managers to help fulfil the requirements of the policy. Section three of the Act explains the statutory duty to our patients and where the cross over occurs between the Health and Safety Committee and the Clinical Governance Committee.

The Committee Chair highlighted the issue of getting staff to read, understand and engage with Health and Safety policy. NHS Highland have a wide range of policies in place meaning it would be difficult for staff to retain all the information contained in each policy. Communication would be key to ensure staff engagement and materials would be provided in a variation of ways to simplify the key messages and responsibilities.

The Committee **noted** the update.

## **2 SERVICE UPDATES**

### **2.1 Oncology Service – Position**

The Medical Director verbally updated the committee drawing attention to the workforce crisis highlighted in the previous committee meeting, with a key member of staff leaving the organisation. Sustainable medium-term solution had been found with the use of locum cover and other Health Board Oncologists. Recruitment would still be required to provide a long-term resolution. A Cancer Programme Board which was chaired by the Medical Director had begun to meet. The programme board would be putting together a strategic workforce plan in alignment with strategy published by Scottish Government. The Medical Director advised that further updates would be provided to the committee on the strategic workforce plan. Reassurance was provided to the committee that the Oncology services within NHS Highland had been stabilised with a permanent solution to action.

The Committee **noted** the update.

### **2.2 Nurse Director**

The Nursing Director noted there was one emerging key issue that would need to be addressed by the committee. The Board had received a letter from the Cabinet Secretary for NHS Recovery, Health, and Social Care regarding patient safety in the wake of the Lucy Letby case. The letter referred to a review of clinical and staff governance committees to engage the level of effectiveness and wanted to ensure that the Board was involved in the health Improvement Scotland, work about learning from adverse events through reporting and review. It was highlighted that the iMatter results and whistleblowing themes were being reviewed for concerns raised. Discussion had taken place between the Nursing Director and the Medical Director on how assurance is provided at organisational wide and to reassure staff that the Board want to hear from staff and to respond accordingly.

It was noted that from the Nursing Directorate there had been the introduction of care plans across all Hospital sites which had seen a reduction in falls consistently in the last quarter. Further quality checks would occur to ensure the fall reduction was not coincidental. The Nursing Assurance Group had been reinvigorated and redesigned. The Nursing, Midwifery and Allied Health Care Professionals (NMAHP) structure now contains different sub-groups for nursing, allied health professions and midwives. Work had starting to interrelate that structure with the MDT assurance framework.

The Director for Public Health commented on the Nursing Directors mention of Governance and the Lucy Letby case stating that it is important to address the difference of both the Governance and Criminality elements. There is a need to address the elements separately due to the Criminality aspect being quite rare. NHS Highland had and would continue to ensure that good robust governance arrangements were in place.

The Director for Public Health provided a verbal update on vaccinations, which had been a continual issue that Health Board had come under scrutiny for. Two issues were brought to the attention of the committee. Firstly, there had been a recent change to the vaccination schedule for earlier covid

vaccinations that would increase protection from new covid variants. The uptake results from childhood vaccinations from March 2023 onwards had not been published which had provided a challenge to make improvements and update the service.

The Deputy Medical Director advised of an evolving issue with a national update failure in the Skye Gateway referral system. There had been plans in place to provide the committee with an update on the Skye Gateway referral process, which had been used to send referrals between primary and secondary care services. NHS Highland had taken an incident management team approach bringing together multi-professional colleagues to offer immediate assurance that cross checks would be continued to ensure systems remain reliable. It was noted that urgent referrals had been compromised and the printing of important documents had been delayed. There would be ongoing work to resolve the failure with resolution being expected soon. There would be a debrief provided to the Committee at the next meeting to provide impacts from a quality and patient safety perspective.

The Committee **noted** the update.

### **3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORT BY EXCEPTION**

#### **3.1 NDAS Service – Medical Director**

The Medical Director spoke to the circulated NDAS letter that had been submitted as a clinical concern to provide awareness to the committee. The letter highlighted the long waiting list of assessments for children and young people for evidence of neurodevelopmental conditions such as autism and ADHD. It was noted that the waiting list to be seen through NDAS with a projected time to first appointment of up to 10 years. Most referrals had been received by educational teams with a small number of referrals having medical conditions where medical intervention would be required. All referrals made to NDAS were added to the same waiting list with methodical filtering is applied to sorting through all referrals made. The high volume of referrals impacting those needing medical intervention when there were others who do not need any medical intervention. Improvement work would be required to management of the referral system.

The Committee Chair advised that an update from NDAS would be provided in the November meeting with Dr G Cobb, who wrote the letter, being invited to attend. E Woolard asked if the November update could provide clear steps needed to address issues raised in the letter, resourcing, clinical lead, and ambiguity as to who would be accountable for improvements.

The Committee **noted** the update.



### 3.2 Safe Delivery of Care Inspections and Implications for Care Assurance in NHH

The Nursing Director explained that systems and processes would be developed to improve care planning within hospitals based on focus points from Health Improvement Scotland (HIS). The HIS remit had widened to include infection control, older people in acute hospital, inspection, and workforce. Due to the remit widening there had been more focus on workforce challenges and strengthening internal governance processes. There had been a review of the acute hospitals network within the Board area to enable key themes and challenges to be identified and addressed.

In discussion it was noted that to provide quality care, workforce challenges need to be addressed. To deliver quality care the organisation needs to have sufficient workforce who had received the correct training, have the correct values and ability to do the role. The NMAHP professional assurance framework was being developed to include expectations from both the services and staff members. Progressive steps had been taken to move toward a moderate assurance level which had been noted in the circulated report.

The Committee **noted** the reported position and agreed to take **limited** assurance.

### 3.3 Update on Scottish Public Service Ombudsman

The Clinical Governance Development Manager spoke to the circulated paper which presented data of cases escalated to the Scottish Public Services Ombudsman (SPSO). It was noted that a small number of cases were formally taken on by the SPSO with a small percentage of the overall total number of stage two complaints received. The Clinical Governance team had been working to strengthen the process around SPSO cases to support completion, apology letters and further review to see if the action /recommendation has made a difference.

In discussion it was noted that it was good to see improvements being made to the process and reviewing data collection techniques to broaden the data captured by complainants. Complainants may not have formally escalated to the SPSO even if the grounds were there, so it was felt by the committee that being able to capture that would be useful. The Deputy Medical Director noted that the Health and Social Care Partnership (HSCP) paper might be relevant to this topic. The HSCP would be engaging with patients, families, and carers as a learning method and to increase qualitative data information gathering. In person, real time conversation and feedback is valuable to the organisation to bring poor experiences into learning environments for staff.

The Committee **noted** the reported position and agreed to take **moderate** assurance.

### 3.4 NHS Highland Complaints Annual Report 1.06

The Clinical Governance Development Manager spoke to the circulates annual report explaining that the format had been used for the previous five years. The annual report is a requirement by Scottish Government to submit feedback activity on 9 key indicators for all stages of the complaints process. Discussions had been ongoing with the complaints manager to review and to proactively gather feedback to inform and develop local services.

The Committee **noted** the reported position and agreed to take **substantial** assurance.

### 3.5 Duty of Candour Annual Report 2022/2023

The Senior Business Manager introduced the Duty of Candour Annual Report as a legal requirement laid out in the Health (Scotland) Act 2016. For duty of candour to apply the patient needs to have suffered harm as defined by the act and must be related to the carer service issues. All cases that trigger the potential duty of candour had been and would continue to be scrutinised at regular meetings by both senior clinicians and managements. The report identified 22 of the 29 cases met the requirements of the duty of candour procedure. Of the remaining seven cases, four were not possible to determine to what extent the requirements of the act had been met. In three of the cases, it was not considered appropriate to contact the patient/family. There had been significant improvements within the last year as to how apologies were recorded and documented.

In discussion it was noted that:

- There was no defined pattern across the Scottish Health Boards due to the infrequency of reporting available in the public domain. It was important to highlight that from information available NHS Highland was not an outlier.
- It would be helpful for future reports to provide an overview on how the duty of candour is spread across the three core areas, Argyll and Bute, Acute and Highland.

The Committee <b>noted</b> the reported position and agreed to take <b>moderate</b> assurance.
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### 3.6 Realistic Medicine Annual Update 2022/2023

The Clinical Lead for Realistic Medicine spoke to the circulated paper to explain the Realistic Medicine Plan 2023/2024 contains our annual actions and has been accepted by the Scottish Government. Funding from Scottish Government was delayed and resulted in the loss of a programme manager. Realistic Medicine Programme had been embedded in the strategy and transformation team and a new programme manager that would manage the long-term conditions work. It was noted that the Realistic Medicine Programme had received support through engagement and education with both colleagues and the public. The key piece of work for the next year would be based on the value-based healthcare model that came out from Scottish Government recently, to reduce pharmaceutical waste and harm. The first annual NHS Realistic Medicine symposium would take place in November 2023.

In discussion,

- There would be a sustainability and quality improvement workshop in November to review sustainability measures to individual's work.
- Plans would be in place to include pharmaceutical work in the Highland planned climate week.
- Realistic medicine is sustainable medicine both from a financial point of view and an environmental sustainability point of view.
- The Realistic Medicine Programme was aimed to give clinicians better ability to reflect on actions and understanding whether actions taken were adding to value to patients or if there is any harm being caused in the system.
- Value-based health and care could be included in the schedule for a future Board development session agenda.
- The Director of Pharmacy expressed support for the reduction of pharmaceutical waste.

- Realistic medicine had previously been misinterpreted due to terminology. There would be a change in narrative to explain that the programme is focused on care and self-management more than it is about medicine.
- Communication with the public had been included in traditional media and other links had been made to provide information on what harm can sometimes be caused by healthcare.
- Cardiology team had been linking clinicians to the business intelligence unit, data sources and Public Health Scotland to begin difficult conversations to reflect on information available and to begin implementing changes. This would be used as a case study to educate other clinical departments on different approaches.
- Realistic Medicine team had been linking in with other teams in NHS Highland, including Environmental and Sustainability, and Health Improvement team around the social prescribing work.

The Committee **noted** the reported position and agreed to take **moderate** assurance.

#### 4 PATIENT EXPERIENCE AND FEEDBACK

The Nursing Director spoke to the circulated case study explained that a high number of the bank nurses in NHS Highland regularly work in the same clinical areas and perform as regular staff members. It was noted that challenges can arise when a bank member of staff is not part of the regular team and is less familiar with the area. Improvements had been ongoing in how staff were developed and supported. The approach taken included clinical governance and clinical supervision elements.

The Committee **noted** the case study.

#### 5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

The Clinical Governance Development Manager updated the committee to advise that work had progressed within Clinical Governance to move the quality and safety dashboard platform from Click View to Power Bi. The move would enable easier access to the dashboards so data can be pulled for reports removing the reliance on the Clinical Governance team.

The Vice Chair questioned whether the Clinical Governance Quality and Performance Data was the correct item to challenge the four- and twelve-hour emergency department waiting times. The Chair advised that the waiting times should be added to the November agenda under matters arising from the last meeting.

**Action:** The Committee Administrator to add emergency department waiting times to the agenda of the November meeting.

The Committee **noted** the report.

#### 6 ANNUAL DELIVERY PLAN 2023/2024

The Committee Chair advised that this item would not be spoken to at the meeting, it would be added to the agenda for the next meeting.

**Action:** The Committee Administrator to add annual delivery plan 2023/24 to the agenda of the November meeting.

## 7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

### 7.1 Argyll and Bute

E Higgins, Associate Nurse Director noted the paper submitted to the committee should have been the exception report rather than the annual report. It was noted that the exception report would be circulated for completeness. An overview of the exception report was provided, and it was highlighted that work to embed the clinical and care framework was progressing to ensure the correct tier system would be in place. Appropriate preparation was continuing ahead of a fatal accident inquiry. Clinical Governance workforce continued to be challenging due to the speciality of the small team.

**Action:** The Associate Nurse Director to send the Committee Administrator the exception report for circulation. The Committee Administrator to circulate the exception report on receipt of the item.

The Committee <b>noted</b> the report.
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### 7.2 Highland Health and Social Care Partnership

The Committee Chair commented that the concerns raised regarding fragility in Adult Social Care staffing would be an item for discussion at the Highland Health and Social Care Committee (HHSCC). The Board Vice Chair stated that the Chair of the HHSCC was aware of the report and was reviewing the approach to take the issue to HHSCC.

The Deputy Director spoke to the circulated paper advising that there had been continued work on the governance processes within the partnership. It had been mentioned at the HHSCC meeting the day prior regarding the long standing and complicated process within Social Care that intertwine with governance processes within the partnership. Discussions were ongoing about this within the Clinical Governance team. A draft paper would be finished later in the year documenting progression and the constructive collaborative discussions in the partnership that had been adopted. The report would also detail the continuation of the Vincent framework and how to frame discussions.

Dashboard data had helped provide context and mitigations that would continue to be reviewed. Concerns were noted that sickness absences had increased which had prompted further investigation to understand reasons other than the national workforce challenges. The Mental Health service had noticeably the most outstanding SAER actions to ratify and close and would be providing a further report of themes to be brought back to QPS for shared learning. As part of the teams learning and improving there would be the first of a series of learning events taking place in September with the focus on the power of the apology, family/patient experience and supporting Staff. The event series would be an introduction to a change in governance structure enabling families, patients, and carers to engage in discussion and share experiences. The Deputy Medical Director encouraged committee members to attend the events. To 'close the loop' themes and actions from previous SCRs and the learning events would be reviewed. A paper had been published to highlight qualitative improvements made for those in police custody to access health care.

There had been continued issues around the lengthy recruitment and onboarding process. Deputy Medical Director and new Director of People and Culture will be meeting to discuss at the start of September. Medical staffing had been investigating the recruitment and onboarding process to determine the issues.

The Committee **noted** the report and agreed to take **moderate** assurance.

### 7.3 Acute Services

E Gray, Associate Nurse Director noted the paper submitted to the committee should have been the exception report rather than the annual report. It was noted that an exception report would be brought to the committee at the November meeting if required. The committee were made aware of surgical site infections in relation to the orthopaedic and arthroplasty programme. It was noted that there had been an increase in the number of deep-seated infections impacting ten patients over the March-June period. Incident management meetings had reviewed the infections and had provided regular reports into the clinical governance meetings within Acute Services.

There had been capacity issues experienced within Acute Services that had impacted the emergency department performance and resulted delayed emergency care access. The Scottish Ambulance service being able to handover patients in a timely manner had experienced delays of up to ten hours. The impact of the delays for the wider community of the Highlands was concerning alongside patients who had waited twelve hours in the emergency department. Scottish Ambulance Service had initiated a safe transfer to hospital policy enabling paramedics to handover the patient to the care of the hospital and release the ambulance back to other calls. Data would continue to be collected and monitored to review the impact the delays were having on the Scottish Ambulance Service.

The Board Vice Chair expressed concern with the delayed emergency care access as it would have an impact on patient safety, quality of care, and staff wellbeing.

The Committee **noted** the report and agreed to take **moderate** assurance.

### 7.4 Infants Children and Young People's Clinical Governance Group

The Nursing Director advised that the structure for the Infants Children and Young People's Clinical Governance Group (ICYPCGG) was still under review due to overlap of governance within Highland Council. The ICYPCGG structure includes the governance of the child death review team for both Highland and Argyll & Bute.

The Committee Chair noted that the report noted waiting times associated with the NDAS service creates risks to the welfare of children as it remains a significant concern to clinical staff and families. Concerns raised about NDAS had been raised separately to the route discussed in the NDAS Service update agenda item, the letter from Dr Cobb. The acute service report made referenced CAMHS, so would be necessary to pull together concerns from all three operational areas ahead of the November report. The Chief Officer Acute Services highlighted that clinicians within the Acute services had concerns about the capacity within NDAS to deliver services. Having met previously with the Clinical Lead for Community Paediatrics it was noted that a review of service models could make improvements. The Nursing Director advised that the ICYPCGG had met and discussed the concerns prior to the letter being issued, with a colleague named on the letter being in attendance of the meetings. Meaning there had been a clear relationship between concerns being expressed at different forums.

J McCoy noted IT issues and risks for children's services are currently not part of the new digital strategy and must be addressed and requested assurance that a resolution had been found. The Nursing Director stated that a sufficient solution had yet to be found between the Health Board and Highland Council. A proposal had been written for the creation of a Digital Health Care Group to introduce a portal that would provide better assurance. Challenges were being reviewed due to IT systems in place in NHS Highland and Highland Council not necessarily compatible with each other. M Cockburn questioned if time frames had been mapped out for completion of the Digital Health

Care Group. The Nursing Director advised an upcoming meeting with IT would provide understanding on the progression of the Group.

The Child Death Review Nurse spoke to the appendix Child Death Review Annual report that covered a 15-month period, from October 2021 to December 2022. It was noted that although Highland population members had died within the boundaries of other health boards, NHS Highland would host the child death review and submit the reports to the National hub. This would enable control and clarity of information collated and to provide reassurance that the Board has oversight into all residents' deaths. Hospital deaths had a specific process that would be followed. Home deaths were often anticipated and have plans in place, for the unanticipated deaths there is collaborative work with both the Police and Child Protection Services.

**Action:** NDAS update report writer for the November meeting to include combined concerns from all three operational areas.

The Committee **noted** the information provided and agreed to take **limited** assurance.

**The Committee adjourned at 11.00 am and reconvened at 11.10 am.**

## **8 INFECTION PREVENTION AND CONTROL REPORT**

The Nursing Director spoke to the circulated paper and highlighted the high standard of infection prevention and control had been upheld in acute and community hospitals. The nursing and public health directorates had been looking to work collaboratively to forward plan infection prevention and control. There had been a focus on support would be provided to in-house and wider care homes with a further update being provided in a future committee meeting. The National Contract for ICNET (Infection Control E-Surveillance system) is due to expire January 2024. The Nursing Director advised of the national responsibility in which discussions had begun to ensure a decision is concluded.

The Committee **noted** the report and agreed to take **moderate** assurance.

## **9 SERVICE UPDATES**

### **9.1 Information Assurance Group**

The Information Governance & IT Security Manager advised the Information Assurance Group (IAG) continued to be Chaired by the Deputy Chief Executive as the senior information risk owner. The Deputy Chair of the group was the Head of the Health Act and the group continued to meet on a quarterly basis. The IAG meetings continued to be well attended by its membership which provided a variety of perspectives on both standing updates and agenda items. Focus had been on supporting the Data Protection team in preparation of a response to the Information Commissioner's Office (ICO) audit. The ICO assurance rating for NHS Highland had been reasonable in comparison to the other Scottish Health Board. Since the audit report and action plan had been received, the IAG has continued to support the efforts to implement the audit recommendations and further improve NHS Highlands compliance with data protection legislation and best practice. It was noted that work had been ongoing against all High and Medium recommendations on the NHS Highland action plan. There would continue to be focus on contracts with potential impact on sensitive or personally identifiable data.

All NHS Scotland Boards continue to be subject to an annual audit commissioned by the Scottish Health Competent Authority to establish compliance with the Network and Information Systems regulations. Compliance would be measured using the control set documented in the Scottish Governments Public Sector Cyber Resilience Framework. The 2023 audit included an insight

element which had not been included in previous audits. It was noted that NHS Highland had received good feedback, but no formal report would be provided until the full audit had been completed. Work was progressing to capture the control compliance evidence in preparation for the audit evidence submission date in October 2023.

There had been significant work undertaken within the records management with the continuation of scanning clinical records with oversight from the IAG. The scanning of Acute and Community Hospital records had been scheduled for completion by the end of 2023. It was noted that the NHS Highlands Records Management Plan progress update review had been submitted and formally accepted by National Records of Scotland. The Scottish Information Commissioner (SIC) had confirmed that the Level 2 Intervention Order would be withdrawn as NHS Highland had continued to maintain performance rates in responding to requests over the last four quarters, exceeding the 90% target set by SIC.

The Committee Chair commented that due to 17 points on the ICO Data protection audit remained outstanding, it could be more appropriate to take moderate assurance with a further update being presented to the committee in six months.

#### **The Committee:**

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Agreed** an update report on outstanding ICO data protection points to be brought to a future meeting.

### **9.2 Organ and Tissue Donation Committee**

The Committee Chair noted that there was nobody in attendance to speak to this item. The Nursing Director welcomed questions, but none were raised.

The Committee **noted** the reported position and agreed to take **substantial** assurance.

### **9.3 Maternity Services**

The Director of Midwifery advised that this was the first report that had been presented to clinical governance to highlight issues across the maternity services. It was noted that the report would come to the committee on a six-monthly basis and the update provided on this occasion had three main points.

The three main points were based on best start, the national maternity strategy. NHS Highland had been working hard to meet the requirements of the Best Start strategy and embrace the strategy alongside the board level processes and structure and quality improvement work. Workshops had been scheduled to look to embrace the national strategy, our local, our regional priorities and our local priorities around about the quality and improvement works teams. High numbers of staff have signed up to attend the event.

In the regional work, there had been an activity supporting the network model across the north maternity services between NHS Highland and Grampian. Managerial, Clinical and Professional leadership would continue to be shared between the Boards for all key pieces of work. NHS Grampian would be working toward re-establishing a fully consultant led model for Maternity care in Dr Gray's Hospital by 2026. This would be a significant piece of work and requires leadership from both NHS Grampian and NHS Highland. An Executive Joint Board had been established with four key workstreams reporting into the Board: Clinical Collaborative, E-health, Workforce, and

Communication and Engagement. Each workstream had joint leadership and membership from both Boards.

Maternity services in North Highland face significant challenges in relation to the recruitment and retention of Midwifery staff. The services were in a position where it is not always possible to provide a full range of maternity services across the Board. North Highland is particularly challenged across Community and inpatient settings. There was a revised focus through the Programme Board with a newly formed Workforce, Recruitment, Retention and Culture workstream. From a professional perspective there was a refreshed Nursing and Midwifery Workforce and Education Group that would report through the Professional Assurance structures. There was a significant amount of media interest and dialogue with our third sector partners and Highland maternity Voices around the concerns being raised by women and their families. Registered nurses had contacted the Director of Midwifery to express interest in undertaking the shortened programme through the Edinburgh Napier University to train Midwives. Band five recruitment had been successful with the intake of 12 newly qualified midwives joining the service in September. Challenges had been met in offering a comprehensive Home Birth option, but a partial option would remain available to women requesting it. The Director of Midwifery explained that they were working closely with the Chief Midwifery Officer for Scotland to keep them updated of the position faced within NHS Highland.

#### The Committee:

- **Noted** the reported position.
- **Agreed** to take **substantial** assurance regarding engagement with National workstreams and reporting.
- **Agreed** to take **limited** assurance regarding the workforce risk.

## 10 PUBLIC HEALTH

### 10.1 Health Improvement Update

Head of Health Improvement spoke to the circulated paper and outlined the mental health improvement and suicide prevention work that continued to be developed and delivered in collaboration with a wide range of partners across Highland and Argyll and Bute to improve mental health outcomes for the population of NHS Highland. Community planning is the main approach in which mental health work is developed and delivered. The Covid-19 pandemic highlighted concerns about a worsening of mental health and wellbeing and several recent studies suggest that increased levels of mental health problems seen since the start of the pandemic would continue for some time. The paper noted the importance to ensure that continued development of NHS Highlands strategic approach to mental health, considers and prioritises prevention and early intervention to help improve the mental health of our population and reduce pressure on mental health and other services. The clinical governance committee were asked to note the progress of the work and to accept moderate assurance. It was noted that the main risk is the capacity to sustain the work so the work may not be maintained due to budgets becoming tighter across the public and third sector.

The Nursing Director commented that there should be a focus on interrelatedness between all areas within all generations. The Head of Health Improvement advised proposals would be submitted to the Highland Community Planning Board to review structure with improvements being made to link plans across Highland. A Child Mental Health and Wellbeing Group which would have dual reporting into the Mental Health Delivery Group and the Integrated Children Services Planning Board to ensure links. There had been good engagement with Mental Health Services into the review within the Highland Community Planning Partnership of priorities and structures. Input had been received from Public Health in relation to the Mental Health Service review. Scottish Government had provided funding to local authority and third sector organisations for Mental Health Services. The Highland Community Planning Partnership had seen the proposed new priorities amid the Health and Well-being work planning.



The Committee **noted** the reported position and agreed to take **substantial** assurance.

## 11 2024 Meeting Schedule

The Committee Chair addressed members of the committee and asked them to review the meeting schedule for 2024. It was noted that the meetings would be scheduled to start at 09.00 am. Further information would be provided at the November meeting.

## 12 REPORTING TO THE NHS BOARD

The Committee Chair confirmed the NDAS concerns, and staffing issues highlighted in a number of reports considered by members, would need to be reported through to the Board.

**The Committee so Noted.**

## 13 ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

## 14 2023 Meeting Schedule

The Chair advised members the next meeting would take place on 22 June 2023 at 9.00 am.

Members **Noted** the remaining meeting schedule for 2023 as follows:

### 02 November 2023

## 15 For Information Only

### 15.1 Research, Development, and Innovation Annual Report

The Chair asked if it would be possible for the Beth Sage to speak to the item at the next meeting by the committee administrator.

**Action:** The Committee Administrator to invite Beth Sage to speak to the Research, Development and Innovation Annual Report at the November meeting.

**The meeting closed at 11.50 am.**

<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk/">www.nhshighland.scot.nhs.uk/</a>	
<b>MINUTE of MEETING of the AREA CLINICAL FORUM</b>	<b>31<sup>st</sup> August 2023 – 1.30pm</b> <b>Microsoft TEAMS</b>	

### **Present**

Catriona Sinclair (Chair)  
Stephen McNally, (Vice Chair)  
Elspeth Caithness, Employee Director (from 3pm)  
Kara McNaught, Team Manager, Adult Social Care  
Al Miles, Area Medical Committee  
Zahid Ahmad, Area Dental Committee  
Helen Eunson, NMAHP Committee  
Eddie Bateman, Area Dental Committee (until 2.25pm)

### **In Attendance**

Ann Clark, Non-Executive Director (until 3.50pm)  
Claire Copeland, Deputy Medical Director (until 3.50pm)  
Sarah Compton-Bishop, NHS Highland Chair  
Muriel Cockburn, Non-Executive Director  
Albert Donald, Non-Executive Director

Kate Arrow, Anaesthetics Consultant, Item 4.1  
Louise Bussell, Nurse Director, Item 4.2  
Gareth Adkins, Director of People & Culture, Item 4.3

Karen Doonan, Committee Administrator (Minute)

## **1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies were received from L Currie, A Javed, F Jamieson, B Peters & C Dreghorn

### **1.1 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **2. DRAFT MINUTE OF MEETING HELD ON 6 July 2023**

The minutes were approved.

## **3. MATTERS ARISING**

The Chair confirmed that she had spoken with dental after the last meeting and that E Bateman was here to give a more detailed verbal update later in the meeting.

The new NHS Highland Chair introduced herself to committee giving a brief update of her work within the organisation prior to her appointment. She stated that she will attend committee as much as her diary permitted her to.

#### 4. ITEMS FOR DISCUSSION

Due to time constraints these items were not taken in the order presented on the agenda.

##### 4.1 Realistic Medicine – Kate Arrow, Anaesthetics Consultant

The Chair welcomed K Arrow to committee who spoke to her presentation.

It was confirmed that ongoing work had been taking place around the younger generation and how to incorporate their needs through discussions with them. K Arrow highlighted some work that was being done through schools and education of younger people and how they can ask questions about their health.

S Compton-Bishop expressed an interest in attending the event discussed in the presentation and highlighted how important it was to keep realistic medicine at the forefront of discussions.

It was confirmed that the use of compassion within the healthcare setting noting the challenges around time to speak with patients and the impact of this on other patients who had less challenges in their decision making. H Eunson highlighted the time constraints in society in general and how these impact on the expectations of those involved. It was important to take this into account when having conversations and to understand the needs of those involved in the decision-making process. It was noted that the system in place often constricts the amount of time that is available for colleagues, and this is part of the challenge faced.

The Chair highlighted the increasing number of non-medical prescribers within NHS Highland and queried if there was some way that these prescribers could be involved in the work through the training that they received. Drug waste was challenging to address without involving all of those who were in the position of prescribing.

**Action:** The Chair to send further details of who to contact regarding prescribing to K Arrow

K Arrow encouraged all members of committee to keep in touch with any comments or suggestions regarding her presentation today. H Eunson asked for clarity on what the ask of the committee was to the advisory groups regarding the presentation given.

K Arrow shared the following from Scottish Government:

- Ensure all health and care professionals in Scotland complete online shared decision-making training available on TURAS.
- Ensure that patients and families are encouraged to ask the BRAN (Benefits? Risks? Alternatives? do Nothing?) questions.
- Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives.
- Support local teams to work with the Centre for Sustainable Delivery on full roll out of ACRT, PIR, and best practice pathways, including the EQUIP pathways, as quickly as possible and report uptake in the six-monthly progress reports.
- Ensure local clinical teams engage with the Centre for Sustainability Delivery to consider current and future Atlas of Variation data to help identify unwarranted variation in health, treatment, service provision or outcomes and demonstrate how the board can improve.

This was the starting point for the advisory groups to have discussions around how to incorporate that work.

K McNaught stated that she would send further information to K Arrow regarding conversations with social work and social care colleagues.

**Action:** K McNaught to contact K Arrow offline

## 4.2 Quality Assurance Report – Louise Bussell, Nurse Director

The Chair welcome L Bussell to committee who spoke to her presentation.

During discussion the below was noted:

- S McNally highlighted that the governance around this piece of work didn't seem to cover the patient experience itself. He advised that there had been information gathered that could be analysed regarding patient feedback which would be a good starting point.
- It was confirmed that various tools are in place to support colleagues such as the Royal College of General Practitioners (RCGP) which has an enhanced tool that gathers data to ensure learning points can be captured, and ways of working can be altered where appropriate.
- It was noted that GP Practices had captured a lot of data but there were challenges accessing this data, work has continued to remove these barriers.
- A Miles mentioned that whilst big strides in culture had happened there was some work to be done as it's a continual work in progress but an observation would be that it is still difficult in Highland to express an alternative viewpoint to suggested change.
- C Copeland confirmed it was a challenge but the key point around quality was to ensure that the method of treatment was the avenue for each individual patient.

**Action:** The Nurse Director asked for any feedback and suggestions on quality to go to the Chair of ACF by 20<sup>th</sup> October 2023 for discussion at the Board Development Session.

**Action:** K Doonan to ensure invite to next Area Medical Committee be sent to Nurse Director and item on 'Quality Assurance Report' to go on the agenda.

## 4.3 Medical Staffing Act – Gareth Adkins, Director of People & Culture

The Director of People & Culture spoke to his presentation.

During discussion it was noted:

- An implementation project board would be established in the imminent future
- The core principles would include Workforce Planning to agree what is required to deliver the expected standard of service, ensuring the task is not considered a 'numbers process' and has professional judgement alongside operational planning and delivery.
- The Director of People & Culture confirmed that there would be real-time monitoring covering short, medium and long term challenges whilst mitigating ongoing risks.
- A key component of the process would be integrated service planning, identifying what we're delivering and to what standard considering the different settings of working.
- The Director of People & Culture referenced common principles of planning assumptions such as the average length of stay and the number of in-patient beds would be needed but he recognised it is a complex area and not as simplistic as explained.
- It was mentioned that it would look different depending on the setting involved which would feed into the Workforce Planning element of the work and a common staffing methodology would be applied where available.
- S McNally noted there was a rolling programme of closing some theatres due to a shortage of anaesthetists but mentioned there would be other areas impacted; the Director of People & Culture acknowledged the challenges but identified the skills

mix of teams would be critical to adapting to capacity concerns.

- The Nurse Director confirmed this approach is a positive step forward as it distances from the old approach where specific professions were looked at rather than an overall holistic view based on what patients required.
- The Director of People & Culture emphasised that enactment of the act will be an evolving process that all Boards will need to drive forward but it would be important to draw on experience further afield such as NHS England.
- H Eunson suggested a revision to how the item is referenced in future with the view it be more contemporary than 'Medical Staffing Act'.

**Action:** The Director of People & Culture confirmed he'd like to attend the November meeting of the ACF to discuss the culture and leadership framework piece of work that went to Area Partnership Forum & Staff Governance Committee – K Doonan to issue invite and transfer report.

## 5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

### 5.1 Area Dental Committee meeting – 30<sup>th</sup> August 2023

E Bateman gave an update on the situation with dentistry within NHS Highland. During discussion it was noted:

- The limited access to NHS dentistry is a nationwide issue.
- For those practices that can take on new patients often this finds the practice working at capacity relatively quickly
- There were only a couple of practices in the NHS Highland area that were taking new patients on
- Limited availability of dentists – some European dentists have left the country, no new dental students have graduated during the time of the pandemic, recruitment is a major challenge.
- Many dentists do not wish to enter NHS dentistry due to the contract that is currently in place.
- Low fees for NHS treatment, high laboratory fees mean that NHS is not cost effective.
- Many practices are now moving away from NHS work and moving into providing private care due to it being unprofitable.
- Significant amount of deregistration of NHS patients, higher in A&B
- Increase in emergency dental work being undertaken by dentists, this impacts on capacity and viability of practice – 3 practices within NHS Highland have closed due to being non-viable.
- 24% of practices have not reached 70% of pre Covid activity, similar stats nationally.
- Inequalities are now growing with many patients not being able to afford private care getting no care at all.
- New contract is due to be rolled out in November, much simpler contract however still some items that where fees are too low and have not risen in line with inflation, expectation that lab fees will increase further
- Lot of corporate entities with practices, BUPA has decided not to take on NHS patients within NHS Highland area
- Expectation that it will be numerous years before the workforce numbers recover from the pandemic effects

It was noted there had been ongoing impacts on professions around low graduate numbers and discussions continued around how this would impact progress moving forward.

It was noted that many dentists are unable to address their patients lists effectively due to the high numbers of emergency work required. An important point to consider was the need to ensure that remote and rural provision was addressed when it came to training and education of students including their placement within the locality.

There was also reference to the definition of “remote and rural” as this included distances from dental centres, not from cities, had this been changed to distance from cities it would clearly define the areas.

## **5.2 Adult Social Work and Social Care Advisory Committee – 20 July 2023**

K McNaught spoke to the minute, during discussion it was noted:

- S Steer had spoken about the adult social care cost avoidance plan.
- I Thomson had spoken about the project work around choice, flexibility and control that continued to move forward.

## **5.3 Area Healthcare Sciences Forum**

**There had been no meeting.**

## **5.4 Area Pharmaceutical Committee – 14 August 2023**

C Sinclair confirmed there were no additional points to add to the circulated minute.

## **5.5 Area Medical Committee meeting – 15 August 2023**

A Miles spoke to the minute, during discussion it was noted:

- Work was ongoing around the Vaccination Transformation Programme.
- Tetanus vaccinations had been a recent focus, especially around administering these locally to encourage a higher uptake as it was noted people are less likely to travel long distances for this.

## **5.6 Area Optometric Committee**

**The next meeting is scheduled for October 2023**

## **5.7 Area Nursing, Midwifery, and AHP Advisory Committee – 3 August 2023**

H Eunson spoke to the minute, during discussion it was noted:

- Work is underway around what information the committee should pass on to the ACF
- The Nurse Director had been carrying out some work around the Leadership committee and its structure to ensure there was an appropriate flow of information to the advisory committee and subsequently to ACF.

## **5.8 Psychological Services meeting**

**There had been no Meeting.**

The Forum <b>noted</b> the circulated committee minutes and feedback
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## 6 ASSET MANAGEMENT GROUP

S McNally noted there had been minutes for two previous meetings; during discussion it was noted:

- There had been a significant cost around improving the Wi-Fi which Scottish Government would not contribute towards and therefore had to come out of existing budgets.
- Finances continue to be a challenge and work has continued in trying to minimise the impact on contingency budgets wherever possible.

**Action:** K Doonan to contact S McNally to obtain these minutes and circulate to committee and ensure future minutes are requested directly from him.

## 7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 K McNaught provided a brief overview of the discussions but the meeting was only held on 30 August; however asked if there were any specific areas of interest to get in touch with her directly.

The Forum **noted** the minutes.

## 8 Dates of Future Meetings

02/11/2023

## 9 FUTURE AGENDA ITEMS

- Director of People & Culture – Leadership & Culture Programme
- Quality Commission Report – further discussion

## 10. ANY OTHER COMPETENT BUSINESS

## 11 DATE OF NEXT MEETING

The next meeting will be held on the 2 November 2023 at **1.30pm on Teams.**

**The meeting closed at 4.10pm**

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a> 
<b>DRAFT MINUTE of MEETING of the NHS Board Audit Committee</b> Microsoft Teams	<b>5 September 2023 9.00 am</b>

**Present:** Gaener Rodger, NESH Board Non-Executive (Chair)  
 Alexander Anderson, NESH Board Non-Executive  
 Alasdair Christie, NESH Board Non-Executive  
 Stuart Sands, Independent Lay Member

**In Attendance:** Gareth Adkins, Director of People and Culture  
 Ruth Daly, Board Secretary  
 Pam Dudek, Chief Executive  
 Patricia Fraser, Audit Scotland, External Auditors  
 David Hoy, Audit Scotland  
 Stephanie Hume, Azets, Internal Auditors  
 Leigh Johnston, Audit Scotland  
 Andrew Nealis, Information Governance & IT Security Manager  
 David Park, Deputy Chief Executive  
 Kate Patience Quate, Deputy Nurse Director  
 Boyd Peters, Medical Director  
 Liz Porter, Assistant Director Financial Services  
 Stephen Chase, Committee Administrator

*Please note, the numbering of the agenda items has been corrected below.*

### 1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Apologies were received from Susan Ringwood, Tim Allison, Fiona Davies, Pam Cremin and Louise Bussell who was deputised by Kate Patience Quate.

The Chair welcomed G Adkins to the meeting as the new Director of People and Culture.

### 1.2 DECLARATION OF INTERESTS

No declarations were made.

### 1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 24 JULY 2023

The Chair expressed thanks to S Ringwood for chairing the July meeting which saw the formal sign off of the annual accounts.

- The Chair requested an amendment to the second sentence of page 3 to read in the third person.



- It was noted that updates from the Resilience Group and Argyll and Bute Audit Committee would be available for the December meeting.
- It was noted that the Public Finance and Accountability Scotland Act item was an anomaly and referred to the Counter Fraud item.
- It was confirmed that the Workplans for Governance Committees had a new format as circulated ahead of the present meeting.
- The Chair requested that the workplan be updated for the next meeting.

#### **The Committee**

- **APPROVED** the minute of the meeting held on 24 July 2023 as an accurate record, pending the amendment noted.
- **NOTED** The Workplan, and Rolling Actions.

## **1.4. MATTERS ARISING**

There were no matters arising.

## **INDIVIDUAL INTERNAL AUDIT REPORTS**

### **2.1 Internal Audit Progress Report**

The Chair noted that some changes had been made subsequent to the submission of the report.

S Hume introduced the progress report and noted that two audits had been completed to date and that good progress was being made with the rest of the plan regarding meetings with sponsors. It was noted that the Vacancy Management audit had been due to come to the December meeting but following further discussion of the scope of the review management had requested that the review be pushed back to a February start and therefore the report would come to the May meeting of the Committee.

The Director of People and Culture commented that there had been an ongoing piece of work on vacancy control and that having the audit moved to later would add value to allow the improvements from the work to be tested. He also noted that the scope for the Raising Concerns audit was under consideration with a view to tying-in the audit work around a review of whistleblowing.

In discussion,

- The Chair noted that there would need to be consideration given to Committee dates to allow for proper reporting time (see item 10).
- It was clarified that the People Processes audit would start field work in December and that the report may come to the Committee earlier than the scheduled March date.
- Some concern was expressed that it appeared that at this early stage audits were being moved back in the work plan, however assurance was given by Internal Audit that the remaining audits were currently on track and that the December meeting would see the Strategic and Financial Planning Integration and Data Framework reviews.
- The Chief Executive commented that it would be good to see a clarification of the timelines following the discussion in order to assist the EDG and the Committee with due diligence, and noted that there should be a follow up meeting for the EDG after Audit Committee meetings in order to reflect progress and changes to the audit work.
- Further discussion noted the importance of challenging scopes of audits in order to make best use of the resources of Internal Audit and address risk within the organisation and to avoid using Internal Audit as simply a problem-solving mechanism.

- Regarding the audit of Data Management, it was noted that the report had been deferred to December to allow for conversations with management to agree the scope and it was commented that management had felt that the Head of eHealth was not the appropriate sponsor for the work.
- The Deputy Chief Executive noted that he had joined the discussions around the scope of the audit at a later stage where it had become clear that the scope of the audit was beyond eHealth and that he was working with colleagues to agree the scope soon so that it is practical and can give proper assurance to the Committee as to actions and outcomes.
- The Chair commented that the change in the scope of the audit would need to be approved by the Committee, following the recommendations of the EDG, outwith the meeting in order to allow work to commence with the aim that the report come to the December meeting.
- The Chair commented that it would be useful for the recommendations to indicate risks to the Data Framework, and some explanation as to the reasons for the agreed scope in relation to risk.

- The Committee **noted** the report and the changes to the Internal Audit work plan.
- The Chair **requested** that the change in the scope of the audit would need to be approved by the Committee, following the recommendations of the EDG, outwith the meeting in order to allow work to commence with the aim that the report come to the December meeting.

## 2.2 Communications

S Hume spoke to the report which confirmed that NHS Highland had a Communications and Engagement Strategy in place for 2021-2024 outlining the strategic approach to both internal and external communications. This took cognisance of where the organisation currently was with internal and external communications and engagement, and where it would like to be in the future as part of a continuous improvement journey. In addition, it was noted that there was a clear governance structure in place to oversee the implementation of the strategy and supporting action plan. A small number of areas of moderate-to-lower risk for improvement were noted, including a need to update the 2023/24 Annual Action Plan to ensure that outcome measures are as SMART as possible, and an update to the Communications and Engagement Strategy to include greater detail on the roles and responsibilities of the Communications team and wider NHS Highland staff.

During discussion,

- The Director of People and Culture commented that he would be looking at the communications and engagement strategy especially in terms of the communication of the strategy, the aims of engagement work and making best use of and supporting the small team. The need to be clearer of the differences between strategic and operational plans for the Comms Team was noted.
- The capacity of the Comms Team against the management of expectations of other staff regarding what they could deliver was discussed.
- The Chief Executive noted the need for discussion around engagement work with communities to better give assurance regarding redesign and codesign work.

- The Committee **noted** the report.

## 2.3 Property Transaction Monitoring

S Hume spoke to the report which confirmed that clear roles and responsibilities were in place within the Property Management Team and Asset Management Group to help ensure transactions met the Scottish Government's Property Transaction Handbook requirements.

Testing found that independent legal advisers were appointed for the transaction reviewed. Minor issues in the checking of invoice amounts against the lease and the timeliness of certification completion were noted (no issues were found in the supporting evidence). It was determined that the transaction reviewed could be awarded an A rating.

During discussion, the Assistant Head Financial Services noted that there were no concerns with the report and that it backed up some planned compliance work on documentation.

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| <ul style="list-style-type: none"><li>• The Committee <b>noted</b> the report.</li></ul> |
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### 3. Management Follow-Up Report on Outstanding Audit Actions

The Assistant Director Financial Services spoke to the Excel tracking report that had been circulated ahead of the meeting and noted areas of completion and work to be done to close off actions. Substantial assurance was offered to the Committee on the basis that two historic audits were offered to the Committee for final audit sign off and that outstanding actions were up to date and monitored in real-time, with assurance that actions were progressing.

In discussion,

- The Chair commented that the revised dates column was useful and that dates for Statutory Mandatory Training, Recruitment and Workforce Planning, and Governance and Accountability should be added.
- The direction of progress noted in the report was noted positively by Committee members but it was noted in discussion that 'moderate' assurance would be more acceptable to the Committee at this stage in order to emphasise the need to close off remaining items, after which substantial assurance could be accepted.
- The Director of People and Culture noted in relation to actions around Statutory Mandatory Training that the short life Working group would focus on addressing barriers and note actions that could be completed. A response would be provided to Internal Audit with the aim of seeking continued improvement via the FRP Committee and other monitoring routes.
- Regarding Workforce Planning, it was noted that there was a risk that the follow up actions become ongoing performance management work as opposed to step changes in response to the Internal Audit which the Director of People and Culture wished to avoid.
- The Director of People and Culture offered to produce a position paper in relation to the audits in his remit with proposals as to how actions may be closed off or managed as a 'business as usual' risk.
- Concern was expressed around the six months assigned to address Statutory Mandatory training. The Director of People and Culture noted the tight remit for the work of the short life group to ensure good performance management, appropriate reporting and governance in order to better manage and monitor progress in implementing a more successful approach to Statutory Mandatory training.
- The Chief Executive noted ongoing conversations around statutory mandatory training as part of national negotiations around pay awards including the rostering of protected time, and that therefore controls were being looked at and funding sought to support this work from NES.

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| <ul style="list-style-type: none"><li>• The Committee <b>noted</b> the report and accepted <b>moderate</b> assurance with the expectation that further progress reported to the December meeting would result in a level of substantial assurance to be accepted.</li></ul> |
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### 4. Information Assurance Group Update

The paper covered the period from April 2023 to June 2023 and was provided for awareness of the work undertaken by the IAG and for assurance of the controls that in place were being implemented.

The Information Governance Manager spoke to the report which noted,

- Support given by the IAG to the Data Protection team in response to the ICO (Information Commissioners Office) audit that had been carried out earlier in the year for all NHS Scotland boards. The overall rating from the ICO for Highland was 'reasonable' and compared well with other NHS Scotland boards. The report highlighted 17 recommendations of which 3 items had been completed and 14 were in progress, with 10 of these rated as medium priority and 4 as high priority recommendations.
- The report also outlined the Scottish Health Competent Authority (SHCA) Network & Information Systems (NIS) Regulations audit which had completed on site work in July and would receive its final report in December 2023.
- Regarding Records Management, scanning of clinical records was continuing with IAG oversight, and scanning of Acute and Community hospital site records were on schedule for completion by the end of quarter 3 of the 2023/24 year. The NHS Highland Records Management Plan had been submitted and formally accepted by National Records, Scotland, and areas for improvement were marked in the plan.
- Freedom of Information performance was outlined, and it was noted that the Level 2 Intervention Order will be withdrawn due to the maintaining of acceptable performance rates.
- Information about a second regulatory audit by Network and Information Systems was noted. This was an annual audit commissioned by the Scottish Health Competency Authority as appointed by Scottish Government conducted against all NHS Scotland boards. The onsite audit had been conducted in July and general feedback from the auditor was very positive. There were a couple of minor observations which were addressed, and outstanding actions would be addressed in the course of the move of the data centre.

During discussion,

- It was confirmed that the outcome of the NIS audit was expected in December.
- Regarding reported data breaches at the national level, it was noted that the use of nationally hosted systems brought with it risks but that in bringing attention to contracts the organisation could make third parties more aware of their data protection responsibilities.
- A Christie noted that, given the number of responses to recommendations following the audits that a level of moderate assurance would be a better recommendation to the committee than substantial assurance at least until there is more evidence that the responses were completed. A Nealis agreed to feed this back to the IAG.
- It was suggested that future papers to the Committee could be more compressed with a focus on key concerns so that the Committee see where support is most needed.
- Discussion was had about the appropriateness of the level of assurance offered in terms of the number of ICO and NIS actions that were still to be closed off. It was recognised that there is a subjective element in determining levels of assurance, and that substantial assurance had been offered on the basis of how NHS Highland compared with other health boards audits and that there were clear plans in progress to address the recommendations. However, it was agreed that with a majority of audit responses not yet completed that it would be astute to change the assurance rating offered to the Committee.
- The Committee agreed to alter the assurance level to 'moderate' and that an update to the December meeting to confirm further progress could be used to allow for 'substantial' assurance to be accepted.
- It was noted that the regular update from the IAG would return to the Committee in approximately six months time.

- The Committee **noted** the report and accepted **moderate** assurance on the basis that an update would come to the December meeting at which substantial assurance could be considered.

## 5. Counter Fraud

L Porter spoke to the report which was given to provide the Audit Committee with an update as to the progress of Counter Fraud actions and services in order to both highlight instances of Fraud and to provide assurance on the actions being taken to prevent Fraud.

Current Counter Fraud activities included:

- Confirmation that NHSH had completed all 12 Counter Fraud components and submitted the Fraud Standard Statement to CFS. NHH will continue to work closely with CFS in areas where improvement is required and feedback had been provided to CFS on this process.
- 7 general alerts had been issued by CFS to the health boards and distributed to appropriate staff.
- The Fraud Liaison Officer meets with CFS on a regular basis to review active cases and liaise with appropriate Board staff who are investigating these.
- Payment verification (PV) meetings were held quarterly to review Pharmacy payments with Dental & Ophthalmology PV reviews recommencing having being suspended due to COVID.
- Of the reports of suspected fraud during the year, it was confirmed that none within NHS Highland were over £5k.
- Staff were continuing to work through the results of the National Fraud Initiative 22/23 Exercise and were liaising with other boards who had requested information.
- CFS maintains a learning space in TURAS Learn which hosts a suite of fraud awareness information, guidance and e-learning modules, that can be accessed by staff. The Counter Fraud services module is currently mandatory for some staff. CFS are currently working on a new model to assist managers.

In discussion,

- The Chair asked that the Fraud Standard Statement be seen next year before submission at the Committee.
- The Chair asked what the risk to the organisation was for those standards where NHS Highland had not complied. The Assistant Head Financial Services confirmed that she would bring an update from her colleague to the December meeting.

The Committee **noted** the report and accepted **substantial** assurance.

## 6. Risk Management

The Chair noted that Risk Management was a standing agenda item, but that the item was here offered as an opportunity for the Committee to consider what it wanted to receive in future and ensure that it had a good understanding of its role in addressing risk within the organisation.

- The Medical Director noted that the items arising from the Risk Audit could be closed off on the advice of the Director of Finance by the Audit Committee and that the evidence had been submitted to support this.
- The Medical Director gave a presentation to show the current state of Risk Management for the organisation.
- The management actions relating to the internal Audit on Risk had been completed with the twelfth action to be embedded in business as usual by establishing education and training. After review it had been felt that this action needed to be built into the system for

staff wherever they find themselves in the organisation as appropriate instead of bringing in training to the system.

- In addition to standardising risk systems, there were now 'risk champions' across the various parts of the organisation to assist with increasing colleague knowledge and understanding of risk and related responsibilities.
- The governance routes were noted for risk with the Risk Management Steering Group which had gathered together those staff assigned with responsibility of oversight for different areas of risk. This group reports in to the EDG and the Audit Committee with the aim of finding a common approach to risk, although it was noted that it had not met as often as would have been liked over the past year.
- A draft dashboard outlining risk intelligence to assist with organisational risk appetite and compliance with the Blueprint for Good Governance was shown. The dashboard showed accountable owners of risk, associated completion dates for actions, and gave a colour coding as to risk levels.

In discussion,

- The Committee members noted the usefulness of the draft dashboard.
- It was suggested that specific changes to risk ratings might be indicated in the document to show progress or decline. It was commented that this would be more appropriate for the Strategic Risk document but that a way of showing trends would be considered.
- It was discussed that the resource to run the risk management process would sit with the Executive team and that ways of automating the process were under consideration to assist with implementation.
- The Chair suggested that a six monthly update and conversation come to the Committee on Risk Management and the Strategic Risk Register.

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| <ul style="list-style-type: none"><li>• The Committee <b>noted</b> the report.</li></ul> |
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## 7. Audit Scotland Reports

### 7.1 Audit Scotland Report Overview

The Chair invited the members of Audit Scotland to give a presentation on the Audit Scotland Report.

- D Hoy noted that the report had been published in February and that it was slightly different to Audit Scotland's traditional overview reports in that it focused on the NHS recovery plan.
- And that in publishing the report a balance was sought to take note of the challenging ask to health boards to deliver against the recovery plan given ongoing challenges faced by the NHS.
- The themes of financial pressures was addressed in terms of both overall trends in growth and funding but also the challenges of inflation and rising energy costs. Other pressures noted included media scrutiny, substantial winter pressures, the ongoing impact of COVID, delayed discharge at high levels and serious staffing issues.
- Staff surveys analysed by Audit Scotland all showed that existing staff were under increasing pressure.
- Concerns had been noted over the take up rates for training new staff and for supervisory capacity to support trainees.
- The plan implemented by Scottish Government was ambitious but it was felt to be rushed with little consultation with health boards on implementation which had resulted in a tension between delivery targets and finances and capacity to deliver.
- It was felt by health boards that the progress plan recently published by government was not properly reflective of the work done to progress recovery.
- A change in focus in addressing waiting list backlogs was noted during the audit with a move away from clinical prioritisation back towards clearing some of the longest waits. This had led to some progress with the longest waits due to the flexibility afforded to

boards by government. However, boards had not been consulted on targets which had led to a lack of clarity around some of the measures making the targets more of a challenge.

- In terms of innovation and reform, there had been good progress around the Centre for Sustainable Delivery with boards working with the centre to progress new models of delivering services though a lot of the work was at an early stage.
- There had been some good work to improve population health and to eliminate health inequalities and a recognition that there would need to be a whole system approach to tackle these issues.

During discussion, it was noted that field work towards the 2023 report was underway and that current insights indicated ongoing challenges around wait times but that the report was more likely to conform to a traditional model of having a focus on finances, funding and sustainability including capital pressures for areas such as the National Treatment Centres. The report would also likely include a focus on systems around patient safety where there were some early signs of progress.

The Committee **noted** the report and the Chair thanked the team for its update.

The Committee **noted** the information.

## 7.2 Audit Scotland Reports

The Chair had indicated links to reports of interest to the Committee in the agenda.

The Committee **noted** the information.

## 8. Review of Committee Terms of Reference

The Chair invited proposals for changes to the Terms of Reference to be sent to her in good time ahead of the December meeting for consideration and final agreement. No proposed changes were raised at the meeting.

The Committee **noted** the Terms of Reference in its current form and that proposals for changes to the document would be discussed for agreement at the December meeting.

## 9. Any Other Competent Business

The Committee reviewed the dates for meetings in 2024.

It was noted that the 25 June meeting date may need to be reconsidered in light of Scottish Government deadlines for accounts having not yet been released.

The Chair noted that there may be a need for an additional meeting in late May or early June to be scheduled to address and close off Internal Audit reporting ahead of the annual accounts.

## 10. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 5 December 2023** at **9.00 am** on a virtual basis to have a detailed review of the annual accounts.

The meeting closed at **11.08 am**.

<b>HIGHLAND NHS BOARD</b>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 <a href="http://www.nhshighland.scot.nhs.uk">www.nhshighland.scot.nhs.uk</a>	
<b>MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE</b>	<b>6 September 2023 at 9.30am</b>	

**Present:**

Ann Clark, (Chair)  
 Elspeth Caithness, (Employee Director)  
 Bert Donald, (Non-Executive)  
 Sarah Compton-Bishop (Non-Executive)  
 Claire Lawrie, (Staff side representative)  
 Fiona Broderick, (Staff side representative)

**In Attendance:**

Gareth Adkins, (Director of People & Culture)  
 Gaye Boyd, (Deputy Director of People & Culture)  
 David Park, (Deputy Chief Executive)  
 Katherine Sutton, (Chief Officer, Acute), from 11am  
 Pam Cremin, (Chief Officer HSCP)  
 Ruth Daly, (Board Secretary)  
 Tim Allison, (Director of Public Health & Health Policy)  
 Helen Freeman, (Director of Medical Education)  
 Isla Barton, (Director of Midwifery), attending on behalf of corporate NMAP, noon  
 Megan Glass, (People Partner, HR Services)

Karen Doonan, Committee Administrator (minute)

**1 WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. Apologies were received from Committee member P Macrae. It was also noted that the following would not be in attendance at the meeting: H Cooper, F Davies, K Dumigan, J McBain, K Patience-Quate, and B Summers.

**1.2 Declarations of Interest**

There were no declarations of interest.

**2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION**

**2.1 MINUTES OF MEETING HELD ON 28<sup>th</sup> June 2023**

The minutes were **Approved** and agreed as an accurate record.

**2.2 ACTION PLAN**



The Director of People & Culture explained that the most up to date action plan had been added to Committee papers that morning and proposed to close the following actions:

- Item 90 – Integrated Performance and Quality Report (IPQR) – an updated version of IPQR and metrics were on the agenda for this meeting
- Item 95 - Terms of Reference, on the agenda for the meeting
- Item 99 - Whistleblowing update, on the agenda for the meeting
- Item 100 - Estates Spotlight – learning from the Estates case study will go to EDG within the week, proposed to bring this paper to committee
- Item 102 - Statutory/Mandatory Training – on the agenda for the meeting, short life working group (SLWG) will bring this forward

The Director of People & Culture provided progress updates on the following:

- Item 104 - Health & Safety – Head of Health & Safety to develop a Corporate Action Plan, this will come back to committee in due course
- Item 106 Education and Training – SLWG looking at Statutory/Mandatory Training, a more comprehensive approach to join up corporate and clinical education be picked up with colleagues moving forward
- Item 108 - Maternity Business Case – work was ongoing and update would be brought to the next meeting
- Items 109 and 110 - Induction Review was being considered by the Statutory and Mandatory training SLWG and an update would be provided during the meeting.

The Committee **Agreed** to close the items as listed and otherwise **Noted** the updates.

### 2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

Responding to questions from the Committee Chair, the Director of People and Culture provided the following updates:

He was still to establish what staff engagement would be put in place for the Listening and Learning survey. The survey had not been run yet and its contents were still to be determined.

- He would reach an early view on reporting on the Annual Delivery Plan and would liaise with the Deputy Chief Executive to ensure that Committee reporting would align with Scottish Government reporting schedules.
- The Induction Review item planned for this meeting would be included on the workplan for November.

**Action:** Director of People & Culture to discuss ADP with Deputy Chief Executive.

The Chair asked for updates on the hot topics and noted that item 7.1 was a “hot topic” that was already on the agenda. It was noted that the “hot topics” required to be added into the new format of the workplan.

**Action:** K Doonan to add “hot topics” to the workplan

The Committee:

- **Noted** the latest version of the Staff Governance Committee Workplan 2023 to 2024 was still a work in progress.
- **Agreed to add “hot topics” to the workplan** and considered if any updates are needed outside the items on the agenda.

### 3 MATTERS ARISING NOT ON THE AGENDA

None

### 4 SPOTLIGHT SESSION – Highland HSCP

Pam Cremin, Chief Officer (HSCP)

The Chief Officer HHSCP provided a presentation focussing on a range of staffing matters relating to the Highland Health and Social Care Partnership. She commented on the age and banding profile, and priorities to upskill and redesign posts to create multi-disciplinary teams. She described increases in the workforce profile for psychological therapies and adult support and protection. Sickness absence rates in the HHSCP were above average for the Board and were being monitored closely. There was a long-standing issue of Statutory and Mandatory training compliance. She commented also on colleague appraisals and PDPs, the relatively high overall response rate to iMatter, and that employee relations cases were relatively low within the sector.

The Director of People & Culture gave some context to the presentation by outlining that he was working closely with the Chief Officer as they were both new in post in order that the changes that were required to be made were identified going forward.

During discussion, Committee members raised the following issues:

- An explanation for the high long-term sickness absence rates was sought, together with an outline of the actions being put in place to address them. The Director of People & Culture advised that the Health & Wellbeing strategy required further development and he expected this to be completed by the end of the year.
- Concern was expressed about the low uptake of corporate induction and details of the plans to address this were sought. Corporate induction was now an organisational policy and there were risks associated with colleagues not being fully inducted before performing in their roles. The Director of People and Culture advised that delivering corporate induction would be a priority going forward and there would be engagement with partnership colleagues. Setting start dates on agreed days of the month and aligning with the corporate induction process would be of assistance. He would work closely with the Chief Officer to deliver on collective and individual responsibilities.
- The presentation had highlighted ongoing issues relating to the need for higher priority being afforded to appraisals, management of sickness absence, and training. It was noted that the responsibility for these matters rested with managers and leaders and the Director of People and Culture confirmed he was working closely with the Chief Officer to make the necessary improvements.
- The presentation raised many issues on which the Committee had been keen to see improvements for some time in all Directorates. A suggestion was made that timescales and targets for improvements should now be considered. The Director of People & Culture highlighted the societal issues that all Boards were affected by: the effects of the pandemic, the cost-of-living crisis, and consequential heightened anxiety levels within society. It was important to both reflect that context and identify what the organisation could put in place, and this would help with identifying timescales as requested.

The Chief Officer welcomed the comments made and the support she had received recently to address a range of issues of concern. Regarding sickness absence there was good support from the Occupational Health department. There was an area of focus on the absences that had “no identified reason” and this would be addressed going forward. It was vital that reasons for absences were known so that appropriate support could be put in place.

The Committee **Noted** the terms of the presentation and the specific workstreams highlighted during discussion.

## 5 ITEMS FOR REVIEW AND ASSURANCE

### 5.1 Area Partnership Forum minutes of the meeting held on 18 August 2023

There were no questions nor comments.

The committee **noted** the minutes of the Forum

### 5.2 Health and Safety Committee Minutes of meeting held on 13 June 2023

The Chair highlighted that there was no assurance level within the minutes for the Acute Report and asked if this was an error or if there was no assurance level that had been offered.

**Action:** Director of People & Culture would investigate this further

The Chair queried the reference in the minutes to the date of the Action Plan for New Craigs. The Director of People & Culture stated that a meeting of the Oversight Committee had since taken place and this information would be reflected in the Health and Safety Committee minutes going forward. He highlighted the complexity of the work involved with the regulator and gave assurance that there was a plan in place. He went on to advise committee that he had asked the Head of Health & Safety for a Corporate Plan that would outline the longer-term work and the necessary short-term actions.

**Action:** Director of People & Culture would provide a progress update on this situation at the next meeting.

The Committee **noted** the minutes of the Health and Safety Committee

### 5.3 IPQR / Metrics

The Director of People & Culture presented two slides with commentary on current performance data which included a wider range of metrics than had previously been provided to the Committee. He briefly highlighted the following:

- The Board's sickness absence rates were sitting at 6.16% which was above the 4% national target. The ageing staff profile may correlate with a higher rate of longer-term conditions and higher than average absence rates. There may be a need to look at how to support staff and put in reasonable adjustments.
- Reduction in the overall time to fill vacancies was a priority area of work. An improvement plan had been developed and would go to EDG next week. He confirmed that a Short Life Working Group had been established to accelerate progress. The processes for approval required to be streamlined and recruiting managers needed to understand how to engage with the process to reduce obstacles and delays. Enhanced communication about the processes would be put in place and an item brought to the Committee for further assurance in due course.
- There was an action plan in place aiming to improve statutory and mandatory training compliance. E-learning modules needed to be differentiated from practical training such as manual handling and management of violence and aggression. It was important to direct the focus of the work to areas of greatest risks to staff and patients.

- Appraisals and Personal Development Plans (PDPs) –The Chief Executive is on a national group reviewing protected learning time arrangements and the requirements for developing Turas appraisal and PDP processes so that appraisals cannot be completed without linkage to completing a PDP and mandatory training modules

B Donald asked for more information around international recruitment and what was in place to support these colleagues. The Committee was advised that it was beneficial to have other recruits volunteer to help support new international recruits as lived experience was a valuable tool. There had been five internationally recruited nurses in Raigmore Hospital with professional and pastoral support being supplied by the nursing team. A regional model was being applied with education and induction coming from NHS Grampian. From January 2024 it was hoped to have some international recruits within mental health and the processes were currently in place to support this.

The Employee Director highlighted the benefit of employee networks being in place prior to recruitment taking place. She highlighted that unions already had networks in place and at present staff side had not been approached to support. The Director of People & Culture stated that he was happy to discuss this further. It was noted that further work was necessary on employee/employer relationships.

The Chair clarified the level of assurance that was being asked for this item and it was agreed that in future an SBAR should be submitted to Committee along with the report.

The Committee **reviewed** the report and took **Moderate Assurance** from the report.

#### **Comfort Break 11.25 until 11.40am**

#### **5.4 Whistleblowing Annual Report 2022-23**

Report from Gareth Adkins, Director of People and Culture

The Committee had received the Whistleblowing Annual Report 2022-23 which represented the second annual report since the inception of the National Whistleblowing Standards in April 2021. The Annual Report had been presented to the Area Partnership Forum.

The Director of People & Culture outlined that both Item 5.4 and Item 5.5 had been reflected upon at a recent Board development session which all members of the Committee present had attended. He highlighted the following:

- There was a need to ensure not only that there was compliance with the Whistleblowing process but that actions were monitored and tracked. This would be supported by a refinement of administrative and support processes as a priority.
- In total, five concerns had been closed over the year, one being upheld, two partially upheld and 2 not upheld.
- Several Whistleblowing cases were aligned with patient safety, there was a need to increase the link to clinical and care governance work streams and Executive leads in those areas.
- Both the annual report and the Quarter 1 report proposed moderate assurance.

The Chair highlighted the importance of raising awareness of the standards and asked if there was any way to collate hard data in respect of staff awareness of these across the organisation. The Deputy Director of People & Culture suggested that data could be collated from the TURAS module.

The Director of People & Culture explained that gathering data to gauge awareness of the policy would involve surveying colleagues. Response rates were typically low and may not provide sufficient information to give the Committee assurance.

B Donald highlighted the recent 'pause and reflect' which he thought had been useful and issues arising would be considered by The Director of People and Culture. It was important that enabling people to speak up by any method was seen as 'everyone's business. Staff needed to know a few key messages about the process not the details of the standards.

E Caithness suggested that staff did know about the Whistleblowing process but a greater consistency of response from the organisation would be helpful and how to generate that should be considered by the culture oversight group.

The Deputy Chief Executive highlighted the importance of inclusion of the Whistleblowing Standards in corporate induction and an immediate proactive response when a concern is raised.

The Chair suggested the key points made in the discussion be considered in the work following up the pause and reflect session.

The Committee **reviewed** the report which gave confidence of compliance with policy and objectives and took **Moderate Assurance**

## 5.5 Whistleblowing Q1 Report

Report by Gareth Adkins, Director of People & Culture

The Committee had received the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. The report confirmed that since May 2023 Heledd Cooper, Director of Finance, had provided Executive leadership.

The Chair referred to the interim arrangement with the Director of Finance holding the Executive lead for Whistleblowing during the transition period prior to Gareth Adkins taking up his post as Director of People and Culture. She asked if the hand-over of Executive leadership had now taken place.

The Director of People and Culture clarified that the Executive lead remained currently with the Director of Finance and that a final decision had not yet been taken on where accountability would sit going forward.

The Committee **reviewed** the report which gave confidence of compliance with policy and objectives and took **Moderate Assurance**

## 5.6 Staff Governance Committee ToR Annual Review

Report by Board Secretary

The Committee had received a report inviting consideration of revisions to the Committee Terms of Reference relating to the list of individuals who would normally be invited to attend meetings.

The Committee:  
(a) **Agreed** the proposed changes to its Terms of Reference as shown in the appendix to the report and

(b) **Noted** that any further revisions would be brought to the Committee before the end of the financial year for inclusion in the 2024 update to the Code of Corporate Governance.

## 5.7 **iMatter23 Engagement Report**

Report by Gareth Adkins, Director of People & Culture

The Committee had received a report on the 2023 Staff Experience Survey which ran for a three-week period from 15 May to 5 June 2023.

The Director of People & Culture highlighted that the overall response rate to the 2023 iMatter survey was 50%. While the weighted responses were positive, there was a noticeable difference in engagement with questions focussing on the wider organisation compared with staff's personal experience and their responses in relation to their team and line manager, for example how involved staff feel they are in decisions. It would be an important role therefore for the Culture Oversight Group to consider how to engage with staff to understand how to improve in the areas with weaker scores. It was noted the Guardian Service annual report showed an increasing number of colleagues who were happy to share their information with line managers, which was a positive development and demonstrated confidence in the process.

The Director of People & Culture confirmed that it was not possible to break down the results from the survey. The report was designed to maintain confidentiality however it was noted that this did present a challenge in identifying areas of most concern.

The Chair asked what sort of improvement in the scores would be realistic and what would be considered 'Best in Class'. The Director of People and Culture responded that it would be possible to benchmark against other Boards. The response rate, whilst encouraging could perhaps be improved. The Deputy Chief Executive suggested that improvement effort should be focused on those areas we think are most impactful for the organisation's current needs.

The Director of People & Culture stated that the issues raised during discussion would be taken to the Cultural Oversight Group for consideration and then taken back to committee in due course.

The Committee **noted** the content of the report and took **Moderate Assurance**.

## 5.8 **People and Culture Strategic Risk Review**

Report by Gareth Adkins, Director of People & Culture

The Committee had received a report on the People and Culture Strategic Risk Register which had been updated and was presented for review and approval.

The Director of People & Culture advised he had taken the opportunity to strengthen the approach to risk and to review the presentation of the risk register. The risks had been better described and the cover paper highlighted key areas for consideration and trends over time. He went on to explain the importance of identifying timescales against the risks in order that work can be done to follow through on actions. He sought confirmation from the Committee that the wording reflected the risks accurately and that there was clarity around the mitigating actions and controls.

The Committee **noted** the content of the report and took **Moderate Assurance** from:

- The review and refresh of the people and culture strategic risks
- the plan to review level 2 people and culture risk management

## 5.9 Leadership & Culture Programme

Report by Gareth Adkins, Director of People & Culture

The Committee had received a paper describing a proposed framework to build on the previous work to develop leadership capability and ensure leadership behaviours are consistent with the values of the organisation. The proposals outlined in Appendix 1 to the report had been discussed and endorsed by the Cultural Oversight Group at their meeting on 26th July 2023. The Staff Governance Committee was now asked to review and approve the refreshed approach to the leadership and culture programme.

The Director of People & Culture apologised for the lateness of paper and highlighted:

- The membership of the Culture Oversight group had been updated and refreshed, with a view to strengthening the strategic role of the group and to maintain operational and staff side input.
- The report demonstrated the significant progress made over the last few years and it was now important to be intentional about the key areas of focus going forward. The proposals for the direction of travel and the leadership and culture framework had been agreed at the Area Partnership Forum and the Committee was asked to approve the approach.
- The proposed direction of travel focussed on three interconnected elements: Leadership and culture programme; workforce plan and Annual Delivery Plan, and Staff Governance Standards.
- 
- The purpose of the Culture Oversight Group would be to focus on the leadership and culture framework, Assurance on this would be brought to Committee.
- Establishing a Workforce board/group was also being considered to provide oversight of delivery of the ADP.
- Staff governance standards would be monitored through existing governance for performance management across the organisation

Committee members queried what support was in place for colleagues wishing to move into leadership roles and what evidence of their leadership attainment was required during the selection process. The Director of People & Culture highlighted the importance of ongoing development of gateway progression and the appraisal and PDP process.

The Deputy Chief Executive highlighted the importance of workforce planning due to the age profile of the organisation. It was vital that the recruitment process was also robust to address the challenges faced by the organisation.

The Chair commented on the numerous groups associated with this work and highlighted the potential increase in workloads for staff in an already pressured system. The Director of People & Culture acknowledged the challenges and stated that identification of the work was necessary so that timescales could be managed and prioritised.

Following discussion, the Committee:

- **Noted** the progress to date to address the issues arising from the Sturrock report including progress in the development of leadership and the work to support cultural change;
- **Approved** the proposed structure for governance and delivery of the approach to cultural change through:
  - A leadership and culture programme with oversight and governance by the Chief Officer Group (COG), focussed on leadership and staff development within a refreshed leadership and culture framework;

- The Workforce Plan and Annual Delivery Plan with oversight and governance by the Workforce Oversight Group with updates to COG on agreed focus areas, e.g., recruitment, onboarding processes, health and well-being
- Performance management through staff governance standards and existing staff governance arrangements and organisational performance framework
- **Approved** proposal to review the cultural measurement framework and present to COG for further discussion and consultation.

## 6 ITEMS FOR INFORMATION AND NOTING

### 6.1 Statutory/Mandatory Deep Dive

Report from Louise Bussell, Nurse Director

A paper was presented to the Committee providing an overview of the current position in relation to both statutory and mandatory training, and wider learning and development. The paper had received prior consideration by the Area Partnership Forum and set out several recommendations to achieve sustainable improvements.

The Director of People & Culture highlighted the need for staff side engagement and discussion and drew attention to the following:

- A short life working group would be established to address the actions in the paper.
- There were clear links to the induction process, and proposals were being made to align start dates with inductions at a given point in any month.
- It would be important to ensure training for certain skills such as managing violence and aggression were proportionate and linked to risks.
- It was understood that the colour coding used in the report represented progress against the actions within the original internal audit action plan.

The Director of Medical Education highlighted the challenges for medical colleagues regarding the induction programme, stating that there is a very different pattern of change over regarding medical staff throughout the year. This was noted and would be given consideration by the SLWG.

During discussion, while welcoming the contents of the report, a view was expressed that the recommended 'moderate' level of assurance was too high and should be reduced to 'limited'. Once the Committee could see progress being made against clearly articulated target dates, a higher level of assurance might be more appropriate.

A suggestion was made that discussions with partner organisations might prove helpful in terms of identifying suitable venues for certain training courses.

Discussion took place around the term "violence and aggression" and how this was interpreted by colleagues. It was noted that most instances involved behaviour challenges involving patients and the Director of People & Culture agreed the terminology was not helpful and should be considered nationally.

The complexities around building in "non-clinical time" was also discussed as this was often difficult when the system is extremely pressured. The Employee Director highlighted that "non-clinical" time was available but was perhaps not being used as it should be. National and local discussions were on-going around this complex issue.



Following discussion, the Committee **noted** the report and agreed to take **Limited Assurance** and that an action plan be taken back to committee.

## 7 **AOCB**

### 7.1 **Patient Safety in the Wake of the Lucy Letby Verdict**

Correspondence from Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health & Social Care had been circulated to the Committee.

The Director of People & Culture highlighted that he and the Deputy Director of People and Culture were working closely with the Nurse Director and Medical Director to meet the timescales for a response to the correspondence received from Scottish Government in reaction to the Lucy Letby case.

The Chair commented that the necessary actions to address the requirements of the letter should be part of longer-term programmes of work already underway wherever possible. It was her expectation that there would be an overview of whatever actions were proposed in the response. The Board Chair highlighted that the actions of all Boards would contribute to a national response and that that this would be the beginning of a larger piece of work.

## 8 **Date of NEXT MEETING**

The next meeting of the Committee will take place on **Wednesday 8<sup>th</sup> November 2023 at 10.00 am on MS Teams.**

### 8.1 **Meeting dates for 2023**

8 Nov 23

## 9 **Meeting Schedule for 2024**

**Tuesdays at 10am**

16 January 2024

5 March 2024

7 May 2024

9 July 2024

3 September 2024

5 November 2024

**The meeting closed at 13:15**

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held  
BY MICROSOFT TEAMS  
on WEDNESDAY, 30 AUGUST 2023**

**Present:** Councillor Amanda Hampsey, Argyll and Bute Council (Chair)  
Councillor Kieron Green, Argyll and Bute Council  
Councillor Gary Mulvaney, Argyll and Bute Council  
Councillor Dougie Philand, Argyll and Bute Council  
Jean Boardman, NHS Highland Non-Executive Board Member  
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)  
Susan Ringwood, NHS Highland Non-Executive Board Member  
Gaener Rodger, NHS Highland Non-Executive Board Member

**Attending:** Gareth Adkins, Director of People and Culture, NHS Highland  
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)  
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP  
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP  
Fiona Davies, Chief Officer, Argyll and Bute HSCP  
David Gibson, Head of Children and Families and Justice, Argyll and Bute HSCP  
Kristin Gillies, Head of Strategic Planning and Performance, Argyll and Bute HSCP  
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP  
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP  
Elizabeth Higgins, Lead Nurse, NHS Highland  
Julie Hodges, Independent Sector Representative  
John Lyons, Clinical Director – Dental, NHS Highland  
Kenny Mathieson, Public Representative  
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council  
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP  
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)  
Kirstie Reid, Carers Representative, NHS Highland  
Mandy Sheridan, Service Improvement Officer, Argyll and Bute HSCP  
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface  
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Sarah Compton Bishop, Linda Currie, Angus MacTaggart, Betty Rhodick, Fiona Thompson, Geraldine Collier and Evan Beswick.

The Chair advised of the recent sad passing of Board Member John Stevens and made the following statement –

John came to the board as a representative of the chairs group for Argyll & Bute Carers Centres on our Strategic Planning Group. With his extensive experience of caring for family members and his support of carers and carers rights, he progressed to being one of our carers representatives on the Integration Joint Board.

John's professional background meant he not only brought the perspective of carers but supported the board in developing good practice.

John was a well-liked and respected member of our board and through his own kind, considerate and measured approach he demonstrated our values. He delivered both public service, leadership and was a compassionate and supportive colleague and friend. He will be much missed.

The Chair advised that condolences had been sent to John's family on behalf of the Integration Joint Board.

## **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3. MINUTES**

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 31 May 2023 were approved as a correct record.

## **4. APPOINTMENT OF MEMBERS TO THE INTEGRATION JOINT BOARD (IJB) AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE**

The Board gave consideration to a report advising of the appointment of NHS Non-Executive Member Dr Gaener Rodger as a representative of the Integration Joint Board and providing a subsequent update of membership throughout the Committee structure.

### **Decision**

The Integration Joint Board –

1. noted the appointment of NHS non-executive Dr Gaener Rodger as a representative of the IJB and the subsequent update of membership throughout the Committee structure;
2. agreed the appointment of Cllr Dougie Philand as Strategic Planning Group co-chair; and
3. approved the membership changes to ensure committee quoracy and representation in line with the terms of reference.

(Reference: Report by Business Improvement Manager dated 30 August 2023, submitted)

The Chair extended a warm welcome to Gaener Rodger, NHS Highland Non-Executive Board Member.

## **5. CHIEF OFFICER'S REPORT**

The Board gave consideration to a report from the Chief Officer which included information on the following headlines - iMatter Staff Survey; Project Wingman; £450,000 investment in Tìree Community Care Hub; NHS 75<sup>th</sup> Anniversary Parliamentary Reception; Blue Green Prescribing for Scotland; Vaccination Programmes; Integration Joint Board Unaudited Accounts; Orthopaedic Referral Pathway Redesign; Dentistry

Services; Partnership on National Care Service; Health Secretary marks 75<sup>th</sup> anniversary of the NHS; Update on Medication Assisted Treatment Standards; Taking Action on Dementia; Celebrating the Voluntary Service of Heartstart Instructors; Victoria Birthing Pool is now open; Cowal Community Hospital gifted a replica of the George Cross; Health Improvement Principal; and Senior Manager – Resources.

## **Decision**

The Integration Joint Board noted the content of the report by the Chief Officer.

(Reference: Report by Chief Officer dated 30 August 2023, submitted)

The Chair extended a warm welcome to Gareth Adkins, Director of People and Culture; and to John Lyons, Clinical Director – Dental, NHS Highland who were in attendance at the Board.

## **6. MINUTES OF COMMITTEES**

### **(a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 June 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 1 June 2023 were noted.

The Chair of the Committee, Graham Bell, referred to the minutes of the meetings of 1 June 2023 and 3 August 2023 advising that the later meeting had been held in the midst of the holiday period. He advised that there was currently a lot of work in progress and that he would hopefully have more of an update for the next meeting of the Board.

### **(b) Argyll and Bute HSCP Audit and Risk Committee held on 20 June 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 20 June 2023 were noted.

### **(c) Argyll and Bute HSCP Finance and Policy Committee held on 23 June 2023**

The note of the inquorate meeting of the Argyll and Bute HSCP Finance and Policy Committee of 23 June 2023 was noted.

### **(d) Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 3 August 2023 were noted.

## **7. FINANCE**

### **(a) Budget Monitoring - 3 months to 30 June 2023**

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at the end of month four. The report also provided an update on the delivery of the savings programme and the use of reserves.

## **Decision**

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £423k as at the end of month 4;
2. noted confirmation that savings of £6.2m had been delivered, 70% of target;
3. noted that earmarked reserves of £0.9m had been committed to date; and
4. noted that additional formula funding had been allocated to Health Boards to improve financial sustainability.

(Reference: Report by Head of Finance and Transformation dated 30 August 2023, submitted)

## **8. SPOTLIGHT ON HEALTH AND COMMUNITY CARE**

The Board gave consideration to a report shining a spotlight on services, challenges and strategic change under the service area, Health and Community Care. The report presented with descriptors of service, key successes and challenges and the areas taken forward as strategic change.

### **Decision**

The Integration Joint Board noted the spotlight on services, key successes and challenge and areas of strategic change and re-design within Health and Community Care.

(Reference: Report by Head of Service – Health and Community Care dated 30 August 2023, submitted)

## **9. ARGYLL AND BUTE CHILD POVERTY ACTION PLAN REVIEW 2022 - 2023**

The Board gave consideration to a report setting out the work taking place across Argyll and Bute to tackle child poverty and to support families. The report identified the particular challenges and advantages in relation to geography, demography and economic environment. The report highlighted many successes and organisations and people dedicated to ensuring that children in Argyll and Bute did not grow up in poverty.

### **Decision**

The Integration Joint Board noted the annual review of the Child Poverty Action Plan.

(Reference: Report by Head of Children & Families and Justice dated 30 August 2023, submitted)

## **10. UPDATE REPORT ON THE IMPLEMENTATION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD (UNCRC)**

The Children and Young People (Scotland) Act incorporates a duty on the Integration Joint Board where children's services are delegated. The incorporation of the UN Convention on the Rights of the Child (UNCRC or Convention) into Scots Law extends the duty, and to ensure that this was embedded within the strategic approach of the Integration Joint Board, work was underway to ensure that it was in adherence. The Board gave consideration to a report advising that the implementation of the United Nations Convention on the Rights of the Child would require a number of operational changes and would require that staff receive the information and training to ensure that these changes happen.

### **Decision**

The Integration Joint Board noted the progress on the implementation of the UN Convention on the Rights of the Child.

(Reference: Report by Head of Children & Families and Justice dated 30 August 2023, submitted)

## **11. WORKFORCE REPORT QUARTER 1 (2023/24)**

The Board gave consideration to the workforce report which was part of the staff governance suite of reports and which focused on workforce data for financial quarter one 2023/24.

### **Decision**

The Integration Joint Board –

1. noted the content of the quarterly workforce report;
2. took the opportunity to ask any questions on issues that may be of interest or concern; and
3. discussed the overall direction of travel, including future topics that they wanted further information on.

(Reference: Report by People Partner dated 30 August 2023, submitted)

## **12. EQUALITY OUTCOMES AND MAINSTREAMING REPORT**

The HSCP has a legal duty to demonstrate a planned approach to reducing inequalities. The Board gave consideration to a report outlining a range of work that had been delivered to improve equalities of outcomes across the population of Argyll and Bute.

### **Decision**

The Integration Joint Board –

1. noted the HSCP's statutory duty to publish an interim report on the Equalities Outcomes that had been published in Spring 2021; and

2. approved examples of good practice in the supporting Equalities Outcome Report prior to publication.

(Reference: Report by Associate Director of Public Health dated 30 August 2023, submitted)

### **13. JOINT STRATEGIC PLAN: ONE YEAR MONITORING: ENGAGEMENT**

The Integration Joint Board had approved the Joint Strategic Plan covering the period April 2022 to March 2025 and this had been launched in March 2022. The Board gave consideration to a report presenting the Joint Strategic Plan Engagement Report following engagement with communities and online, covering the period April to June 2023 and providing recommendations on how the report would be utilised.

#### **Decision**

The Integration Joint Board noted the Engagement Report and the recommendations on utilisation and incorporation of the feedback into the planning process.

(Reference: Report by head of Strategic Planning, Performance and Technology dated 16 August 2023, submitted)

### **14. DATE OF NEXT MEETING**

The date of the next meeting was noted as Wednesday 27 September 2023 at 1pm.



**Meeting:** NHS HIGHLAND BOARD MEETING

**Meeting date:** 26 September 2023

**Title:** NHS Highland Board Risk Register

**Responsible Executive/Non-Executive:** Dr Boyd Peters, Board Medical Director

**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

**This report relates to the following Corporate Objective(s)**

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform Well		Progress Well		All Well Themes	X		

## 2 Report summary

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure or additional risks to be added.



## 2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the current status of the individual risks.

The NHS Highland risk register continues to be refreshed in line with “Together We Care, with you, for you” to ensure we are aligned to the direction it sets out for us as an organisation. It will also be refreshed in line with our risk appetite approach and alignment to transformation programmes moving forward. There will also be an approach to give the high level mitigating actions by the next Board meeting for assurance.

The NHS Highland Executive Directors’ Group (EDG) maintains the NHS Highland Risk Register and reviews on a monthly basis. The content of the NHS Highland Risk Register will be informed by the input from the EDG, Senior Leadership Teams, Governance Committees and NHS Highland Board.

All risks in the NHS Highland Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

## 2.2 Background

Risk Management is a key element of the Board’s internal controls for Corporate Governance and was highlighted in the 2022 publication of the “Blueprint for Good Governance.” The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

Each of the Governance Committees is asked to review their risks and to identify any additional risks that should be on their own governance committee risk register. Review of these risks registers will be undertaken on a bi-monthly basis or as determined by the individual committees.

It has been agreed that the Head of Strategy & Transformation will manage the NHS Highland risk register along with the Board Medical Director to ensure alignment across the strategy, transformation and operational areas across the organisation.

## 2.3 Assessment

The following section is presented to the Board for consideration of the updates to the risks contained within the NHS Highland Risk Register. The following risks are aligned to the governance committees in which they fall within and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

### Staff Governance Risks

<b>Risk Number</b>	706	<b>Theme</b>	Workforce Availability
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>There is an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels.</p> <p>Work has been completed to establish international recruitment and although an important element of our overall approach this will not supply the large volumes of registered staff we require. We have tested innovative ways of reaching the wider UK job market through the national treatment centre campaigns. There is more we can do in this area but this will not address the underlying UK and Scottish wide shortage of workforce, particularly registered professional staff. Our planned actions which will be overseen by a new workforce oversight.</p>			
<b>Action</b>			<b>Milestone</b>
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled			September 2023
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc			November 2023
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships			January 2023
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care			November 2023
Refresh approach to integrated annual planning cycle across service performance, workforce and financial			November 2023

planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce	
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce, clinical and care risk management as well as support workforce planning within integrated annual planning cycle	March 2024

<b>Risk Number</b>	1056	<b>Theme</b>	Statutory & Mandatory Training Compliance
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Strategic Objectives</b>	Grow Well, Nurture Well, Listen Well		
<b>Governance Committee</b>	Staff Governance Committee		
<b>Risk Narrative</b>			
<p>There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.</p> <p>The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.</p>			
<b>Action</b>			<b>Milestone</b>
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers			September 2023

<b>Risk Number</b>	632	<b>Theme</b>	Culture
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Strategic Objectives</b>		Our People	
<b>Governance Committee</b>		Staff Governance	
<b>Risk Narrative</b>			
<p>There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.</p> <p>A wide range of work has been undertaken over the last few years and the outputs have been captured as controls in this update to the risk. Further work is also underway way to consider our approach to staff engagement building on previous work noted in the update.</p> <p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group will oversee the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>The committee and the board will receive a further update of this progress and future plans for our leadership and culture programme</p>			
<b>Action</b>			<b>Milestone</b>
Development and launch of refreshed leadership and management development programme			October 2023
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching			October 2023
Further development of staff engagement approach including board wide 'living our values' project			December 2023

<b>Risk Number</b>	1101	<b>Theme</b>	Impact of current socio-economic situation
<b>Risk Level</b>	Very High	<b>Score</b>	20
<b>Strategic Objectives</b>		Grow Well, Nurture Well, Listen Well	
<b>Governance Committee</b>		Staff Governance Committee	
<b>Risk Narrative</b>			
<p>There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.</p>			
<b>Action</b>			<b>Milestone</b>
<p>The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.</p>			Ongoing

## Finance, Resources and Performance Risks

<b>Risk Number</b>	666	<b>Theme</b>	Cyber Security
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business as usual arrangements entailed with resilience.			

<b>Risk Number</b>	712	<b>Theme</b>	Fire Compartmentation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			

<b>Risk Number</b>	1097	<b>Theme</b>	Transformation
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
NHS Highland will need to re -design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.			

<b>Risk Number</b>	1181	<b>Theme</b>	Financial Position
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that NHS Highland will not achieve its planned financial position for 2023/24 due to additional cost pressures presenting during the year and inability to realise reduction in spend in line with efficiency and transformation plans which will result in the Board failing against its financial plan and recovery plan with Scottish Government.			

<b>Risk Number</b>	714	<b>Theme</b>	Backlog Maintenance
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Strategic Objectives</b>		Progress Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			

<b>Risk Number</b>	1182	<b>Theme</b>	New Craigs PFI Transfer
<b>Risk Level</b>	Medium	<b>Score</b>	9
<b>Strategic Objectives</b>		Perform Well	
<b>Governance Committee</b>		Finance, Resources & Performance	
<b>Risk Narrative</b>			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			

## Clinical and Care Governance Risks

<b>Risk Number</b>	959	<b>Theme</b>	COVID and Influenza Vaccines
<b>Risk Level</b>	High	<b>Score</b>	16
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
<p>The spring/summer COVID vaccination programme has uptake rates of above 91% for adult care home residents and 76% for people in the community aged 75 and over in NHS Highland. For care homes this is slightly higher than the Scottish average and for the community it is lower. Uptake rates for people with a weakened immune system are similar to the national average. The influenza immunisation programme finished several months ago and will resume in the autumn. Vaccinations in general are now almost all delivered through the board rather than by general practice following the Vaccination Transformation Programme. Delivery risks remain for the programme, including finance, workforce and ensuring the most appropriate service design. These risks are most pronounced in the Highland HSCP area. Therefore, it is proposed that the risk level remains as high.</p>			

<b>Risk Number</b>	715	<b>Theme</b>	Impact of COVID on Health Outcomes
<b>Risk Level</b>	High	<b>Score</b>	15
<b>Strategic Objectives</b>		Stay Well	
<b>Governance Committee</b>		Clinical and Care Governance	
<b>Risk Narrative</b>			
<p>COVID levels have reduced over recent months. However, population surveys of COVID have ceased and widespread testing has also stopped, so it is less easy to get an accurate picture of disease prevalence. Monitoring of virus levels in sewage shows continued presence at relatively low levels and cases are still being reported from health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. The seasonal influenza season has finished, and influenza cases are close to baseline levels.</p>			



## Board Level Risks

<b>Risk Number</b>	877	<b>Theme</b>	Engagement & Service Design
<b>Risk Level</b>	High	<b>Score</b>	12
<b>Strategic Objectives</b>		Our Population – Anchor Well	
<b>Governance Committee</b>		Board Level Risk	
<b>Risk Narrative</b>			
<p>There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll &amp; Bute, and damaging the performance and reputation of NHS Highland.</p> <p>Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&amp;B HSCP 3- year strategic plan.</p> <p>Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&amp;B HSCP 3-year strategic plan.</p>			

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input checked="" type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

## 3 Impact Analysis

### 3.1 Quality/ Patient Care

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

### 3.2 Workforce

A robust risk management process will enable risks to relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

### 3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

### 3.4 Risk Assessment/Management

This is outlined in this paper.

### 3.5 Data Protection

The risk register does not involve personally identifiable information.

### 3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

### 3.7 Other impacts

No relevant impacts.

### 3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

### 3.9 Route to the Meeting

Through the appropriate Governance Committees.

## 4 Recommendation

- take **substantial assurance** from the report in terms of compliance with legislation, policy and Board objectives.
- **Examine and consider** the evidence provided and provide final decisions on the risks that are recommended to be closed or added, and
- **Note** that the risk management process with alignment to the strategy will be presented to the next Board meeting.

### 4.1 List of appendices

None as summary has been provided for ease of reading

NHS Highland



**Meeting:** NHS Highland Board  
**Meeting date:** September 2023  
**Title:** Winter Preparedness  
**Responsible Executive:** Pamela Cremin, Chief Officer Highland Health and Social Care Partnership  
**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

**1 Purpose**

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Government policy/directive

**This report will align to the following NHSScotland quality ambition(s):**

Safe, Effective and Person Centred

**This report relates to the following Strategic Outcome(s)**

Start Well		Thrive Well		Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well		Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

## 2 Report summary

### 2.1 Situation

NHS Highland, the Highland Health and Social Care Partnerships, Scottish Ambulance Service, and other key partners and stakeholders will continue to take a collaborative approach towards preparedness and planning for winter 2023/24 through the NHS Highland Unscheduled Care Board and other key strategic and operational fora across these organisation's. The approach will be similar to our winter 2022/23 model (Winter Ready Action Plan (WRAP)).

In Argyll & Bute HSCP a winter plan will also be developed and taken through their own governance structures. Argyll & Bute have in place an oversight group that tracks Scottish Government requests for information/self-evaluation and co-ordinates responses and a weekly systems pressures oversight group in place which has the oversight of pressures across the system. It also looks at Discharge with Delay on a weekly basis following the weekly operational meeting. Argyll & Bute have completed the winter self-evaluation which will feed into their winter plan and will identify risks, mitigations and areas for development. Given the internal governance mechanisms in Argyll & Bute this paper covers the North Highland area only moving forward.

The NHS Highland Unscheduled Care Programme Board has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Highland and the Highland Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated winter plan is essential. Acute services, the Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), Primary Care and staff side partners will be involved in the further development of the NHS Highland Winter plan to ensure timely access to the right care in the right setting. Third sector will be through the Health and Social Care Partnerships similar to 2022/23.

Winter planning has become significantly more complex in recent years due to the ongoing requirement to respond to the unprecedented demands of the COVID-19 pandemic. The pressures that were previously only present during the winter period have been continual throughout the year. We are working within the context of a system that has continued to be stretched in terms of capacity to respond particularly in relation to Adult Social Care and this remains as a specific endemic system challenge.

The Highland Winter Ready Action Plan (WRAP) will be developed in line with the principles of the new national Unscheduled Care programme. The output has prioritised specific areas for improvement across the key portfolio areas identified by the Centre for Sustainable Delivery. This was also further developed by a recent Urgent and Unscheduled Care consensus workshop attended by the Highland Health and Social Care Partnership / Acute Senior Leadership Team. The work also takes

cognisance of the Scottish Government’s extant winter guidance and checklist and we will focus on the 6 key areas below.



Learning from previous winter responses and further consolidation of the learning from the COVID-19 response and remobilisation has informed winter planning this year. NHS Highland continues to re-design services, with this work detailed throughout the winter plan building on the information contained in the NHS Highland Annual Delivery Plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilisation of resources over the winter period. Finally, the COVID-19 and Influenza vaccination programme across Highland will support this from a prevention perspective.

The Board is being asked to take assurance and to note the approach being taken to ensure the Highland Health and Social Care Partnership and Acute Division has taken a collaborative, robust and systematic approach to planning for winter 2023/24.

Responsibility for delivery will sit with the Highland Health and Social Care Partnership / Acute Integrated Systems Leadership Team. Governance for strategic delivery will be provided by the Urgent and Unscheduled Care Programme Board.

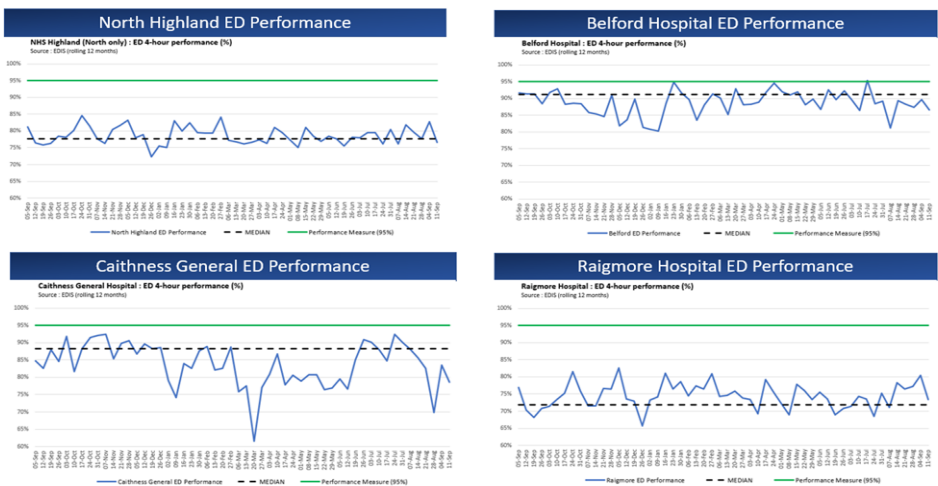
The WRAP has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisation’s will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning, enabling actions and business continuity arrangements to provide a comprehensive plan to NHS Highland Board, Scottish Government, and our population for this coming winter period.

## 2.2 Background

For context there are two key performance indicators that are considered core in terms of our performance of the system and these are displayed below.

### Emergency Department Performance

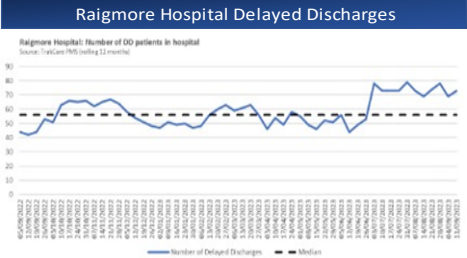
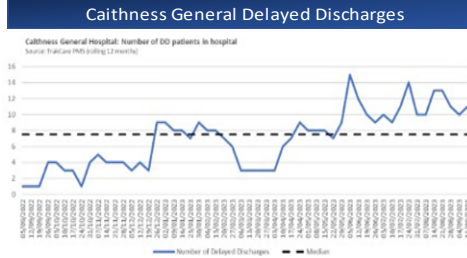
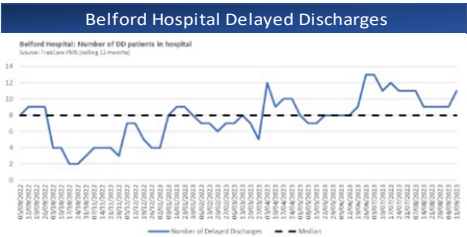
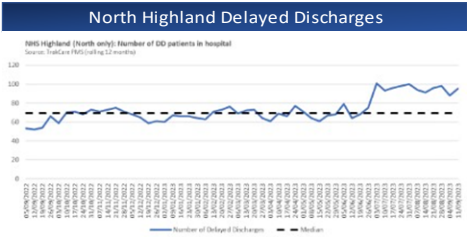
Emergency Department performance remains above average across Scotland. The following gives an overview at an NHS Highland level but also our Raigmore and RGH performance.



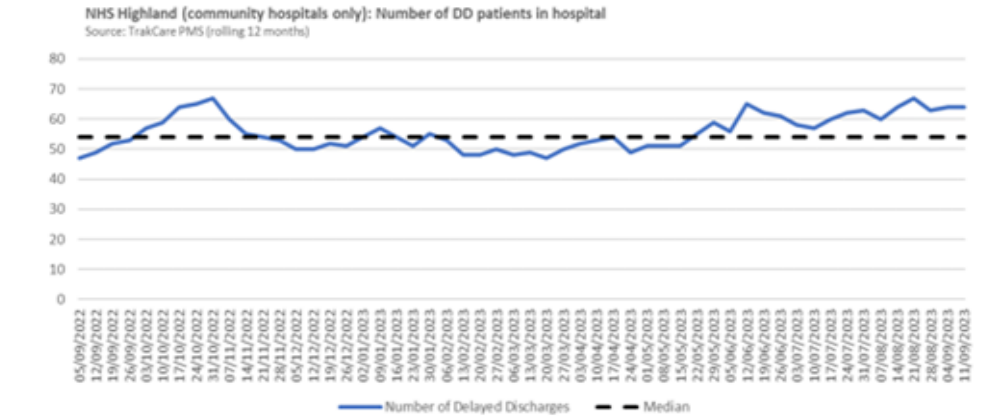
### Delayed Discharges Performance

To prevent and manage delayed discharges, NHS Highland constantly benchmarks using national data, working as a team with our health and social care partners to minimise delays through daily dialogue and action via the flow teams. This will continue through the winter period, involving senior managerial colleagues when required.

We recognise that our delayed discharges are higher than other areas and recognise that these patients should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on the quality of care for all patients as well as flow through our system. A greater focus on prevention, managing frailty, targeting social care and assessment resource at Hospital front doors and community areas, will reduce the need for hospital admissions; and if required, reduce length of stay and therefore delays.



## N Highland Community Hospital Delayed Discharges



**2.3 Assessment**

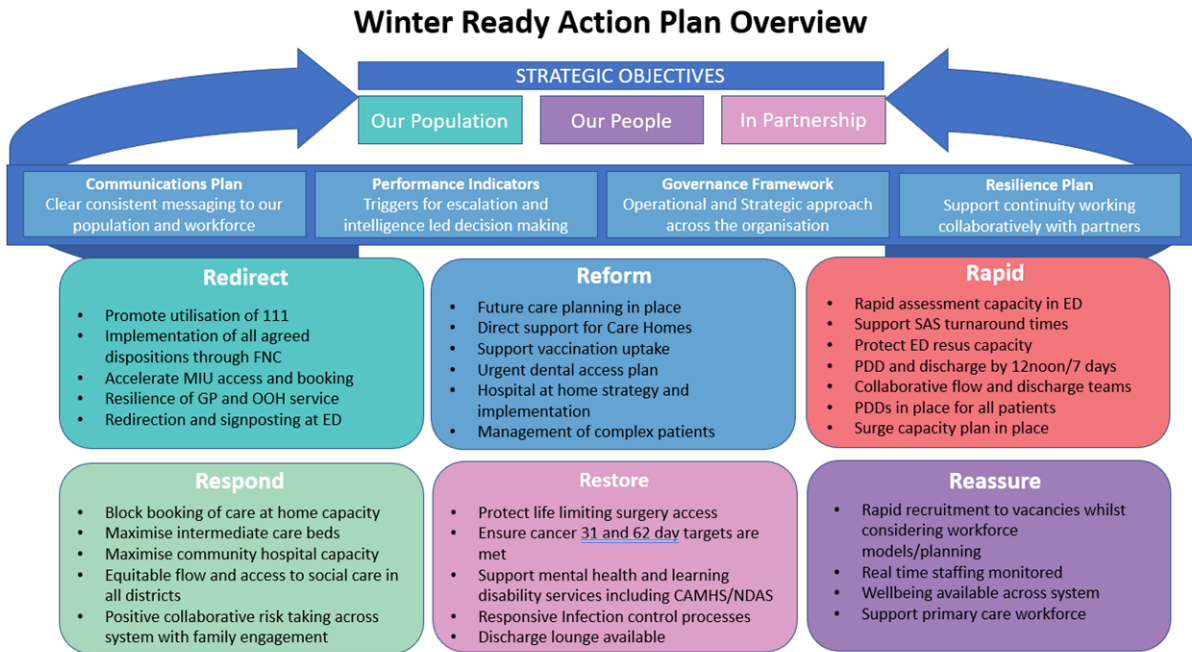
Six key priorities for our Winter Ready Action Plan (WRAP) were implemented in 22/23 with associated actions for each priority. These remain into 23/24 with a small change (reduce is now reform). These key priorities have incorporated the strategic areas above and the winter checklist and the concerns raised by clinical and care leaders about the impact on Raigmore to provide a whole system plan for winter. This is illustrated below:

	THEME	ACTION	OUTCOME
WINTER READY PRIORITIES	Redirect	Redirect inappropriate attendance and signpost to services that are suitable for the care required	See our population who need access to emergency care in a timely manner
	Reform	Reform the way we deliver acute care through different models	Support our population with the appropriate level of care
	Rapid	Facilitate rapid assessment, discharge and support	Our population are assessed <u>quickly</u> and we adopt a "home is best" approach
	Respond	Respond quickly to support our population across our system who are vulnerable or in crisis	Population can remain safely supported in their own home
	Restore	Protect planned care activity to optimal levels	Population who need planned care can be seen in a timely way
	Reassure	Actively support and reassure our workforce	Our colleagues who deliver our services are valued and supported



**Action Plan**

The following gives an overview of the draft action areas which have been developed as part of the WRAP. As described above these are reflective of all areas being planned. This will be developed and refined as we move forward but give the Board an assurance of action. For assurance many of these will have a number of actions but gives an overview of the direction of travel and breadth of areas where action focused improvement will take place.



Through the Acute Clinical Governance systems our senior clinical and care leaders have highlighted key areas that require a specific response to ensure risk to the safety of patients is reduced as far as possible through the coming winter period. These actions set out in table 1 are in addition to the WRAP.

**Table 1**

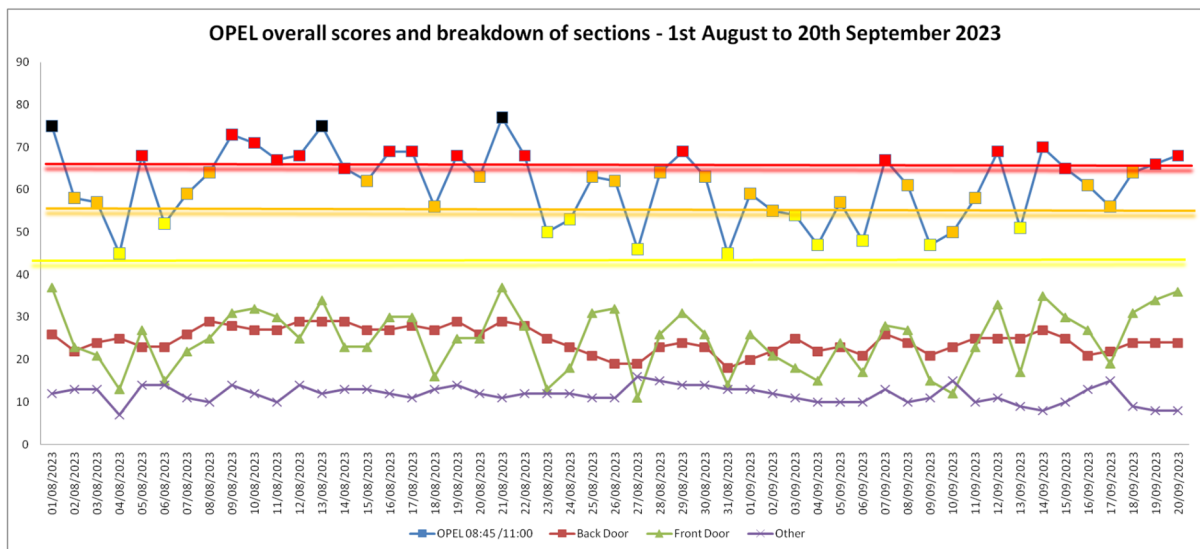
Focus area	Action	Impact
Infection control processes	Bespoke risk assessment process for the reopening of closed areas due to infection control interventions	Reduced risk of cross infection
Management of patients on more complex discharge pathways	Cohorting of patients that are delayed to discharge.	Improved patient and carer and family experience, shortening length of stay for longer stay patients. Early AWI assessment.
Additional capacity	Move to Care at Home block contracting, increasing capacity and integration with community MDTs	Reduce numbers of Delayed discharges across the HHSCP inc mental health and Acute Hospitals

Additional Capacity	Maximise workforce availability for Community Hospital Capacity	Ensure capacity is planned and available to meet peaks and troughs in demand.
Surge Capacity within Raigmore to support receiving areas to avoid access delays	Create a surge capacity that is available to deploy 7 days per week with associated agreed triggers and SOPs to initiate deployment. Immediate implementation in and around Inverness	Ensure responsiveness when peaks in demand are experienced through ED and Acute receiving areas.
Protection of Emergency Department Resus Capacity	Ring fence Emergency Department Resus capacity	Resus capacity reserved to deliver to primary function
Discharge without delay	Refocus across all ward areas including development of dashboard and metrics to support	Shorten LOS and bring discharge forward
Raigmore discharge lounge	Secure physical space, procedures and workforce, consider models in other areas / hospitals examine areas of good practice to help shape and ensure efficiency and good patient and staff experience	Bed capacity available as early in the day as possible to avoid patient movement across the hospital later in the day. Improve patient and staff experience. Shorten LOS

**Enablers**

**OPEL**

The continued use of a data driven “OPEL level framework” through winter will allow unambiguous communication of capacity and system pressure which help with the response to de-escalate system pressures as they occur through pre-agreed specific actions. Currently this is adopted fully within Raigmore. The HHSCP have developed indicators and further joint work on the action cards the system takes in response to an increased OPEL score is planned as a part of the WRAP.



A refinement of the overall system pressures report will be completed to ensure all KPIs as defined in the WRAP are reported on a weekly basis. Scottish Government are also developing a set of indicators which will be captured automatically by Discovery and will allow national benchmarking and assurance. Our data quality will be pivotal to ensuring the data being transferred to this is correct.

### Communications Plan

The NHS Highland Communications Team was pivotal during the 22/23 plan. They have communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Highland communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike. NHS Highland WRAP 2021-22 as in previous years, the Communications Team support the organisation’s preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution. The Communications Team updates the NHS Highland website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website. The Communications Team will continue sharing around how and where to access the right healthcare for people’s needs e.g. 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

The support to our workforce is one of our 6 key priorities and how we engage and communicate this plan will be key moving forward. We will work collaboratively to develop some key sessions with all staff groups to listen and understand their challenges but also support them with the challenges ahead.

## Governance

The Integrated Senior Leadership Team will further develop plans in these key areas as a part of system transformation. It is anticipated that these areas of focus will also contribute to an improved system design to better meet health and care need particularly for frail and elderly people across the Health and Social Care Partnership.

Governance to support delivery of these plans will be through the Integrated SLT where plans will be assessed, authorised and monitored for delivery and impact.

The plans will also be subject to:

- Performance Review of the Programme (monthly) with EDG
- Transparent System Pressures report (whole system analysis) that describes each key performance indicator.

A further update on the development and implementation of the plans will be brought to the next Board meeting.

### 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

#### Comment on the level of assurance

Limited assurance is given due to the requirement to increase capacity and ensure workforce is made available to support delivery in Care at Home, Care Homes and Community Hospitals to support the response. All actions will be put in place with the aim of reducing impact of the anticipated system pressures on the health and care system, however this may not be sufficient to avoid periods of intense system pressure over the winter period.

Unscheduled care demand would require to be reduced significantly and recruitment to health and social care staffing significantly increased to give substantial assurance however neither of these are likely to be in place prior to winter.

### **3 Impact Analysis**

#### **3.1 Quality/ Patient Care**

Impact on quality of care will be assessed over the winter period and the KPIs will be closely monitored. There will be close working with the Professional Leads and close monitoring through Clinical and Care Governance systems. Specific reports will be developed on this.

#### **3.2 Workforce**

This is a key part of the winter plan to support staff wellbeing.

#### **3.3 Financial**

There is a dedicated fund for Urgent & Unscheduled care in which there is a dedicated resource for winter planning, however, confirmation from Scottish Government on the level of funding is still outstanding. We are planning on the basis that this funding will be available to at least the same degree as 22/23 and will be prioritised to the areas which will give most benefit to our population through additionality or reducing delayed discharges.

#### **3.4 Risk Assessment/Management**

A full strategic risk register is maintained by the Urgent & Unscheduled Care Board. This is also complemented by the operational risk registers within NHHSCP and Acute. An integrated SLT risk register is actively being established prior to the winter period.

#### **3.5 Data Protection**

None.

#### **3.6 Equality and Diversity, including health inequalities**

This winter plan is aimed at ensuring sustainable access to service and fair access for all through the challenging winter period anticipated.

#### **3.7 Other impacts**

None.

#### **3.8 Communication, involvement, engagement and consultation**

- Acute and Community Senior Leadership Teams
- Urgent & Unscheduled Care Programme Board
- Executive Directors Group

#### **3.9 Route to the Meeting**

As described above.

**4 Recommendation**

This paper is to provide reassurance to the Board that planning has commenced for the potential impact of winter on our staff and services and specific actions are being put in place through the Winter Ready Action Plan. Governance and escalation processes are also being finalised to monitor impact and respond to issues as they arise.

The Board is asked to:

- (a) take **limited assurance** from the report in terms of compliance with legislation, policy and Board objectives.
- (b) **Examine & Consider** the evidence provided that specific actions are being put in place through the Winter Ready Action Plan to support staff and services.

**4.1 List of appendices**

The following appendices are included with this report:

- None