	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	**NHS** **Highland** na Gàidhealtachd
NHS HIGHLAND BOARD		
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**30 January 2024 – 9.30am**	

Present   Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health and Policy
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director (from 10.37am)
Elspeth Caithness, Employee Director
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Alasdair Christie, Non-Executive
Albert Donald, Non-Executive, Whistleblowing Champion
Pamela Dudek, Chief Executive
Karen Leach, Non-Executive
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Steve Walsh, Non-Executive
Emily Woolard, Non-Executive

In Attendance   Gareth Adkins, Director of People & Culture
Lorraine Cowie, Head of Strategy & Transformation
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership
Ruth Fry, Head of Communications and Engagement
Richard MacDonald, Director of Estates, Facilities and Capital Planning
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Prof. Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands (from 11.30am)

1.1   Welcome and Apologies for absence

The Chair welcomed attendees to the meeting, especially members of the public and press. She congratulated Fiona Davies on her appointment as Chief Executive for NHS Highland who will undertake her new role on 1 April 2024. She also confirmed that Evan Beswick had been appointed as Interim Chief Officer for Argyll and Bute Health and Social Care Partnership and Richard MacDonald had been appointed as Director of Estates, Facilities and Capital Planning for NHS Highland.

The Chair welcomed Karen Leach, Steve Walsh, and Emily Woolard into their roles as Non-Executive Directors.

Apologies for absence were received from Board Members Ann Clark, Catriona Sinclair and Gaener Rodger.

It was noted that Pamela Cremin, Chief Officer Community, would not be in attendance.

1.2 Declarations of Interest

Alasdair Christie stated he had considered making a declaration of interest in his capacity as General Manager of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test.

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this was not necessary after completing the Objective Test.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 28 November 2023.

Board Members sought clarity on action number one relating to risks and opportunities associated with the National Care Service. The Chair noted it may be more appropriate to include this action in the Corporate Risk Register under the wider sphere of transformation. The Head of Strategy and Transformation confirmed she would take this away and consider how best to incorporate it into the Risk Register.

The Board **noted** the Action Plan, as amended, and **agreed** to close the two 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 advised that following the December budget statement, it was clear that the organisation's financial challenge would continue to be significant for the forthcoming years, with additional national pressures emerging. She confirmed there would be an impact on capital spend at least for the coming two years. This would impact the Caithness and Lochaber redesign, Cowal refurbishment and the Maternity redesign programme with NHS Grampian which would be very disappointing for communities and staff, and yet was reflective of the situation across the country. The ongoing dialogue with communities, elected member, staff and stakeholders would nonetheless continue as the challenges were navigated.

The Director of Finance and her team had been working on what this means for the Board and how best to plan for the immediate future. This work was being done at pace as the three-to-five-year recovery plan must be developed with a significant balance improvement for next year. The work will set out what is required to deliver services in a remote and rural health board so that Scottish Government understand the challenges and choices being faced.

The Chief Executive highlighted the need to retain awareness of the critical importance of social care. Partnership arrangements were important and adult social care services created a direct impact on other services provided by the Board. Continued dialogue with both local authorities would remain a high priority. She also reiterated that the National Care Service was still being considered but the Board's focus would have to be on immediate challenges.

The Chief Executive reiterated that she didn't want any underestimation of the financial and leadership challenge ahead. During discussion the following points were made:

- The Board Chair confirmed that given the significant financial concerns, this area was being more closely scrutinised with the introduction of monthly Finance, Resources & Performance Committee meetings. She also acknowledged the additional pressure being faced across the organisation, particularly in the remote and rural settings and supported exploring opportunities that may involve working out with traditional borders to maintain service sustainability.
- Board Members sought clarity on the impact this would have on the redesign of services and whether more definitive guidance was expected from Scottish Government and if information sessions were planned for Executive Directors that Non-Executive Directors could attend. The Chief Executive confirmed at this stage Chief Executives and Directors of Finance were working

collectively from all Boards to discuss the impacts and some guidance would come from Scottish Government on areas to consider.

- Board Members made reference to the Deputy First Minister's previous comments, noting that the NHS was protected; however, in real terms this was not the case and sought clarity on what might be expected in future years. The Chief Executive confirmed that further detail would be explained in the Finance item on the agenda but did expect this to be a longer and more intense period of challenge than hoped.
- Board members asked if the financial pressure on all NHS Boards could encourage opportunities of regional collaboration. The Chief Executive explained that all opportunities were being investigated to understand the complexities around regional working as any agreement would need to consider sustainable models of care and optimise the delivery of services.

Reference was made to the vaccination programme and how the future model would aim to improve uptake and positive outcomes for the population whilst balancing a challenging workforce situation in delivering at a local level. It was also mentioned that the MMR and Measles concern was a national challenge but principally a societal issue that required easy access for children to be vaccinated.

In final comments, the Chief Executive advised that the healthcare team located in HMP Inverness had been subject to an inspection in August 2022 and a recent review of the improvement plan resulted in a positive outcome and no follow-up being required. She extended congratulations to Paul Rusk, a member of the team, who had been invited to join the Queen's nursing course and had accepted the place.

The Board **noted** the update.

3   Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance and quality on the latest information available across the health and social care system. The Board were asked to take moderate assurance and note the continued sustained pressures facing both NHS and commissioned care services.

The Deputy Chief Executive spoke to the circulated report and noted:

- Vaccination was a key element of prevention; however, he drew attention to the point that uptake locally and nationally was low; therefore, it was important to engage with the public and highlight the importance of prevention/vaccination.
- Child and Adolescent Mental Health Services (CAMHS) were still showing moderate improvements; the Neuro Developmental Assessment Service (NDAS) remained a complex area involving multiple disciplines, and work was underway on how best to manage the appropriate pathways in conjunction with The Highland Council's Education department.
- Unscheduled Care remained challenging with delayed discharges continuing to have a significant impact overall.
- The Treatment Time Guarantee (TTG) remained a national challenge, but performance had been maintained locally.
- Cancer performance had declined. The Chief Officer for Acute explained some analysis and review had taken place indicating capacity issues around MRI access and accessing imaging/radiology. Assistance had been provided by NHS Lothian and improvements were expected within the next few months. She also noted that a national cancer delivery performance board had been set up. Earlier detection caused unintended consequences by increasing the volume of referrals and impacting on a service currently dealing with capacity issues.

During discussion Board members welcomed the format of the report and made the following points:

- Board Members sought clarity on the decline in cancer performance. The Deputy Chief Executive confirmed the impact overall had been caused by a shortfall in capacity, and discussions were underway nationally on how best to address this.
- The Chair sought clarity on vaccination uptake and how staff uptake compared to previous years. The Director of Public Health explained that staff uptake in NHS Highland was higher than the national average but still lower than had been hoped. The Chair suggested a summary sheet

could be included to incorporate a wider range of health prevention information. The Deputy Chief Executive advised he'd take this away to consider how best to implement.

- Board Members raised concerns at the noted appraisal completion across the organisation sitting at only 27% and sought clarity on what actions were being taken to improve this figure significantly. The Director of People & Culture shared these concerns and advised that a paper had been taken through the Executive Directors Group (EDG) proposing an improvement plan for appraisal completion rates. The initial focus over the coming year would be on managers and then cascade throughout the rest of the organisation. He also confirmed that a Short Life Working Group (SLWG) had been meeting and a revised suite of reporting will now go to EDG and be shared with managers to enable a transparent approach.

- In terms of Statutory and Mandatory training compliance rates, the Director of People and Culture advised that a lack of suitable venues and the Board's rural geography presented a challenge in the delivery of practical face to face training.

- Board Members sought clarity on the reasons behind an increase in 'time to fill' vacancies; the Director of People and Culture explained that the presentation of the data did not truly reflect the work underway. However, he acknowledged that improvements were necessary and commented that recruiting managers were often impacted by service pressure leading to delays in the recruitment process. Board members suggested a traffic light system on the IPQR to identify the recruitment and retention challenges in each area, rather than repeating similar narrative each cycle.

- Additional detail was sought around appraisal rates across each employee group and to permit clarity on rates being achieved by registered professionals. The Director of People and Culture advised this would be an area the Staff Governance Committee would review to ensure the appropriate assurance was given to the Board.

- Board members recommended that the IPQR executive summary should focus on all health, care and prevention outcomes. Referencing the rates of delayed discharges, the view was expressed that improvements were required to the integrated care model in Highland.   The Chief Officer of Argyll and Bute drew attention to the different performance rates of the Argyll and Bute, and Highland Health and Social Care Partnerships. She cautioned making direct cause and effect links between the integration models and their outcomes. There were aspects of the agreed strategy in Argyll and Bute that had been supportive in managing delayed discharges and treating people closer to home. She was confident the differences in how services were commissioned would be something she could help address in her new role as Chief Executive.

- Board Members sought clarity around the metrics within the ADP and queried whether interim targets were being considered in an attempt to maintain staff encouragement/motivation to maintain improvements, The Head of Strategy and Transformation mentioned work was underway to consider the elements of work required to meet the performance targets taking into account service planning, workforce capacity and the current and future financial challenges.

The Board:

- Took **moderate assurance** from the report.
- **Noted** the continued and sustained pressures facing both NHS and commissioned care services.
- **Considered** the level or performance across the system.

4   Finance Assurance Report – Month 8

The Board had received a report from the Director of Finance which detailed the financial position at Month 8 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Board were invited to discuss the financial position and take limited assurance due to current progress made on savings and the ongoing utilisation of locums/agency staff. It was noted that the delivery of a robust recovery plan was required to increase the level of assurance throughout the period of financial challenge.

The Director of Finance advised that for the period to end November 2023 an overspend of £45.948 million was reported, forecast to increase to £55.975 million by the end of the financial year. This was marginally over the planned overspend of £55.8 million agreed with Scottish Government. She confirmed that the month nine position was indicating the forecast overspend was set to reduce slightly. The key areas

highlighted were that the Highland Partnership and Acute expenditure had deteriorated but a month-on-month improvement to support services and Argyll and Bute. She noted the savings forecast had reduced to £15.73 million with planned reductions not having been achieved to the extent previously expected, despite a significant reduction in supplementary staffing. Non-pay controls had been implemented across the organisation and it was expected that some of the risks initially identified were now less likely to materialise.

Capital expenditure was in line with the current plan with major projects reaching RIBA stage two at the end of the financial year. The recent budget announcement required all developments to be paused, subject to contractual commitments.

The initial high-level draft financial plan for 2024-25 had been submitted to Scottish Government. The plan recorded a financial gap of £121 million for 2024-25, which included £24 million for Adult Social Care as part of the lead agency model. Government had advised on maximum brokerage levels available to Boards which had impacted on the current 3–5-year plan to bring the Board back into balance. Directors of Finance were working collaboratively to identify national and regional opportunities and a final plan would be submitted to Scottish Government in March.

During discussion the following points were raised:

- Board Members asked if there were plans to give Scottish Government a fuller understanding of the cost of delivery of services in remote, rural and island areas. The Director of Finance confirmed that she had asked to meet with Scottish Government's finance team to compare and contrast benchmarking data on how other large boards delivered services over a wider landmass and population. She was waiting for a response to her request.
- Board Members enquired if penalties might be incurred due to pausing capital projects. The Director of Facilities, Estates and Capital planning confirmed that there would be no penalties and that legally committed work would progress. He advised that Scottish Government had asked for a report detailing the outstanding backlog maintenance.
- Board Members asked for an update on the progress of discussions with The Highland Council for both financial years 2023-24 and 2024-25. The Director of Finance advised the Board was progressing on an assumption that £3million was due from The Highland Council to off-set the current year's deficit. In line the Integration Agreement a formal request for this funding would be made to the Council. Initial conversations had taken place with The Highland Council about the 2024/25 projected deficit of £24 million for Adult Social Care. The Council was aware of the Board's expectations that a break-even position against the Health budget would be achieved.

Following consideration of the financial position and its implications, the Board took **limited assurance** from the report and otherwise **noted** the position.

The Board took a short break at 11.35am and the meeting resumed at 11.45am

5   Director of Public Health's Annual Report

The Board had received a report by the Director of Public Health & Health Policy as a requirement to report on local population health. The theme for the annual report was medication and public health, subtitled 'Do the Right Thing'. The Board were asked to discuss the report and take substantial assurance.

The Director of Public Health summarised the key points noted below:

- There was an increase in life expectancy for people in Highland over recent years. This had begun to stall over the last year but remained higher than the Scottish average in terms of years in 'good health'.
- There were a wide range of conditions contributing to population health loss, particularly heart disease, Alzheimer's and various cancers.
- Health inequalities played a large part of deaths at a younger age from heart disease and suicide.

During discussion the following points were raised:

- Board Members sought clarity on how progress on the report's recommendations would be taken forward and overseen. The Director of Public Health confirmed that the report provided a public statement on areas identified for improvement rather than an action plan with specific recommendations. He acknowledged further development in the delivery and application of the findings may be beneficial. He also mentioned that Public Health annual reports are independent of Health Boards, yet the organisation needed to consider the findings and determine what may be a worthwhile focus to improve the health of its patients.
- Board Members asked whether more of the public health service planning data could be used to improve services such as prescribing and the unintended consequences of opioid prescribing. The Chair also queried the risk of exacerbating health inequalities if we pursue social prescribing without considering how geographical and socio-economic barriers may impact people's ability to access these services. The Director of Public Health confirmed that we make use of demographic and epidemiological information but there was still a gap between how we plan services and what we know about health needs. It would be important to implement targeted interventions and provide clear guidance on where support was available for the population we serve.
- Board Members suggested that whilst the paper recorded no financial implications, it would be helpful to identify system wide financial implications if the recommendations were actively incorporated into health and social care redesign.
- The Chief Executive advised that the annual report needed to be taken into account with emerging programmes. She also referenced it should be part of the outcome improvement plans as part of the community planning partnership with the measurement being the success of those programmes.
- The Chief Officer for Argyll and Bute explained that the public health intelligence was key to the strategic improvements made on the Island of Coll and enabled significant partnership working.
- The Head of Health and Social Care Sciences, UHI advised that he would share a report he wrote on social prescribing with the Board.

    The Board:

    - Took **substantial assurance** from the report.
    - **Noted** the 2023 Director of Public Health Annual Report

6   Corporate Risk Register

The Board received a report by the Medical Director that provided an overview from the NHS Highland Board risk register, awareness of risks that were being considered for closure or additional risks to be added. The Board were invited to take Substantial assurance from the report.

The Medical Director spoke to the circulated report and noted there were some additions to the Risk Register to account for some likely forthcoming risks expected in the coming months; he also referred to the continued work aligning the register with the Boards Together We Care Strategy and Annual Delivery Plan (ADP) in conjunction with discussions being held at Clinical Governance Committee to express appropriate clinical risks.

During discussion the following points were discussed:

- Board Members welcomed the report format and sought clarity on the scores noted and whether these were post-mitigation; and if so, what was the pre-mitigated score associated with the risks. The Head of Strategy and Transformation confirmed that there was a format to display the information requested in hand. She confirmed that an update on implementation of the revised format would be given at the next Board meeting.
- In response to a question from Board Members, the Director of Estates, Facilities and Capital Planning confirmed the pre-agreed funding remained in place relating to work to improve fire compartmentation in Raigmore Hospital (risk 712).
- Board Members sought clarity around the risks associated with vaccination uptake. The Medical Director advised the situation was changing rapidly and was being monitored closely.

Having examined and considered the report, the Board:

Took **substantial assurance** in terms of compliance with legislation, policy and Board objectives, and **Agreed** the risks that were recommended to be closed or added.

GOVERNANCE

7   Blueprint for Good Governance 6 monthly update

The Board had received the six-month update on delivering the actions included in the Board's Blueprint for Good Governance Improvement Plan. The Board were invited to take substantial assurance from the report. The Board had also been asked to note that informal oversight of progress would be undertaken by the Chairs group and Governance Committees in May 2024 and a further Board-level update would be provided in July 2024.

The Board Secretary confirmed that other Boards had completed their self-evaluation surveys towards the end of 2023. Surveys would be undertaken every two years, and it was expected that NHS Highland would engage in that process towards the end of 2025 and would continue to review progress against its existing improvement plan up to that point. She also confirmed that the Chair's Group discussed the concept of 'Frugal Governance' whereby the use of Governance Committee time is efficient and appropriately used; an update with further information would come to Board as soon as possible.

Board Members suggested that the improvement action relating to the launch of Care Opinion remain open until that process had fully completed with an appropriate update. The Chair confirmed that amendment would be updated on the improvement plan.

The Board:

- **Agreed** to take **Substantial** assurance.
- **Noted** the informal oversight of progress of the improvement plan delivery undertaken by the Chairs group and Governance Committees in May 2024.
- **Noted** a further update would be provided in July 2024.

8   Committee Memberships Review

The Board had received a report that outlined proposed to Governance Committee memberships with immediate effect.

The Board **approved** the proposed changes and took **substantial** assurance.

9   Governance and other Committee Assurance Reports

(a)   Draft minute of Finance, Resources and Performance Committee of Friday 8 December 2023 and Friday 5 January 2024

The Chair of committee spoke to the circulated minute and confirmed that given the current budgetary situation, the impact on services because of the financial challenges is a heavily scrutinised item in each meeting.

The Chair of the Board invited Board Members to join any of the Finance, Resources and Performance Committee meetings they could so that they could keep abreast of the financial challenges in real time.

(b)   Draft minute of Highland Health and Social Care Committee of Wednesday 17 January 2024

The Chair spoke to the circulated minute and confirmed the Quality Review Framework and how it would be applied was discussed; he also mentioned extensive discussions took place around the approved Joint Strategic Strategy for Adult Social Care.

(c)   Draft minute of Clinical Governance Committee of Thursday 18 January 2024

There were no additional comments.

(d)   Draft minute of Area Clinical Forum of Thursday 11 January 2024

There were no additional comments.

(e)   Draft minute of Staff Governance Committee Tuesday 16 January 2024

The Vice Chair confirmed that the Statutory/Mandatory Training item mentioned earlier in the Board Meeting was being actively discussed within Committee, alongside regular updates on the agreed improvement plan.

(f)   Draft minute of Argyll and Bute IJB of Wednesday 29 November 2023

There were no additional comments.

The Board:

- Took **substantial assurance** from the Board Governance Committees, the Area Clinical Forum and the Argyll and Bute IJB minutes, and
- **noted** the content of the minutes and associated agreed actions.

16   Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting - 26 March 2024

The meeting closed at 1pm

NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 March 2024**
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, quality and workforce metrics 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.

For Board consideration, we have incorporated a test of change as agreed through the Blueprint for Good Governance bringing patient experience into the IPQR, starting with Cancer services. Moving forward we will spotlight some key areas through this approach if agreed.

2.2   Background

The IPQR is an agreed set of 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		Moderate	
Limited	X	None	

Given the number of areas where performance has decreased and the impact on outcomes for our population then limited assurance is proposed.

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 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 limited assurance and to note the decreased performance across most areas of our system.
- To consider the newly incorporated patient experience slide as a test of change with regards to information displayed for consideration in other areas of interest for future Boards.

4.1   List of appendices

The following appendices are included with this report:

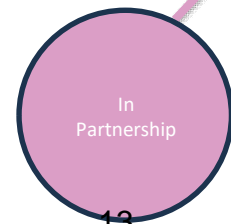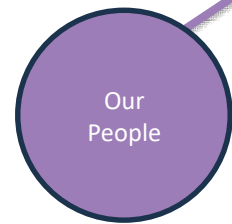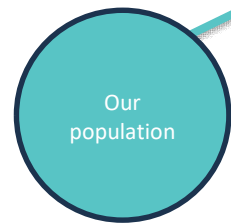- Integrated Performance and Quality Report – March 2024

Integrated Performance & Quality Report

NHS Highland Board
26th March 2024

Together We Care
With you, for you

Our population

Our People

In Partnership

Perform Well

Progress Well

Executive Summary of Performance

Area	Current Performance	ADP Trajectory Met	Performance Rating	National Target	National Target Met/Not Met
Vaccination Performance	56.6%				
Smoking Cessation			Decreasing – 2 months of decreased performance	n/a	Not met <10%
CAMHS	67.5%	No target agreed	Decreasing – 2 months of decreased performance	90%	Not met >10%
Emergency Access	79.3%	Not met	Stable	95%	Not met >10%
Treatment Time Guarantee	56.6%	ADP and long waits not met	Variation – 1 month of increased performance	100%	Not met >10%
Outpatients	41.2%	ADP trajectory met but long waits increasing	Decreasing – 2 months of decreased performance	100%	Not met >10%
Diagnostics - Radiology	63.3%	Met	Variation – 1 month of decreased performance	80% (Mar 24)	Not met <10%
Diagnostics – Endoscopy	71.4%	Met	Stable	80% (Mar 24)	Met
31 Day Cancer Target	93.2%	Not Met	Variation – 1 month of improved performance	95%	Not Met <10%
62 Day Cancer Target	65.7%	Not Met	Variation – 1 month of improved performance	95%	Not Met >10%
Psychological Therapies	81.6%	No target agreed	Improving – 2 months of improved performance	90%	Not met <10%
Delayed Discharges	213 at Census	Not met	Decreasing – 3 months of decreased performance	n/a	n/a

Guide to Performance Rating

- Stable if no improvement or decrease has been seen but overall positive performance
- Improving is 2/3 months of improved performance
- Decreasing – 2/3 months of decreased performance
- Variation – Inconsistent pattern of performance/not meeting target

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Vaccination Performance

Latest Performance	56.6%
National Benchmarking	55%

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
•The autumn/winter COVID and 'Flu 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. •Overall COVID & 'Flu uptake has been reasonable, but the quality of service requires improvement in Highland HSCP regarding issues including workforce and access. This is also the case for other vaccination programmes.	• Work is being undertaken with Scottish Government and Public Health Scotland to improve the quality of delivery in Highland HSCP. Changes include consideration of the design of a service based on district teams. • Preparations need to be made for new vaccine programmes.	• Implementation of spring COVID vaccination programme • Improvement in uptake of childhood vaccination

Together We Care
with you, for you

**Exec Lead
Dr. Tim Allison,
Director of Public
Health**

Comparative Covid vaccine uptake for all eligible people at 18/02/24:

Covid Vaccine Uptake at 18 Feb 2024
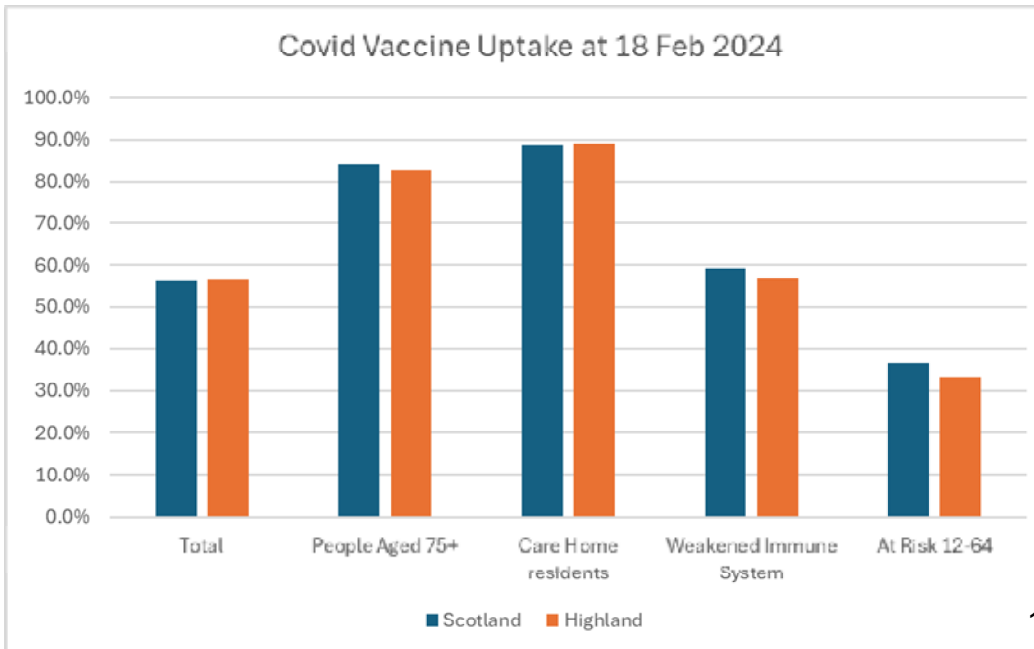
NHS Board	Covid
Ayrshire & Arran	60.5%
Dumfries & Galloway	64.0%
Fife	56.6%
Grampian	58.5%
Highland	56.6%
Tayside	60.8%

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Smoking Cessation

Together We Care with you, for you

Dr Tim Allison, Director of Public Health

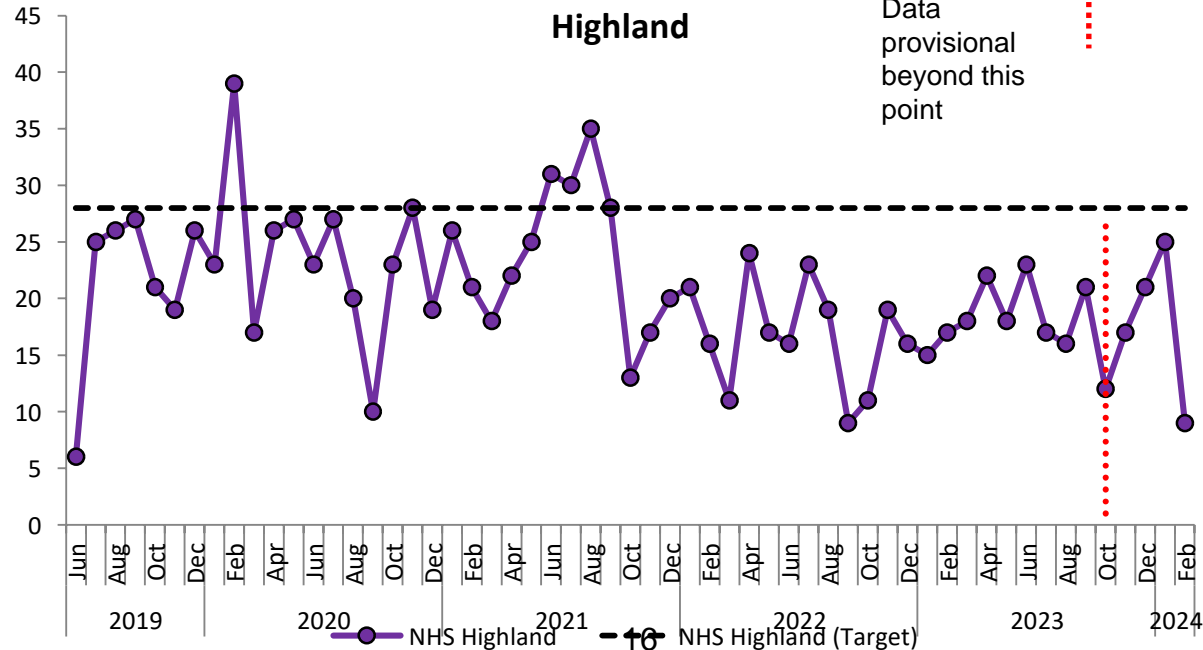| What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Training on the SOPs to improve Community Pharmacy data has been delivered to 56% of advisers. • Advisers have now visited all assigned Community Pharmacies and relationships are being built. Community Pharmacy training has been piloted with 3 Community Pharmacies and this can now be rolled out. • Additional adviser capacity in outpatients Raigmore and training with pre-assessment being planned.	• SOP training to remaining advisers • Promote additional service in outpatients at Raigmore Hospital, set up meetings with clinical staff. • Roll out training to Community Pharmacies.	• Review end of March 2024 • The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. Of those setting a quit date from 1st April 2023 to 31st October 2023, there were 130 successful quits in the 40% most deprived. • Mapping of smoking cessation services to NICE guidance. • Mapping of smoking cessation services to recommendations from Review of Smoking Cessation Services in Scotland and Scottish Government 2-year Tobacco Action Plan

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Stay Well

ADP Trajectory Agreed	Yes
ADP Trajectory	Below Target
Performance Guide	Decreasing

LDP 12-week smoking quits by month of follow up - NHS Highland

Data provisional beyond this point

Child & Adolescent Mental Health Services

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

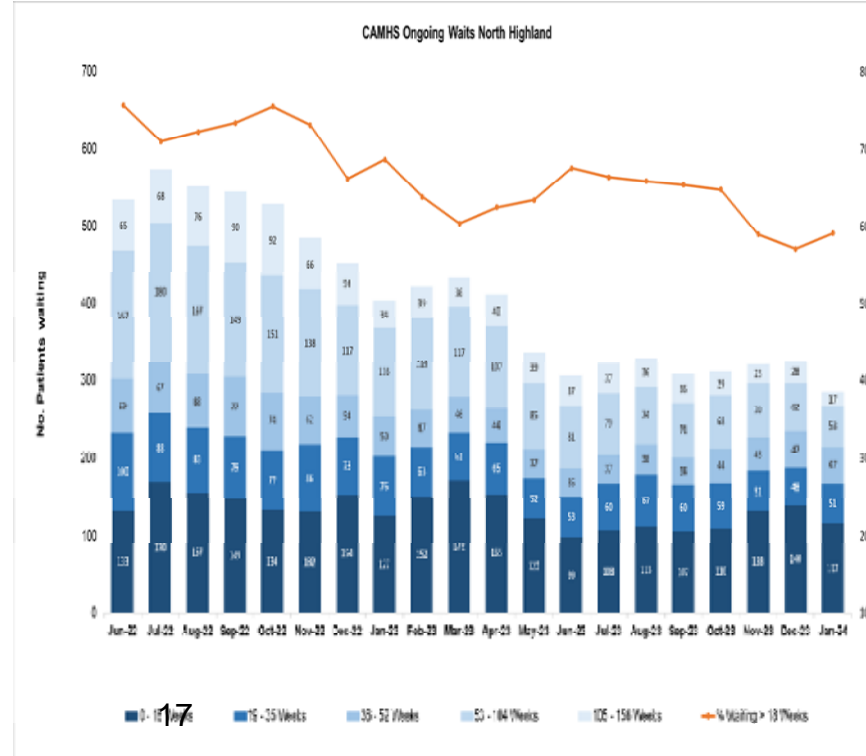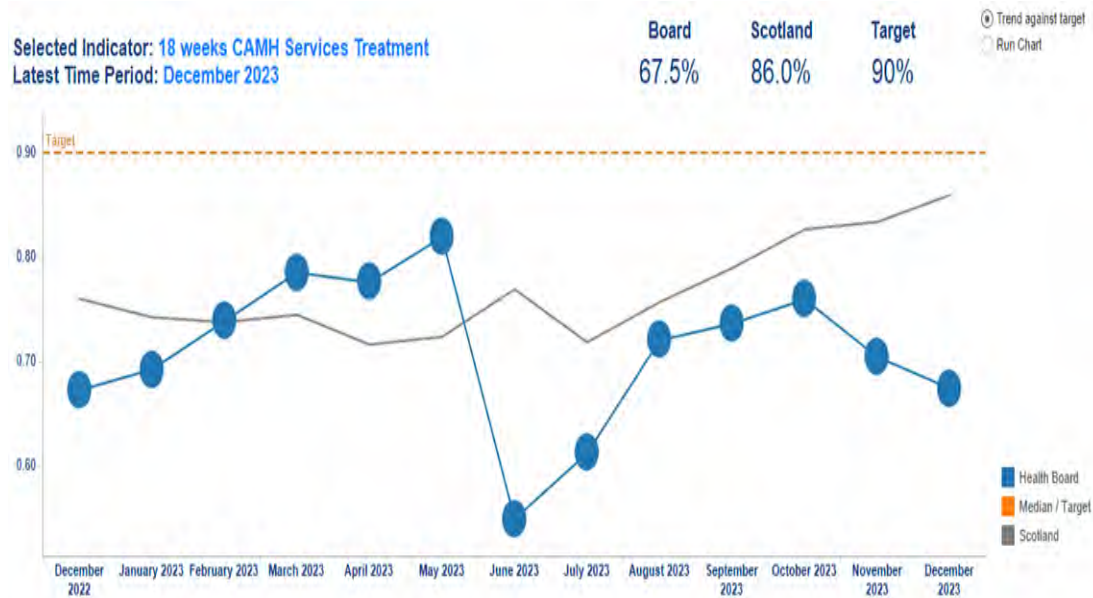| What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Ongoing recruitment to substantive posts, additional nursing and psychiatry staff looking for employment. • Recruit psychology workforce from current trainees with expected start date of October 2024 • Workforce diversification whilst protecting discipline specific critical floor • Finalise workforce/finance plan • CAPTND data set capture system to work with eHealth as currently delayed	• Recruitment paused due to late allocation of MHOF and NHSH financial position. Slows rate of reduction in long waits. • Loss of psychiatrist within team, no locum cover. Slows rate of reduction in long waits. • Group interventions commenced, greater efficiency in treatment delivery. • Improved leadership and systems in core wait list management resulting in increased flow and lower waiting times. • Impact of previous actions continuing with reductions in longest waits (9% reduction from December to January) • Wait times in A & B continue to rise and will impact on total NHSH waiting times position.	• Core Team model & systems change continuing, increased efficiency and flow, wait list scrutiny. Requires changes to Trak care. Accurate data is an issue that the team continue to work on. • Modelling for intensive home treatment continues. Requires additional workforce to implement. • Efficiency and systems improvements will deliver some additional capacity. NHSH CAMHS still remains one of the lowest levels of staff WTE per population rate. Additional staff resource is required to implement full national service specification.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Thrive Well

Latest Performance	67.5%
ADP Trajectory Agreed	To be agreed
Performance Rating	Treatment time not met but 9% decrease in long waits, Dec to Jan
National Benchmarking	Lower than Scottish Average >10%
National Target	90%
National Target Achievement	Not Met >10% 12th out of 14 Boards

Selected Indicator: 18 weeks CAMH Services Treatment
Latest Time Period: December 2023
Board 67.5% Scotland 86.0% Target 90%

CAMHS Ongoing Waits North Highland

Selected Time Period: December 2023

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Neurodevelopmental Assessment Service

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**Exec Lead
Katherine Sutton
Chief Officer, Acute**

Performance Rating	Decreasing	
National Benchmarking	n/a	
National Target	Full compliance to the Nat ND Service Spec by end March 2026.	
National Target Achievement	n/a	

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Develop plan based on the report with clear milestones, roles and responsibility • Interim strategic clinical leadership to be appointed until requirements are clear to be compliant with the national spec • Development of integrated arrangements to support child planning to support early access with a family support plan • Working with Public Health, GPs and Secondary care to address wider holistic support to healthy living for children including sleep and nutrition • Adopt the Scottish Approach to service design as a solid framework to develop the plan towards safe and sustainable services for Children	•MDT meeting 18/12/13. Education and Learning now aware of the challenge/risk and committed to contribute to improvement activity. •Improvement Plan reviewed and updated to incorporate new ICSP level actions.. •Interim Head of Psychology CAMHS to provide strategic clinical leadership , working in partnership with CAMHS leadership, Community Paediatrics Leadership and Paediatric AHP Lead. •NDAS Model – recommendations for change confirmed. •Waiting list cleansing exercise mapping of CYP referred by N.P, with school rolls completed. •Clinical dashboard to support clinical modelling developed and tested.	•Authority Framework is in place. Scottish Approach for Service Design is adopted at an ICSP level. •Programme Lead is confirmed. •Programme Manager resource is in place. •Discovery Phase is completed. •ICSP ND Programme .Board is established and has met. •NDAS Model update completed and in practice. •NDAS Eligibility Criteria reviewed, updated and in practice. •Waiting list cleansing exercise is completed. •ICSP GIRFEC and Child Planning training for MDT`s rolled out.

New Patients waiting first appointment 2022 v 2023

New + Unvetted Patients awaiting first appointment

18

Emergency Department Access

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

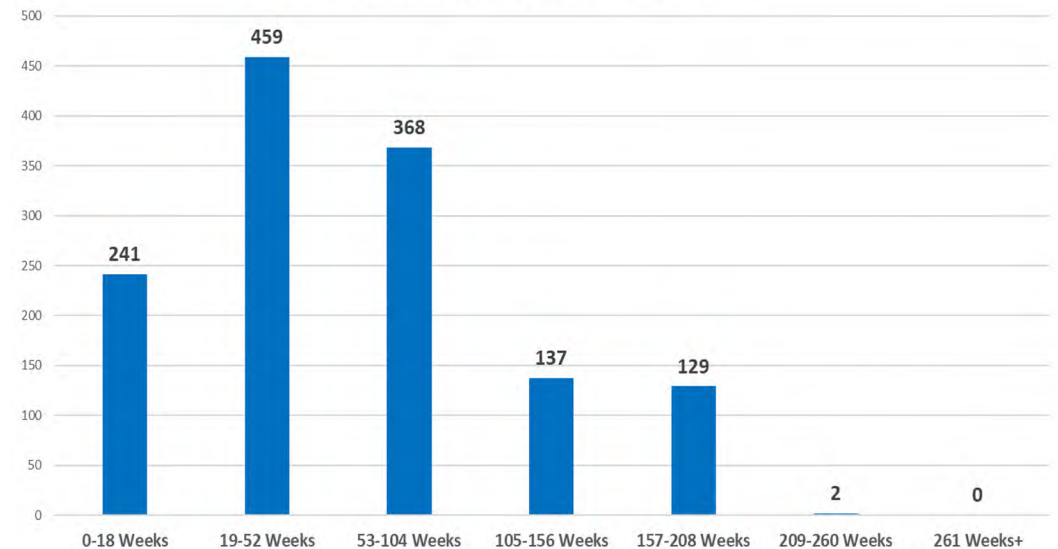| What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95% (currently 91%) (ongoing) • Extended test (4 weeks) to be agreed for Safe Transfer Hospital • 24/7 patient Flow cover • 7/7/ Discharge Lounge	Discharge Lounge staffed and open 6 days per week SAS median turnaround maintained under 60 minutes 24/7 Flow cover in place This has supported the reduction of SAS waits over 3hrs, the median SAS TAT and has reduced the average time for a Phased Flow patient receiving corridor care to 20 minutes.	• No ED wait over 18hrs • No SAS wait over 3 hours • Discharge Lounge on Trak to collect data • Phased Flow extended to 5pm

**PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well**

Latest Performance	79.3%
ADP Trajectory Agreed	80%
ADP Trajectory	n/a
Performance Rating	Stable
National Benchmarking	Higher than Scottish Average >5%
National Target	95%
National Target Achievement	Not Met >10%

Delayed Discharges

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**Exec Lead
Pam Cremin
Chief Officer, HHSCP**

PERFORMANCE OVERVIEW
**Strategic Objective: In Partnership
Outcome Area: Care Well**

Latest Performance	213 at Census Point 6213 bed days lost
Target	95 DDs
Target Achievement	Not Met
Performance Rating	Overall we have increasing DDs
Performance Benchmarking	Highest in Scotland for DDs

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Implementation of Choice Guidance • Number of Intermediate care beds within AAE to be extended to 6 • Roll out of agreed pathway to all Districts to ensure enhanced working between ED and community • Roll out learning from Inverness Wrap Around Care developments • Continued development of the Discharge App, with the next version ready for final testing in wards 2C and 7A and all Districts in community commencing on 11th Jan 24. • Further roll out of the Discharge App	• Choice Guidance launched week beginning 19th Feb. • 4 intermediate care beds in AAE regularly utilised with additional 2 being planned for urgent admissions and planned respite when staffing permits. • Limited progress on rollout of learning from Wrap Around Care developments due to staffing pressures within the Districts • Communication pathway established between Raigmore ED and Single Point of Access within the Districts. The impact is releasing ED staff time to concentrate on direct care delivery and to reduce unnecessary social admissions • Testing of version 1.5 complete. Rollout Plan in place. Implementation date to be agreed. Anticipated impact is improved communication between acute and community and Mental Health. • Standard work for DHD identification, monitoring and coding in place.	• NHS Highland Board to monitor impact of Choice Guidance implementation. • To develop and deliver capacity within the community to enable improved timeous response to need for urgent care. • Discussions ongoing with District colleagues re opportunities for strengthening community response. • Improve use of technology enabled care. • Focused work ongoing in CAH to ensure maximisation and most efficient targeting of limited resources. • Embed use of app and monitor impact in terms of communication. • Development of standard work for pause, stop and restart of care following hospital admission.

Delayed Discharges in NHS Highland

Reason for Delay Summary Trend

Delayed Discharge - Benchmarking

Chart 4 - Delays at monthly census point per 100,000 18+ population by Local Authority, December 2023

Outpatients (NOP Seen/12 week target)

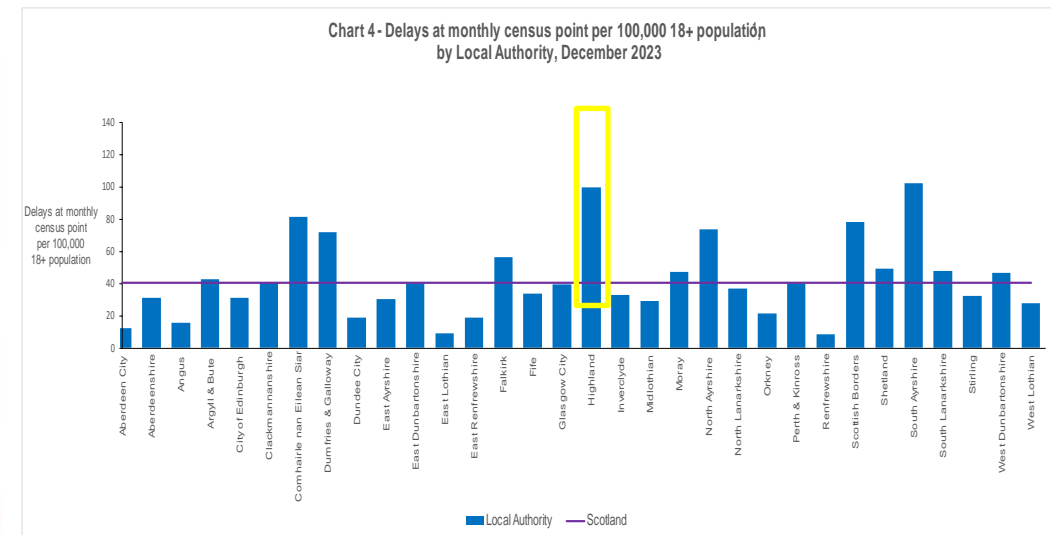| What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice • Re-evaluate patient and clinician satisfaction with Near Me • Maximise use of virtual activity • Clinic utilisation reporting to be made available to specialties to reduce DNAs/cancellations and unfilled appointments • Improve booking practices • ACRT and PIR full implementation by Mar 24 in appropriate specialties.	• Value and efficiency workstreams being developed • ISP in progress	• Agree ISP plans with activity for 2024/25. • Capacity planning to ensure sustainable staffing solutions in place to deliver planned care. • Continue with implementation of all efficiency measures

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Exec Lead
Katherine Sutton
Chief Officer, Acute

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	39.4%
ADP Trajectory Agreed	Yes
ADP Trajectory (NOP Seen)	Met
Performance Rating 12 Week Waiting Time	Decreasing
National Benchmarking	At Scottish average
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: New Outpatient 12 Week Waiting Times (ongoing)
Latest Time Period: January 2024

	Board	Scotland	Target
	39.4%	40.2%	95%

Trend against target
Run Chart
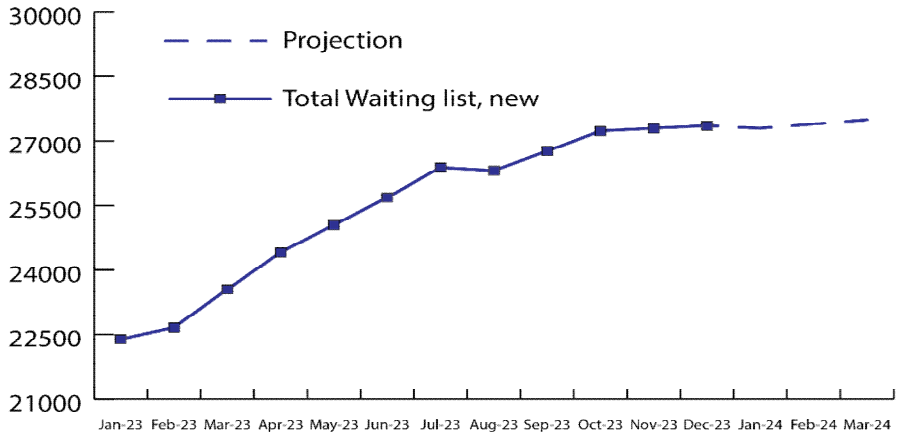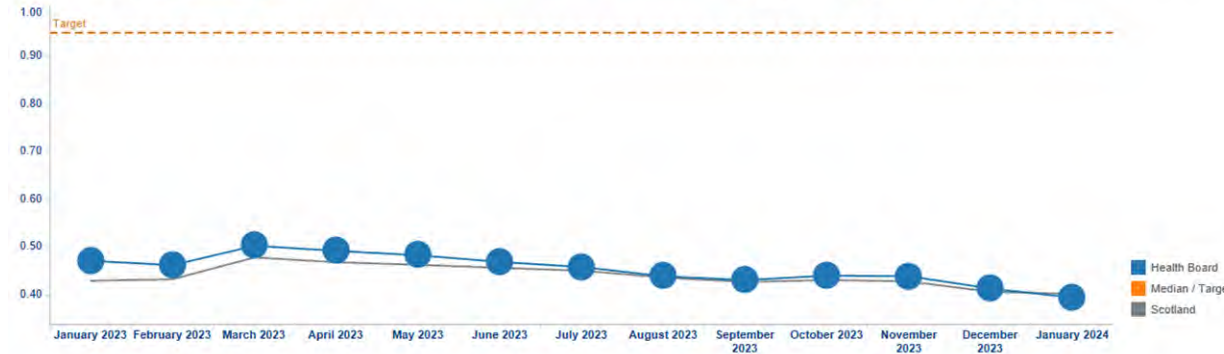
There are 3 areas reviewed by Scottish Government at present in terms of performance. These are 12 week WT, long waits and overall waiting list

Selected Time Period: January 2024
(click on a circle in timetrend to change the selected time period)
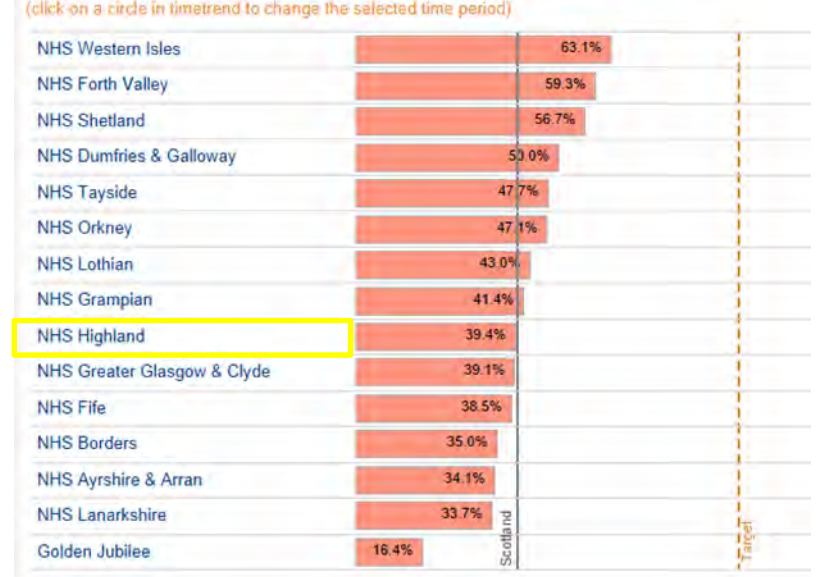
NHS Western Isles	63.1%
NHS Forth Valley	59.3%
NHS Shetland	56.7%
NHS Dumfries & Galloway	50.0%
NHS Tayside	47.7%
NHS Orkney	47.1%
NHS Lothian	43.0%
NHS Grampian	41.4%
NHS Highland	39.4%
NHS Greater Glasgow & Clyde	39.1%
NHS Fife	38.5%
NHS Borders	35.0%
NHS Ayrshire & Arran	34.1%
NHS Lanarkshire	33.7%
Golden Jubilee	16.4%

Outpatients (ADP/Long Waits Target)

Exec Lead
Katherine Sutton
Chief Officer, Acute

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What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Cumulative activity ahead of schedule • 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 • Outpatient workstream in place and working towards the above aims.	• Continue to work to deliver ADP trajectory • Patient Hub implemented, comms plan in progress. • Value and Efficiency Workstream commissioned and will support increased Near Me use	• Use of CFSD initiatives as no further financial support is possible • Use of ISP to address OP efficiency barriers to maximisation

New outpatient Referalls, Patients seen and Trajectories

Legend: Net NOP Referals, Trajectories, Total NOP seen

Yearly Trajectory	YTD Performance	Patients Seen-Jan 24	Overall
60,070	49,060 (82%)	49,615 (83%)	1% above target

The target for March 2024 is that no patient will wait longer than 1 year for an outpatient. This is forecasted to not be met
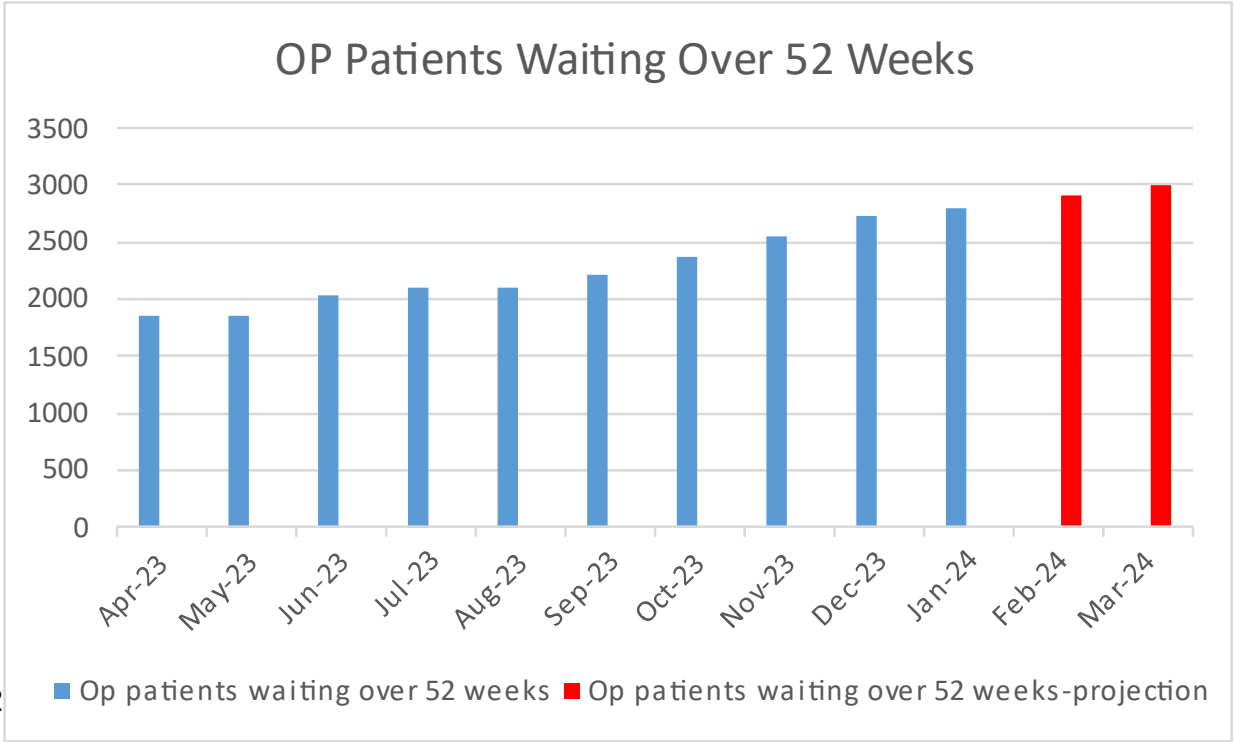
OP Patients Waiting Over 52 Weeks

Legend: Op patients waiting over 52 weeks, Op patients waiting over 52 weeks-projection

Treatment Time Guarantee (TTG 12 week target)

Exec Lead
Katherine Sutton
Chief Officer, Acute

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Communicate need for adherence to Local Patient Access Policy. • Redo local access policy • Need to improve standard work for booking practice. • Implement InFix. • Coded lists – Mar24 • Patient Hub rolled <5 Mar24	• Communicate need for adherence to Local Patient Access Policy. • Redo local access policy • Need to improve standard work for booking practice. • Implement InFix. • Undertake ISP planning process at a specialty level • Theatre efficiency activity	• Ward reconfiguration at Raigmore with dedicated day surgery area. • Ring fenced surgical beds in certain wards • Theatre efficiency to be owned at service and speciality level.

Latest Performance	57.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not met
Performance Rating 12 week waiting time	1 month of improvement
National Benchmarking	Lower than Scottish Average <5%
National Target	100%
National Target Achievement	Not Met >10%

Selected Indicator: Inpatient or Day Case 12 Week Waiting Times (completed)
Latest Time Period: January 2024

Board	Scotland	Target
57.9%	59.1%	100%

Trend against target / Run Chart

| Total TTG Waits | Projection |

Selected Time Period: January 2024
(click on a circle in timetrend to change the selected time period)

Board	Performance
Golden Jubilee	89.7%
NHS Borders	79.8%
NHS Orkney	73.3%
NHS Shetland	63.6%
NHS Greater Glasgow & Clyde	61.7%
NHS Ayrshire & Arran	60.3%
NHS Western Isles	59.3%
NHS Highland	57.9%
NHS Tayside	57.6%
NHS Lothian	57.3%
NHS Dumfries & Galloway	54.2%
NHS Forth Valley	51.4%
NHS Lanarkshire	50.8%
NHS Fife	46.1%
NHS Grampian	43.5%
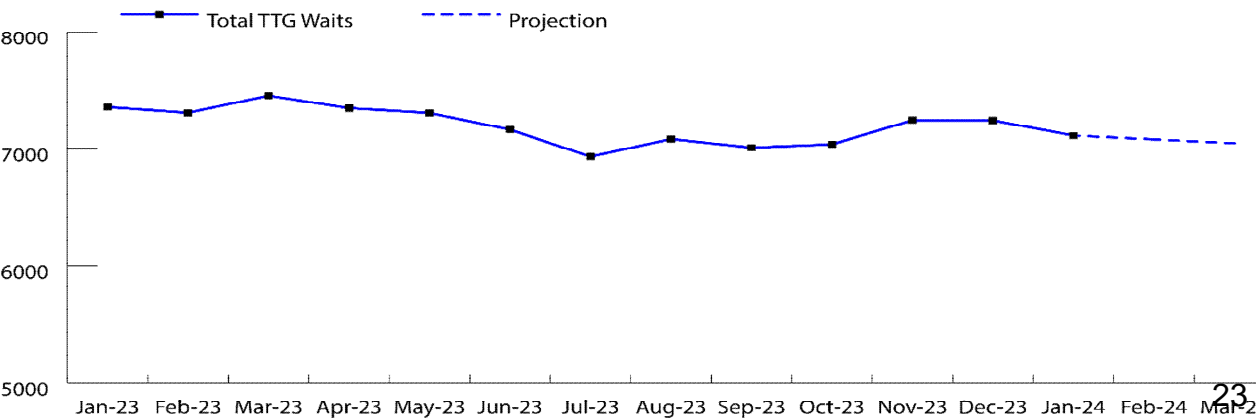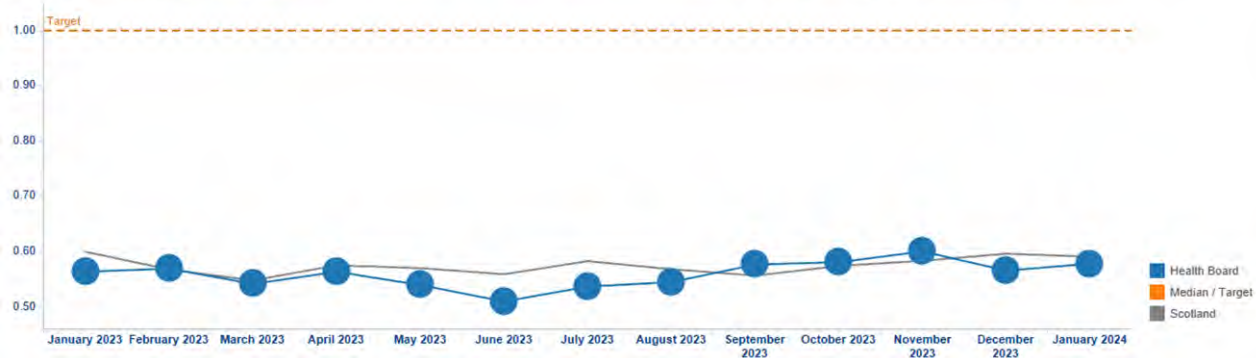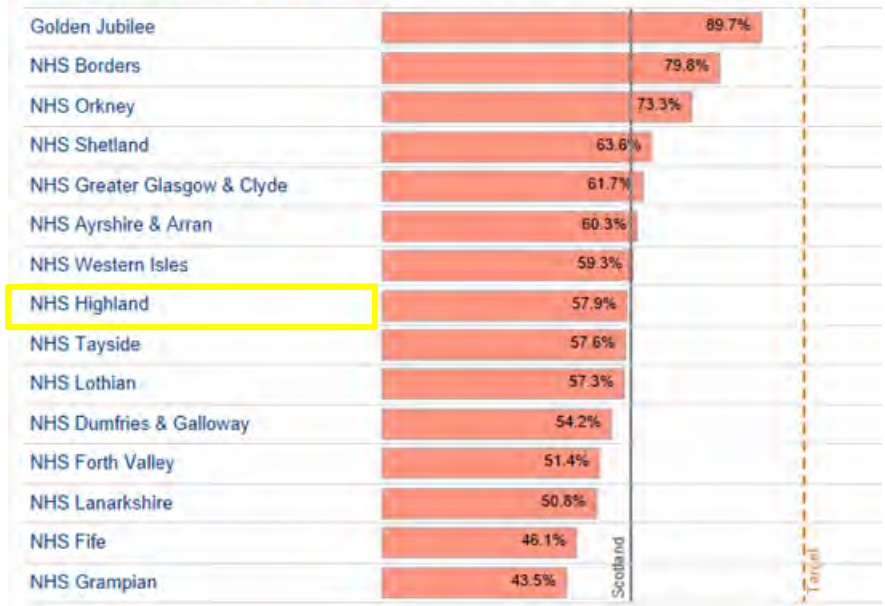
Treatment Time Guarantee (TTG Seen/TTG Target)

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
We would continue to aim to reduce the numbers of patients waiting over 78 / 104 weeks to access service. Apply access policy and access capacity at RGHs. Due to financial constraints we would have to reduce overall theatre capacity available in Raigmore.	• We have seen a total of **12179** TTG patients from April until January of which **3775** were inpatients and **8404** Day Cases. In January **1217** patients were added to the TTG waiting list in January and we have seen **1318** showing a reduction on the overall waiting list of **129** patients to 7114 patients waiting.	• Continue to ensure waiting lists are cleansed and patients are being clinically prioritised • Improve utilisation of NHS Highland theatre capacity across all sites.

Latest Performance	57%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating (ADP/Long Waits)	Decreasing as long waits will not be met

Planned care Additions, Patients seen and trajectories
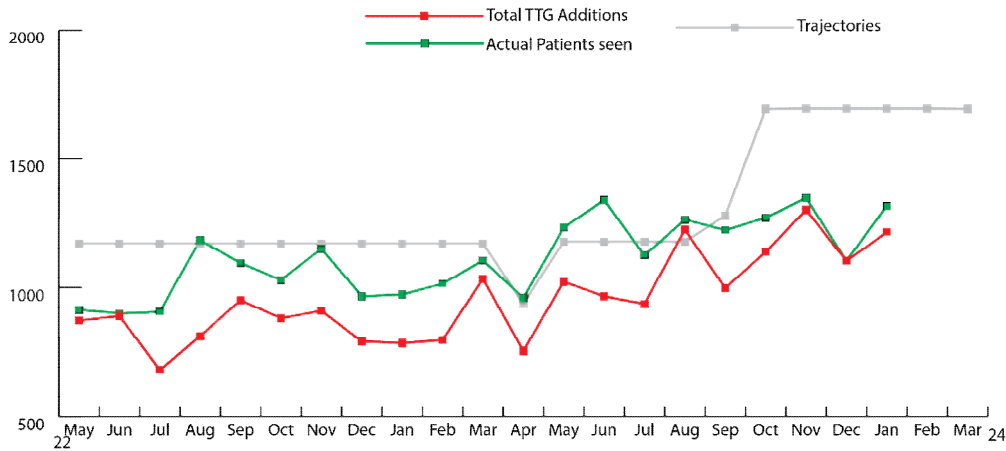
Yearly Trajectory	YTD Performance	Patients Seen- Jan 24	Overall
17,114	13,722 (80%)	12,179 (71%)	9% behind target

TTG Patients Waiting over 78/104 Weeks
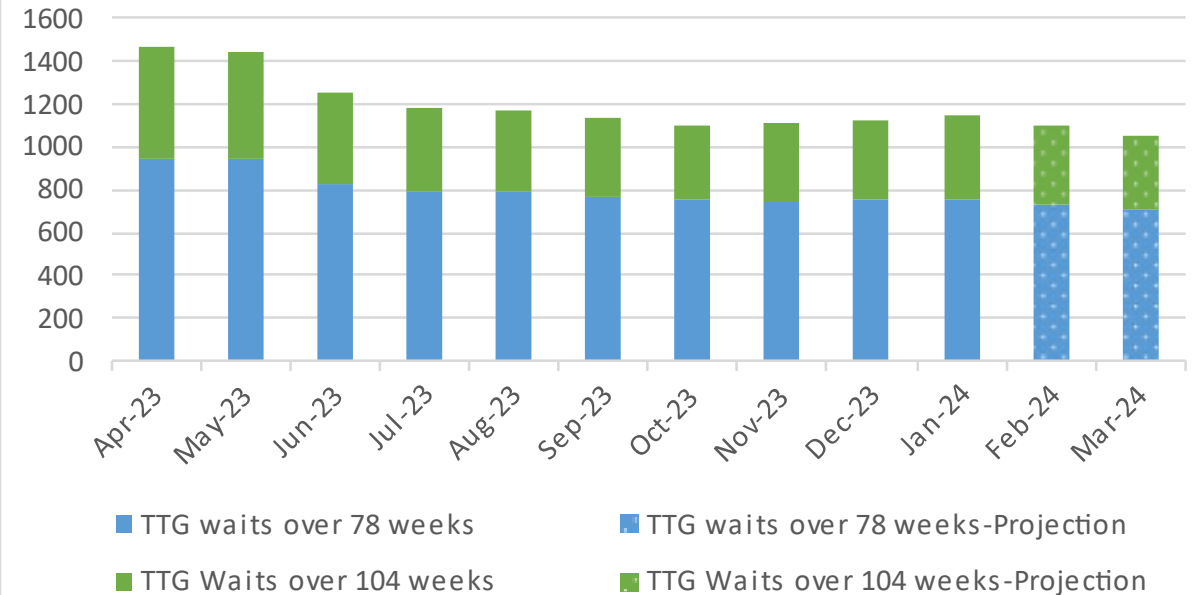
- TTG waits over 78 weeks
- TTG waits over 78 weeks-Projection
- TTG Waits over 104 weeks
- TTG Waits over 104 weeks-Projection

Diagnostics - Radiology

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Exec Lead
Katherine Sutton
Chief Officer, Acute

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Continued review of inpatient/emergency access to radiology balanced with planned care • Modelling on MRI being collaboratively done with the Research, Development and Innovation Directorate • Development of Board wide diagnostics strategy	• Continued to manage within capacity available • Modelling regarding MRI is continuing • Further work required to develop the Board wide Diagnostic Strategy. • Go live with "ReconDL" AI system to provide increased throughput of MRI imaging • Recruitment of shared Radiographer posts between main Dept and Breast Service	• ISP will progress and assess the potential capacity available to deliver within financial constraints.

Latest Performance	63.3%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 68.6%
Performance Rating	Decreased since previous IPQR
National Benchmarking	Higher than Scottish Average
National Target	80% by March 2024
National Target Achievement	Not Met >10%

Non-Obstetric Patients Seen & Trajectories

Board	Value
NHS Dumfries & Galloway	89.2%
NHS Western Isles	65.5%
NHS Orkney	64.3%
NHS Borders	74.4%
NHS Lothian	65.2%
NHS Highland	63.3%
NHS Shetland	60.4%
NHS Ayrshire & Arran	55.7%
NHS Tayside	55.5%
NHS Greater Glasgow & Clyde	54.4%
NHS Scotland	50.1%
NHS Fife	45.0%
Golden Jubilee	41.5%
NHS Lanarkshire	38.1%
NHS Forth Valley	37.1%
NHS Grampian	36.4%

Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
34,632	28,282 (81.66%)	29,308 (84.63%)	2.96% over target

MRI Patients Seen and Trajectories

CT Patients Seen and Trajectories

25

Diagnostics - Endoscopy

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• JAG Accreditation assessment in Feb 24	• JAG accreditation assessment on 21st March 2024. Impact: recognition of quality measures being achieved • Updated version of formstream request sent to Ehealth on 30th January to enable referrers to send referrals electronically • National polyp detection rate benchmarking shows NHS Highland has the highest percentage in Scotland which is a measurement of the quality in endoscopic practice	• Communication with patients; from 1st March we propose to send NHS Inform leaflet explaining national waiting times guidance (to be agreed to business meeting on 29th Feb) • Submitted request to have TrakCare PMS waiting times target updated from local 28-day target to national 42-day target (waiting timescale from Ehealth). **Please note this when benchmarking.**

Exec Lead
Katherine Sutton
Chief Officer, Acute

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	71.4%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 56.2%
Performance Rating	Stable
National Benchmarking	Higher than Scottish Average
National Target	80% by March 2024
National Target Achievement	Not Met <10%

Colonoscopy & Cystoscopy: Patients Seen and Trajectories
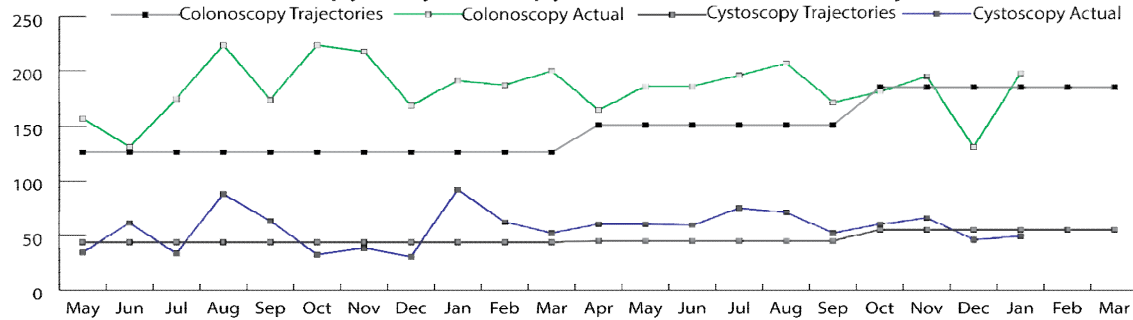
Flexi Sig & Upper GI: Patients Seen and Trajectories
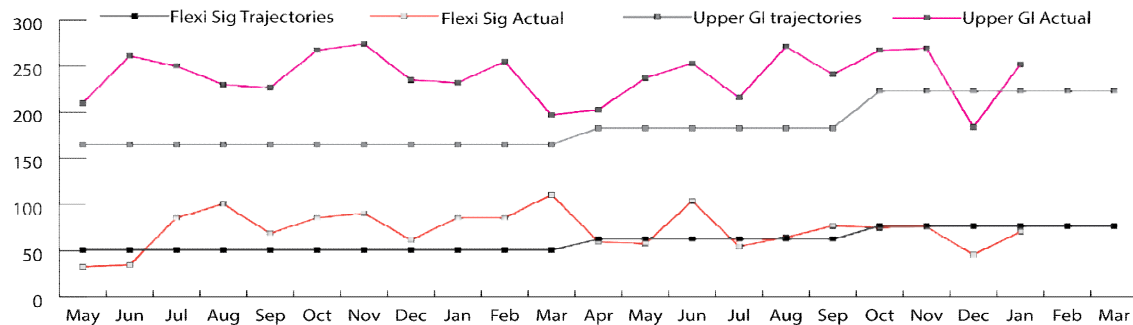
Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
5,892	4,812 (81.67%)	5,495 (93.26%)	11.59% over target
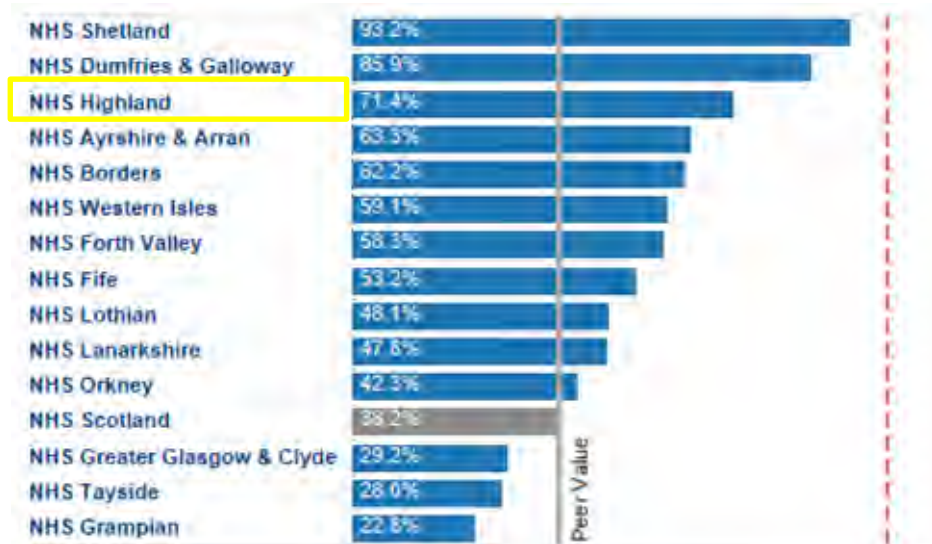
NHS Shetland	93.2%
NHS Dumfries & Galloway	85.9%
NHS Highland	71.4%
NHS Ayrshire & Arran	63.3%
NHS Borders	62.2%
NHS Western Isles	59.1%
NHS Forth Valley	58.3%
NHS Fife	53.2%
NHS Lothian	48.1%
NHS Lanarkshire	47.8%
NHS Orkney	42.3%
NHS Scotland	38.2%
NHS Greater Glasgow & Clyde	29.2%
NHS Tayside	28.0%
NHS Grampian	22.8%

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Progress Made	Next Steps	Timescale
• Bespoke complaints area of QPS Dashboard near completion	• Analysis on Actions and impacts	• April 2024

Over 12 months, 6 compliments have been registered in Datix

Over the 12 month period 1430 patients started cancer treatments. 2% of patients submitted a complaint. 42% of complaints were responded to in the 20 working day target.

NHS Highland – Taking Action To Drive Continuous Improvement

12 Month View of Stage 2 Complaints and Volume of Cancer Patient Starting Treatment

— Volume of Cancer Patient Starting Treatment
— Volume of Complaints Received

Complaint Issues

- Attitude & Behaviour — 3%
- Cancelled Treatment — 6%
- Care & Treatment — 58%
- Communication — 17%
- Delays in Diagnosis — 8%
- Waiting Times — 8%

Decision Outcomes

- Upheld — 36%
- Partially Upheld — 29%
- Not Upheld — 29%
- In Progress — 6%
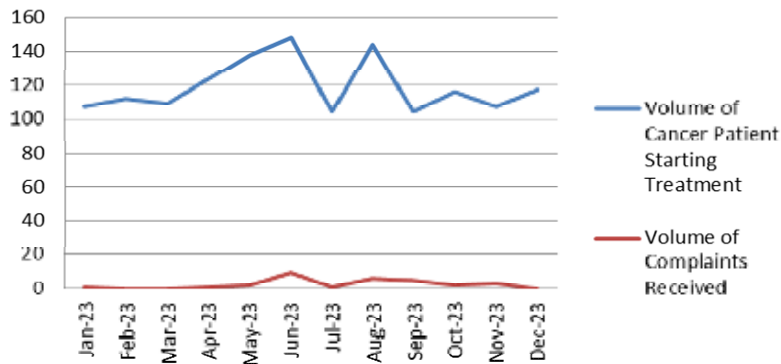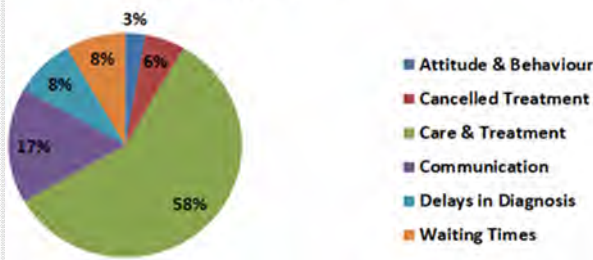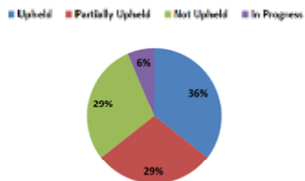
The Patient Said..
There has been poor communication regarding fathers treatment, and too long a wait time for appointment in clinic.

What We Did..
Apologised, reviewed process for sharing information between departments and reduced the time frame for when patients are asked to wait prior to their appointment

The Patient Said..
Poor patient experience for a breast screening appointment. Confusion regarding where appointment would take place.

What We Did..
Apologised for the service, increased pre-appointment communication with parking and location information. Shared complaint as a learning development aid for staff.

The Patient Said..
They had concerns regarding delays in treatment, and lack of consideration for patients travelling from Caithness to Raigmore.

What We Did..
Met with patient, gave clarity and reassurance on care pathway. In addition, gave info on how SAS could support with safe travel.

The Patient Said..
To the SPSO that patient X-Rays were incorrectly interpreted, leading to a delay in diagnosis.

What We Did..
Apologised, raised a DOC and implemented a process to audit X-Ray results.

Over the last 12 months 5 complaints have been identified with Actions taken to resolve or improve. 2 of these complaints progressed to the SPSO where actions were recommended. 1 of these complaint resulted in Organisational Duty of Candour (DOC) being called.

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31 Day Cancer Waiting Times

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**Exec Lead
Katherine Sutton
Chief Officer, Acute**

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services • Cancer Performance Oversight Board being established chaired by Deputy Medical Director by Jan 24 • Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones by Jan 24	• Additional Locum Oncologist have been appointed to address gaps in Urology and UGI Radiotherapy Oncology for the immediate term. • The gaps within Radiology have been filled. This is a key element of the challenge to assessment and diagnose the increasing number of USC patients. • The backlog of breached patients continues to impact upon performance although it is reducing	• Redouble our efforts to appoint to the Breast Radiologist vacancies • Complete a review of options for the future provision of Oncology within NHS Highland.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	93.2%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not Met
Performance Rating	1 month of improvement
National Benchmarking	Below Average
National Target	95%
National Target Achievement	Not Met

31 Day Benchmarking with Other Board

Board	%
Golden Jubilee	100.0%
NHS Ayrshire & Arran	100.0%
NHS Borders	100.0%
NHS Dumfries & Galloway	100.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Forth Valley	97.9%
NHS Tayside	97.4%
NHS Greater Glasgow & Clyde	94.1%
NHS Highland	93.2%
NHS Fife	92.5%
NHS Lothian	92.1%
NHS Grampian	89.5%
NHS Lanarkshire	85.0%
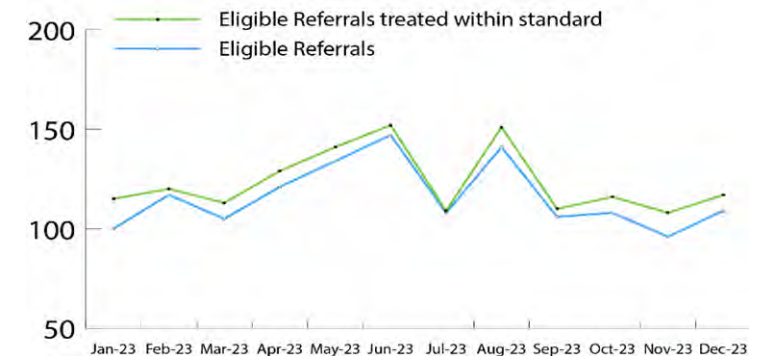
Selected Indicator: Cancer 31 Day Waiting Times
Latest Time Period: December 2023

Board	Scotland	Target
93.2%	93.5%	95%

○ Trend against target
○ Run Chart

Health Board
Median / Target
Scotland

Patients Seen on 31 Day Pathway

— Eligible Referrals treated within standard
— Eligible Referrals

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with you, for you

**Exec Lead
Katherine Sutton
Chief Officer, Acute**

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
• Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services • Cancer Performance Oversight Board being established chaired by Deputy Medical Director by Jan 24 • Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones by Jan 24	• Additional Locum Oncologist appointed to address gaps in Urology and UGI Radiotherapy for the immediate term. • Some gaps within Radiology have been filled. This is a key element of the challenge to assessment and diagnose the increasing number of USC patients. • The backlog of breached patients continues to impact upon performance although it is now reducing	• As per 31 Day Cancer Waiting Times • Continued compliance with the national Framework for Effective Cancer Management.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	65.7%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Decreasing
National Benchmarking	Below Scottish Average <10%
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: Cancer 62 Day Waiting Times
Latest Time Period: December 2023

Board	Scotland	Target
65.7%	70.2%	95%

○ Trend against target
○ Run Chart

Health Board
Median / Target
Scotland

62 Day Benchmarking with Other Boards

NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Ayrshire & Arran	84.7%
NHS Borders	84.6%
NHS Dumfries & Galloway	82.6%
NHS Forth Valley	76.0%
NHS Lothian	75.7%
NHS Lanarkshire	75.0%
NHS Tayside	73.3%
NHS Fife	71.2%
NHS Highland	65.7%
NHS Greater Glasgow & Clyde	64.4%
NHS Grampian	58.8%
NHS Western Isles	50.0%

Patients Seen on 62 Day Pathway

Eligible Referrals treated within standard
Eligible Referrals

29
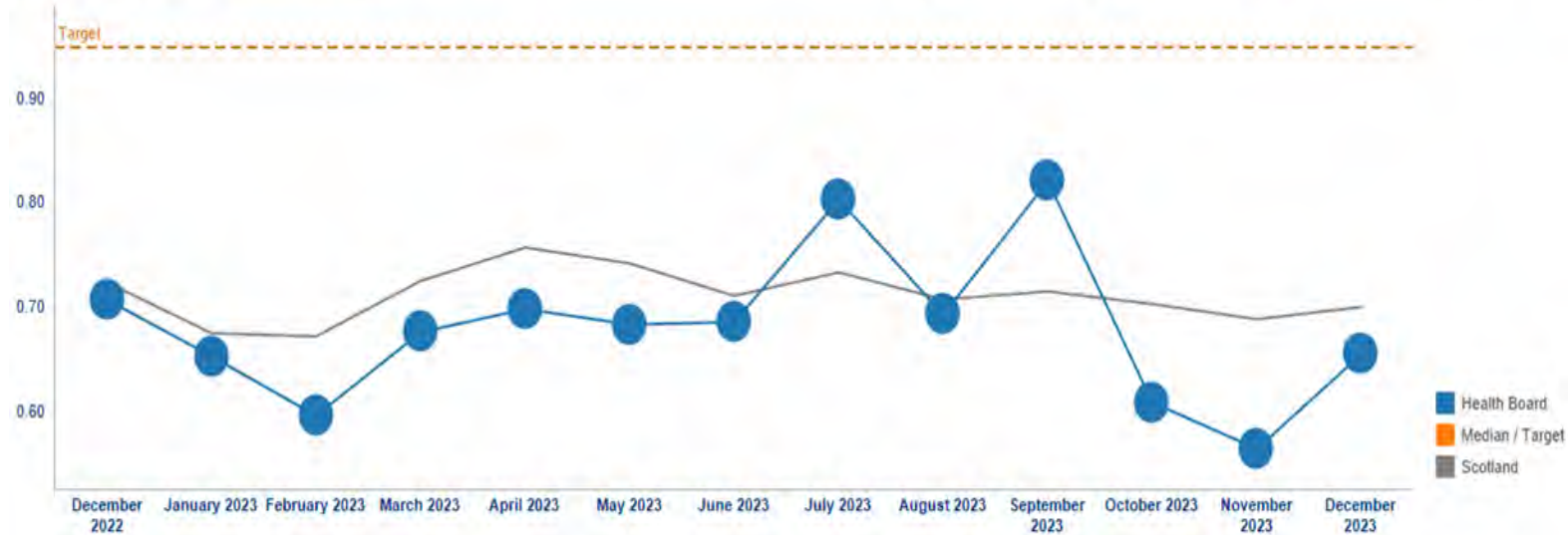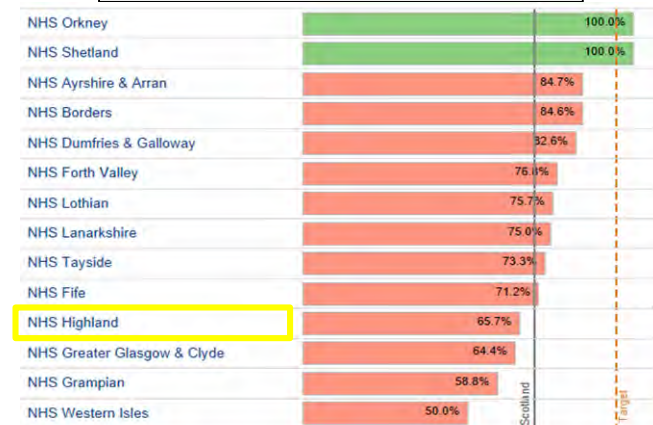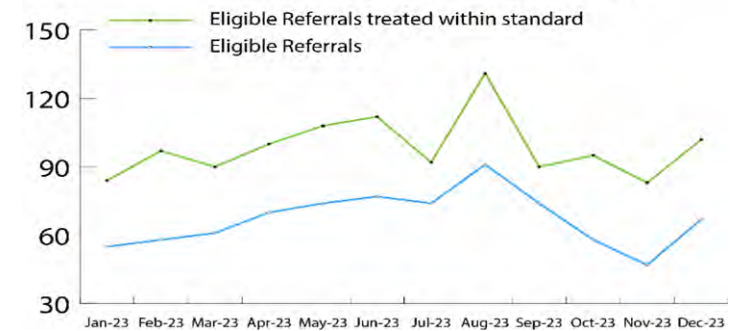
Psychology Waiting Times

What we said in December IPQR?	What we have completed and impact?	Next Steps to Improve by June 24
- CAPTND data set capture system to work with eHealth as currently delayed - Implementation of PT specification 2024 - NHS Highland pilot test site for SG for the PT specification and Core Mental Health Standards self-assessment tool - Increase uptake and alternatives for digital therapies (Nov 23). Have SG new additional funding digital lead and patient engagement officer for increasing access to digital therapies - Focus in line with Mental Health Outcomes framework to reduce longest waits	- CAPTND questionnaire has financial approval and will be made available to boards via a TrakCare software patch update. eHealth are still unable to commit to local installation timescales, contributing to planning delay. - NHS Highland has started pilot for SG PT specification and Core Mental Health Standards self-assessment tool which will assure service delivery and highlight development areas. - Digital post has no indication of SG commitment to funding being recurring. Meeting with NHSA&B on 29th Nov to discuss these posts if recurring funding confirmed. - Now have 10 STEPPS groups running across pan-Highland.	- CAPTND questionnaire installation by eHealth - CAPTND existing data fields assessed for quality and improvements identified - SG self-assessment completion - Reduced wait times - Recruitment in line with SG recommendations for net workforce increase through the MH Outcomes Framework funding.

PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	82.1%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Rating	Improving
National Benchmarking	Below Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

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

Board	%
NHS Orkney	100.0%
NHS Western Isles	94.7%
NHS Greater Glasgow & Clyde	91.6%
NHS Ayrshire & Arran	91.6%
NHS Shetland	90.9%
NHS Lanarkshire	84.1%
NHS Highland	82.1%
NHS Grampian	81.3%
NHS Lothian	80.7%
NHS Tayside	80.6%
NHS Borders	80.0%
NHS Fife	74.8%
NHS Forth Valley	74.6%
NHS Dumfries & Galloway	65.1%

PT Ongoing Waits North Highland
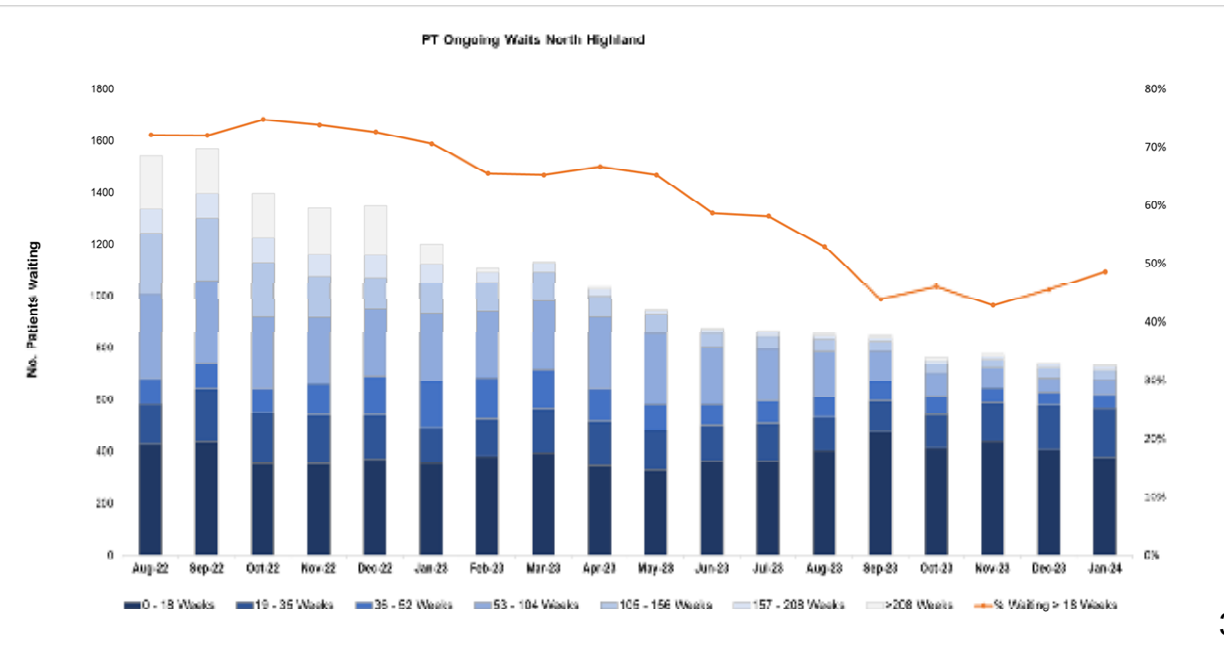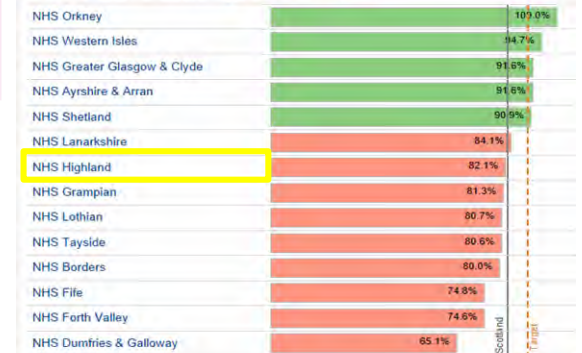
Selected Indicator: 18 weeks All Ages Psychological Therapy Treatment
Latest Time Period: December 2023

	Board	Scotland	Target
	82.1%	82.8%	90%

30
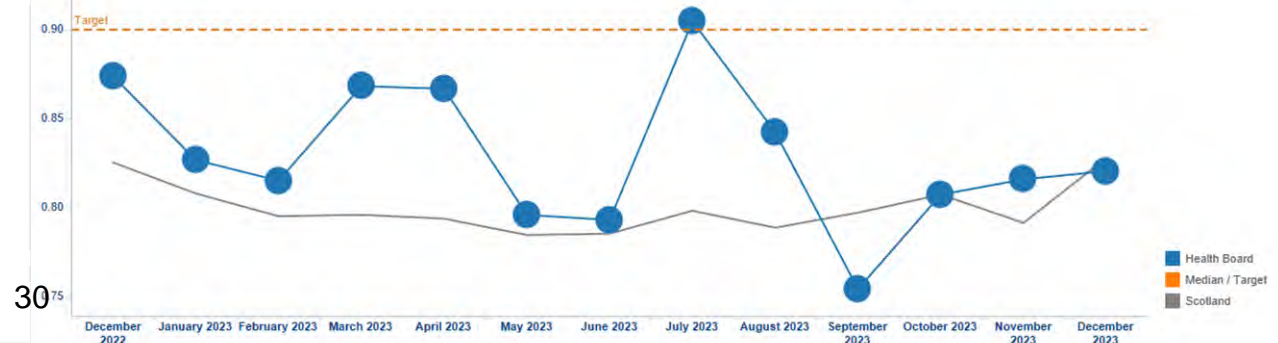
Complaint Activity: Last 13 months

Progress Made	Next Steps	Timescale
• Development in QPS Dashboard for bespoke complaint reporting • Working with Strategy & Transformation to develop patient experience reports in accordance with operational activity • Preparing for the SPSO Child Friendly Complaint Handling Procedure	• To refine the spotlight reports for other service area for IQR • HHSCP complaint management process reviews • Review our website, literature, training and communications	• March 2024 • March 2024 • End of March 2024

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Exec Lead
Boyd Peters
Job Title

Top 3 Complaint themes

PEFORMANCE OVERVIEW
Strategic Objective:
Outcome Area:

Latest Performance (Target 60%)	January 43%

NHS Boards	Performance % Achieved as reported in Annual reports 2022/2023
NHS F.V	43%
NHS Lothian	27%

Factors which influenced performance has been:
- Front Line staffing pressures
- Administrative delays in case progressions
- Processing and allocation delays

Factors which influenced complaint volumes has been:
- Communication on poor discharges
- Waiting times for MRI scans
- Vaccinations
- Lack of maternity service for Skye

- Care and treatment - Relating to delays in diagnosis, miss-diagnosis, level of nursing care and issues with treatments
- Communication – Contact with Social Services, discharges from hospital, vaccination service, cancelled appointments
- Waiting Times – ENT appointments, ADHD assessments, adult psychiatry, NDAS assessments

**Executive Lead
Louise Bussell**

Hospital Inpatient Falls | Run Chart and Site Injury Detail (to be updated)

Progress Made	Next Steps	Timescale	
• HHSC falls with harm running close to 30% reduction • Acute- increase in falls, possible correlation with increase in beds • A&B – 20% decrease in falls and falls with harm last 3 months • Inpatient falls guidance draft submitted to HSE • Broons deconditioning resource launched across NHSH	Review overarching falls policy and Community and Care Home guidance Post fall guidance review	31/03/24 31/03/24	

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Number of Hospital Inpatient Falls | Sites | Injury Type | Last 3 Months

● Abrasion (inc scratches) ● Bruise/Swelling ● Fracture ● Laceration ● Multiple Injuries ● Musculoskeletal Injuries ● Other ● Pain only (no obvious injury)

Site	Values
Raigmore	8, 3, 3, 13, 4, 14, 19
New Craigs	3, 1, 2, 2, 7, 3
Invergordon	1, 7, 1
Mid Argyll Community	6, 2
Caithness General	1, 1, 2, 1
Lawson Memorial	4, 1
Ross Memorial	3, 2
Badenoch and Strathspey Community Hospital	4
Cowal Community	1, 2, 1
Wick Town and County	2, 1
Dunbar	1, 1
Migdale	1, 1
Belford	1
Broadford	1
Campbeltown	1
Lorn and Islands General	1
Rothesay Victoria	1
Royal Northern Infirmary	1

33
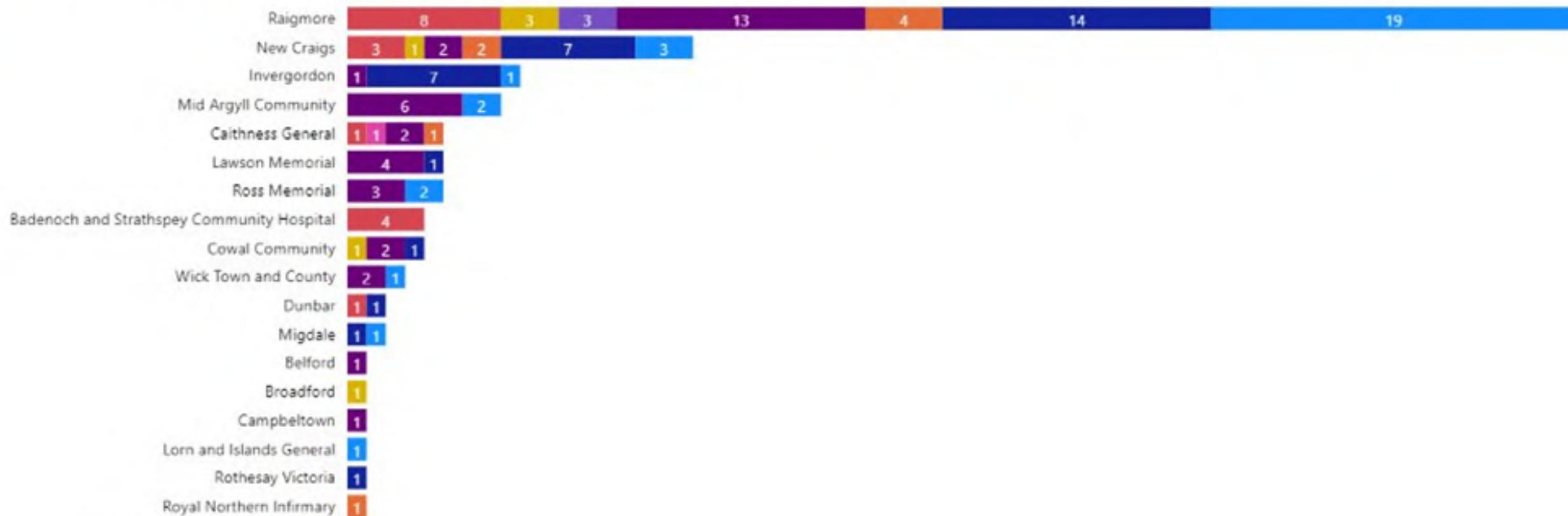
Clinical Governance

**Executive Lead
Louise Bussell**

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Tissue Viability Injuries | Grade 2/3/4 | Overall and Subcategory Detail

Progress Made	Next Steps	Timescale
• Target aim to reduce pressure ulcers agreed • Discussions undertaken with SAS re pilot pressure damage risk assessment and implementation of risk reduction measures for patients delayed waiting in ambulances. • aSSKINg model - have commenced trials on some Raigmore wards. • Identified potential improvements to patient care from the standardisation of the Red Day Tool (HIS document) across acute and community settings - potential to improve compliance, interventions and communication across patient journey.	• Reduction of hospital acquired PUs by 20% • SAS investigating options to access pressure relieving equipment. • Consideration of including pressure damage risk assessment in SAS triage tool. • Development of an aide memoir for all users • Plan community team trial • Evaluate acute trial with QI team • TV Lead and TVNs to liaise with HIS re potential to make changes and next steps	• June 2024 • June 2024 • June 2024 • August 2024 • May 2024 • May 2024

Number of Tissue Viability Injuries | All Subcategories | Last 13 Months
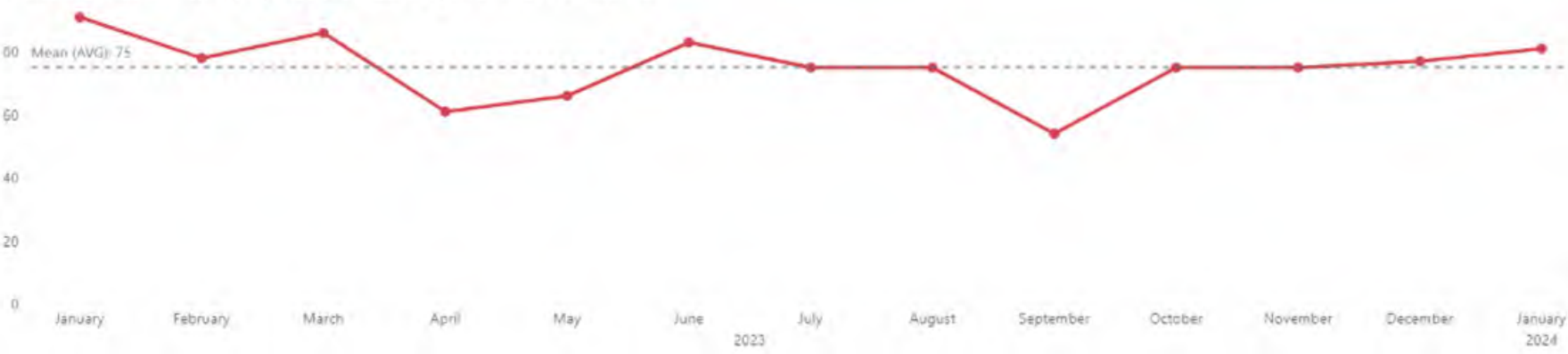
Number of Tissue Viability Injuries | Sub-Category | Last 13 Months

● Developed in hospital ● Developed/discovered in community ● Discovered on admission ● Known ulcer deteriorating

34
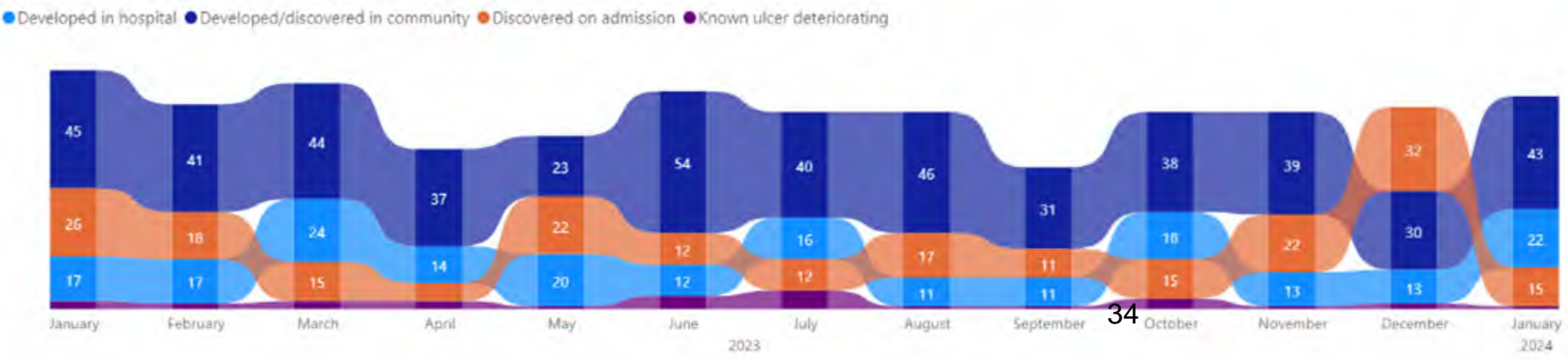
Medication Errors

Clinical Only Errors | Overall and Operational Unit Detail

Progress Made	Next Steps	Timescale
•Agreement to review role, remit and membership of Medicines Safety Subgroup (MSS) of ADTC •Ongoing roll out of HEPMA •Short life working group established to review medicines management policies in social care settings •Agreement to establish multiprofessional Controlled Drugs Governance Group	•Disseminate information on time critical medications •Launch of 'Back To Basics' prescribing and medicines administration initiative •Update and broaden membership of MSS •Develop medicines governance strategy and action plan for MSS •Controlled Drugs Governance Group to be established •Launch updates of medicines management in social care settings policies, including developing education and training resources	• March 2024 • March 2024 • May 2024 • May 2024 • May 2024 • June 2024

Incidents | Run Chart
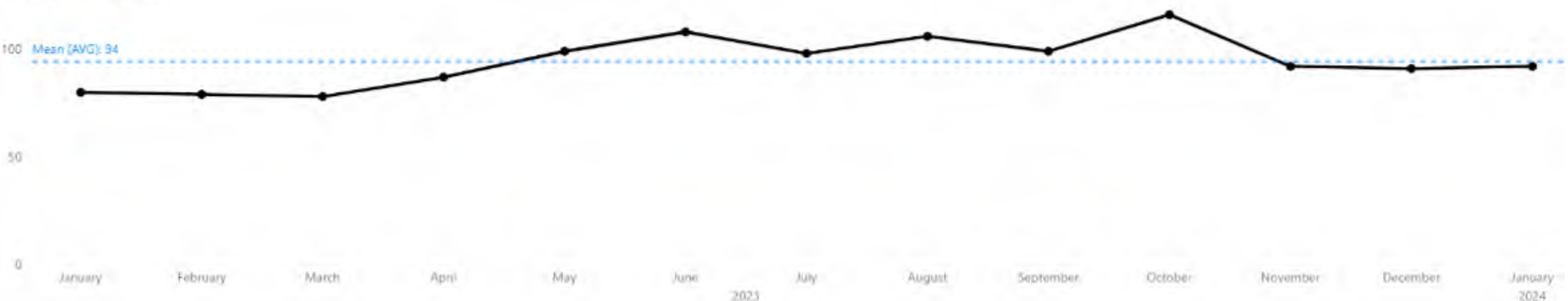
Number of Medication Error Incidents | Operational Unit | Last 13 Months

Legend: ●Acute ●Argyll & Bute ●Corporate ●H Council - Children's Services ●HHSCP ●Pharmacy

Number of Medication Error Incidents | Subcategory | Last 13 Months
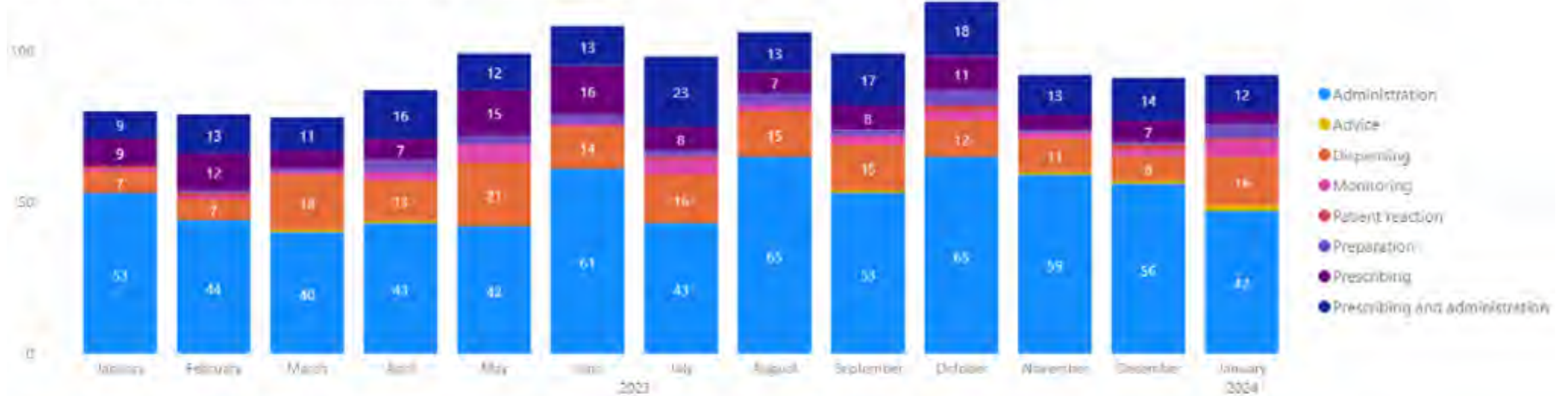
Number of Medication Error Incidents | Error Type (Top 5 recorded) | Last 13 Months

36
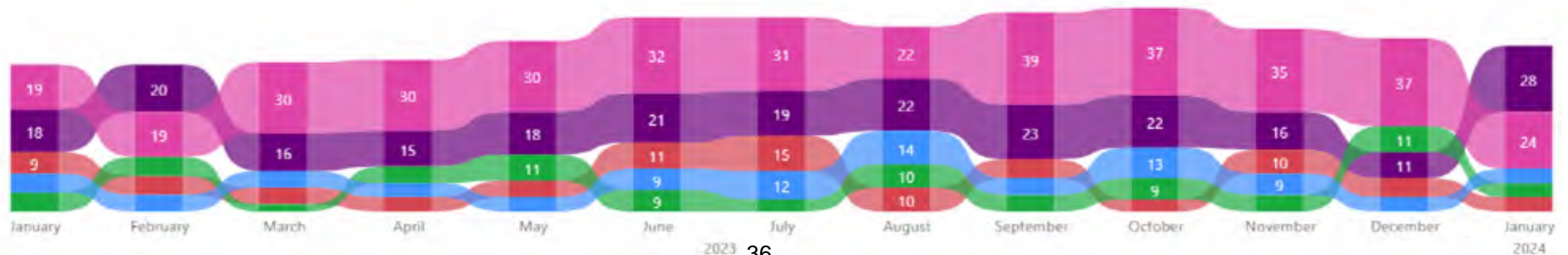
Infection Control | SAB, CDIFF and ECOLI
Table Overview

Executive Lead
Louise Bussell

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Progress Made	Next Steps	Timescale
• The current reduction aims are: Clostrididodes difficle healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by April 2024. Staphylococcus aureus bacteraemia rate of 15.3; and EColi bacteraemia rate of 17.1 • Published data for July - Sept identified a rise in the expected rate of CDI as previously discussed. An increase in community associated ECOLIs was also identified.	• The Infection Prevention and Control Team actively monitor each patient with a reported episode of infection for learning and to prevent future occurrences. Information is disseminated to the wider teams. • IPC annual work plan continues to be monitored, and a detailed report is submitted to Clinical Governance Committee for assurance. • Await confirmation of future reduction aims for 2024/2025 • A review of cases is being conducted with various clinical colleagues and representatives from ARHAI to identify any learning and future actions	• Review end of year position April 2024 • Validated position will be known July 2024 • Review to be submitted by 13/03/24

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024
Includes validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data when unavailable

Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	17	10	n/a
SCOTLAND	18.3	n/a	n/a	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	31	17	n/a
SCOTLAND	16.1	n/a	n/a	n/a
E.COLI				
NHS HIGHLAND	23.8	31	21	n/a
SCOTLAND	37.6	n/a	n/a	n/a

Staphylococcus Aureus Bacteraemias (SABs)

Quarterly rates of Healthcare Associated SAB infection per 100000 bed days including ARHAI Scotland & NHS Highland data
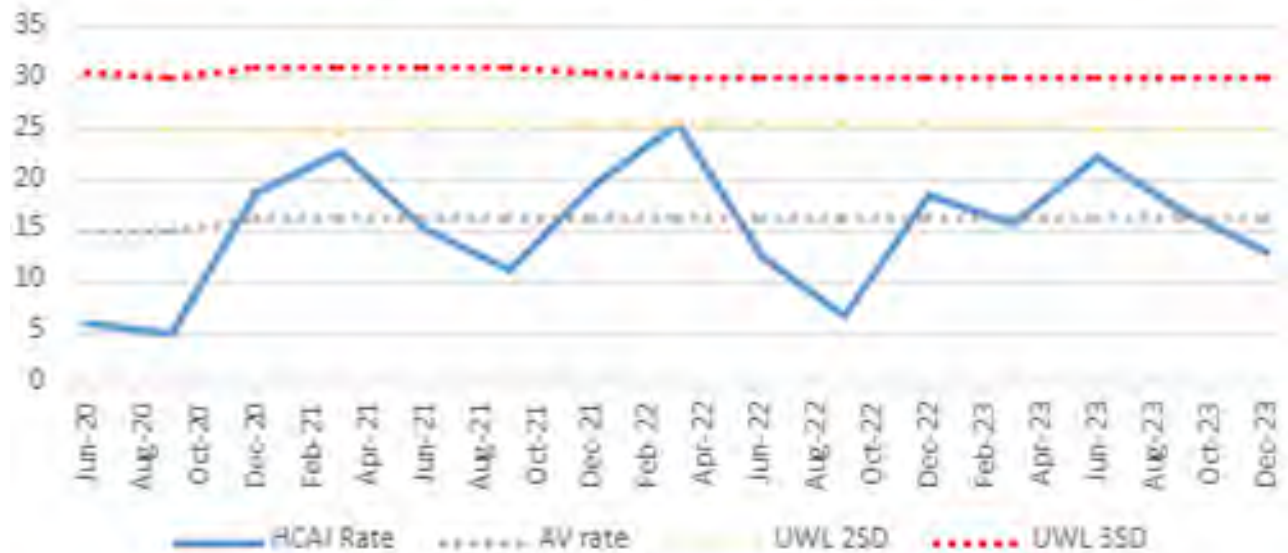
Discovery data | Infection rate per 100,000 bed days | NHS Highland quarter ending September 2023
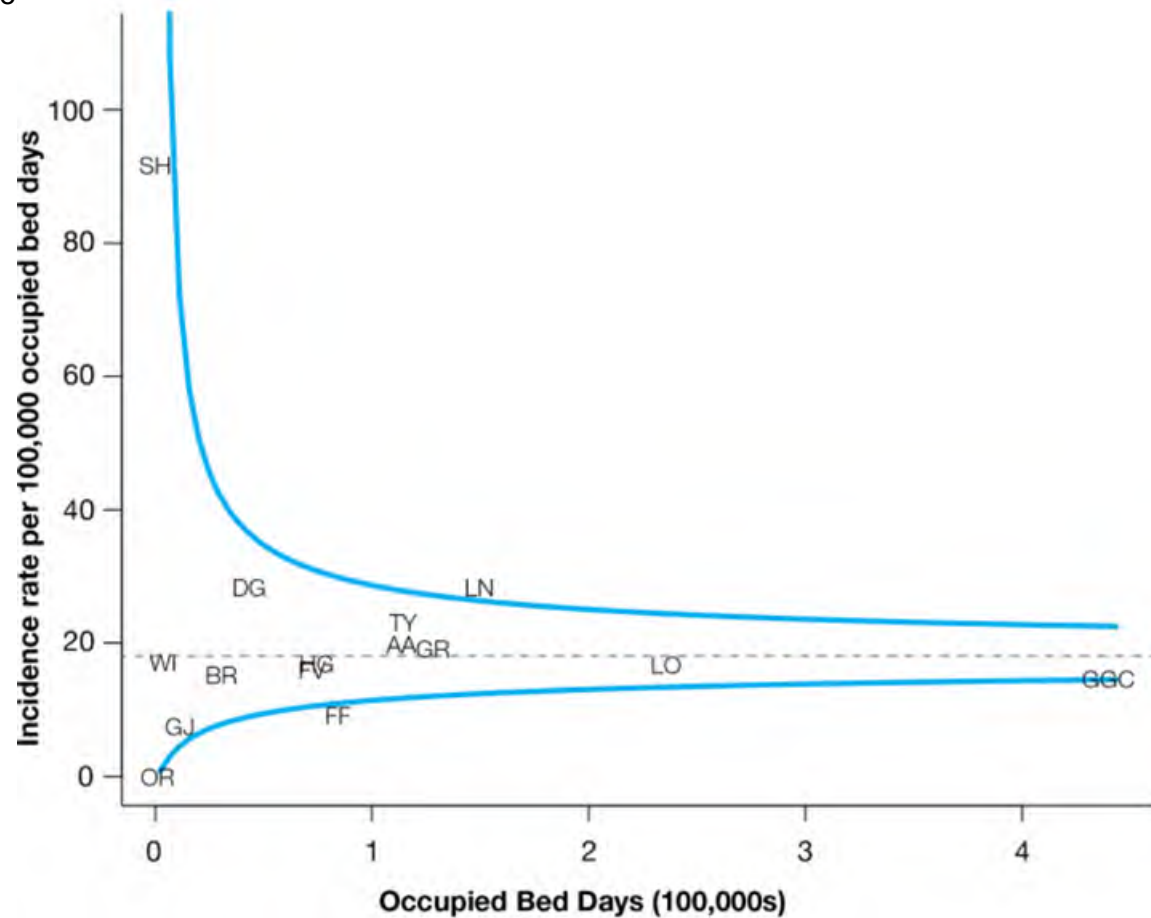
38

Quarterly rates of Healthcare Associated CDI per 100000 bed days including ARHAI Scotland & NHS Highland data
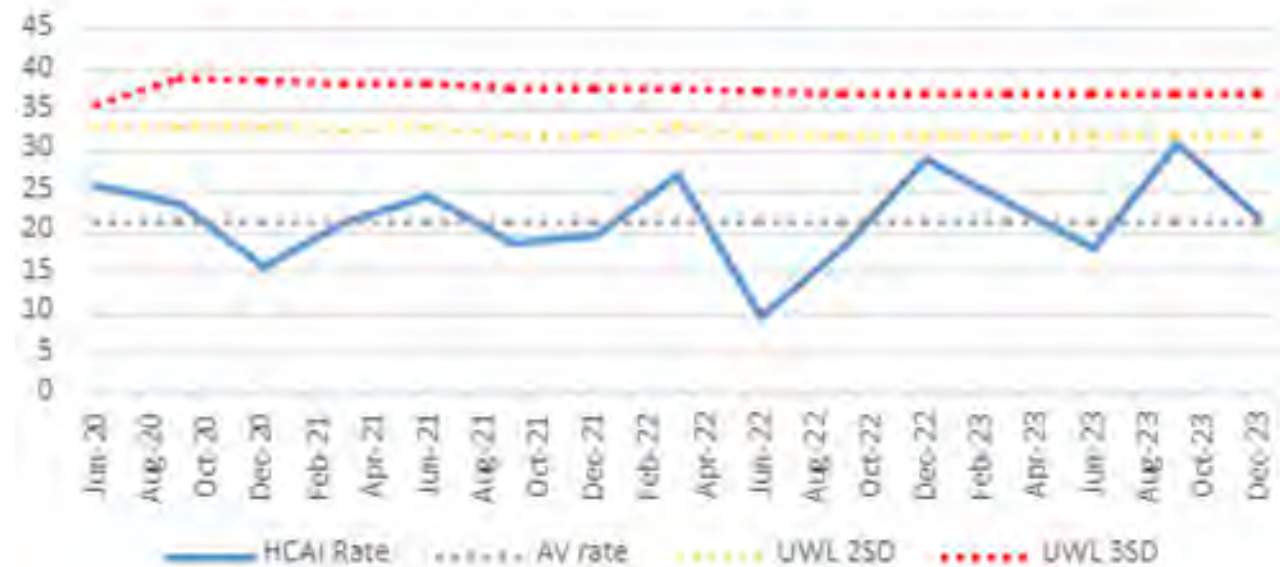
Discovery data | Infection rate per 100,000 bed days | NHS Highland quarter ending December 2023
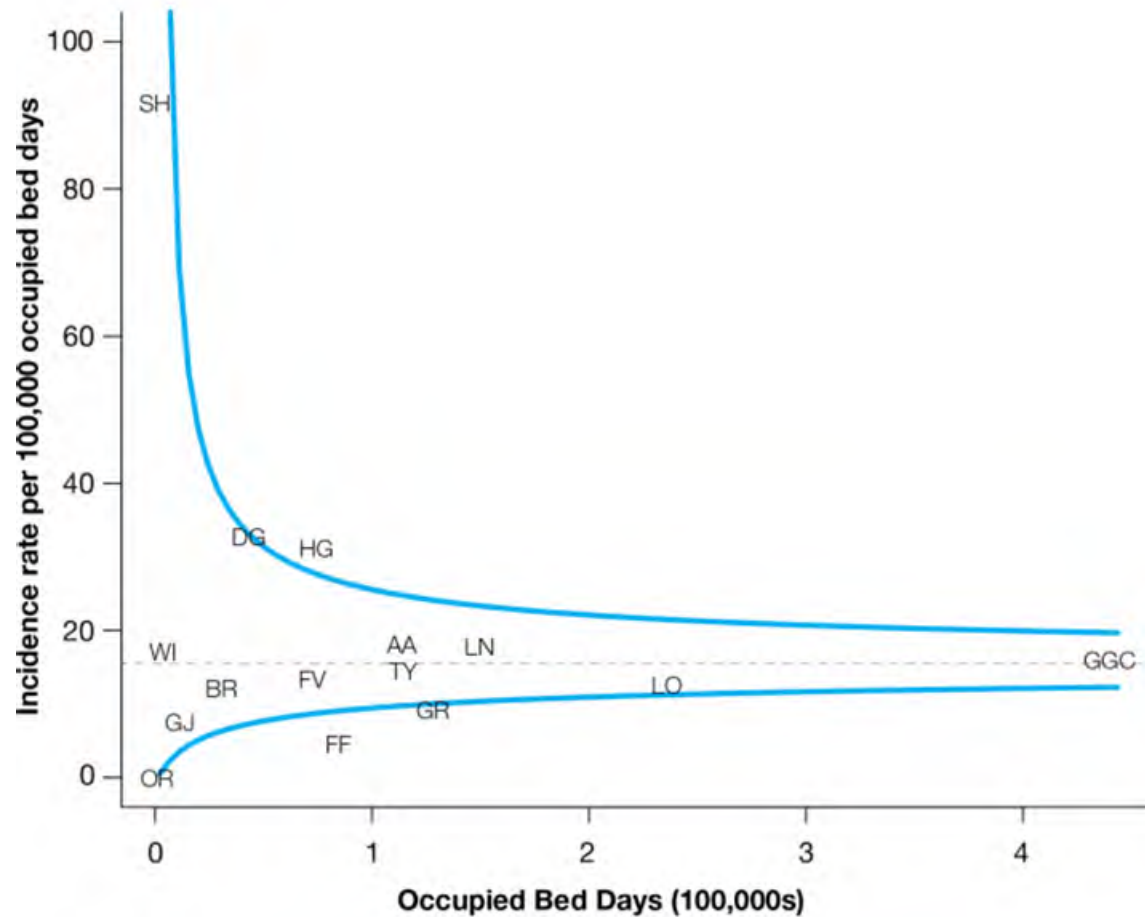
Quarterly rates of Healthcare Associated ECB infections per 100000 bed days including ARHAI Scotland & NHS Highland data
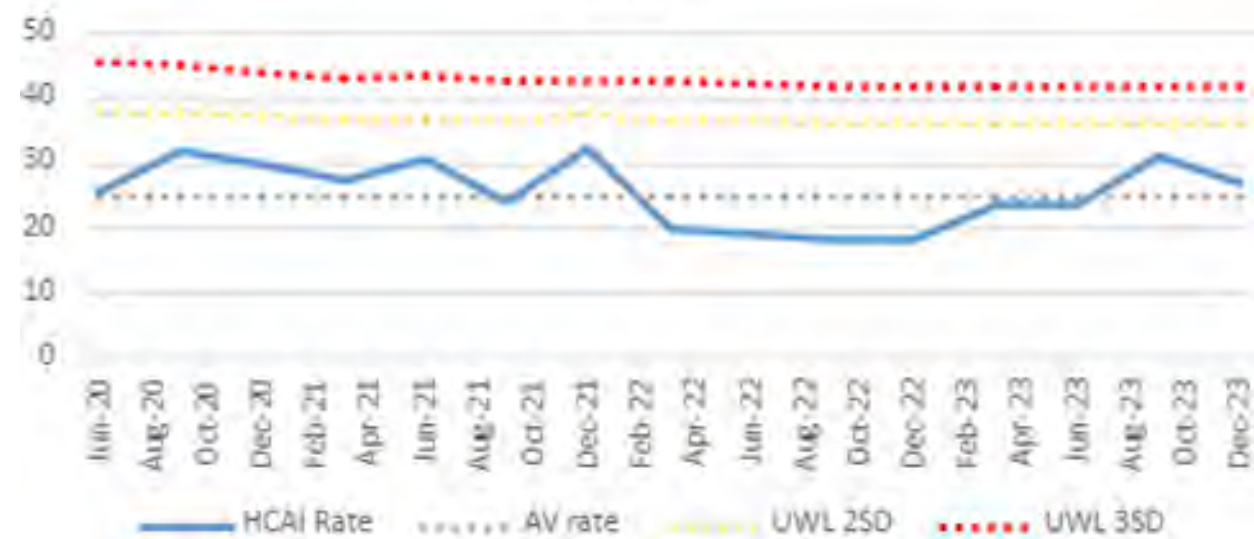
Discovery data | Infection rate per 100,000 bed days | NHS Highland Quarter ending December 2023
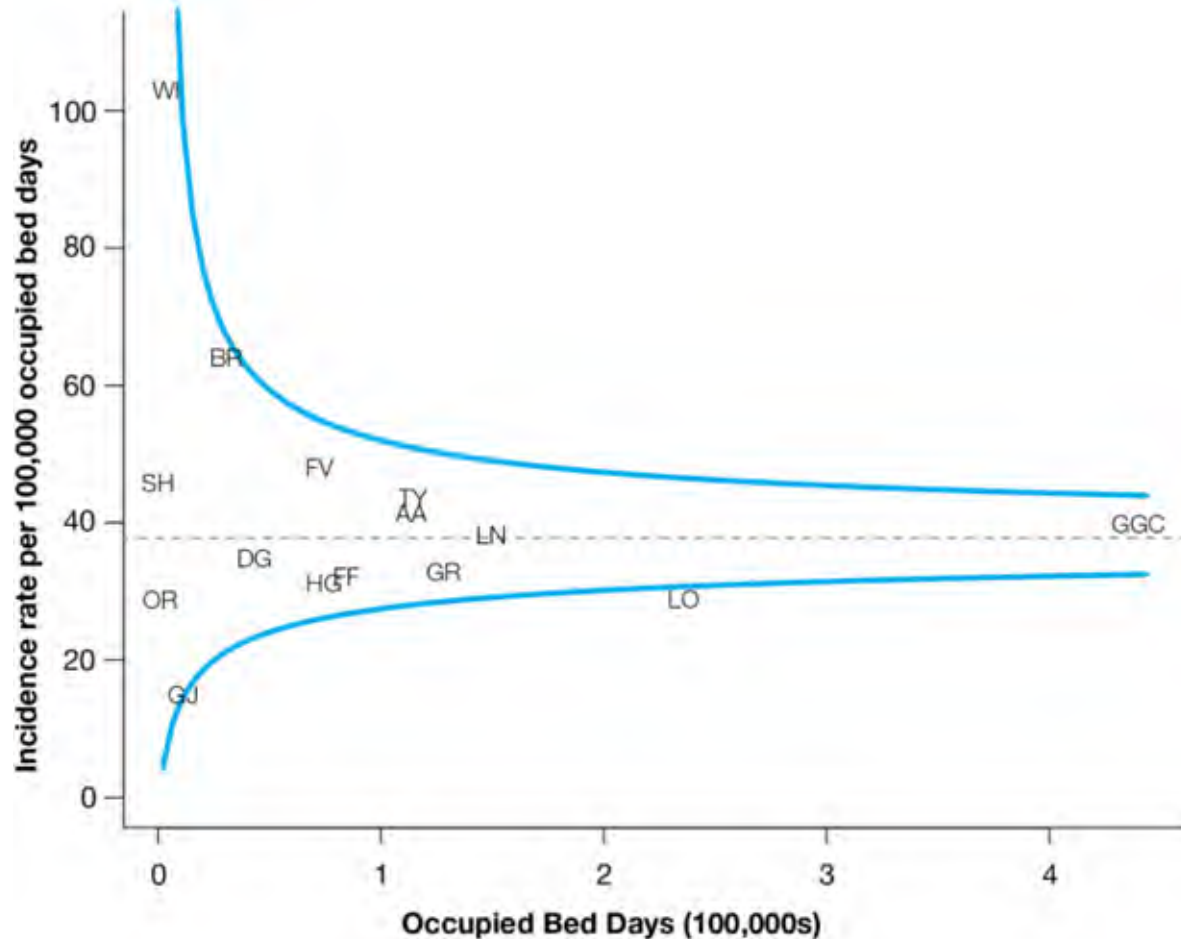
Gareth Adkins
Director of People & Culture

NHS Highland absence remains above the national 4% target and for January reporting over 7% . Long term absences are mostly related to other musculoskeletal problems (13%) and anxiety/stress (25%) which contributes to staffing pressures within teams however with high levels of unknown causes being recorded the information is incomplete. Short term absences in Cold, Cough, Flu (31% of absences) remain high as well as gastro-intestinal problems (25% of absences).

Absences with no reason recorded with an unknown cause/not specified remain high (continues at approx. 30%). Highlight reports are shared with SLTs and People Partners are engaging with SMTs in their areas to encourage Managers to ensure that an appropriate reason is recorded and continuously updated. The People Services Team continue to work closely with managers of long-term absent employees. Awareness of attendance management processes is still very low and attendance on Once for Scotland courses for managers is low. To raise awareness reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and elearning.

The NHS Highland Wellbeing Strategy is being progressed with a completion date of 31st March 2024. This document will describe our commitment to supporting health and wellbeing but also what resources and support is already available to our workforce

The average time to fill has peaked to 132 days with longer periods being recorded for professional positions and senior posts. The time to fill NHS Scotland KPI is 116 days. The improvement work associated with the recruitment process and roles and responsibilities is progressing. An interim Onboarding survey was launched mid Jan 2024 which aims to survey all new starts in the period 1st May - 31st Dec 23 which was approximately 600. Communication was shared directly with anyone who holds a Supervisor status and new starts received the survey link via email, as well as a communication in the Weekly Comms. The survey will close on the 1st of March and analysis will be completed by the end of March 2024. To date 53 employees have completed a return. The outcomes will inform further improvements required within our processes

We continue to see high levels of leavers related to retirement (30%) and voluntary resignation (28%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 21% of our leavers. 9% of our workforce have left to move to new NHS Employment. Further encouragement is required to capture leaving reasons. Our Exit Policy and Exit feedback survey launched in June. To date we have had 19 surveys (a 200% increase in exit surveys completed in the same period in 2022). Insights received from the surveys will be reviewed by Organisational Development. There have been over 300 leavers since June so the uptake of the Exit feedback survey is low. People partners are highlighting the Policy via SLTs and further work to promote the Policy from People Services is ongoing.

Organisational Metrics Jan 2024

Metric	Value
Sickness Absence Rate (%)	7.39
Long Term SA Rate (%)	4.11
Short Term SA Rate (%)	3.25
Recorded Absence Reason (%)	73.93
Vacancy Time to Fill (Days)	132.06
Annual Employee Turnover (%)	8.83

Sickness Absence Rates (%) by Month
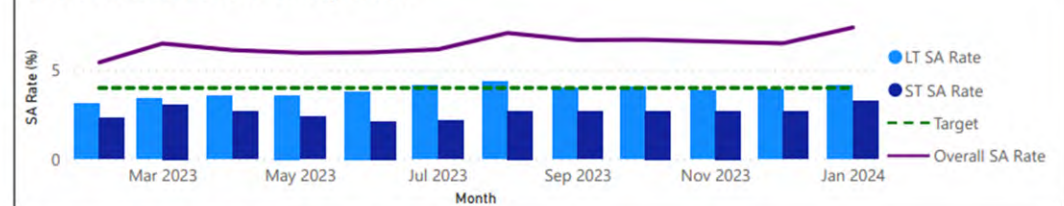
Vacancy Time to Fill (Days) by Month
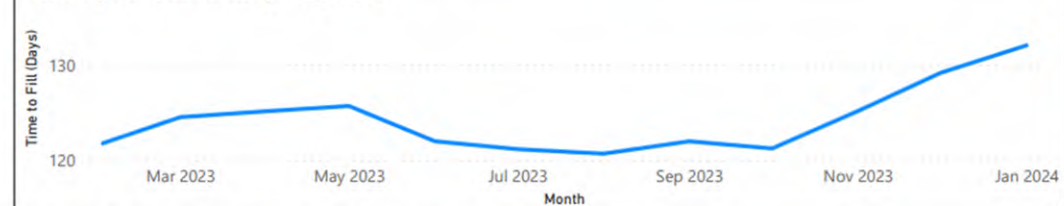
Annual Employee Turnover (%) by Month

Recorded Absence Reason (%) by Month

Gareth Adkins
Director of People & Culture

Refreshed awareness sessions for managing PDP&R has been launched in the organisation; monitoring of attendance is in place. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates. In addition an improvement plan is being progressed regarding the completion of PDPs.

A 6 month monitoring period has commenced from end of January for statutory and mandatory training - monitoring the compliance of the core elearning modules. An oversight group is established reporting to EDG.

Training Metrics Jan 2024

Mandatory eLearning Completion (%)
69.6

V&A Practical Training Completion Rate (%)
38.0

M&H Practical Training Completion Rate (%)
31.2

Appraisal Completion Rate (%)
27.1

Core Mandatory eLearning Completion Rate (%) by Month

Practical Training Completion Rate (%) by Month
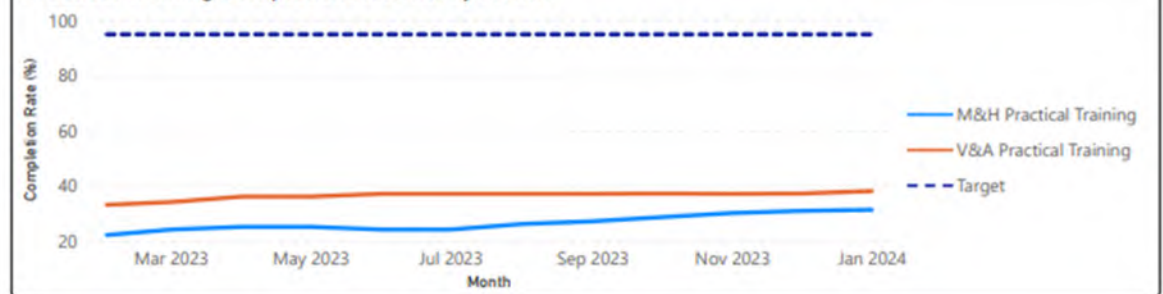
Appraisal Completion Rate (%) by Month

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Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
4	Covid Vaccine Uptake	Monthly	March 2024	May 2024
4	Board Comparison % Covid Vaccine Uptake	Monthly	March 2024	May 2024
5	NHS Highland-Alcohol brief interventions 2023/24 Q2	Quarterly	March 2024	May 2024
5	ABIs delivered	6 monthly	November 2023	May 2024
6	LDP smoking quit attempts by month of planned quit-NHS Highland	Monthly	March 2024	May 2024
6	LDP 12-week smoking quits by month of follow up-NHS Highland	Monthly	March 2024	May 2024
7	CAMHS 18 week treatment target	Monthly	March 2024	May 2024
7	CAMHS Ongoing waits	Monthly	March 2024	May 2024
7	Board comparison % Met Waiting time standard	Monthly	March 2024	May 2024
8	New patients waiting first appointment 2022v2023	Monthly	March 2024	May 2024
8	New and Unvetted patients awaiting first appointment	Monthly	March 2024	May 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
9	ED 4 hr wait performance by HHSCP Hospital	Monthly	March 2024	May 2024
9	Weekly A&E patients waiting 12 hrs plus	Monthly	March 2024	May 2024
9	Weekly ambulance Handover results	Monthly	March 2024	May 2024
9	Board Comparison % meeting Waiting time standard	Monthly	March 2024	May 2024
10	Delayed Discharges in NHS Highland	Monthly	March 2024	May 2024
10	Delayed Discharge Benchmarking	Monthly	March 2024	May 2024
11	New outpatients 12 week waiting times	Monthly	March 2024	May 2024
11	New Outpatient total waiting list & Projection	Monthly	March 2024	May 2024
11	Board Comparison % Met waiting time standard	Monthly	March 2024	May 2024
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	March 2024	May 2024
12	OP Patients waiting over 52 weeks	Monthly	March 2024	May 2024
13	Inpatient or day case 12 Week waiting times	Monthly	March 2024	May 2024
13	Total TTG Waits & Projection	Monthly	March 2024	May 2024
13	Board Comparison % Met waiting time standard	Monthly	March 2024	May 2024
14	Planned Care Additions, Patients seen and trajectories	Monthly	March 2024	May 2024
14	TTG Patients waiting over 78/104 weeks	Monthly	March 2024	May 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
15	Radiology Key tests Planned & Unplanned activity & Trajectories (3 Graphs)	Monthly	March 2024	May 2024
15	Board Comparison % met Waiting time standard	Monthly	March 2024	May 2024
16	Endoscopy Key tests Patients seen and Trajectories (2 Graphs)	Monthly	March 2024	May 2024
16	Board Comparison % met waiting time standard	Monthly	March 2024	May 2024
17	31 Day Cancer waiting times	Monthly	March 2024	May 2024
17	Board Comparison % Met waiting time standard	Monthly	March 2024	May 2024
17	Patients Seen on 31 Day Pathway	Monthly	New Graph	May 2024
18	62 Day Cancer waiting times	Monthly	March 2024	May 2024
18	Board Comparison % Met waiting time standard	Monthly	March 2024	May 2024
18	Patients Seen on 62 Day Pathway	Monthly	New Graph	May 2024
19	PT 18 week treatment target	Monthly	March 2024	May 2024
19	PT Ongoing waits	Monthly	March 2024	May 2024
19	Board comparison % Met Waiting time standard	Monthly	March 2024	May 2024
20	12 Month View of Stage 2 Complaints and Volume of Cancer Patient Starting Treatment	Monthly	New Graph	May 2024
20	Complaint Issues	Monthly	New Graph	May 2024
20	Decision Outcomes	Monthly	New Graph	May 2024

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 March 2024**
Title:	**Finance Report – Month 10 2023/2024 and 2024/2025 Budget update**
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 10 2023/2024 (January 2024) and provides a summary position regarding the draft plan submission for 2024/2025.

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. Scottish Government provided additional funding and the Board is now looking to deliver a financial deficit of no more than £55.800m - further additional funding has now been made available to improve this position and this is reflected in the improved position reported. This report summarises the position at Month 10, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

For 2024/2025 the draft opening position for NHS Highland is a deficit position of £112.491m. The maximum brokerage that NHS Highland can request for the year 2024/2025 has been capped at £28.4m, leaving a financial gap of £84.091m.

Scottish Government has requested a financial plan that highlights the actions that would need to be taken to deliver the £84.091m of Cost Improvements and reductions.

Information has been provided as to the breakdown of this target and the methodology proposed to address the financial challenge.

The opening financial gap includes and assessment of the Adult Social Care position which is estimated to be £16.252m relating to forecast costs increases, pay awards and demand increase. There is a potential that this will increase to £23.252m to reflect the proposed reduction of £7.000m agreed by Highland Council through the budget setting process. The proposed reduction has not been formally agreed but is included within the plan figures for prudence.

2.3 Assessment

For the period to end January 2024 (Month 10) an overspend of £50.704m is reported. This overspend is forecast to reduce to £39.055m by the end of the financial year following receipt of additional funding. The current forecast assumes slippage against the CIP of £15.855m.

For 2024/2025 there is a moderate level of confidence in delivering the Value & Efficiency workstreams, a low level of confidence in delivering a balanced position for Adult Social Care and a low level of confidence in delivering further choices/ actions.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

Moderate Assurance can be provided that NHS Highland will deliver the planned position for 2023/2024, however, this is still a substantial deficit position.

Limited assurance can be provided that NHS Highland can deliver the level of cost reductions required in 2024/2025 which is subject to ongoing discussion with Scottish Government.

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).

This cannot be confirmed for all potential actions required to deliver the 2024/2025 position at this time.

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.

The scale of the challenge has expanded Nationally for 2024/2025.

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 £39.055m. The forecast assumes slippage against the CIP of £15.855m – there is a risk associated with CIP delivery at this level. 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.

There is a significant risk that NHS Highland cannot deliver the required financial position for 2024/2025.

3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it is not applicable at this time

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
- Finance, Resource and Performance Committee
- 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
- Finance, Resource and Performance Committee

4   Recommendation

Discussion – Examine and consider the implications of the matter.

4.1   List of appendices

The following appendices are included with this report:

PowerPoint Presentation

Finance Report – Month 10 (January 2024) and 2024/24 budget update

MONTH 10 2023/2024 – JANUARY 2024

Actual v Planned Financial Performance

	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Deficit	12.0	16.5	21.0	25.5	30.0	36.0	42.0	48.0	55.0	62.0	68.7
Revised Plan	12.0	16.5	21.0	25.4	29.5	34.1	38.5	42.9	47.3	51.6	56.0
Actual	15.6	20.7	25.5	32.6	38.1	43.5	46.9	48.8	50.7	50.7	39.1
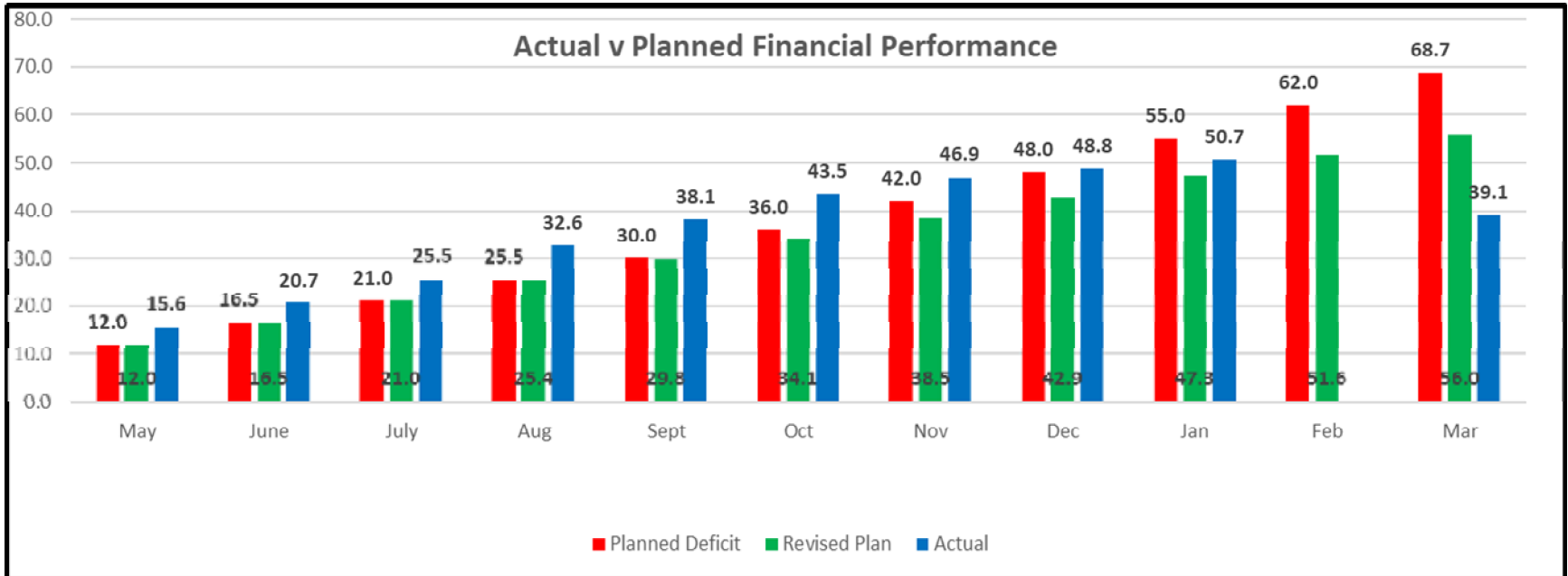
Target	YTD £m	Forecast £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	50.7	39.1
Delivery against Financial Plan DEFICIT/ SURPLUS	4.3	29.6
Deliver against Cost Improvement target DEFICIT/ SURPLUS	14.3	15.9

Forecast year end deficit of £39.055m
Forecast slippage against CIP £15.855m

MONTH 10 2023/2024 – JANUARY 2024

Current Plan £m	Current Budget £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,163.211	1,163.211	**Total Funding**	951.713	951.713	-	1,163.211	-
		Expenditure					
450.867	452.760	HHSCP	374.695	387.906	(13.210)	467.723	(14.963)
310.154	296.997	Acute Services	246.380	264.383	(18.004)	317.673	(20.676)
207.487	149.145	Support Services	113.980	133.685	(19.705)	152.652	(3.507)
968.508	**898.902**	**Sub Total**	**735.055**	**785.974**	**(50.919)**	**938.047**	**(39.146)**
263.375	**264.309**	Argyll & Bute	**216.658**	**216.442**	**0.216**	264.218	**0.091**
1,231.883	**1,163.211**	**Total Expenditure**	**951.713**	**1,002.416**	**(50.704)**	**1,202.265**	**(39.055)**
(68.672)	-	**Planned Deficit**	-	-	-	-	
1,163.211		**Total Expenditure**					

Forecast Deficit by Operational Area

(3.507) 0.091

(14.963)

(20.676)

HHSCP ▪ Acute Services ▪ Support Services ▪ Argyll & Bute

MONTH 10 2023/2024 SUMMARY

- YTD overspend of £50.704m reported
- Forecast to reduce to £39.055m at end of the 2023/2024 FY – due to application of anticipated additional SG funding
- YTD position includes slippage against the CIP of £14.288m
- Cost improvements of £13.645m included within operational year end forecasts – slippage of £15.855m against the £29.500m plan
- Forecast is £29.617m better than that presented within the financial plan
- Forecast continues to assume support to balance the ASC forecast overspend

MONTH 10 2023/2024 – JANUARY 2024

KEY RISKS

- Supplementary staffing – reduction in spend not as anticipated. Still at a static level

- Prescribing & drugs costs – information now up to date but still a pressure area

- Adult Social Care pressures – accelerating in a number of areas

- Continuing impact of high inflation rate

- Mental Health Out of Area placements

- Delivery of savings

- Support with ASC overspend

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. Plus further benefit from UK consequential funding

- Financial Recovery Plan

MONTH 10 2023/2024 – JANUARY 2024

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	836.037
FHS GMS Allocation	80.529
Supplemental Allocations	56.210
Non Core Funding	-
Total Confirmed SGHSCD Funding	**972.775**
Anticipated funding	
Non Core allocations	70.772
Core allocations	(1.299)
Total Anticipated Allocations	69.473
Total SGHSCD RRL Funding	**1,042.248**
Integrated Care Funding	
Adult Services Quantum from THC	131.729
Childrens Services Quantum to THC	(10.767)
Total Integrated care	120.962
Total NHS Highland Funding	**1,163.211**

FUNDING

- Current funding £1,163.211m (increase of £1.968m from Month 9)
- £69.473m of allocations anticipated but not yet confirmed by Scottish Government
- £3.853m of net allocations received in Month 10 – majority in respect of Action 15 Mental Health Strategy Funding
- Awaiting allocations for NTC, brokerage, depreciation, IFRS 16 adjustments and a number of other smaller allocations

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MONTH 10 2023/2024 – JANUARY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
253.466	NH Communities	210.846	216.828	(5.982)	261.252	(7.785)
51.297	Mental Health Services	42.527	48.357	(5.830)	57.373	(6.076)
152.492	Primary Care	126.806	128.782	(1.975)	154.849	(2.357)
(4.496)	ASC Other includes ASC Income	(5.484)	(6.061)	0.577	(5.751)	1.255
452.760	**Total HHSCP**	**374.695**	**387.906**	**(13.210)**	**467.723**	**(14.963)**
	HHSCP					
278.283	Health	231.065	241.241	(10.176)	289.799	(11.516)
174.477	Social Care	143.630	146.665	(3.035)	177.924	(3.446)
452.760	**Total HHSCP**	**374.695**	**387.906**	**(13.210)**	**467.723**	**(14.963)**

	In Month £'000	YTD £'000
Locum	638	7,056
Agency	577	5,687
Bank	703	7,629
Total	**1,918**	**20,373**

HHSCP

- YTD overspend of £13.210m reported
- Forecast that this will increase to £14.963m by financial year end – deterioration of £0.288m from Month 9
- Slippage of £6.127mm against the CIP reported in the YTD position with £7.051m of slippage built into the year end forecast
- Continuing pressure with agency nursing and locum usage within Mental Health, in-house Care Homes and 2C practices - £20.373m incurred YTD
- A £2.300m prescribing pressure is forecast due to an increase in both the cost of drugs and volume of scripts being issued.

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Outturn £000's	YE Variance £000's
Total Older People - Residential/Non Residential Care	58.647	48.531	47.777	0.755	57.277	1.370
Total Older People - Care at Home	34.330	28.640	30.342	(1.702)	36.257	(1.927)
Total People with a Learning Disability	41.636	34.709	36.542	(1.833)	44.361	(2.725)
Total People with a Mental Illness	8.276	6.881	6.911	(0.030)	8.226	0.051
Total People with a Physical Disability	8.334	6.953	7.147	(0.194)	9.199	(0.864)
Total Other Community Care	19.398	15.381	15.081	0.300	18.949	0.449
Total Support Services	4.379	2.970	3.830	(0.861)	4.779	(0.400)
Care Home Support/Sustainability Payments	-	-	(0.371)	0.371	(0.366)	0.366
Total Adult Social Care Services	175.001	144.067	147.260	(3.193)	178.682	(3.681)
Total ASC less Estates	174.477	143.630	146.665	(3.035)	177.924	(3.446)

Care Home	YTD Actual
Ach-an-eas	23
Bayview House	30
Caladh Sona	13
Grant House	71
Home Farm Portree	746
Invernevis House	32
Lochbroom House	25
Mackintosh Centre	3
Mains House Care Home	404
Melvich Centre	4
Pulteney House	12
Strathburn House	46
Telford Centre	17
Wade Centre	75
Grand Total	**1,503**

ADULT SOCIAL CARE

- Slippage of £2.718m on the CIP has been built into the year end forecast
- £1.503m expenditure on agency nursing incurred to date within NHS Highland care homes
- £1.501m forecast full year spend on sustainability packages to ensure continuity of service provision
- Position assumes funding held by Highland Council from the 2021/2022 financial year will be drawn down in full – £9.734m
- Overall NHS Highland year end forecast continues to assume financial support in respect of the forecast overspend within ASC

MONTH 10 2023/2024 – JANUARY 2024

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
79.278	Medical Division	66.136	73.470	(7.334)	87.660	(8.382)
21.560	Cancer Services	17.901	18.794	(0.893)	22.659	(1.100)
66.053	Surgical Specialties	55.008	58.491	(3.483)	69.722	(3.669)
35.826	Woman and Child	30.012	28.244	1.769	34.173	1.653
44.343	Clinical Support Division	36.773	35.958	0.815	43.212	1.131
(4.548)	Raigmore Senior Mgt & Central Cost	(4.187)	4.582	(8.769)	5.720	(10.268)
24.605	NTC Highland	19.806	19.054	0.753	23.435	1.171
267.117	**Sub Total - Raigmore**	**221.451**	**238.593**	**(17.142)**	**286.581**	**(19.464)**
14.415	Belford	12.034	12.309	(0.276)	14.766	(0.350)
15.464	CGH	12.895	13.481	(0.586)	16.326	(0.862)
296.997	**Total for Acute**	**246.380**	**264.383**	**(18.004)**	**317.673**	**(20.676)**

	In Month £'000	YTD £'000
Locum	942	9,255
Agency	506	8,513
Bank	562	5,881
Total	**2,010**	**23,649**

ACUTE

- £18.004m overspend reported year to date
- Forecast that this will increase to £20.676m by financial year end – an improvement of £0.231m from Month 9
- £5.185m slippage against CIP reported in YTD position – slippage of £6.207m included within the year end forecast.
- The forecast includes approx. £11.723m of costs likely to be incurred as a result of patients not being within the correct care setting

MONTH 10 2023/2024 – JANUARY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
14.789	Central Services	13.230	13.679	(0.449)	(5.551)	20.340
(8.645)	Central Reserves	(17.586)	-	(17.586)	13.714	(22.359)
48.732	Corporate Services	39.605	37.502	2.103	45.676	3.057
52.043	Estates Facilities & Capital Planning	43.254	44.763	(1.509)	53.900	(1.857)
16.156	eHealth	13.752	14.108	(0.357)	16.336	(0.180)
26.070	Tertiary	21.725	23.632	(1.907)	28.577	(2.507)
149.145	**Total**	**113.980**	**133.685**	**(19.705)**	**152.652**	**(3.507)**

	In Month £'000	YTD £'000
Locum	3	56
Agency	52	700
Bank	212	1,871
Total	**267**	**2,627**

SUPPORT SERVICES

- £19.705m overspend reported year to date with this forecast to reduce to £3.507m by financial year end – this reduction reflects anticipated additional funding from SG following additional consequentials from UK Govt
- Within Corporate Services vacancies within a number of teams and additional Medical Education funding continue to drive the underspend
- Previously identified pressures relating to the SLA uplift and specific issues relating to cardiac, forensic psychiatry, rheumatology drugs and non-contracted activity outwith Scotland continue to drive the forecast overspend within Tertiary
- Ongoing 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 – continue to drive the forecast overspend within Estates

MONTH 10 2023/2024 – JANUARY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
129.531	Hospital & Community Services	107.503	106.808	0.695	128.751	0.780
39.680	Acute & Complex Care	33.107	33.675	(0.568)	40.476	(0.796)
10.251	Children & Families	8.529	8.608	(0.079)	10.251	-
38.636	Primary Care inc NCL	32.555	32.259	0.296	38.486	0.150
22.436	Prescribing	18.619	20.458	(1.839)	24.616	(2.180)
11.398	Estates	9.438	9.805	(0.367)	11.884	(0.486)
5.801	Management Services	4.733	4.507	0.226	5.578	0.223
6.576	Central/Public health	2.174	0.323	1.851	4.176	2.400
264.309	**Total Argyll & Bute**	**216.658**	**216.442**	**0.216**	**264.218**	**0.091**

	In Month £'000	YTD £'000
Locum	588	5,273
Agency	307	3,419
Bank	212	2,219
Total	**1,108**	**10,910**

ARGYLL & BUTE

- YTD underspend of £0.216m reported with a forecast underspend of £0.091m at year end projected
- The YTD position includes £1.105m of slippage against the CIP.
- It is anticipated that cost improvements/ reductions of £2.967m will be delivered in year – full year slippage of £1.004m
- £10.910m expenditure on supplementary staffing by end of Month 10
- £2.180m of a pressure relating to prescribing has been built into the forecast position

Cost Improvement Plan £000s

	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	11,011	3,960	(7,051)
Acute	10,341	4,135	(6,207)
Support Services	4,177	2,584	(1,593)
A&B	3,970	2,967	(1,004)
Total Forecast Savings	**29,500**	**13,645**	**(15,855)**
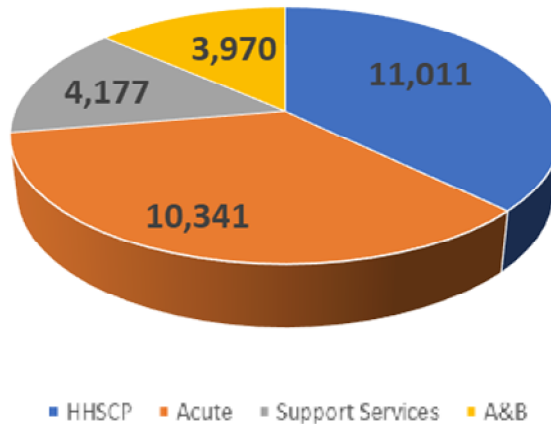
COST IMPROVEMENT

- £29.500m CIP programme planned
- At the end of Month 10 slippage of £14.288m against the CIP is reported
- Cost improvements of £13.645m are built into the year end forecast for operational areas, which is under-delivery of £15.855m against the target
- There continues to be an ongoing risk around non delivery of cost improvements/ reductions

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CIP ASSURANCE OF PROGRESS – AS AT 23 FEBRUARY 2024

Assurance of Progress as at WE 23-02-2024

HORIZON 1	Target	Value of Schemes In Delivery (YTD + Forecast)	% of Target Achieved (YTD Forecast)	Value of Schemes In Planning Stage (In Year Estimate)	Total	Gap (Target) - (In Delivery + In Planning)	% of Target Achieved (In Delivery + In Planning)	Count of Schemes with No Value	Total Count of Schemes	% of Schemes With No Value
Acute										
Medical	2,607	858	33%	7	865	-1,742	33%	4	16	25%
Surgical	2,164	1,323	61%	-44	1,280	-884	59%	0	6	0%
Women & Child	1,112	560	50%	3	563	-549	51%	0	4	0%
Rural General Hospitals	960	230	24%	-4	226	-734	24%	3	7	43%
Clinical Support	1,464	407	28%	-21	386	-1,078	26%	0	10	0%
NTC	860	523	61%	0	523	-337	61%	0	1	0%
Cancer	688	-	0%	126	126	-563	18%	0	3	0%
Acute Central	240	233	97%	0	233	-7	97%	0	4	0%
Acute Sub-Total	**10,341**	**4,135**	**40%**	**66**	**4,201**	**-6,140**	**41%**	**7**	**51**	**14%**
HHSCP										
Mental Health	930	450	48%	50	500	-430	54%	0	4	0%
N. Highland Community Services & Primary Care	5,617	1,962	35%	137	2,099	-3,518	37%	0	22	0%
HHSCP-Health Unallocated	352	0	0%	0	0	-352	0%	0	0	
Adult social care	4,113	1,395	34%	0	1,395	-2,718	34%	0	3	0%
Unit-wide										
HHSCP Sub-Total	**11,012**	**3,807**	**35%**	**187**	**3,994**	**-7,018**	**36%**	**0**	**29**	**0%**
Support Services										
Corporate Services - Deputy Chief Exec	0	0	0%	0	0	0	0%	0	0	0%
Corporate Services - People & Culture	178	71	40%	7	78	-100	44%	0	3	0%
Corporate Services - Public Health	207	16	8%	0	16	-191	8%	0	2	0%
Corporate Services - Finance	137	407	297%	0	407	270	297%	0	2	0%
Corporate Services - Medical	43	0	0%	0	0	-43	0%	0	0	0%
Corporate Services - Nursing	60	0	0%	0	0	-60	0%	0	0	0%
Corporate Services - Other	0	0	0%	0	0	0	0%	0	0	0%
Corporate Services - Strategy & Transformation	92	84	91%	0	84	-8	91%	0	1	0%
Tertiary	1,454	0	0%	0	0	-1,454	0%	0	0	0%
Estates and Facilities	1,027	603	59%	451	1,054	27	103%	0	15	0%
E-Health	185	185	100%	50	235	50	127%	11	16	69%
Central	794	794	100%	0	794	0	100%	0	1	0%
Support Services Sub-Total	**4,177**	**2,160**	**52%**	**508**	**2,668**	**-1,509**	**64%**	**11**	**40**	**28%**
A&B IJB	3,970	2,645	67%	631	3,276	-695	83%	9	43	21%
A&B IJB Sub-Total	**3,970**	**2,645**	**67%**	**631**	**3,276**	**-695**	**83%**	**9**	**43**	**21%**
Grand Total	**29,500**	**12,747**	**43%**	**1,392**	**14,138**	**-15,362**	**48%**	**27**	**163**	**17%**

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MONTH 10 2023/2024 – JANUARY 2024

	2023/2024 YTD £'000	3 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	20,373	15,402	4,971
Estates & Facilities	1,348	1,230	119
E Health	10	1.99	8
Corporate	1,068	1,099	(31)
Central	200	(219)	419
Acute	23,649	21,871	1,778
Tertiary	1	2	-
Argyll & Bute	10,910	8,988	1,922
TOTAL	**57,559**	**48,375**	**9,185**

SUPPLEMENTARY STAFFING

- Total spend on Supplementary Staffing at Month 10 is £57.559m – overspend on pay costs at Month 10 is £3.430m
- 2023/2024 spend at Month 10 is £9.185m higher than the same period in 2022/2023
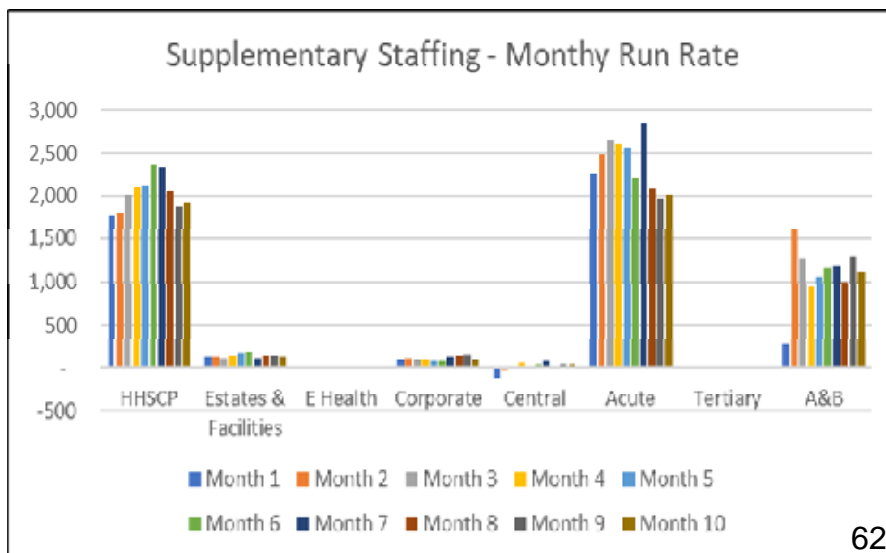
Supplementary Staffing - Monthly Run Rate

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
118.550	Medical & Dental	98.409	103.299	(4.890)
6.512	Medical & Dental Support	5.417	6.712	(1.296)
209.166	Nursing & Midwifery	173.473	178.502	(5.029)
40.242	Allied Health Professionals	33.473	31.606	1.867
16.053	Healthcare Sciences	13.266	13.488	(0.222)
23.113	Other Therapeutic	18.904	17.272	1.632
44.461	Support Services	37.087	36.123	0.964
82.832	Admin & Clerical	68.939	67.678	1.261
3.427	Senior Managers	2.862	2.492	0.370
55.911	Social Care	46.093	43.716	2.377
(0.741)	Vacancy factor/pay savings	(0.991)	(0.526)	(0.465)
599.526	Total Pay	496.931	500.361	(3.430)

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Supplementary Staffing Total Spend 2023/2024

Supplementary Staffing Jan 23 - Dec 23
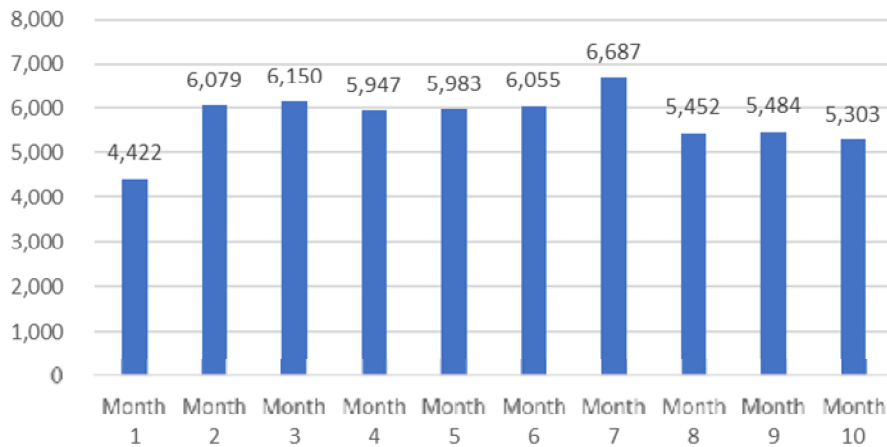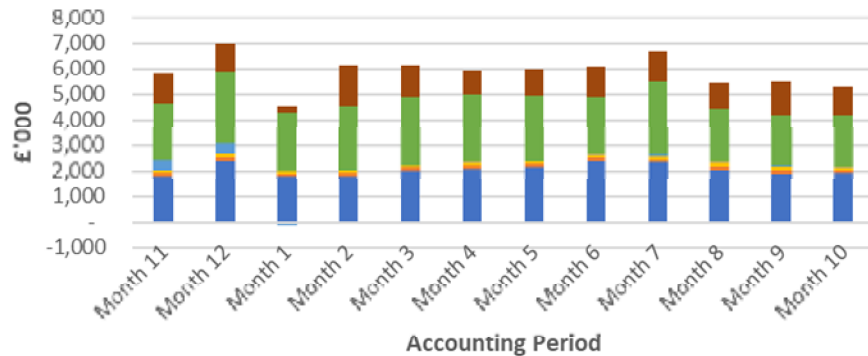
SUPPLEMENTARY STAFFING

- Total Spend in Month 10 is £0.181m lower than Month 9
- Spend still not decelerating at the rate anticipated at the start of the financial year

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MONTH 10 2023/2024 – JANUARY 2024

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
599.526	Pay	496.931	500.361	(3.430)
124.817	Drugs and prescribing	104.163	109.785	(5.622)
59.492	Property Costs	48.672	51.889	(3.217)
44.462	General Non Pay	35.669	37.888	(2.219)
53.356	Clinical Non pay	44.906	48.211	(3.305)
150.766	Health care - SLA and out of area	126.752	127.496	(0.743)
124.598	Social Care ISC	103.932	109.821	(5.889)
110.078	FHS	91.069	89.783	1.286

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
50.599	**Hospital drugs**	**42.355**	**43.796**	**(1.442)**
74.217	**Prescribing**	**61.809**	**65.989**	**(4.180)**
124.817	**Total**	**104.163**	**109.785**	**(5.622)**

SUBJECTIVE ANALYSIS

- There are currently pressures within all expenditure categories
- Within Drugs and prescribing this is split £1.442m within hospital drugs and £4.180m in primary care prescribing
- The most significant overspend is within the provision of social care from the independent sector
- The impact of a consistently high inflation rate this financial year is continuing to impact across all areas of spend with the pressure being most significant within estates related costs (particularly utilities) and catering supplies.

MONTH 10 2023/2024 – JANUARY 2024

	Operational Delivery	Savings Delivered	Forecast Position
Best Case	(52 .700)	14.138	(38 .562)
Worst Case	(54 .281)	10.295	(43 .986)
Likely	(52 .700)	13.645	(39 .055)

Movement in Forecast

Plan 68.672, Month 3 55.788, Month 4 55.774, Month 5 55.774, Month 6 55.975, Month 7 55.975, Month 8 55.975, Month 9 54.599, Month 10 39.055
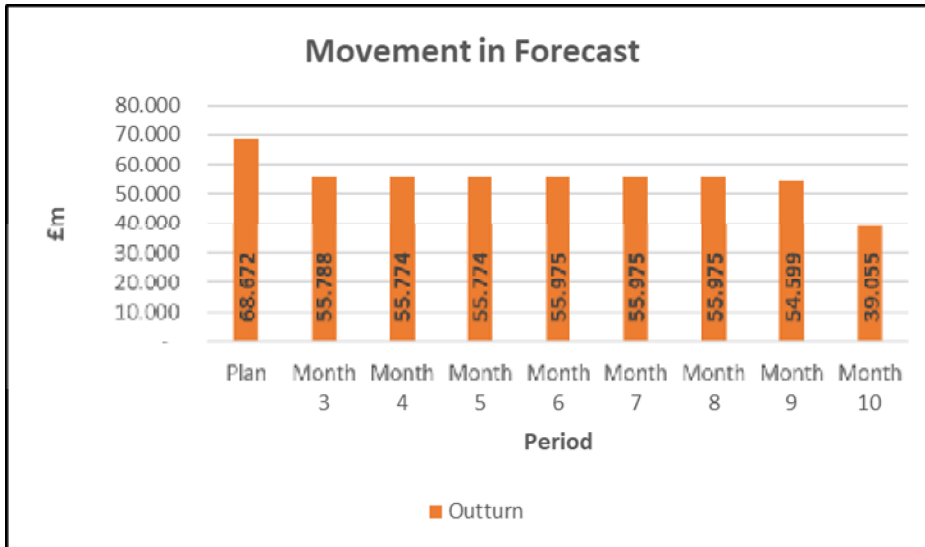
FORECAST POSITION

- The current year end forecast of £39.055m is based on a number of assumptions which are relevant at this point in time
- Delivery of actions within the Financial Recovery Plan will support this position – including support with the ASC overspend
- Progress against the CIP continues to present a risk to delivery of this position.
- The best case scenario is delivery of the an overspend of £38.562m
- Should no further savings be delivered this FY there is the potential that NHS Highland would be overspent by £43.986m by financial year end
- The likely position is the current forecast position taking currently known factors into account

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Discovery	**Finance Team Benchmarking**
December Benchmarking	**FIG Self Assessment**
Procedures of Low Clinical Value	**Medicines of Low Clinical Value**
CHOICES	**Cost Book Data**
4 Nations FIN	

SUSTAINABILITY & VALUE

- The January Financial Improvement Group Newsletter focussed on 9 areas
- Main elements
  - Emphasis on using Discovery for benchmarking to support cost reduction
  - FIG Self Assessment
  - DoFs work on CHOICES
  - Benchmarking
    - Finance Teams
    - December exercise
    - Cost Book Data
    - 4 Nations FIN
- Provided an update on work on Procedures & Medicines of Low Clinical Value

MONTH 10 2023/2024 – JANUARY 2024

Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Project Specific Schemes		
880		Radiotherapy Equipment	0	880
500		NTC (H)	599	(99)
2,400		Belford Hospital replacement	1,247	1,153
1,500		Caithness redesign project	1,884	(384)
2,500		Grantown HC upgrade	1,196	1,304
2,820		Broadford HC extension	0	2,820
		Other Centrally Provided Capital Funding		
2,650		Raigmore Maternity capacity	1,208	1,442
60		Cowal Community Hospital GP relocation	(2)	62
1,350		Raigmore car park project	3,065	(1,715)
500		Laundry Water Filtration Equip	403	97
50		Raigmore oncology unit	0	50
860	860	EV charging points - NHSH wide	438	422
1,250		Backlog maintenance additional funding	1,147	103
783	783	National Infrastructure Equipment Funding (NIB)	0	783
10	10	Greenspace Raigmore Gardens		
5	5	NSD Capital Allocation		
18,118	**1,658**		**11,185**	**6,918**
		Formula Allocation		
827	827	PFI Lifecycle Costs	711	116
2,010	2,010	Equipment Purchase Advisory Group (EPAG)	1,886	124
2,350	2,350	Estates Capital Allocation	3,163	(813)
1,500	1,500	eHealth Capital Allocation	647	853
260	260	Minor Capital Group	0	260
		Other	(22)	22
6,947	**6,947**		**6,386**	**561**
25,065	**8,605**	**Capital Expenditure**	**17,571**	**7,480**

CAPITAL

- Capital programme of £25.065m planned
- Allocations of £8.605m received to date
- Main areas of spend to date are:

Project	Spend to end Sept 2023
Belford Hospital Replacement	£1.247m
Estates Backlog Maintenance	£4.310m
Equipment Purchase	£1.886m
Raigmore Car Park	£3.065m
Caithness redesign project	£1.884m

2024/2025 DRAFT BUDGET

	£m	£m
Financial Gap		112.491
Maximum Brokerage		28.400
COST REDUCTIONS/ IMPROVEMENTS TO BE IDENTIFIED		**84.091**
Cost Improvement/ Reduction Programmes		
Value & Efficiency 3%	21.711	
A&B Savings - identified	6.217	
ASC	23.252	
		51.180
Choices/ Actions		
A&B	2.717	
NH	30.194	
		32.911
Potential opportunities		**84.091**

Decision Making across NHS Highland

MAKING BEST USE OF OUR RESOURCES

CHOICES

VALUE & EFFICIENCY

In year changes that will improve value and efficiency of the way we use resources in our system

Value & Efficiency Accountability Group

Senior leadership held accountable for delivery of agreed task and finish areas along with Integrated Service Planning

Decision Making Level 1-3

STRATEGIC DESIGN

Change programme achieving long term sustainable transformation

Strategic Transformation and Assurance Group with Board Assurance

Full programme management of long term change with regular assurance provided to Board at key stages of decision making

Decision Making Levels 4 and 5

EMERGENCY ACTIONS

Prioritised choices and decisions that are made to achieve sustainability in the current year

Executive Directors Group with NHSH Board

Triage of these depending on levels of value and efficiency achieved with critical decision going to NHS Board for awareness. These will follow an agreed communications approach

Any Level

NHS Highland

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 March 2024**
Title:	**2024/2025 Budget offer to Argyll & Bute IJB**
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:

- Decision

This report relates to a:

- 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

This report sets out the initial budget offer for Argyll & Bute IJB for 2024/2025.

2.2   Background

The Board is required to make an opening budget offer to the IJB in advance of the new financial year. The Director of Finance has been in dialogue with the IJB's Chief Officer and Chief Finance Officer (CFO) and an offer in principle has been made, subject to Board approval.

2.3 Assessment

The funding for Argyll & Bute IJB is normally provided on the basis of an equivalent NRAC share of the overall resource provided to NHS Highland. This is the recommendation of this paper.

Initial Offer

NRAC calculations are published by Scottish Government on a 3 year basis and Argyll and Bute's share of the NHS Highland total is 28.48% (28.60% in 2023/2024).

On that basis, NHS Highland's offer to the IJB is £275.475m.

Also included within this amount is an estimate of additional in-year allocations. This amount is indicative and will be adjusted throughout the year as resources are allocated to the Board. The basis of the calculation is set out in the table below.

Argyll & Bute 2024-25 Opening offer	£m's
2023-24 baseline funding Health	226.145
2023-24 baseline funding IJB	7.451
Estimated Funding Uplifts	
Health Baseline Uplift	0.000
NRAC Funding Adjustment	(0.210)
IJB Baseline Uplift	0.000
Baseline Adjustments Received April to March	
Agreed Anticipated Baseline SG	233.386
Expected & in year core allocations	27.981
Expected in year non core allocations	14.107
Total 2024-25 Opening Offer	**275.475**

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

The assurance being offered is moderate in recognition that the same methodology has been used as pre previous years, but the lack of national uplift and reduction in NRAC will put pressure on the IJBs financial position.

3 Impact Analysis

3.1 Quality/ Patient Care
N/A

3.2 Workforce
N/A

3.3 Financial
This is part of the annual budget setting process for NHS Highland.

3.4 Risk Assessment/Management
Risk Management is part of the H&SCP's management process in budgetary management and control.

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
- Finance, Resource and Performance Committee
- Monthly financial reporting to Scottish Government

3.8 Route to the Meeting
Annual statutory requirement

4 Recommendation
The Board is asked to approve the budget offer too Argyll & Bute IJB

4.1 List of appendices
N/A

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**26 March 2024**
Title:	**Social Mitigation Strategy Update**
Responsible Executive/Non-Executive:	**Dr Tim Allison; Director of Public Health**
Report Author:	**Lynda Thomson; Senior Health Improvement Specialist**

1   Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- 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	x
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 is an update of NHS Highland's social mitigation strategy as endorsed by the Board in May 2021.

2.2 Background

The Social Mitigation Strategy, agreed by the Board in May 2021, seeks to address health inequalities in our population which existed before the pandemic, but have been exacerbated over this period.

The actions identified from the strategy are now embedded in NHS Highland's Annual Delivery Plan (ADP) predominantly under Outcome 4: Anchor Well and specific priority 4a: Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health. The work is reported to the Population Health Programme Board.

2.3 Assessment

An update is attached which provides the most recent progress. It should be noted however, that this plan is seen as a live document which will continue to be updated and amended as actions are progressed.

2.4 Proposed level of Assurance
This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Measures that may be required to lift the assurance level to substantial would include recognising the additional resources or reprioritising existing work required from procurement and People and Culture to deliver the actions required within the Anchor strategy to achieve identified milestones.

Pressures on frontline staff will also impact on time to ask about money worries and to gain knowledge of how to signpost people on accordingly.

Current pressures on finance have impacted on ability to deliver some of the face to face training opportunities but there have been plans put in place to mitigate for this and to raise to a substantial level of assurance.

There is a risk register for the delivery of the Community Link Worker service and this will be monitored and any required actions taken to raise levels to substantial assurance.

3 Impact Analysis
3.1 Quality/ Patient Care

The Social Mitigation Strategy identifies key themes or topics that are likely to make a difference for people who have been most impacted on by the COVID-19 pandemic and/or are impacted on by factors resulting in poorer health

outcomes. If we can deliver on some of the identified actions then we can mitigate the worst effects of health inequalities and make a difference on the gap in health for communities who are the most disadvantaged.

3.2 Workforce

Our own staff also experience the impacts of cost of living rises and health inequalities on their personal lives and we seek to not only support our workforce through Fair Work and reasonable pay, but also to offer this opportunity to those furthest from the job market and seeking employment.

3.3 Financial

Many of the actions detailed in the plan rely on doing things differently or in partnership rather than financial resources specifically. Some of the actions may require either workforce commitment or potential future funding, but there are no specific financial risks identified in the delivery of the plan. There is however, a financial cost longer term in not mitigating against the impact of health inequalities.

3.4 Risk Assessment/Management

The risks of not taking action are that more people will experience poor health outcomes over time resulting in a greater use and need of our services. Risks are managed through the risk register.

3.5 Data Protection

There are no identified Data Protection issues in the delivery of the actions.

3.6 Equality and Diversity, including health inequalities

An impact assessment has been completed and is available on the NHS Highland website.

3.7 Other impacts

The plan details actions around mental health and wellbeing in addition to other themes identified.

3.8 Communication, involvement, engagement and consultation

A separate engagement plan on the development of the strategy was submitted at the same time as the strategy was presented to the Board in May 2021.

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.

- System Leadership Group, July 2020
- Highland Health and Social Care Committee, 2nd December 2020
- NHS Highland Board, May 2021
- NHS Highland Board Update reports, March 22 & 23

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 No 1. Social Mitigation Update

Appendix One - **Report on social Mitigation Plan – March Board 24**

1. *Unemployment and the Economy*

The work that is being developed under this heading has now been incorporated into the development of NHS Highland's Anchor Strategy and reports to the Population Programme Board for updates on progress.

All Boards were requested to develop an Anchor Strategy for submission by October 23, setting out governance and partnership arrangements to progress anchor work. The Strategic plan was specifically requested to give due consideration to workforce planning, procurement and use of land and assets. This plan was submitted to and endorsed by the Board in Sept 23.

Our Anchor Strategy identifies key actions that we want to take to meet the overall aims of the strategy which are 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 land and assets for the benefit of the local community and local economy.

The Scottish Government have requested all Boards to develop metrics for the three identified areas above which will help to set a baseline against which performance can be measured. The returns for this are expected in March 24.

2. *Income and Financial Security*

There is a raft of resources that have been developed by NHS Highland's Health Improvement team to enhance availability and access to advice for service users for the purpose of supporting income maximisation.

In 2020, in partnership with the Independent Food Aid Network (IFAN); Trussel Trust; Highland Council and Social Security Scotland, we developed a leaflet entitled "Worrying About Money" which supports conversations with individuals and provides signposting information to various agencies that can support income maximisation.

This leaflet is available through various outlets including:
Health Information Resource Service (North Highland) –
http://healthyhighlanders.co.uk/HPAC

Independent Food Aid Network Website (North Highland & A & B) -
www.worryingaboutmoney.co.uk/argyll-and-bute

-www.worryingaboutmoney.co.uk/highland

The leaflet is available in various languages including Gaelic and, in both leaflet, and poster format. The leaflet is also available in an easy read format.

Between April 23 – February 24, we delivered 1056 leaflets to 22 different outlets or teams.

In addition to this resource, a Worrying About Money app was developed in North Highland which launched on 8th February 23 in android and apple stores.

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Active promotion of the app has been undertaken with GP practices, Pharmacies, Highlife Highland; Leisure Centres; Adult Learning Centres; supermarkets (Tesco); Churches and Community Development Trusts using a poster with the QR codes which allows individuals to download the app discretely.

In the year since launch, the app has been accessed by over 500 users, with over 90 users returning to use the app more than once.

Delivery of Money Counts Training:

To support both the use of and promotion of the leaflet and app, we have developed a virtual training opportunity which is available for any staff and partner organisations across NHS Highland. Money Counts courses are offered over two levels, level one is a short session of 45 minutes and level 2 takes a bit of a deeper dive into some of the referral agencies as well as an opportunity for skills practice and is run over 1.5 hrs.

We have recently begun to explore the possibility of offering this training and resources to staff working in schools and education and have meetings with representatives from both Argyll and Bute and Highland education service.

In addition, IFAN have invited us to support the delivery of this training in other parts of Scotland and wider and we have recently delivered a T4T to staff in Edinburgh and Midlothian.

Between April 23 – February 24, we ran a total of 16 of these courses to 98 people.

Community Link Workers (CLW)

Community Link Workers sit within Primary Care Services to promote, protect and improve health and wellbeing by providing person-centred support which recognises that social issues, such as debt, relationships, employment and loneliness, affect people's health and wellbeing, and to connect people to sources of support or resources within their community.

Highland Health and Social Care Partnership area

The CLW service has been operational in 27 GP practices identified as having the highest number of patients in Scottish Index of Multiple Deprivation (SIMD) 1 & 2 since April 2022. The service has been commissioned on a competitive tendering process to Change Mental Health.

Additional funding was secured from the Primary Care Improvement Programme (PCIP) to support:

- Development of a Directory of Services (DOS) for CLW's, which links with the social prescribing platform Elemental, used to monitor and report service delivery. Funding was secured to employ a WTE equivalent post for 2 years to gather the information for the DOS, and for the integration of the DOS within Elemental. The DOS will be hosted on the Third Sector Interface's website meaning it will be publicly accessible.
- A review of SIMD data highlighted that 2 additional practice would now met the allocation criteria and funding was secured from PCIP to expand the services to these practices.

Current referral data:

- All practices are engaging and referring to the service, but this differs significantly in terms of whether they are referring within their allocation level. Work is currently being undertaken to review this for future planning.
- Since service commencement, 1782 referrals have been made across all practices.
- Consistently the top 3 reason for referral recorded on Elemental are:
    - Mental health and wellbeing
    - Loneliness and isolation
    - Social isolation
    - Other main reasons for referral include - housing and essential needs, bereavement, financial support, and family support.
- Positive feedback has been received from GP practice staff and patients about the benefits of the service and examples are given below:

    - *I had some feedback today from a patient who was referred to the CLW. The patient says they really appreciate the time the CLW has spent with them,*

they have found all the advice she has provided really useful and said that they feel better knowing someone is helping them. They appreciated having someone to talk to in their own environment as they said they felt comfortable and how at ease they were made to feel. Thank you, it was great to see a positive change in the patient's attitude and overall outlook. (GP to a CLW).

- *CLW had a lady who was very low when she started and was feeling depressed, demotivated and had put on a lot of weight. The patient wanted to focus on her weight gain first, so the CLW put her in touch with Velocity. On their 4th session the patient sounded like a different person, so positive. She said the CLW had helped her understand so much about herself and she is feeling really motivated now, she is doing daily walks and has got into gardening and is loving it. She said to the CLW 'I can't thank you enough, thank you for looking after me so well'.* (CLW feedback from a patient)

- Link to the CLW video: NHS Community Link-v2 (vimeo.com)

Expansion to the service:

The PCIP Programme Board approved funding to expand the service to all GP practices in November 2023. This means an additional 33 practices will be offered the opportunity to access the CLW service on a Cluster basis. The focus will still be on reducing health inequalities and work will be undertaken with those practices to ensure this will continue. Planning for the expansion has begun, with a proposed start date from August onwards. A number of GP practices have expressed their positivity around the expansion and the plan to have the CLW services available to them.

Contract renewal

The current contract is until July 2024 and work began in September 2023 to develop the service specification and technical questions for the tender. The tender was opened in December 2023 and several bids were received by the closing date in January 2024. Due to the expansion being agreed before the tender had been finalised, this has been included in the new contract.

The successful bidder will be announced in March and work will begin to provide continuity to the current 27 practice, with a planned roll-out to all practices from August 2024 onwards.

<u>Argyll and Bute Health and Social Care Partnership area</u>

In Argyll and Bute HSCP, a Community Link Working (CLW) service is available to 14/32 GP practices and is contracted to 3rd sector provide We Are With You. This current provision is targeted at those practices with the highest percentage of patients in Scottish Index of Multiple Deprivation (SIMD) deciles 5 and under, based on the total patient list size in these deciles within Argyll and Bute. Decile 1 being the most deprived and decile 10 being the

least deprived in Scotland. The current service contract runs from December 2021 to December 2024 and employs 3.00 WTE (whole time equivalent) Community Link Workers

CLW sits within a number of Scottish Government guidelines including Tackling Health Inequalities in Scotland (2022). From April-December 2023, the service received 393 referrals, with an increase in referral numbers for mental health and wellbeing, and financial advice. Between September-December 2023, 52% of referrals were for mental health and wellbeing, and 19% for financial advice. Other top reasons for referral were social isolation, stress, long-term conditions, and housing and essential needs.

The service uses the Short Warwick Edinburgh Wellbeing Scale to show the impact of the service by assessing how people's wellbeing has changed between entry and exit. The service reports a high level of impact for people who have left the service having a positive change in their wellbeing with 91% of respondents experiencing a positive change.

"I felt I had an ally in navigating lots of things I could not have done alone. Invaluable Resource. Dignified is how I would put it. I felt listened too and understood regarding my difficulties, as they are Hidden Ones. Thanks (CLW) for all your support. I truly could not have done it without your help."

Welfare Advice and Health Partnerships

In April 2023, the Scottish Government made funding available to develop Welfare Advice and Health Partnerships (WAHP's) in Argyll and Bute. WAHP's provide access to money and welfare rights advice in health care settings. This is achieved by embedding welfare advice specialists in healthcare settings through partnership working between local authorities, health boards and GP practices.

Welfare advice specialists provide an effective support service on all matters relating to welfare benefits and entitlements. The overall aim of the service is to ensure that the correct amount of benefit is paid at the correct time and to assist with budgeting skills so that households can pay their bills, heat their homes, and have a better quality of life.

WAHP's provide GP practices with welfare advice specialists who can support patients to improve their financial situation. There is a strong correlation between improving people's financial situation and improved health outcomes so supporting patients around financial issues should:

- ensure people are directed to the right support
- help reduce demand on practice time through practice staff being able to identify patients who would benefit from financial advice during appointments
- allow GP appointments to be more focused on medical matters

This initiative aims to address financial insecurity for individuals who may not seek support from other means of welfare advice and in doing so contribute to improvements in health and reduce demands on Primary Care services.

Funding was allocated to Argyll and Bute Council for additional resource for welfare advice specialists, for a 2-year remote and rural pilot for five GP practices. The pilot will be evaluated on behalf of the Scottish Ministers by the Improvement Service in collaboration with the Scottish Public Health Network.

3. Cost of Living including food insecurity

In October 23 we worked alongside partners to develop applications for two separate funding opportunities under Child Poverty Accelerator Funds. These funds were to support work around both child poverty and to support a Cash First approach rather than simply the provision of food packages for those in need.

Unfortunately, neither of these funding opportunities were successful, but the work developed has become the basis of actions identified within the Child Poverty Plan and incorporated in the Integrated Childs Plan.

Meetings of the Reducing Poverty Group, which is one of the thematic groups sitting under Highland Community Planning Partnership has organised quarterly meetings for this year to begin to progress these actions.

Within Argyll and Bute, an active Child Poverty Action Group meets regularly to progress actions from the Argyll and Bute Child Poverty Action Plan. More details about the plan can be found here - https://www.argyll-bute.gov.uk/council-tax-and-benefits/money-advice/challenge-poverty.

4. Mental Health and Wellbeing

The Mental Health Delivery Group (MHDG) has spent some time in reviewing the work of this group and the actions required. It has now identified 9 steering groups that are tasked in developing the work needed and to account back to the MHDG. The overview of this structure is shown in the diagram below.

Mental Health Delivery Group (MHDG) Structure

Some snap shots of actions taken include:

- Planning for a Trauma Summit later this year to support promotion and capacity building for a trauma informed workforce
- Delivery of Suicide Intervention and Prevention Training Programme including an additional 15 new trainers to support the delivery of the training.
- Updating and development of the Highland Mental Health and Wellbeing Website - Highland Mental Wellbeing – A collection of resources to support mental wellbeing (scot.nhs.uk)
- Testing out additional training courses with materials from Public Health Scotland
- Initial meetings held to consider the development of a "Lived Experience" Panel.
- Expansion of the Locations of Concern Sub-group to areas in Highland beyond the Kessock Bridge

5. *Digital Inclusion*

The Health Improvement Team were instrumental in setting up the Highland Digital Inclusion Network. This network ran for a year under the chairing of a representative from the Health Improvement Team. A terms of reference and identified priorities were agreed in this period as well as a widening distribution list of partners across Highland.

The Chairing and co-ordination of this network has now been handed onto Mhor Collective - Home - Mhor Collective who have a remit to support a human rights approach to digital inclusion and have experience of supporting networks across Scotland. The first meeting of this group with the support of Mhor Collective took place on the 27th February and the intention is to develop actions from partners involved in the network to widen digital inclusion and tackle some of the barriers experienced by people in using digital devices to access services.

NHS Highland

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**26ᵗʰ March 2024**
Title:	**Corporate Parenting – Key Deliverables 2024**
Responsible Executive/Non-Executive:	**Dr Tim Allison, Director of Public Health and Policy**
Report Author:	**Debbie Stewart, Child Health Commissioner**

1   Purpose

This is presented to the Board for:

• Awareness

This report relates to a:

• Government policy/directive

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	X	Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well	X	Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well	X	Progress well		**All** Well Themes			

2   Report summary

2.1   Situation

The NHS Highland Board has corporate parenting responsibilities as detailed in the Statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 as applied to infants, children and young people to the age of 26 years. Oversight of Corporate Parenting is by the Argyll and Bute Corporate Parenting

Board and The Promise Board in Highland. Who Cares Scotland emphasises that the impact of care can be lifelong, and encourages Corporate Parents not to be limited in their support by age. This paper is being brought to the meeting's attention to provide awareness of current and planned Corporate Parenting activity for 2024.

2.2 Background

Corporate Parenting establishes a framework of duties and responsibilities for relevant public bodies that requires; a systematic, proactive and determined approach to understanding and meeting the physical, emotional, spiritual, social and educational needs of care experienced infants, children and young people (Scottish Government, 2014). Corporate Parenting is a key strand of the improvement journey to #keepthepromise by 2030 and is strengthened by the incorporation of the UN Convention on the Rights of the Child (UNCRC) in to Scots law in January 2024. Collectively, the legislation and policy initiatives aim to ensure that all children, particularly those with care experience, grow up to reach their full potential in a Scotland where they are loved, safe and respected.

2.3 Assessment

Arrangements for Corporate Parenting differ across the two parts of NHSH in light of the different governance arrangements and lead agency in the Highland HSCP area. Having a single overarching Corporate Parenting Plan is not practicable or reflective of local need and priorities. Nonetheless, the HSCPs and NHSH are striving to achieve the same outcomes through respective plans and/or activity. For a brief summary of current activity see Appendix 1. A key deliverable in 2024 is for NHSH to be a proactive partner in the development of improved area based plans, whilst also delivering on a distinctive but complementary health focused Corporate Parenting Plan. Work is needed to develop NHS Highland's corporate parenting activity. The recent appointment of a Child Health Commissioner in January 2024 will provide capacity to progress this area of work.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

A renewed NHSH Plan needs to be completed and progress evidenced to ensure a higher level of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

Addressing the needs of care experienced children and young people will improve the quality of care.

3.2 Workforce

Ensuring the workforce is aware of the needs and circumstances of care experienced children and young people and the development of opportunities for employing those who are care experienced.

3.3 Financial

There are no specific financial implications in this paper, albeit sufficient capacity to meet demand may have resourcing implications for the future.

3.4 Risk Assessment/Management

Risk assessment needs to be developed further following self-assessment of duties and responsibilities in line with NHS Highland processes.

3.5 Data Protection

No specific data protection implications.

3.6 Equality and Diversity, including health inequalities

Addressing the needs of care experienced children and young people, including employability needs, will help reduce health inequalities and contribute towards the Fairer Scotland Duty. A Children's Rights and Wellbeing Impact Assessment (CRWIA) will be conducted as part of the development of a renewed improvement plan.

3.7 Other impacts

There are no other specific other impacts.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.
Meeting with Chair of Argyll & Bute Corporate Parenting Board – 20th Feb 2024
Meeting with Chair of The Promise Board – 15th Feb 2024
Meeting with The Promise Programme Manager – 14th Feb 2024
Attendance at The Highland Promise Board – 23rd Feb 2024

3.9 Route to the Meeting

The content has been collated through individual meetings and attendance at the Highland Promise Board meeting on 23rd February 2024. Further governance arrangements will be confirmed for future reports.

4 Recommendation

- **Awareness** – For Members' information only.

4.1 List of appendices

The following appendices are included with this report:

Appendix 1 - Corporate Parenting Activity – Brief Summary

Appendix 2 – Highland Promise Board – Delivery Structure

Appendix 1 - Corporate Parenting Activity – Brief Summary

Argyll and Bute
Argyll and Bute HSCP has a proactive Corporate Parenting Board (CPB) that is chaired by the Chief Executive of the Third Sector Interface and co-chaired by a person with care experience. The CPB is committed to #keepthepromise with further detail on progress accessible at: Argyll and Bute - The Promise Annual Report NHSH is represented on the CPB, albeit there have been challenges attending all meetings. The CPB progresses the priorities set out in the Argyll & Bute Corporate Parenting Plan 2021 - 2024 and reports to the Children Strategic Group and in turn to the Community Planning Partnership Board (CPPB). A quarterly plan tracker is in place, albeit it has at times stalled due to capacity challenges.

The focus on Corporate Parenting has been strengthened through #keepthepromise and a significant shift to delivering trauma-informed practice across Argyll and Bute HSCP. There are a number of Champion groups across the area that provide a voice for care experienced children and young people and a route in to the CPB on issues that require to be resolved at a local level. The CPB is also assisted in its work by Children's Champions. The CPB recently undertook a self-evaluation exercise on 02/02/24 to review; progress, key achievements, external environment, areas for improvement, partnership working, tracking of progress and future priorities. A **key deliverable for 2024** is to produce an updated Corporate Parenting Plan from 2024 - 2027.

Highland
Much of the progress on Corporate Parenting in Highland HSCP has been led by Highland Council with NHSH representation on The Promise Board formed in June 2023. The Board is committed to upholding Highland's Corporate Parenting responsibilities and to delivering co-designed Corporate Parenting and #keepthepromise plans. These will be aligned to the Highland Care Experience Charter which sets out Highland's pledge as Corporate Parents. The Highland Promise Board reports to the Integrated Children's Service Partnership (ICSP) Board and in turn the CPPB. Further detail on progress can be accessed at: Highland - The Promise Annual Report Care Experienced older young people input into meetings and are increasingly influencing the work of the Board. The ICSPB has commissioned development of a Children and Young Person Participation Strategy, for the Board, delivery groups and all partners to use. NHSH is expected to sign up to this as a key member of the Highland Corporate Parenting family.

A broad range of creative resources have been developed, with some nationally recognised, to better support care experienced young people and practitioners. For example; a video produced by care experienced young people in Highland in collaboration with Who Cares Scotland on What a Corporate Parent should be
A recent self-evaluation demonstrates that The Promise Board is making steady progress. A particularly positive finding linked to the Families 1st Strategy, is that from 2020 to 2023 there has been an 18-20% reduction in 'looked after children' which is below comparator areas and the Scottish average. Collaboration with Each and Every Child on tests of change in local residential homes are also underway.

A **key deliverable for 2024** is to produce a Promise Board (Corporate Parenting) Plan, consisting of 'delivery groups' (see Appendix 2), that details *'what better looks like'* alongside change theories that captures how this will be achieved. Opportunities for NHSH Board members to be fully involved in developing the Corporate Parenting Plan from an early stage, has been highlighted.

NHS Highland

The NHS Highland Together We Care Strategy (2022 – 2027) gives a firm commitment to working collaboratively to #keepthepromise with future performance on Corporate Parenting, #keepthepromise and GIRFEC to be reported via the Population Health Programme Board and Annual Delivery Plan process. The NHSH Board and senior leaders previously participated in Who Cares Scotland training on Corporate Parenting responsibilities which can be refreshed later this year. A draft NHSH Corporate Parenting Plan is in place, albeit progress has stalled due to capacity challenges. Now that pressures are easing with a Child Health Commissioner appointed in January 2024, the plan will be renewed in 2024 to identify and progress improvement priorities.

Examples of related activity in the past year include a Highland Children and Young People's Needs Assessment to inform the Highland Children's Service Plan 2023-2026 which prioritises Corporate Parenting, #keepthepromise, children's rights and participation. Progress in these areas is reported bi-monthly to the ICSP Board where NHSH is represented and a proactive partner. A Children's Service Plan annual report on progress was submitted to the Highland CPPB on 01/03/24. Examples of activity more specific to NHSH include planning to establish an employability group that will explore options for care experienced young people to access NHSH employment opportunities, tracking and reporting on health assessments to better understand and respond to health needs, Promise Scotland delivery of an awareness session to key health service managers.

Key deliverables for 2024 are for NHSH to be a proactive partner and participate fully in The Promise/Corporate Parenting Boards and development of their respective plans, whilst also delivering a distinctive NHSH Corporate Parenting Plan focused on health.

Appendix 2 – Highland Promise Board - Delivery Structure
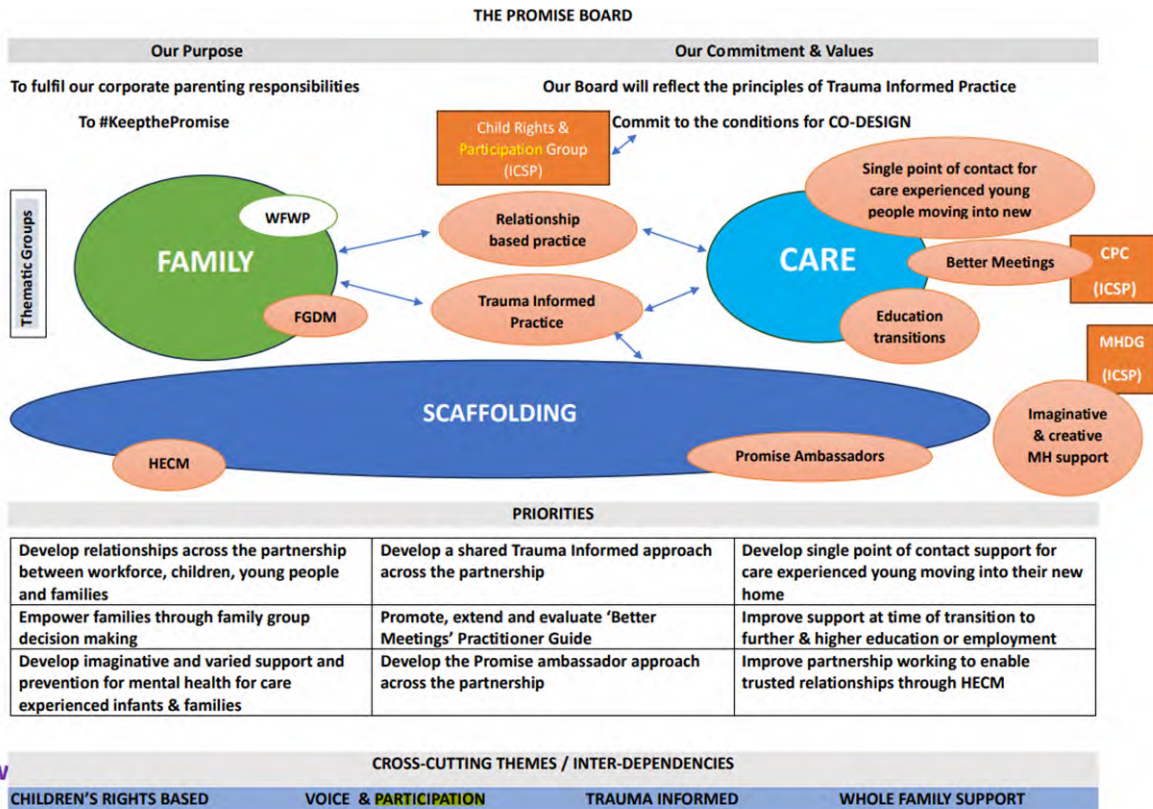
(With thanks to Carrie McLaughlin, Promise Programme Manager, Highland Council)

NHS Highland

Meeting:		**NHS HIGHLAND BOARD MEETING**
Meeting date:		**26 March 2024**
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" to ensure we are aligned to the direction it sets out for us as an organisation.

For May 2024 Board this risk paper will be refreshed in line with our risk appetite approach and alignment to Strategic Transformation Programmes now that the approach and way forward has been agreed by Finance, Resources and Performance Committee.

We will also include the original score and the score with mitigations now we have processes for decision making and reviews now agreed.

The NHS Highland Executive Directors' Group (EDG) maintains the NHS Highland Risk Register and reviews regularly. 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.

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.

A further risk is actively under consideration by Clinical Governance Committee. It is anticipated this risk will be recommended by the next Clinical Governance Committee and therefore will require approval by Board at the May 2024 meeting.

Risk 1181 has been downgraded to "Low" to reflect the forecasted position that is improved from plan. A new risk will be proposed to FRPC in May 2024 in relation to the FY 24/25 cost improvement plan.

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative
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. Strategic objective 'to be a Great Place to Work' included in board strategy 'Together We Care' and range of activities included in annual delivery plan aligned with strategic outcome of 'plan well' New methods of tested within overall approach to recruitment for specific workforce challenges such as national treatment centre including targeted recruitment campaigns, featuring innovative advertising, attendance at key events such as recruitment fairs International recruitment team and processes developed in partnership with North of Scotland Boards

Mitigating Action	Due Date
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Recruitment improvement project plan developed and project team in place Work is ongoing to improve recruiting managers knowledge and understanding of their role and responsibilities and reduce delays in completing key tasks. However, further review of the self-service model may be required with options such as recruitment centre approaches to be considered as alternatives to improve the service model - **Next update July 2024**
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**	Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes Recruitment improvement project plan developed and project team in place – Formal update will be provided to EDG in January 2024 – This work has been dealyed and will be tied into the proposal to review the models for recruitment we currently use - **Next update July 2024**
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 2024**	Employability working group being established and project charter agreed Work ongoing and will be reported through people and culture portfolio board **Next update May 2024**

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**	Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – plans to have first meeting of workforce diversification in February 2024 **Next update March 2024**
Refresh approach to integrated annual planning cycle across service performance, workforce and financial 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 **November 2023**	Integrated service planning approach agreed and first cycle to be completed by end of March 2024 e-rostering programme to be refreshed to include focus on effective rostering and become effective rostering programme Work is underway to complete our first cycle of integrated service planning. Agreement at EDG to pause further rollout of e-rostering system and re-focus on effective rostering to make best use of the system where it has been rolled out **Next update May 2024**
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**	Update provide to APF and Staff Governance on preparation for implementation of the act in April 2024 **Next update May 2024**

Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	**Score**	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

There is a risk of poor practice across cyber-security, information governance, health and safety and infection control due to 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.

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.

Mitigating Action	Due Date
Improvement plan to be developed and delivered to reduce barriers to compliance with statutory and mandatory training and improve reporting processes. **September 2024**	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. **next update July 2024**

Risk Number	632	**Theme**	Culture
Risk Level	High	**Score**	12
Strategic Objectives		Our People	
Governance Committee		Staff Governance	

Risk Narrative
There is a risk of a poor culture in some areas within NHS Highland due to inadequate leadership and management practice and inappropriate workplace behaviours, resulting in poor organisational performance including colleague and patient experience, staff retention, staff wellbeing and quality of care.

Mitigating Action	**Due Date**
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**	The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress. Refreshed leadership and management development framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training We are nearing the end of the first phase and the COG received an update in February providing assurance that we are on track to launch the framework in April 2024 – **next update July 2024**
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Staff engagement approach presented and approved by COG in December 2023 – detailed plan reviewed by COG in February 2024 and further work required to refine which will be reviewed at the March meeting – **next update May 2024**
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training	Short life working group now established and 6 month action plan agreed to review statutory

and governance including reporting and tracking available to managers – **September 2023**	and mandatory training processes Revised report produced and introduced to senior management team meetings to ensure a focus on increasing compliance. Further work on track and ongoing to introduce standard start dates for employees to enable better scheduling of corporate induction and completion of training on entry to the organisation. **next update July 2024**

Risk Number	1101	Theme	Impact of current socio-economic situation
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	

Risk Narrative

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.

Mitigating Action	Due Date
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.	Mid 2024

Finance, Resources and Performance Risks

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
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.			
Mitigating Action		**Due Date**	
An action plan is being created to manage the improvements needed to bring the subcategories identified in the NIS audit report as 'areas for development' to a standard that meets the Scottish Government KPI level of 60%.		October 2024	
Cyber Security is being incorporated into the NHSH internal audit program with specific subcategories from the NIS audit report being assessed to a deeper level or reassessed to evidence the progress towards control compliance.		August 2024	
Continuous investments and upgrades in the NHSH digital estate mitigates individual NIS control deficiencies and their associated risks.		Ongoing	

Risk Number	712	Theme	Fire Compartmentation
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
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.			
Mitigating Action		**Due Date**	
Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of programme – programme under development with works scheduled to commence FY 24/25.		After April 2024	
Programme development underway with works anticipated to start May 2024.		May 2024	
Further fire compartmentation work project plan for the remainder of the building to be developed as part of this work.		March 2025	

Risk Number	1097	Theme	Transformation
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative
NHS Highland will need to redesign to systematically and robustly respond to 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.

Mitigating Action	Due Date
Decision Making Framework underpinning transformational opportunities agreed	Complete
Change Impact Assessment screening to support areas of high-level decision	Complete
STAG and VEAG reporting and assurance structures in place and improvement/efficiency/transformation areas identified to enable and create redesign opportunities	Complete
Integrated service planning launched to ensure each specialty/area across Acute, HHSCP and Corporate have a future-focused service plan that integrates workforce, finance and performance.	Ongoing January 2024 – May 2024

Risk Number	1181	Theme	Financial Position
Risk Level	Low	Score	8
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
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.	

Mitigating Action	Due Date
Intervention in place with SG to support NHS Highland to identify areas to target for reduced spend/ cost control, with an intention to deliver at minimum the finance pan, but at best to reduce the overspend further. Agreed recovery plan to be in place by end September 2023	Complete
Bi-weekly Efficiency & Transformation meeting to focus on targeted areas, savings plans and future service plans to enable future sustainability.	Complete
Accountability is clear with budget holders	Ongoing: due to the nature of this risk, these mitigating actions will help ensure this risk is controlled through BAU practices. Risks are reduced throughout a year as they either materialised and mitigated against or likelihood becomes reduced. Additional allocations received to offset the financial risks.
Regular reporting and recording of financial risks to The Highland Council around Adult Social Care performance	
Regular reporting from A&B IJB monitoring financial position	
Monthly monitoring, feedback and dialogue with services on financial position.	
FRP committee meeting increased regularity to monthly meetings to provide greater scrutiny	Complete

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	

Risk Narrative	
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.	

Mitigating Action	Due Date
Due to Scottish Government's capital pause of major projects, reprioritisation of backlog maintenance is underway with a whole-system plan under development for submission to Scottish Government.	March 2025
All NHS Highland capital allocation now being prioritised in terms of risk through Asset Management Governance Group.	April 2024

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	9

Strategic Objectives	Perform Well
Governance Committee	Finance, Resources & Performance

Risk Narrative	

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.

Mitigating Action	Due Date
PFI hand-back Programme Board in place	Established and meeting bi-monthly – reviewed March 2024
Development sessions being progressed to model the future estate utilisation and service delivery model	In progress through the Programme and will be ongoing until hand-back date - reviewed March 2024
Working with Scottish Futures Trust	Ongoing - reviewed March 2024
Programme Management commissioned from independent intelligence	
Programme structure in place	
Issues identified at programme board will be escalated to the appropriate committees through the programme risk register	Ad-hoc – no high risks to highlight at this time - reviewed March 2024

Clinical and Care Governance Risks

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	16
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	

Risk Narrative			

Uptake rates for vaccination across NHS Highland for the winter COVID and influenza programmes have been reasonable with overall uptake in line with the national average. Care home uptake for COVID vaccination was higher than the national average. Rates for some groups were low and Highland HSCP tends to have a lower uptake than Argyll and Bute. Quality and staff issues have been highlighted especially within Highland HSCP and include clinic cancellation and access. Uptake of some other vaccinations has declined and work to tackle this is being undertaken. There are some specific actions as well as others in line with those for COVID and influenza.

Mitigating Action	Due Date
Work is being undertaken to improve effectiveness and efficiency of vaccine delivery in Highland HSCP with options for configuration being considered.	Spring 2024
Work with Scottish Government is under way to improve performance, quality and experience within Highland HSCP	End 2024
Public Health Scotland is acting as a critical friend to help improve performance and delivery.	End 2024

Risk Number	715	Theme	Impact of COVID on Health Outcomes
Risk Level	Medium	Score	9
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	

Risk Narrative			

COVID remains present within the community and fluctuates in prevalence. Cases are still being reported within 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. Influenza and other viruses continue to be a risk.	
Mitigating Action	**Due Date**
Infection and prevention controls remain with account taken of COVID risks	End 2024

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

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 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

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risks that are recommended to be closed or added

4.1   List of appendices

None as summary has been provided for ease of reading

NHS Highland

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**26 March 2024**
Title:	**Quarter 3 Whistleblowing Report**
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:

- 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		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 for Quarter 3 covering the period November 2023 – January 2024.

This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021.

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. The Staff Governance Committee 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 provide our Whistleblowing Standards confidential contacts service. 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 Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland. Staff can also raise concerns directly with:
- their line manager
- The whistleblowing champion
- The executive whistleblowing lead

Trade union representatives also provide an important route for raising concerns. In the context of whistleblowing standards the trade union representatives can assist staff in deciding if:

- an appropriate workforce policy process could be used including early resolution.
- whistleblowing policy and procedures could be used to explore and resolve concerns that involve wrongdoing or harm.

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.

2.3 Assessment

In the Q3 Whistleblowing reporting period 1 November to January 2024:

- No new cases have been raised
- 1 Case was closed
- There are no out-standing cases under investigation by the board under the standards
- 1 Monitored referral remains under review
- 1 case arising from an INWO query remains under review

The case that was closed upheld the concerns raised by a member of staff in relation to patient safety and quality of care. An action plan has been agreed and shared with the complainant, who was content with the outcome of the investigation.

Two monitored referrals were received in quarter 2. These were two linked cases where the individuals chose to contact INWO as they were not satisfied that their issues had been resolved through a previous Whistleblowing Case investigated through National Education for Scotland. The whistleblowing standards were raised through a grievance raised in October 2022 and specifically referenced issues that dated back a number of years. The executive lead reviewed these cases and decided to time bar them based on the 6 month time period for reporting issues unless there are exceptional circumstances. In addition a significant amount of work had been undertaken to address issues following the NES investigation. However, the individuals were offered the opportunity to submit a new account of concerns under the standards if they felt that there were issues they were still encountering now or had happened in the last 6 months. There has been no further contact from one of the individuals since the referrals were not accepted. However, one individual contacted INWO to raise concerns with the referral not being accepted.

INWO has requested we provide further information on the range of work undertaken to address the issues raised in the original grievance. Further information has been collated and will be discussed with the individual. There is no direct contact with the individual and delays are occurring due to difficulties contacting the complainant via their trade union representative.

The query from INWO was in relation to a complaint made by a member of staff in relation to a concern they raised through the guardian service in July 2022. The complainant has subsequently provided further information on current concerns with quality of care. It was agreed with the complainant that the main outcome they were seeking was that there were issues with the quality of care and that suitable actions were underway to address them. They further agreed that service managers would be asked if they were aware of the issues and what was being done to address them as an alternative to an investigation under the whistleblowing standards. The executive lead had agreed to meet with the complainant in February 2024 to discuss the case and the outcome of the intervention. It is hoped this will lead to further learning for the organisation on how we can improve reporting of quality of care issues through 'business as usual' routes. For example, if staff have concerns about quality of care can we move to a position where staff are able to raise issues through line management and/or clinical governance mechanisms.

Work is continuing through our whistleblowing action plan to improve processes with a particular focus currently on developing a training plan for managers to undertake investigations including whistleblowing cases.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

| Substantial | | Moderate | X |
| Limited | | None | |

Comment on the level of assurance

The Board is asked to take moderate assurance on basis of further work underway to improve our processes.

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.

3.5 Data Protection

The standards require additional vigilance on protecting confidentiality

3.6 Equality and Diversity, including health inequalities

No issues identified currently

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

N/A

3.9 Route to the Meeting

N/A

4 Recommendation

The Board is asked to:

Note the content of the report and take **Moderate Assurance** – To give confidence of compliance with legislation, policy and Board objectives noting further work to improve processes.

4.1 List of appendices

None

NHS Highland

Meeting: **NHS Highland Board**

Meeting date: **26 March 2024**

Title: **Annual Review of Code of Corporate Governance**

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 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					

2   Report summary

2.1   Situation

This report proposes approval of the annual review of the Code of Corporate Governance. The report has been prepared by the Board Secretary, with input from Finance colleagues, to take account of developments and changes that require to be reflected in the Code.

2.2 Background

The Board agreed an updated Code of Corporate Governance in March 2023, and this document is subject to an annual review. The Code incorporates the following sections:

(a) How Business is organised:
- NHS Highland Board Committee Structure
- Standing Orders for NHS Highland Board
- Governance Committee Terms of Reference

(b) Code of Conduct for Board Members

(c) Standing Financial Instructions

(d) Reservation of Powers and Scheme of Delegation

(e) Counter Fraud Policy and Action Plan

(f) Standards of Business Conduct for Staff

2.3 Assessment

In December 2023 and March 2024, the Audit Committee has considered several revisions to different sections of the Code and has agreed to recommend them for formal approval at this Board meeting.

The following elements of the Code of Corporate Governance have been revised:

- **Fraud Policy and Action Plan** – updates to contact details.
- **Standing Financial Instructions** – updates to align with changes in legislation and to ensure terminology is brought into line with that used in other procedures and guidance.
- **Governance Committees' Terms of Reference** as follows:
  - Finance, Resources and Performance Committee
  - Highland Health and Social Care Committee
  - Audit Committee
  - Staff Governance Committee

Clinical Governance and Remuneration Committees have confirmed that there are no changes to be made to their respective Terms of Reference. The confirmed documents are included in appendix to this report for completeness.

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 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 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

The outcome of the Review of the Code of Corporate Governance will be communicated to the wider organisation as appropriate on completion and available on the NHS Highland website.

3.9   Route to the Meeting

The contents of this report have been considered by individual governance committees.

4   Recommendation

The Board is invited to:

(a) **Approve and take assurance from** the updates to the Code of Corporate Governance as set out in the appendices to this report, and

(b) **Note** that the updated Code of Corporate Governance will be published in full on the Board's website after the Board meeting.

4.1   List of appendices

The following appendices are included with this report:

Appendix 1 - Fraud Policy and Action Plan

Appendix 2 - Standing Financial Instructions

Appendix 3 - Finance, Resources and Performance Committee ToR

Appendix 4 - Highland Health and Social Care Committee ToR

Appendix 5 - Audit Committee ToR

Appendix 6 - Staff Governance Committee ToR

Appendix 7 – Clinical Governance Committee ToR (no changes)

Appendix 8 – Remuneration Committee ToR (no changes).

NHS Highland

FRAUD POLICY AND RESPONSE PLAN

Finance Department

Warning – Document uncontrolled when printed

Policy Reference:	Fin 8.0	**Date of Issue:**	November 2023
Prepared by:	Technical Accountant	**Date of Review:**	November 2023
Lead Reviewer:	Fraud Champion	**Version:**	1.8
Authorised by:	Director of Finance	**Date:**	November 2023
Planning For Fairness:	No		
Distribution: • Executive Directors • Non-Executive Members • All Managers • All Staff			
Method Intranet ✓			

Fraud Policy

1. Introduction
2. The Bribery Act 2010 – Key Points
3. The Bribery Act 2010 – NHS Highland's Aims & Objectives
4. National Fraud Initiative
5. Guidance to Staff on Fraud/Bribery/Corruption/Theft
6. Collaborating to Combat Fraud
7. Public service values
8. NHS Highland policy & public interest disclosure act
9. Instructions to staff
10. Roles and responsibilities
11. Contact points

Response Plan

12. Introduction
13. Reporting fraud
14. Managing the investigation
15. Disciplinary/dismissal procedures
16. Gathering evidence
17. Interview procedures
18. Disclosure of loss from fraud
19. Police involvement
20. Press release
21. Resourcing the investigation
22. The law and its remedies

Annex 1: Misappropriation of Medicines

Annex 2 Flow Chart – Where misappropriation of medicines is suspected

Annex 3: Flow Chart - Procedures for Dealing with Allegations of Fraud/Bribery/Corruption/Other Irregularities

FRAUD POLICY

1   Introduction

1.1   NHS Highland is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Highland staff and individuals acting on NHS Highland's behalf are responsible for conducting NHS Highland's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.

1.2   One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk of and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty or damage to property.

2   The Bribery Act 2010 – Key Points

2.1   The Bribery Act 2010 ("The Act") came into effect on 1 July 2011, aiming to tackle bribery and corruption in both the private and public sectors.

2.2   The Act is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Highland, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 & 6 offences) and this can be punishable for an individual by imprisonment of up to ten years.

2.3   In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Highland can be exposed to criminal liability, punishable by an unlimited fee, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up to date and effective. The corporate offence is not a standalone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Highland, in the course of their work. NHS Highland therefore takes its legal responsibilities very seriously.

2.4   If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Highland, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

3   The Bribery Act 2010 – NHS Highland's Aims & Objective's

3.1   NHS Highland welcomes the Act and is keen to ensure compliance with the Act's standards.

3.2   NHS Highland does not tolerate any form of bribery, whether direct or indirect, by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.

3.3   NHS Highland will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for or on behalf of NHS Highland with immediate effect, where there is evidence that they have committed acts of bribery.

3.4   The success of NHS Highland's anti-bribery measures depends on all employees, and those acting for NHS Highland, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Highland are encouraged to report any suspected bribery.

4   National Fraud Initiative (NFI)

4.1   NHS Highland is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

5   Guidance to Staff on Fraud/Bribery/Corruption/Theft

5.1   This guidance is not intended solely for staff. It is also intended for anyone acting on the Board's behalf including Non-Executive Directors, the Board's contractors, agents etc. Reference to 'staff' in this section will also mean all of these.

5.2   The Fraud Policy relates to all forms of fraud, bribery, corruption or theft and is intended to provide guidance to employees on the action, which should be taken when any of these are suspected. Such occurrences may involve employees of NHS Highland, suppliers/contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud, bribery, corruption or theft. It is not the purpose of this document to provide direction on the prevention of fraud.

5.3   Whilst the exact definition of fraud, bribery, corruption or theft is a statutory matter, the following working definitions are given for guidance:

- Fraud broadly covers deliberate material misstatement, falsifying records, making or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.

- Bribery is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.

- Corruption relates to a lack of integrity or honesty, including the use of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, payments or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly, however they may be unreasonably using their position to give some advantage to another.

- Theft is removing property belonging to NHS Highland, its staff or patients with the intention of permanently depriving the owner of its use, without their consent.

For simplicity this document will refer to all such offences as "fraud", except where the context indicates otherwise.

5.4   NHS Highland already has procedures in place, which reduce the likelihood of fraud occurring. These are included within the Code of Corporate Governance (i.e. Standards of Business Conduct, Standing Orders, Standing Financial Instructions), financial procedures, systems of internal control and risk assessment. The Board takes part in post payment verification system which covers all Family Health Service expenditure.

5.5   It is the responsibility of NHS Highland and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

6   Collaborating to Combat Fraud

6.1   NHS Highland will work closely with other organisations, including Counter Fraud Services, the Central Legal Office, Audit Scotland, the Cabinet Office, Department for Work and Pensions, the Home Office, Councils, the Police and the Procurator Fiscal/Crown Office to combat fraud.

6.2   NHS Highland will agree formal partnership agreements with other investigative bodies e.g. Counter Fraud Services (CFS) and, where appropriate, engage in joint investigations and prosecutions.

6.3   The Cabinet Office on behalf of Audit Scotland assists appointed auditors by conducting a National Fraud Initiative which is a data matching exercise. Data matching involves comparing computer records held by one body against other computer records held by the same or another body. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there may be an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out. The exercise can also help bodies to ensure that their records are up to date.

6.4   Audit Scotland currently requires NHS Highland to participate in a statutory data matching exercise under its powers in Part 2A of the Public Finance and Accountability (Scotland) Act 2000 to assist in the prevention and detection of fraud. We are required to provide particular sets of data to the Cabinet Office on behalf of Audit Scotland for matching in each exercise, and these are set out in Audit Scotland's instructions for Participants. It does not require the consent of the individuals concerned under the Data Protection Act 2018.

6.5   Data matching in Scotland is subject to a Code of Data Matching Practice, and information on Audit Scotland's legal powers and the reasons why it matches particular information, is provided in the full text Privacy Notice.

7   Public service values

7.1   The expectation of high standards of corporate and personal conduct, based on the recognition that patients come first, has been a requirement throughout the NHS since its inception. MEL (1994) 80, "Corporate Governance in the NHS", issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

7.2   All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Highland will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

8   NHS Highland policy & public interest disclosure act

8.1   NHS Highland is committed to maintaining an honest, open and well-intentioned atmosphere within the service. It is committed to the deterrence, detection and investigation of any fraud within NHS Highland.

8.2   NHS Highland encourages anyone having reasonable suspicion of fraud to report the incident. It is NHS Highland's policy that no staff member will suffer in any way as a result of reporting any reasonably held suspicions. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are groundless and/or raised maliciously.

8.3 In addition, the Public Interest Disclosure Act protects workers who legitimately report wrongdoing by employers or colleagues. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

9 Instructions to staff

9.1 Staff who suspect improper practices or criminal offences are occurring relating to fraud, theft, bribery or corruption, should normally report these to the Fraud Liaison Officer (FLO) via their line manager, but may report directly where the line manager or Head of Department is unavailable or where this would delay reporting. If the suspected improper practice involves the Head of Department, the report should be made to a more senior officer or the nominated officer as described in 13.1 below. Managers receiving notice of such offences must report them to the nominated officer.

9.2 It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions, where fraud, theft, bribery or corruption are not suspected, should do so by following the guidance contained in the NHS Highland's Whistleblowing Policy. Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer, to the FLO. Any further action taken will follow the guidance contained within this policy.

9.3 Confidentiality must be maintained relating to the source of such reports.

9.4 Further choices for staff are:

You may use the Counter Fraud Service (CFS) Fraud Hot Line which is 0800 151628 or report your suspicions (anonymously, if desired) through the CFS Website on www.cfs.scot.nhs.uk

9.5 It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, other third parties or use blogs or twitter to publicise details about a suspected fraud/theft. Care needs to be taken that nothing is done which could give rise to an action for slander or libel.

9.6 Please be aware that time may be of the utmost importance to ensure that NHS Highland does not continue to suffer a loss.

10 Roles & responsibilities

10.1 Responsibility for receiving information relating to suspected frauds and for co-ordinating NHS Highland's response to the NFI exercises has been delegated to the FLO. This individual is responsible for informing third parties such as CFS, the Cabinet Office on behalf of Audit Scotland, Internal and External Audit or the Police when appropriate. The FLO shall inform and consult the Chief Executive, Director of Finance, the Board Chairman and the Chairman of the Audit Committee in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The contact name and address of the FLO, is as follows:

Sarah Macaulay
Technical Accountant & Fraud Liaison officer
Assynt House
Beechwood Park
Inverness IV2 3BW

01463 704836
Email: sarah.macaulay@nhs.scot

10.2 Where a fraud is suspected within the service, including the Family Health Services i.e. independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise CFS at the NHS National Services Scotland.

10.3 The Director of Human Resources or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.

10.4 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health Directorates should be notified before the information is subjected to publicity.

10.5 It is the responsibility of NHS Highland's senior officers to ensure that their staff are aware of the above requirements and that appropriate reporting arrangements are implemented.

10.6 It is the responsibility of all staff to protect the assets of NHS Highland. Assets include information and goodwill as well as property.

10.7 It shall be necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:

- Theft, burglary and isolated opportunist offences; and
- Fraud, bribery, corruption and other financial irregularities.

The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHSCD NHS Circular No. CEL (2013)11 – Strategy to Combat Financial Crime in NHS Scotland.

10.8 Responsibility for ensuring that recommendations from CFS investigation reports and from data matching exercises conducted under NFI have been implemented and steps taken to ensure full compliance has been delegated to the CFC, name and address below.

11   Contact Points

Relevant contact points are as follows:

Counter Fraud Champion:	Gaener Rodger Non Executive Director Assynt House, Beechwood Park Inverness IV2 3BW
Fraud Liaison Officer:	Sarah.Macaulay Assynt House, Beechwood Park Inverness IV2 3BW 01463 704836 E mail: sarah.macaulay@nhs.scot
Deputy Fraud Liaison Officer:	Jacqui Fraser Assynt House, Beechwood Park Inverness IV2 3BW 01463 704884 Email: jacqui.fraser1@nhs.scot
Director of Finance:	Heledd Cooper Assynt House, Beechwood Park Inverness IV2 3BW 01463 704924 Email: heledd.cooper@nhs.scot

Board Secretary:	Ruth Daly Assynt House, Beechwood Park Inverness IV2 3BW 01463 704868 Email: ruth.daly2@nhs.scot
Accountable Officer for Controlled Drugs:	Dr Boyd Peters Assynt House, Beechwood Park Inverness IV2 3BW 01463 706895 Email: boyd.peters2@nhs.scot
Associate Director of Pharmacy, (Community Pharmacy Services and CD Governance	Fiona.Macfarlane Assynt House, Beechwood Park Inverness IV2 3BW 01463 706830 Email: Fiona.macfarlane4@nhs.scot
Associate Director of Pharmacy (Acute Services):	Rhona Gunn Raigmore Hospital Inverness 01463 705582 Email: rhona.gunn2@nhs.scot
Lead Nurse for Medicines Governance:	Claire Henderson-Hughes Assynt House Inverness 01463 705168 Email: Claire.henderson-hughes@nhs.scot
Associate Director of Pharmacy: (Primary Care))	Thomas Ross Assynt House Beechwood Park Inverness IV2 3BW 01463 706980 Email: thomas.ross2@nhs.scot
Lead Pharmacist: (Mental Health)	Karen MacAskill New Craigs Hospital Leachkin Road Inverness 01463 704663 Email: karen.macaskill@nhs.scot
Associate Director of Pharmacy: (Argyll & Bute)	Fiona Thomson Lorn & Islands Hospital Glengallan Road Oban PA34 4HH 01631 788942 Email: fiona.thomson5@nhs.scot
Internal Auditor:	Azets Tel: 0131 473 3500

Counter Fraud Services: CFS
National Fraud Initiative: Audit Scotland

8

RESPONSE PLAN

12 Introduction

The following sections describe NHS Highland's intended response to a reported suspicion of fraud/bribery/corruption or theft. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different therefore, the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

13 Reporting fraud

13.1 A "nominated officer" will be appointed as the main point of contact for the reporting of any suspicion of fraud, corruption, bribery or theft. For NHS Highland, this officer is the FLO (see 11). In the absence of the FLO, the Deputy will deal with the issue. For incidents involving any Executive Directors, the nominated officer shall be the Board's Chairman, contacted through the FLO.

13.2 The FLO shall be trained in the handling of concerns raised by staff. Any requests for anonymity shall be accepted and should not prejudice the investigation of any allegations. Confidentiality should be observed at all times.

13.3 All reported suspicions must be investigated as a matter of priority to prevent any further potential loss to NHS Highland.

13.4 The FLO shall maintain a log of any reported suspicions. The log will document with reasons the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be maintained and will be made available for review by Internal Audit.

13.5 The FLO should consider the need to inform the Highland NHS Board, the Chief Internal Auditor, External Audit, the Police and CFS, of the reported incident. In doing so, they should take cognisance of the following guidance:

- inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Highland may determine) or where the incident may lead to adverse publicity.

- it is the duty of the Director of Finance to notify the Chief Executive and Chairman immediately of all losses where fraud/theft is suspected.

- CFS should normally be informed immediately in all but the most trivial cases.

- If fraud, bribery or corruption is suspected, it is essential that there is the earliest possible consultation with CFS. In any event, CFS should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- if a criminal act of fraud, bribery or corruption is suspected it is essential that there is the earliest possible consultation with the Police. In any event the Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- at the stage of contacting the Police, the FLO should contact the Director of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry.

13.6 All such contact should be formally recorded in the Log.

14   Managing the investigation

14.1 The Director of Finance will appoint a manager to oversee the investigation. Normally, the manager will be an employee from CFS. The circumstances of each case will dictate who will be involved and when.

14.2 The manager overseeing the investigation (referred to hereafter as the "investigation manager") should initially:

- initiate a Diary of Events to record the progress of the investigation.
- if possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

14.3 If after initial CFS enquiries it is determined that there are to be no criminal proceedings then a NHS Highland internal investigation may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Highland. The internal investigation will then be taken forward in line with Employment law, PIN guidelines and relevant Workforce policies such as the Management of Employee Conduct, as appropriate.

14.4 The formal internal investigation to determine and report upon the facts, should establish:

- the extent and scope of any potential loss.
- if any disciplinary action is needed.
- the criminal or non-criminal nature of the offence, if not yet established.
- what can be done to recover losses; and
- what may need to be done to improve internal controls to prevent recurrence.

14.5 This report will normally take the form of a report to NHS Highland's Audit Committee.

14.6 Where the report confirms a criminal act and notification to the Police has not yet been made, it should now be made.

14.7 Where recovery of a loss to NHS Highland is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office, which provides legal advice and services to NHS Scotland.

14.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.

15   Disciplinary/dismissal procedures

15.1 Consideration should be made in conjunction with CFS/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Highland's Employee Conduct Policy.

15.2 The disciplinary procedures of NHS Highland must be followed in any disciplinary action taken by NHS Highland toward an employee (including dismissal). This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee's line manager

Where the fraud involves a Family Health Services Practitioner, the Board should pass the matter over to the relevant professional body for action.

16   Gathering evidence

16.1 This policy cannot cover all the complexities of gathering evidence. Each case must be treated according to the circumstances of the case taking professional advice as necessary.

16.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the Human Resources Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of their own words.

16.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.

16.4 Physical evidence should be identified and gathered together (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.

16.5 CFS staff acting on behalf of the Director of Finance require and are to receive access to;

- All records, documents and correspondence relating to relevant transactions

- At all reasonable times to any premises or land of NHS Highland

- The production or identification by any employee of any Board, cash, stores or other property under the employee's control

17   Interview procedures

17.1 Interviews with suspects should be avoided until the formal disciplinary hearing. The investigating officer should, wherever possible, gather documentary and third party evidence for the purposes of their report. If, however, an employee insists on making a statement it must be signed and dated and should include the following:

"I make this statement of my own free will; I understand that I need not say anything unless I wish to do so and that what I say may be given in evidence".

17.2 Informal contact with the Police should be made at an early stage in the investigation to ensure that no actions are taken which could prejudice any future criminal case through the admissibility of evidence, etc.

18   Disclosure of loss from fraud

18.1 Guidance on the referring of losses and special payments is provided in CEL10 (2010). External Audit should be notified of any loss as part of their statutory duties. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit Committee and will include all losses with appropriate description within the standard categories specified by the SGHSCD.

18.2 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in circular CEL (2010).

19   Police Involvement

19.1 It shall normally be the policy of NHS Highland that, wherever a criminal act is suspected, the matter will be notified **to the Police, as** follows:

- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the FLO.

- Out with normal working hours, the manager on duty in the area where a criminal act is suspected, may contact the Police and is duty bound to report the matter to the Director of Finance at the earliest possible time.

19.2 The FLO and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

19.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

20   Press Release

20.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Highland should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g. suspension. The Central Legal Office and the Police should agree the release where applicable.

21   Resourcing the investigation

21.1 The Director of Finance will determine the type and level of resource to be used in investigating suspected fraud. The choices available will include:

- Internal staff from within NHS Highland
- Human Resources
- Internal Audit
- External Audit
- CFS
- Specialist Consultant
- Police

21.2 In making a decision, the Director Finance, should consider independence, knowledge of the organisation, cost, availability and the need for a speedy investigation. Any decision must be shown in the Log held by the FLO. A decision to take "No action" will not normally be an acceptable option unless exceptional circumstances apply.

21.3 In any case involving a suspected criminal act, it is anticipated that CFS involvement will be in addition to NHS Highland resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Highland resources.

22   The law and its remedies

22.1 **Criminal Law**

The Board shall refer all incidences of suspected fraud/criminal acts to Counter Fraud Services or the Police for decision by the Procurator Fiscal as to any prosecution.

22.2 **Civil Law**

The Board shall refer all incidences of loss through proven fraud/criminal act to the Central Legal Office for opinion, as to potential recovery of loss via Civil Law action.

Annex 1 to this policy gives guidance to staff on the action which should be taken in all cases where misappropriation of medicines is suspected.

SAFE AND SECURE HANDLING OF MEDICINES

Suspected or actual theft of medicines

Theft of medicines is a serious criminal offence under the Medicines Act 1968, the Misuse of Drugs Act 1971 and other legislation and will be dealt with accordingly by NHS Highland, professional regulatory bodies and the police.

1.1 Any member of staff who has reason to believe that medicines have been taken without authority has a duty to report their concerns to the Nurse in Charge of the clinical area/ Line Manager.

1.2 All concerns will be treated in the strictest confidence subject to procedural requirements associated with any formal escalation. All investigations must be carried out in a discreet manner.

1.3 The Nurse in Charge/ Line Manager must take reasonable steps to ensure that medicines are in fact missing, for example check administration records, cupboards not normally used for storage of medicines and pharmacy delivery records. Any evidence must be retained pending further investigation.

1.4 If the Nurse in Charge/ Line Manager is unable to satisfy him or herself that all medicines can be accounted for, they must report their suspicions to the Senior Clinical Pharmacist and the relevant Service Manager (or Duty Manager out of hours) at the earliest opportunity. If immediate action is required (e.g. witnessed theft or where key evidence may otherwise be lost) the police must be contacted.

1.5 Where a Service Manager/Senior Clinical Pharmacist has been informed of suspected/ actual theft of medicines, they must inform the relevant professional lead(s) and the Head of Pharmacy/Accountable Officer for CDs who will liaise with the FLO and agree a course of action commensurate with the circumstances presented, which may include referring the matter to CFS or the Police.

1.6 The flowchart which follows this page must be followed in all cases of suspected/actual theft of medicines.

1.7 Note that the Incident Management Policy for Significant Events must also be followed in the event of any such incident. link here

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┌─────────────────────────────────────────────┐
│ Incident or concern involving suspected/actual theft of │
│                   medicines                   │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│    Raise concern in confidence with Line Manager    │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│  Assess concern and undertake further checks if necessary │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│ If suspicions appear well founded, Line Manager to inform Service Manager │
│   & Senior Pharmacist or Duty Manager if out of hours   │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│     If immediate action required – contact police (e.g.     │
│  witnessed theft or where evidence may otherwise be lost)  │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│ Service Manager/Senior Pharmacist to inform relevant professional lead(s) & Directory │
│ of Pharmacy/Accountable Officer or Controlled Drugs Governance Pharmacist. Datix (or │
│ other incident management process) record of incident should be created at this point. │
└─────────────────────────────────────────────┘
                       │
                       ▼
┌─────────────────────────────────────────────┐
│ Director of Pharmacy/Accountable Officer or Controlled Drugs Governance Pharmacist │
│   will liaise with Fraud Liaison Officer (FLO) to agree next steps involving Human   │
│      Resources, Counter Fraud Services and police as appropriate      │
└─────────────────────────────────────────────┘
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Note: All actions must be undertaken as discreetly as possible and in confidence

PROCEDURES FOR DEALING WITH ALLEGATIONS FRAUD/OTHER IREGULARITIES

Allegation of fraud or other irregularity is made against an employee

Fraud Liaison Officer (FLO) notified immediately

Do suspicions appear to be well founded?

No → FLO notifies line manager that no action is to be taken

Yes

Yes

If the suspicion involves an Executive Director, Chair of Audit Committee and Chairman

Discuss with CFS

Is the allegation to be taken forward by CFS?

No

Yes → CFS will undertake initial enquiries. No further action by FLO/Board without consultation with CFS.

Board leads – no further action by CFS

Yes

All information/evidence gathered passed to FLO accompanied, where appropriate, with recommendations

No ← Is the matter still appropriate for CFS investigation?

If at any stage it becomes apparent that a criminal act may have taken place, the investigation must be adjourned and CFS consulted

Yes

Advise CFS of the results of any disciplinary action resulting from the Internal Investigation to allow CFS to report this to SGHD on our behalf

CFS undertakes a full investigation

SECTION C

NHS Highland

Standing Financial Instructions

STANDING FINANCIAL INSTRUCTIONS

INDEX

1 INTRODUCTION

1.1 Standing Financial Instructions (SFIs) are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provisions) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters. These SFIs form part of the Standing Orders and should be used along with the Standing Orders and Scheme of Delegation.

1.2 **Terminology**

Any expression to which a meaning is given in the Health Service Acts, Scottish Statutory Instrument number 302 (2001) which brought NHS Boards into being, or in the financial regulations made under the Acts shall have the same meaning in these Instructions; and:

a) "NHS Highland" means all elements of the NHS under the auspices of Highland Health Board.
b) "Board" and "Health Board" mean Highland NHS Board, the common name of Highland Health Board.
c) "Budget" means a resource expressed in financial terms and set by the Board for the purposes of carrying out for a specified period any or all functions of the Health Board.
d) "Chief Executive" means the Chief Officer of the Health Board.
e) "Director of Finance" means the Chief Financial Officer of the Health Board.
f) "Budget Holder" means any individual with delegated authority to manage finances (income and/or expenditure) for a specific area of the Board.

1.3 All staff individually and collectively are responsible for the security of the property of the Board, for avoiding loss, for economy and efficiency in the use of the resources and for conforming with the requirements of the Code of Corporate Governance, including Standing Orders, Standing Financial Instructions and Financial Operating Procedures.

1.4 The Director of Finance, on behalf of the Chief Executive, shall be responsible for supervising the implementation of the Board's Standing Financial Instructions and Financial Operating Procedures and for co-ordinating any action necessary to further these as agreed by the Chief Executive. The Director of Finance shall review these at least every two years and be accountable to the Board for these duties.

1.5 Wherever the title, Chief Executive, Director of Finance, or other nominated officer is used in these Instructions, it shall be deemed to include such other staff who have been duly authorised to represent them.

1.6 All relevant employees and agents shall be provided with a copy of these SFIs and are required to complete a form stating that these Instructions have been read and understood and that the individual will comply with the Instructions. They must also sign for any amendments.

1.7 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Director of Finance must be sought before acting

1.8 Failure to comply with Standing Financial Instructions is a disciplinary matter, which could result in dismissal.

1.9 The Standing Financial Instructions along with the Scheme of Delegation and Financial Operating Procedures provide details of delegated financial responsibility and authority.

2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board and Audit Committee

2.1 The Board shall approve these SFIs and Scheme of Delegation

2.2   The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.

2.3   The Board shall agree the terms of reference of the Audit Committee which must conform with current relevant Scottish Government Instruction and other guidance on good practice.

2.4   The Board shall perform its functions within the total funds allocated by the Scottish Government.

The Chief Executive (Accountable officer)

2.5   The Chief Executive as Accountable Officer for the organisation is ultimately responsible for ensuring that the Board meets its obligations to perform its functions within the allocated financial resources. The Director of Finance is responsible for providing a sound financial framework that assists the Chief Executive when fulfilling these commitments.

2.6   The Board shall delegate executive responsibility for the performance of its functions to the Chief Executive. Board Members shall exercise financial supervision and control by requiring the submission and approval of budgets within approved allocations, by defining and approving essential features of the arrangements in respect of important procedures and financial systems, including the need to obtain value for money, and by defining specific responsibilities placed on individuals.

2.7   It shall be the duty of the Chief Executive to ensure that existing staff and all new employees and agents are notified of their responsibilities within these Instructions.

The Director of Finance

2.8   Without prejudice to any other functions of employees of the Board, the duties of the Director of Finance shall include the provision of financial advice to the Board and its employees, the design, implementation and supervision of systems of financial control and preparation and maintenance of such accounts, certificates, estimates, records and reports as the Board may require for the purpose of carrying out its statutory duties.

2.9   The Director of Finance shall keep records of the Board's transactions sufficient to disclose with reasonable accuracy at any time the financial position of the Board.

2.10   The Director of Finance shall require any individual who carries out a financial function to discharge their duties in a manner, and keep any records in a form, that shall be to the satisfaction of the Director of Finance.

2.11   The Director of Finance shall prepare, document and maintain detailed financial procedures and systems incorporating the principles of separation of duties and internal checks to supplement these Standing Financial Instructions.

2.12   The Director of Finance shall be responsible for setting the Board's accounting policies, consistent with the Scottish Government and Treasury guidance and generally accepted accounting practice.

2.13   The Director of Finance will either undertake the role of Fraud Liaison Officer or nominate another senior manager to the role, to work with Counter Fraud Services and co-ordinate the reporting of Fraud and Thefts.

2.14   The Director of Finance is entitled without necessarily giving prior notice to require and receive:
   • access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
   • access at all reasonable times to any land, premises or employee of the health board;
   • the production of any cash, stores or other property of the health board under an employee's control; and

- explanations concerning any matter under investigation.

All Directors and Employees

2.15 All directors and employees, individually and working together, are responsible for:

Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:

a) ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 7);
b) ensuring that asset records/registers are kept up-to-date;
c) performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
d) following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.
- Avoiding loss;
- Securing Best Value in the use of resources; and
- Following these SFIs and any other policy or procedure that the Board may approve.

2.16 All budget holders shall ensure that:

- Information is provided to the Director of Finance to enable budgets to be compiled;
- Budgets are only used for their stated purpose; and
- Budgets are never exceeded.

2.17 When a budget holder expects their expenditure will exceed their delegated budget, they must secure an increased budget, or seek explicit approval to overspend before doing so.

2.18 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees must remain beyond suspicion.

2.19 All employees shall observe the requirements of MEL (1994) 48, which sets out the Code of Conduct for all NHS staff. There are 3 crucial public service values which underpin the work of the health service:

Conduct
There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

Accountability
Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

Openness
The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Highland, other health organisations and its staff, patients and the public.

2.20 All employees shall:

- Ensure that the interest of patients remain paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them to the best advantage of the service, always ensuring value for money; and

- Demonstrate appropriate ethical standards of personal conduct.

2.21 Furthermore, all employees shall not:

- Abuse their official position for the personal gain or to the benefit of their family or friends;
- Undertake outside employment that could compromise their NHS duties; and
- Seek to advantage or further their private business or interest in the course of their official duties.

2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.

2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.

2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards

3 AUDIT

Audit Committee

3.1 In accordance with Standing Orders the Board shall formally establish an Audit Committee, with clearly defined terms of reference.

3.2 Where the Audit committee feels there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the committee wish to raise, the Chairperson of the Audit Committee should raise the matter at a full meeting of the Board. In considering whether to do so, the Committee must be mindful of the arrangements with NHS Counter Fraud Services (CFS) and the role of the Fraud Liaison Officer (FLO). Exceptionally, the matter may need to be referred to the Scottish Government Health & Social Care Directorates (SGHSCD).

3.3 it is the responsibility of the Audit Committee to ensure an effective internal audit service is provided and this will be largely influenced by the professional judgement of the Director of Finance.

Director of Finance

3.4 The Director of Finance is responsible for:

a) Ensuring there are arrangements to measure, evaluate and report on the effectiveness of internal control and efficient use of resources, including the establishment of a professional internal audit function headed by a Chief Internal Auditor;
b) Ensuring that Internal Audit is adequate and meets the mandatory NHS internal audit standards;
c) Taking appropriate steps, in line with SGHSCD guidance, to involve CFS and/or the Police in cases of actual or suspected fraud, misappropriation, and other irregularities;
d) Ensuring that the Chief Internal Auditor prepares the following risk based plans for approval by the Audit Committee:

- Strategic audit plan covering the coming four years,
- A detailed annual plan for the coming year.

e) Ensuring that an annual internal audit report is prepared by the Chief Internal Auditor, in accordance with the timetable laid down by the Audit Committee, for the consideration of the Audit Committee and the Board.

The report should include:
- A clear statement on the adequacy and effectiveness of internal control;
- Main internal control issues and audit findings during the year;
- Extent of audit cover achieved against the plan for the year.

f) Progress on the implementation of internal audit recommendations including submission to the Audit Committee.

3.5   The Director of Finance shall refer audit reports to the appropriate officers designated by the Chief Executive and failure to take any necessary remedial action within a reasonable period shall be reported to the Chief Executive.

Internal Audit

3.6   Internal Audit shall adopt the Public Sector Internal Audit Standards (PSIAS), which are mandatory and which define internal audit as "an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes."

Minor deviations from the PSIAS should be reported to the Audit Committee. More significant deviations should be considered for inclusion in the Annual Governance Statement.

3.7   Internal Audit activity must evaluate and contribute to the improvement of governance, risk management and control processes using a systematic and disciplined approach. Internal Audit activity and scope is fully defined within the Audit plan, approved by the Audit Committee.

3.8   Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance, or the nominated FLO, must be notified immediately, and before any detailed investigation is undertaken.

3.9   The Chief Internal Auditor is entitled without necessarily giving prior notice to require and receive:
a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature (in which case they shall have a duty to safeguard that confidentiality), within the confines of the data protection act.
b) Access at all reasonable times to any land, premises or employees of the Board;
c) The production or identification by any employee of any cash, stores or other property of the Board under an employee's control; and
d) Explanations concerning any matter under investigation.

3.10   The Chief Internal Auditor, or appointed representative, will normally attend Audit Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board.

3.11   The Chief Internal Auditor shall be accountable to the Director of Finance. The reporting and follow-up systems for internal audit shall be agreed between the Director of Finance, the Audit Committee and Chief Internal Auditor. The agreement shall comply with the guidance on reporting contained in Government Internal Audit Standards.

External Audit

3.12   The External Auditor is concerned with providing an independent assurance of the Board's financial stewardship including value for money, probity, material accuracy, compliance with guidelines and accepted accounting practice for NHS accounts. Responsibility for securing the audit of the Board rests with Audit Scotland. The appointed External Auditor's statutory duties are contained in the Public Finance and Accountability (Scotland) Act 2000 which supersedes the Local Government (Scotland) Act 1973 (Part VII) as amended by the National Health Services and Community Care Act 1990.

3.13   The appointed auditor has a general duty to satisfy themselves that:

- The Board's accounts have been properly prepared in accordance with the Direction of the Scottish Ministers to comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared;
- Proper accounting practices have been observed in the preparation of the accounts;
- The Board has made proper arrangements for securing economy, efficiency and effectiveness in the use of its resources.

3.14   In addition to these responsibilities, Audit Scotland's Code of Audit Practice requires the appointed auditor to consider:

a) Whether the statement of accounts presents fairly the financial position of the Board;
b) The Board's main financial systems;
c) The arrangements in place at the Board for the prevention and detection of fraud and corruption;
d) Aspects of the performance of particular services and activities;
e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.

3.15   The Board's Audit Committee provides a forum through which Non-Executive Members can secure an independent view of any major activity within the appointed auditor's remit. The Audit Committee has a responsibility to ensure that the Board receives a cost-effective audit service and that co-operation with Board senior managers and Internal Audit is appropriate.

3.16   The External Auditor, or appointed representative, will normally attend Audit Committee meetings; and has a right of access to all Audit Committee members, the Chairperson and Chief Executive of the Board

4   FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

Planning

4.1   The Scottish Government has set the following financial targets for all boards:
- To operate within the revenue resource limit, see 4.2.
- To operate within the capital resource limit.
- To operate within the cash requirement.

4.2   All Boards are required to develop a balanced plan over a three year period. This requires Boards to deliver a break even position over a three year period. In each year, Boards have flexibility to underspend or overspend up to one per cent of their annual resource budgets.

All Boards will be required to develop a balanced plan over a three-year period in order to benefit from the increased flexibility. Where this is not delivered, the NHS Board Performance Escalation Framework will be put in place.

The Chief Executive shall produce an Annual Operational Plan. The Chief Executive shall submit a Plan for approval by the Board that takes into account financial targets and forecast limits of available resources. The Annual Operational Plan shall contain:

- a statement of the significant assumptions within the Plan; and
- details of major changes in workload, delivery of services or resources required to achieve the plan.

4.3   Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board. The report shall:

- show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
- be consistent with the Annual Operational Plan;
- be consistent with the Board's financial targets;
- identify potential risks;
- identify funding and expenditure that is of a recurring nature; and
- identify funding and expenditure that is of a non-recurring nature.

4.4   The Health Board shall approve the financial plan for the forthcoming financial year.

4.5   The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.

4.6   The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.

4.7   The Director of Finance shall keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards and other events and trends affecting budgets and shall advise on the financial and economic aspects of future plans and projects.

4.8   The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used, consisting of proposals for individual schemes, major equipment, IT developments, backlog maintenance, statutory compliance works and minor scheme provision. The approval of business cases shall be as described in the Scheme of Delegation.

4.9   The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

4.10   The Board shall approve the opening budgets for each financial year on an annual basis.

4.11   The Chief Executive shall delegate the responsibility for budgetary control to designated budget holders. The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.

4.12   4.12 Employees shall only act on their delegated authority when there is an approved budget in place to fund the decisions they make.

4.13   4.13 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:
- the amount of the budget;
- the purpose(s) of each budget heading;
- what is expected to be delivered with the budget in terms of organisational performance; and

- how the budget holder will report and account for their budgetary performance.

4.14   The Chief Executive/Director of Finance may agree a virement (administrative transfer of funds) procedure for non-pay expenditure that would allow budget holders to transfer resources from one budget heading to another

4.15   The Director of Finance shall devise and maintain systems of budgetary control. These will include:
- monthly financial reports to the Board in a form approved by the Board containing:

a) net expenditure of the Board for the financial year to date; and
b) a forecast of the Board's expected net expenditure for the remainder of the year on a monthly basis from the month 2 position onwards.
c) capital project spend and projected outturn against plan;
d) explanations of any material variances from plan and/or emerging trends;
e) details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

- the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, including those responsible for capital schemes, for the areas that they are responsible for;
- investigation and reporting of variances from agreed budgets;
- monitoring of management action to correct variances and/or emerging adverse trends; and
- ensuring that adequate training is delivered on an on-going basis to budget holders.

Monitoring

4.16   The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limits on the last day of each month

5   ANNUAL ACCOUNTS AND REPORTS

5.1   The Director of Finance, on behalf of the Board, shall prepare, certify and submit audited Annual Accounts to the SGHSCD in respect of each financial year in such a form as the SGHSCD may direct.

5.2   The Director of Finance will ensure that the Annual Accounts and financial returns are prepared in accordance with the Annual Accounts Manual as issued by SGHSCD together with the guidance contained in the Government Financial Reporting Manual (FReM), detailing the accounts and returns to be prepared, the accounting standards to be adopted and the timetable for submission to the SGHSCD.

5.3   The Audit Committee will ensure that the Annual Accounts are reviewed and submitted to the Board for formal approval and the Chief Executive will ensure that they are recorded as having been so presented. The Annual Accounts will be subject to statutory audit by the external auditor appointed by Audit Scotland.

5.4   The Director of Finance shall prepare a Financial Statement for inclusion in the Board's Annual Report, in accordance with relevant guidelines, for submission to Board members and others who need to be aware of the Board's financial performance.

5.5   The Board shall publish an Annual Report, in accordance with the Scottish Government's guidelines on local accountability requirements.

6   BANKING AND CASH HANDLING

6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.

6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract (GBS) and the Scottish Public Finance Manual.

6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.

6.4 The Director of Finance shall:

- Establish separate bank accounts for non-exchequer funds;
- Ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;
- Ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
- Promptly bank all monies received intact. Expenditure shall not be made from cash received that has not been banked, except under exceptional arrangements approved by the Director of Finance; and
- Report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.

6.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:

- The conditions under which each bank and GBS account is to be operated;
- Ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
- The limit to be applied to any overdraft;
- Those authorised to sign cheques or other orders drawn on the Board's accounts; and
- The required controls for any system of electronic payment.

6.6 The Director of Finance shall:

- Approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;
- Provide adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; and
- Approve procedures for handling cash and negotiable securities on behalf of the Board.

6.7 Money in the custody of the Board shall not under any circumstances be used for the encashment of private cheques.

6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

7 SECURITY OF ASSETS

7.1 Overall responsibility for the security of the Board's assets rests with the Board's Chief Executive. All members and employees have a responsibility for the security of property of

the Board and it shall be an added responsibility of senior staff in all disciplines to apply appropriate routine security practices in relation to NHS property. Any significant breach of agreed security practice should be reported to the Chief Executive

7.2   Wherever practicable, items of equipment shall be marked as property of Highland NHS Board.

7.3   The Chief Executive shall define the items of equipment to be controlled, and officers designated by the Chief Executive shall maintain an up-to-date register of those items. This shall include separate records for equipment on loan from suppliers, and lease agreements in respect of assets held under a finance lease and capitalised.

7.4   The Director of Finance shall approve the form of register and the method of updating which shall incorporate all relevant requirements for capital assets.

7.5   Additions to the capital asset register must be added to the records based on the documented cost of the asset at the time of acquisition.

7.6   Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorised documentation.

7.7   The value of each asset where applicable shall be indexed to current values and depreciated using methods and rates as suggested in the Capital Accounting Manual and notified by the SGHSCD.

7.8   Revaluation of land and buildings will be provided by the Board's recommended Valuation Agent on a rolling annual programme designed to ensure that all such assets are revalued once every five years.

7.9   Annual indexation for land and buildings not included in the revaluation exercise in any given year will be provided by the Board's recommended Valuation Agent.

7.10   Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

8   PAY

Remuneration Committee

8.1   The Board shall approve the terms of reference for the Remuneration Committee, in line with any relevant guidance or requirements.

8.2   The Board shall remunerate the Chair and other non-executive directors in accordance with instructions issued by Scottish Government.

Processes

8.3   The Chief Executive shall establish a system of delegated budgetary authority within which budget holders shall be responsible for the engagement of staff within the limits of their approved budget.

8.4   All time records, payroll timesheets and other pay records and notifications shall be in a form approved by the Director of Finance and shall be authorised and submitted in accordance with their instructions. This also includes e-expenses, SSTS and eESS.

8.5   The Director of Finance shall be responsible for ensuring that rates of pay and relevant conditions are applied in accordance with current agreements. The Chief Executive, or the Board in appropriate circumstances, shall be responsible for the final determination of pay. There will be no variation to agreed terms and conditions without the prior approval of the Director of Human Resources & Organisational Development and Director of Finance. The Director of Finance shall determine the dates on which the payment of salary and wages

are to be made. These may vary due to special circumstances (e.g. Christmas and other Public Holidays). Payments to an individual shall not be made in advance of normal pay, except:

    a) To cover a period of authorised leave, involving absence on the normal pay day; or
    b) As authorised by the Director of Human Resources & Organisational Development or Director of Finance to meet special circumstances, and limited to the net pay due at the time of payment.

8.6   All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.

8.7   The Board shall delegate responsibility to the Director of Human Resources & Organisational Development for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any existing NHS policies.

9   NON PAY

Tendering, Contracting and Purchasing Procedures

9.1   The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures/Delegated level of Authority Matrix.

9.2   The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

9.3   NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Highland), and the Board shall implement these nationally negotiated contracts where appropriate.

9.4   The Board shall operate within the processes established for the procurement of publicly funded construction work.

9.5   The Board shall comply with Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) for any procurement it undertakes directly.

9.6   The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.7   All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Highland Board.

9.8   The Director of Finance shall:

- Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
- Ensure the preparation of comprehensive procedures for all aspects of procurement activity.

9.9   The following basic principles shall be generally applied:

- Procurement activity satisfies all legal requirements;

- Adequate contracts are in place with approved suppliers for the supply of approved products and services;
- Segregation of duties is applied throughout the process;
- Adequate approval mechanisms are in place before orders are raised;
- All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- All payments made are in accordance with previously agreed terms, and what the Board has actually received.

9.10   Limits of Authorisation of Orders shall be in accordance with those designed officers contained with the DLA matrix.

9.11   Contract Implement and Tendering Matrix

THRESHOLD	PROCEDURE	ELECTRONIC SYSTEM
THRESHOLD	**PROCEDURE**	**ELECTRONIC SYSTEM**
£GPA threshold £50,000 – £GPA	FTS Competitive Tender	PCS-Tender (Mandatory)
threshold	Regulated Competitive Tender	PCS-Tender (Mandatory)
£10,000 - £49,999.99	Competitive Quotation PCS Quick Quote (Mandatory) (Minimum of 2)	
£1,000 - £9,999.99	One Written Quotation	
Under £1,000	No Requirement	

In the following exceptional circumstances, except in cases where a Regulated Competitive Tender or the 'Find a Tender Service' (FTS) procedure must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £10,000, a "Procurement Waiver Process Authorisation Form" may be granted by completing said form for approval by the appropriate director and the Head of Procurement. Requests with a value between £50,000 and £100,000 will require authorisation from Procurement, Finance and sign off by the Director of Finance. Requests with a value above £100,000 will also require sign off from the Chief Executive. Requests above £250,000 require sign off by the NHS Highland Board.

At least one of the following conditions must be outlined in the Procurement Waiver form for requests between £10,000 and £49,999.99:

1. where the repair of a particular item of equipment can only be carried out by the manufacturer;

2. where the supply is for goods or services of a special nature or character in respect of which it is not possible or desirable to obtain competitive quotations or tenders;

3. a contractors special knowledge is required;

4. where the number of potential suppliers is limited, and it is not possible to invite the required number of quotations or tenders, or where the required number do not respond to an invitation to tender or quotation to comply with these SFIs;

5. where, on the grounds of urgency, or in an emergency, it is necessary that an essential service is maintained or where a delay in carrying out repairs would result in further expense to NHS Highland.

In the case of 1, 2, 3, and 4 above, the form must be completed in advance of the order being placed, but may be completed retrospectively in the case of 5.

At least one of the following conditions must be outlined in the Procurement Waiver form for requests £50,000 and above:

1. No tenders or no suitable tenders/requests were received in response to an Open or Restricted procedure;

2. The products involved are manufactured purely for the purpose of research, experiment, study or development under the conditions stated in the regulations (for supplies only);

3. The works, supplies or services can be provided only by a particular economic operator for one of the following reasons:

- Absence of competition for technical reasons.

- Procurement aimed at the creation/acquisition of a unique work of art or performance.

- Protection of exclusive rights, including intellectual property rights.

4. Extreme urgency brought about by events unforeseeable for the contracting authority and in accordance with the strict conditions stated in the regulations.

5. Deliveries by the original supplier ordered under the strict conditions stated in the regulations.

6. New works/services, constituting a repetition of existing works/services and ordered in accordance with the strict conditions stated in the regulations.

7. Service contract to be awarded to the winner(s) under the rules of a design contest.

8. Procurement of supplies quoted and purchased on a commodity market.

9. Purchase from the liquidator in an insolvency procedure, an arrangement with creditors or a similar procedure under national laws and regulations or a supplier winding up it's business activity.

10. The procurement falls outside the scope of application of the regulations.

11. The procurement is for Health / Social Care & falls below the regulated threshold of £663,540.

12. The procurement is for Works and falls below the regulated threshold of £1,000,000.

The Director of Finance will maintain a record of all such exceptions.
Where additional works, services or supplies have become necessary and a change of supplier/contractor would not be practicable (for economic, technical or interoperability reasons) or would involve substantial inconvenience and/or duplication of cost, an existing contractor may be asked to undertake additional works providing the additional works do not exceed 50% of the original contract value and are provided at a value for money cost which should normally be at an equivalent or improved rate to the original contract.

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support the case, signed by the responsible Budget Holder, must be retained for audit inspection.

Further detail on the ordering of goods and services and relevant documentation are set out in the Financial Operating Procedures.

In all instances, the [Scottish Procurement Policy Handbook](#) must be followed.

9.12   No order shall be issued for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive.

9.13   Orders shall not be placed in a manner devised to avoid the financial thresholds specified by the Board within the Scheme of Delegation.

9.14   All procurement on behalf of the Board must be made on an official order on the approved e-Procurement systems, PECOS, JAC or Maximo.

9.15   The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement. Examples of such instances are:

- Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking.

9.16   The Board shall not make payments in advance of need. However payment in advance of the receipt of goods or services is permitted in circumstances approved by the Director of Finance. Examples of such instances are:

- Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
- Where payment in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- Purchases from petty cash shall be undertaken in accordance with relevant financial operating procedures.

Commissioning of Patient Services

9.17   The Director of Finance, jointly with the Deputy Chief Executive will ensure service agreements are in place with other healthcare providers for the delivery of patient services, ensuring the appropriate financial details are contained and clarity on reporting of performance, quality and safety issues.

9.18   The Director of Finance shall be responsible for maintaining a system for the payment of invoices in respect of patient services in accordance with agreed terms and national guidance and shall ensure that adequate financial systems are in place to monitor and control these.

Payment of Invoices

9.19   The Director of Finance shall be responsible for the prompt payment of all invoices. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.

9.20   The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of invoices and instruction to staff regarding handling, checking and payment of invoices.

9.21   The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be permitted in exceptional circumstances and with the prior approval of the Director of Finance

Additional Matters for Capital Expenditure

Overall Arrangements for the Approval of the Capital Plan

9.22   The Board shall follow any national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.

9.23   The Chief Executive shall ensure that:

- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
- all stages of capital schemes are managed, and are delivered on time and to cost;
- capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
- all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

9.24   For every major capital expenditure proposal the Chief Executive shall ensure:

- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:
  a) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and
  b) appropriate project management and control arrangements; and
- that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.

9.25   The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:

- specific authority to commit expenditure; and
- following the required approval of the business case, authority to proceed to tender.

9.26   The Scheme of Delegation shall stipulate where delegated authority lies for:
- approval to accept a successful tender; and
- where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.

9.27   The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

9.28   When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:
- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
- Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
- Board must specifically agree the proposal.
- The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

9.29   The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment and in accordance with the Property Transaction Handbook.

9.30   There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.

9.31   When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

9.32   All unserviceable articles shall be:
- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
- Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

9.33   The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

9.34   The Director of Finance shall approve procedures for reconciling balances on capital assets accounts in ledgers against balances on capital asset registers.

9.35   The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.

9.36   The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

10   PRIMARY CARE CONTRACTORS

10.1   In these SFIs and all other Board documentation, Primary Care contractor means:
- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
- an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.

10.2   The relevant Primary Care Managers shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Highland and Argyll & Bute areas. Systems shall include criteria for entry to and deletions from the registers.

10.3   The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:
- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
- the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.

10.4   The agreements at paragraph 10.3 above shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.

10.5   The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

11   INCOME

11.1   The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.

11.2   The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.

11.3   The Director of Finance is responsible for ensuring the prompt banking of all monies received.

11.4   In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.

11.5   The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.

FINANCIAL MANAGEMENT SYSTEM

12.1   The Director of Finance shall carry prime responsibility for the accuracy and security of the computerised financial data of the Board and shall devise and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial and other information held on computer files for which they are responsible, after taking account of all relevant legislation and guidance.

12.2   The Director of Finance shall ensure that contracts for computer services for financial applications with another Board or any other agency shall clearly define the responsibility of all the parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage.

12.3   The Director of Finance shall ensure that adequate data controls exist to provide for security of financial applications during data processing, including the use of any external agency arrangements.

12.4   The Director of Finance should ensure that such computer audit checks as they may consider necessary are being carried out.

12.5   The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and are thoroughly tested prior to implementation.

12.6   Where another health organisation or any other agency provides a financial system service to the Board, the Director of Finance shall periodically seek assurances, through Audit where appropriate, that adequate controls are in operation and that disaster recovery arrangements are robust.

13   CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

13.1   Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform their head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Fraud Policy and Action Plan, as set out in the Financial Operating Procedures.

13.2   The Director of Finance shall notify the Audit Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.

13.3   In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control: Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.

13.4   The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.

13.5   The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments.

13.6   The Director of Finance shall maintain a Losses and Special Payments Register in which details of all Category 1 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.

13.7   No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.

13.8   The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.

13.9   The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit Committee.

13.10   The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Highland NHS Board. NHS Highland conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. As an existing or potential contractor to NHS Highland, you are required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

14   RISK MANAGEMENT

14.1   The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.

NHS Highland takes part in CNORIS (the Clinical Negligence and Other Risks Indemnity Scheme), a not for profit, mutual Scheme providing a pool of funds to meet financial claims on the NHSS, which provides cover for both clinical and non-clinical claims against NHS Highland.

NHS Highland retains the services of legal advisors, primarily the Central Legal Office who liaise with the Clinical Governance Team regarding claims and inform NHS Highland about the best course of action to take in each case.

14.2   The programme of risk management shall include:

a) A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;
b) Encouraging a positive attitude towards the control of risk among all levels of staff;
c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
d) Contingency plans to offset the impact of adverse events;
e) Audit arrangements including internal audit, clinical audit and health and safety review;
f) Arrangements to review the risk management programme.
g) A review by each Governance Committee of relevant risks pertaining to their business.

The existence, integration and evaluation of the above elements will provide a basis for the Risk Committee to make a statement on the overall effectiveness of Internal Control and Corporate Governance to the Board.

14.3   The programme of risk management will be underpinned by a Board Assurance Framework, approved, and reviewed annually by the NHS Board.

15   RETENTION OF DOCUMENTS

15.1   The Chief Executive shall be responsible for maintaining archives for all documents in accordance with the NHS Code of Practice on Records Management.

15.2   The documents held in archives shall be capable of retrieval by authorised persons.

15.3   Documents held under the Code shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.

16   PATIENTS'/CLIENTS' PROPERTY AND FUNDS

16.1   The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

16.2   The Chief Executive shall be responsible for ensuring that patients/client or their guardians, as appropriate, are informed before, or at their admission, by: -
Notices and information booklets
Hospitals'/Care facilities admission documentation and property records, and
The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients'/clients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official property record is obtained as a receipt.

16.3   The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients'/clients' property (including instructions on the disposal of the property of deceased patients/clients and patients/clients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients/clients.

16.4   Bank accounts for patients'/clients' monies shall be operated under arrangements agreed by the Director of Finance.

16.5   A property record, in a form determined by the Director of Finance, shall be completed.

16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.

16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients/clients private funds in the form laid down by Scottish Government.

17 STORES

17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:
- Kept to a minimum;
- Subject to annual stocktake; and
- Valued at the lower of cost and net realisable value.

17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.

17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.

17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.

17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year. The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal and External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and they may investigate as necessary. Known losses of stock items not on stores control shall be reported to the Director of Finance.

17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

17.7 Instructions for stock take and the basis for valuation will be issued at least once a year by the Director of Finance.

18 AUTHORISATION LIMITS

18.1 18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Highland. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures

18.2 18.2 Areas covered by the Scheme of Delegation include:
Limitation and Authority to vire budgets between one budget heading and another.
Limitation of level of Authority for the placing of orders or committing resources
Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

19   ENDOWMENT FUNDS

19.1   19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Highland. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.

19.2   Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.

19.3   Members of the Highland Health Board become Trustees of the Board's Endowment Funds. The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.

19.4   The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.

19.5   Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.

19.6   The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.

19.7   The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the trustees.

20   JOINT VENTURES

20.1   Prior to entering into a joint venture (JV) the Board will conduct due diligence to identify whether the JV has or will have in place anti-bribery policies and procedures that are consistent with its own.

20.2   Where the Board has overall control of the JV it should ensure that the JV has anti-bribery controls in place that are consistent with the Board's own policies and procedures.

20.3   Where the Board does not have overall control of the JV it will inform the JV organisations of its policy and procedures and encourage them to adopt these for the venture.

20.4   Where due diligence shows that the JV does not have appropriate anti-bribery policies and procedures in place consistent with its own, the Board should ensure that it is protected from litigation arising from acts of bribery by partner organisations in the wording of any contract or agreement. Central Legal Office advice and guidance should be obtained to ensure that the Board is fully protected.

20.5   The Board should monitor the programmes and performance of its JV partners in respect of anti-bribery. Anti-bribery should be a standing agenda item on JV meetings and reports should be tabled demonstrating adherence to policy and procedures, identification of any acts of bribery or potential bribery and management actions taken and proposed.

20.6   Where the Board determines that the JV policies and practices are inconsistent with its own, the Board will take appropriate action. This may involve insistence by the Board of adoption of appropriate policy and procedures by the JV, putting in place legal protection for the Board, where the partners indemnify the Board against acts of bribery or ultimately withdrawal of the Board from the JV.

20.7   Where the Board is unable to ensure that a JV has anti-bribery policy and procedures consistent with its own, it will ensure that it has a plan to exit from the arrangement if bribery occurs or may be reasonably thought to have occurred. Central Legal Office advice and guidance should be sought to ensure that such arrangements are in place in any legal documentation.

Sections added	*Sections deleted*
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**FINANCE, RESOURCES AND PERFORMANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

Date of FRP Committee agreement: October 2023
Audit Committee endorsement for Board approval: December 2023
For approval at NHS Highland Board 26 March 2024

1. PURPOSE

1.1 The purpose of the Committee is to keep under review the financial position and performance against key finance and non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.

2. ROLE

2.1 To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
- resource allocation **and utilisation**
- performance management
- strategic **and operational** planning
- all digital functions
- environmental sustainability workstreams

2.2 To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Clinical and Audit) to ensure appropriate remedial action takes place.

2.3 To consider financial plans, approve annual budget proposals and business cases for submission to the NHS Board.

3. COMPOSITION

2.4 The membership of the Finance, Performance and Resources Committee will be:

- Five Non-Executive members (one of whom will be the Chair).
- Chief Executive
- **Deputy Chief Executive**
- Director of Finance
- Medical Director

- Director of Public Health
- Director of Nursing
- Director of Estates, Facilities and Capital Planning

3.1 The Chair of the Audit Committee will not be a member of the Finance, Performance and Resources Committee.

3.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- *Deputy Chief Executive*
- Chief Operating Officer (Acute Services)
- Chief Officer, Argyll and Bute IJB
- Chief Officer, North Highland
- *PMO Director*
- Head of Strategy and Transformation
- **Deputy Director of Finance**
- Board Secretary

3.3 The Director of Finance shall serve as the Lead Officer to the Committee.

4. QUORUM

4.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

5. MEETINGS

5.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

5.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

6. REMIT

6.1 The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:

- compliance with statutory financial requirements and achievement of financial targets;
- such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;
- the impact of planned future policies and known or foreseeable future developments on the financial position;
- scrutiny of the delivery of Board Strategy and Annual Development Plans for those areas of the Committee's interests
- Highland's overall performance, strategic policy and planning objective, and ensure mechanisms are in place to promote best value improved efficiency and effectiveness
- ensuring a rigorous and systematic approach to performance monitoring and reporting is in place to enable more strategic and better informed discussions to take place at NHS Highland Board meetings
- review regularly the sections of the NHS Highland Integrated Performance Report relevant to the Committee's responsibility.
- recommend the annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities;
- review the Property Strategy (including the acquisition and disposal of property) and capital plans, and make recommendations to the Board;
- review the Board's achievement of NHSScotland's Policy on the Global Climate Emergency and Sustainable Development
- review the Board's digital strategy and performance against the digital delivery plan
- the regular review of NHS Highland's Business Continuity Plan
- oversight of emergency planning arrangements
- scrutiny of relevant financial and performance risks on the Corporate Risk register on a bi-monthly basis
- undertake an annual self-assessment of the Committee's work and effectiveness.

Arrangements for Securing Value for Money

6.2 The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

6.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and

- reviewing all matters relating to Best Value.

6.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

6.5 The Committee will receive minutes from the Asset Management Group, and the **Efficiency and Transformation Group** *Financial Recovery Board and the Performance Recovery Board*. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.

6.6 The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

Performance

6.7 To support the development of a performance management and accountability culture across NHS Highland.

6.8 Receive annual reports and regular updates from the Sub-committees established by the Committee in order to provide assurance and accountability.

6.9 To monitor and review risks falling within its remit.

6.10 To receive reports from the Digital Health and Care Group three times per year to ensure systems are in place and maintained to give assurance to the Board on all digital functions.

6.11 To receive reports from the NHS Highland Environmental & Sustainability Board on a quarterly basis to ensure that systems are in place and maintained to give assurance to the Board on all matters relating to delivery of the NHSScotland Policy on the Global Climate Emergency and Sustainable Development.

General

6.12 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

6.13 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June. The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

6.14 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

7. AUTHORITY

7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

7.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires and require Directors or other officers of the Board to attend meetings.

8. REPORTING ARRANGEMENTS

8.1 The Finance, Performance and Resources Committee reports directly to NHS Highland Board on its work. The Chair of Committee shall provide assurance on the work of the Committee and the draft minutes will be submitted to the NHS Board meeting for information.

Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

8.2 The following Groups will report to the Finance, Performance and Resources Committee:

- Asset Management Group
- Digital Health and Care Group
- NHS Highland Environmental & Sustainability Board
- *Financial Recovery Board*
- *Performance Recovery Board*
- **Efficiency and Transformation Group**

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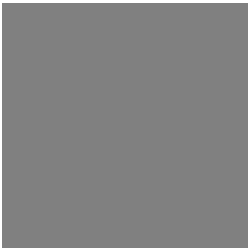
**HIGHLAND HEALTH & SOCIAL CARE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

Date of HHSCC agreement: January 2024
Audit Committee endorsement for Board approval: March 2023
For approval at NHS Highland Board 26 March 2024

1. PURPOSE

1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

1.2 Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements. (moved from Section 5.1)

2. JOINT MONITORING COMMITTEE

2.1 In line with section 15(3) of the Public Bodies (Joint Working) (Scotland) Act 2014, The Highland Council and NHS Highland have established an Integration Joint Monitoring Committee (known as "The Highland Partnership Joint Monitoring Committee"), which has oversight of both integrated Adult Services and Integrated Children's services and monitors the carrying out of integrated functions (both delegated and conjoined).

2.2 In terms of section 29(1) of the Act, each Partner is responsible for the planning of the integrated and conjunction services for which it is the Lead Agency. This means that NHS Highland must lead on producing an Integrated Adult Services Strategic Plan and The Highland Council must lead on producing an Integrated Children's Services Strategic Plan with both plans taking account of the other and together being monitored by the Joint Monitoring Committee.

2.3 Within NHS Highland, governance of Integrated Adult Services and services delegated to The Highland Council and assurance of service delivery is provided at the Health & Social Care Committee through arrangements put in place and overseen directly by the NHS Highland Board.

2. COMPOSITION

2.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board
5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, ~~Finance Lead, Medical Lead and Nurse Lead~~ **Chief Finance Officer, Medical Director and Nurse Director**
3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)
Public/Patient Member representative (2)
Carer Representative (1)
3rd Sector Representative (1)
Lead Doctor (GP)
Medical Practitioner (not a GP)
2 representatives from the Area Clinical Forum
Public Health representative
Highland Council Executive Chief Officer for Health and Social Care
Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

2.2 **Ex Officio**

Board Chair

2.3 ~~*In Attendance:*~~

~~*Deputy Director of People*~~
~~*Head of Health & Safety*~~

The Committee Chair is appointed by the full Board.

3. QUORUM

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. MEETINGS

4.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

4.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

4.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

4.6 The Agenda format for meetings will be as follows:
- Apologies
- Declaration of Interests
- Minutes
     Last Meeting
     Formal Sub Committees
     Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports

5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets

- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.

7.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.

7.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.

7.4   Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

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AUDIT COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Audit Committee agreement: December 2023
For approval at NHS Highland Board 26 March 2024

1. PURPOSE AND ROLE

1.1 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. The duties of the Audit Committee shall be in accordance with the Scottish Government Audit & Assurance Handbook, dated March 2018.

1.2 To approve and monitor the delivery of the internal and external audit plans.

1.3 To 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.

1.3 To ensure a system of control is in existence and maintained to give assurance on risks related to information governance, security and privacy.

1.5 To support the Board and Accountable Officer in their responsibilities through a process of constructive challenge which focuses on both processes and outcomes.

2. COMPOSITION

2.1 The membership of the Audit Committee will be:

- Five Non-Executive members of NHS Highland Board (one of whom will be the Chair).

2.2 The Committee may have the option to co-opt members to meet specific skill sets.

2.3 The Chair of NHS Highland Board cannot be a member of the Committee.

2.4 In order to avoid any potential conflict of interest, the Chair of the Audit Committee shall not be the Chair of any other governance Committee of the Board.

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Chief Executive
- Director of Finance
- Chief Internal Auditor or representative
- Assistant Director of Finance – Financial Services
- ~~Head of Area Accounting~~
- Statutory External Auditor
- Board Secretary

2.3 The Director of Finance shall serve as the Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 There will be a minimum of 5 meetings a year one of which is specifically to consider the annual accounts. Ad hoc meetings to consider particular issues or business requiring urgent attention can be arranged.

4.2 The June meeting will be attended by the External Auditor, and the Annual Accounts will be presented for agreement at this meeting.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting. Papers are made available to all Non-Executive Directors of the Board who may attend meetings as they wish.

4.4 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. The Committee shall elect a Vice Chair from its membership who will chair meetings if the Chair is absent from any meeting of the Committee.

4.5 At least once per year the Committee should meet with the External/Internal Auditors without any Executive Directors or Board staff present.

4.6 The Committee may sit privately without any Non-Members present for all or part of a meeting if they so decide.

5. REMIT

5.1 The main objective of the Audit Committee is to support the Accountable Officer and NHS Highland Board in meeting their assurance needs. This includes advising the Board and Accountable Officer on:

- The strategic processes for risk, control and governance and the Statement on Internal Control
- The effectiveness of the internal control environment
- Assurances relating to the corporate governance requirements of the organisation
- the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures
- Determining the planned activity and results of internal audit reviews and reports
- The adequacy of management response to issues identified by all audit activity, including the external audit's management letter/report
- The accounting policies, the accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of errors identified and management's letter of representation to the external auditors
- Anti-fraud policies, whistle-blowing processes and arrangements for special investigation
- To support organisational and financial performance and efficiency as well as the effectiveness and quality of services
- Information governance and assurance, by giving direction to and receiving reports from the Information Assurance Group on its activities, and on risks related to information governance, security and privacy.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Independent external advice can be accessed in respect of matters within the Committee's Remit.

6.2 The Committee will report to the Board through the issue of Minutes, by highlighting any key issues to the Board and through the Annual Report which will summarise its conclusions from the work it has done during the year.

6.3 The Chair is responsible for ensuring there is clarity of communication and accountability with the other Governance Committee Chairs.

6.4 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Blueprint for Good

Governance values. This will be reported to the Board and Accountable Officer and inform the Committee Annual Report to the Board.

6.5   The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board in June each year.

6.6   The Committee will work closely with the Audit Committee of the Argyll & Bute Integration Joint Board, but it is important to recognise the boundaries between the two Committees and the need to avoid duplication. It will therefore be important to ensure the internal audit plans for the two Committees complement each other rather than duplicate effort. The Committee will seek regular updates from the IJB's Audit committee in order to be aware of issues that require its attention and also to guard against duplication.

7.   REPORTING ARRANGEMENTS

7.1   The Audit Committee reports directly to NHS Highland Board on its work. The Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2   The Audit Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual

7.3   The Audit Committee will receive 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.

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STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Staff Governance Committee agreement: September 2023
Audit Committee endorsement for Board approval: March 2024
For approval at NHS Highland Board 26 March 2024

1.   PURPOSE

1.1   The purpose of the Staff Governance Committee is to support and maintain a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, and is built upon partnership and collaboration. It will ensure that robust arrangements to implement the Staff Governance Standard are in place and monitored.

1.2   To assure the Board that the staff governance arrangements across NHS Highland are working effectively.

1.3   As a Committee of the Board, escalate any issues if serious concerns are identified regarding staff governance issues within NHS Highland.

2.   COMPOSITION

2.1   The membership of the Staff Governance Committee will be:

- Four Non-Executive members, one of whom will be the Chair of the Committee.
- Employee Director
- Three Area Partnership Forum (Staffside) representatives
- Chief Executive

2.2   Ex Officio

Board Chair

2.3   Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of People and Culture
- Deputy Chief Executive
- Nurse Director
- Medical Director
- Director of Public Health
- Chief Officer, Acute
- Chief Officer, Argyll and Bute IJB
- Chief Officer, Highland HSCP
- Director of Estates, Facilities and Capital Planning
- Director of Finance
- Director of Adult Social Care
- ~~Head of Occupational Health and Safety~~
- Deputy Director of People
- ~~Head of Communications and Engagement~~
- Staffside Co-Chair of Health & Safety sub committee

2.4   The Director of People and Culture will act as Lead Officer to the Committee.

3.   QUORUM

3.1   No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. Non- Executive Directors who are unable to attend a meeting should find an substitute to attend in their place.

4.   MEETINGS

4.1   The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. Where possible, these meetings should be held to fall between two and four weeks before the NHS Highland Board meeting.

4.2   NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee and a Vice Chair who will chair in their absence.

4.3   If the Chair is absent from any meeting of the Committee, the Vice Chair shall chair the meeting.

4.4   The agenda and supporting papers will be sent out at least five working days before the meeting.

5.   REMIT

5.1   The remit of the Staff Governance Committee is to:

- Consider NHS Highland's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard and reporting on progress to Scottish Government.

- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements.

- Give assurance to the Board on the operation of Staff Governance systems within NHS Highland, regarding progress, issues, risks and mitigation and actions being taken, where appropriate.

- Oversee the commissioning of structures and processes which ensure that the delivery against the standard is being achieved.

- Monitor and evaluate strategies and implementation plans relating to people and culture, through the Together We Care Strategy, Argyll & Bute HSCP Strategic Plan, the Annual Delivery Plan and the Workforce Plans for NHS Highland and Argyll & Bute HSCP.

- Provide support for any policy amendment, funding or resource submission to achieve the Staff Governance Standard.

- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters.

- Provide assurance and oversight to the board for the operation of the Area Partnership Forum, the Health & Safety Committee and the groups reporting to the People and Culture Portfolio Board (namely: Culture Oversight Group; Health and Wellbeing Group; Diversity and Inclusion Group and Health and Care Staffing Act programme Board) and escalate any matters as required.

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this.

- Provide oversight for the delivery of Medical Education within the Board, including provision of an annual report to the Committee.

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year and shall review this at each meeting.

5.5 The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated

areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Staff Governance Committee reports directly to NHS Highland Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Area Partnership Forum will report to the Committee and act as the main implementation body for the Staff Governance agenda.

7.3 The Health and Safety Committee will report to the Committee to ensure that the appropriate processes and resources are in place to facilitate the achievement of Health and Safety Policy Aims and Strategic Objectives and for assurance of and escalation for matters relating to Health & Safety. This will include receiving an annual report on progress with the Health and Safety agenda.

7.4 The People and Culture Programme Board will report to the Committee on progress with and assurance of the People and Culture elements of the Strategy and Annual Delivery Plan, including the Argyll and Bute Strategic Plan, as well as compliance with the Health and Care Staffing Act and delivery of the Workforce plans for both NHS Highland and Argyll & Bute HSCP. This will include a dashboard of metrics and insights and oversight of key risks and issues.

**CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

**Date of Clinical Governance Committee confirmation – 2 November 2023
Audit Committee endorsement for Board approval 12 March 2024**
For approval at NHS Highland Board 26 March 2024

1.   PURPOSE

1.1   To carry out the statutory duties as outlined in NHS MEL(1998~)75, NHS MEL (2000)29 and NHS MEL (2001)74.

1.2   To give the Board assurance that clinical and care governance systems are in place and working throughout the organisation.

1.3   To provide assurance that decision making about the planning, provision, organisation and management of services which are the responsibility of the Board takes due cognisance of the quality and safety of care and treatment.

1.4   To oversee the clinical governance and risk management activities in relation to the development and delivery of the NHS Highland Strategy, ensuring it fits with national strategies, takes into account local population needs and demographics, and is geared towards quality, sustainable community and acute services.

1.5   To assure the Board that clinical and care governance arrangements in both Health and Social Care Partnerships are working effectively.

2.   COMPOSITION

2.1   The membership of the Clinical Governance Committee will be:

- 4 Non Executives Board members, one of whom would Chair the committee
- Chair of the Area Clinical Forum
- Staff side Representative
- 2 Independent Public Members
- Medical Director
- Director of Public Health
- Nurse Director

2.2   Ex Officio

Board Chair
Chief Executive

2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Deputy Medical Directors
- Chief Officer NH/Director of Community Services
- Chief Officer A&B
- Chief Officer of Acute Services
- Clinical Director of e-Health (Head of e-Health as substitute)
- Director of Pharmacy
- Board Clinical Governance Manager
- Clinical Governance Manager Argyll & Bute
- Contracted Services Representative, The Highland Council
- Associate Director Allied Health Professionals
- Deputy Nurse Director
- Associate Nurse Directors
- Head of Midwifery
- Director of Adult Social Care
- Consultant Community Paediatrician
- Lead for Realistic Medicine

2.4 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due, to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Clinical Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. The Chair may convene ad-hoc meetings to consider business requiring urgent attention.

4.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee and a Vice Chair who will chair in their absence.

4.3 If the Chair is absent from any meeting of the Committee, the Vice Chair shall chair the meeting.

4.4 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.5 Items will be added to the agenda with the agreement of the Chair and/or Medical Director.

4.6   An action plan will be produced after each meeting within 5 working days to ensure business of the Committee is progressed and implementation of agreed actions takes place as soon as possible where appropriate.

4.7   All papers received by the Committee will be presented in person, unless otherwise agreed by the Chair.

5.   REMIT

5.1   The remit of the Clinical Governance Committee is to:

- interrogate the clinical and care governance systems to ensure that the principles and standards for clinical governance are being implemented;

- challenge evidence gathered across the organisation to raise areas of concern, ensure that these are properly addressed, and to monitor and review the effect of actions taken and report outcomes to the Board;

- review outcomes against local and national standards and to ensure compliance with national regulatory and performance requirements;

- select and agree a range of clinical targets and outcomes in conjunction with clinicians and other relevant personnel and ensure an appropriate audit and reporting framework is adhered to across the organisation

- receive exception reports from its reporting committees on relevant areas of concern and the submission of action plans of amended practice;

- receive reports from its reporting committees;

- receive regular reports from the Quality and Patient Safety Groups on the implementation of the quality & patient safety framework and on an agreed range of quality targets and outcomes;

- receive the Committee's risk register at every meeting

- receive the Strategic Risk Register at alternate meetings for consideration by the Committee;

- review regularly the sections of the NHS Highland Integrated Performance and Quality Report relevant to the Committee's responsibility; and

- receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.

5.2   The Committee will undertake an annual self-assessment of the its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3   The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed

Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

5.5 The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

6. AUTHORITY

6.1 The Committee is authorised to investigate any activity within its remit. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Furthermore, independent external advice may be accessed in respect of matters within the Committee's remit.

6.2 The Committee is accountable to the Board and will report to the Board through the issue of Assurance Reports. The Committee will raise specific issues with the Board as it considers necessary.

6.3 The Committee will present an annual account to the Board in execution of its duty to provide assurance that NHS Highland's statutory duties with regard to clinical governance are being fulfilled.

6.4 A number of committees and groups are accountable to the Clinical Governance Committee and will provide assurance to the Committee. Such assurance is given by the submission of exception reports of activity and areas of good practice, exception reports on areas of concern, and work plans. Areas of concern identified by these committees will be addressed specifically on the agenda of the Clinical Governance Committee. In addition, the Lead Executives for the reporting Committees will be asked to give a written exception report when appropriate together with an annual presentation to the Clinical Governance Committee.

6.5 Assurance regarding Adult Social Care Services is within the remit of the Argyll & Bute Integrated Joint Board and the Highland Health and Social Care Partnership.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to NHS Highland Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2   The following Committees will report to the Clinical Governance Committee:

- NHSH Quality and Patient Safety Groups – Exception Reports and all Minutes to every meeting
- Argyll and Bute Clinical & Care Governance Committee – Exception report and all Minutes to every meeting
- Control of Infection Committee Assurance Report
- Area Drug & Therapeutics Committee – 6 Monthly Exception Report
- Transfusion Committee - 6 Monthly Exception Report
- Organ and Tissue Donation Committee - 6 Monthly Exception Report
- Health and Safety Committee - 6 Monthly Exception Report on issues relating to Clinical Governance
- Research, Development & Innovation Committee – Annual report

7.3. The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an update on all changes being submitted to the Audit Committee

REMUNERATION COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Committee agreement: 26 February 2024
Audit Committee endorsement for Board approval 12 March 2024
For approval by NHS Highland Board 26 March 2024

1.   PURPOSE AND ROLE

1.1   To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, to oversee performance arrangements for designated senior managers**, and to endorse pay and terms and conditions for the Executive cohort**. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance:

https://www.sehd.scot.nhs.uk/mels/2000_25.pdf

https://www.scot.nhs.uk/sehd/mels/HDL2002_64.pdf

1.2   To direct the appointment process for the Chief Executive and Executive **Directors.**

2.   COMPOSITION

2.1   The membership of the Remuneration Committee will be:

- Board Chair
- Board Vice Chair
- Employee Director
- 2 Non Executive Directors

2.2.   The Director of People and Culture shall serve as the Lead Officer to the Committee.

2.3   All Executive members in attendance at the Committee will leave the meeting when any discussion takes place with regard to individual Directors' performance, apart from the Lead Executive to the Committee. The NHS Highland Chief Executive and the Lead Executive to the Committee will leave the meeting when there is any discussion with regard to their own respective performance, and pay and conditions.

3.   QUORUM

3.1   Meetings will be quorate when at least three members are present.

4.   MEETINGS

4.1   The Committee shall meet as necessary, but not less than three times a year.

4.2   The NHS Highland Board Vice Chair will chair the Committee.

4.3   If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.4   The agenda and supporting papers for each meeting will be sent out at least five clear working days before the meeting.

4.5   The principal minutes will be circulated to all Committee members. Abridged minutes edited to remove all personal details will be circulated to all Board members.

5.   REMIT

5.1   The remit of the Remuneration Committee is to:

- Agree all the terms and conditions of employment of Executive Directors and Senior Managers of the Board, including:

    - job descriptions
    - job evaluation
    - terms of employment
    - basic pay
    - performance related pay
    - benefits (removal arrangements and cars)

- Agree objectives for executives before the start of the year in which performance is assessed
- Review completed Executive appraisals relative to the performance of the Board
- To assure the Board that effective arrangements are in place for carrying out the above functions in respect of all other senior managers
- Conduct a regular review of the Board's policy for the remuneration and performance assessment of executive directors, other senior managers and medical consultants, in the light of guidance issued by the SGHD and any specific National, External or Internal Audit Report.
- Agree the output of the Discretionary Points Advisory Committee in relation to the award of discretionary points to Consultants.

The Remuneration Committee, under the leadership of the Chair will:

- Ensure Remuneration Committee members are fully trained to undertake Committee member duties.
- Ensure efficient and effective use of public monies in relation to managerial and executive pay.
- Ensure that decisions on pay are fully supportable and auditable.
- Ensure that individual targets and assessments of performance against targets are tied to the Board's overall performance in providing health and social care services.
- Take full account of Government policy on pay in the public sector and the need to contain overall management costs when determining pay increases.

6.   AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it needs, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

7.1 The Remuneration Committee reports directly to the NHS Highland Board on its work. Minutes of the Committee are presented to the Board In Committee by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board. The Remuneration Committee has access to the National Remuneration Committee Self-Assessment Pack to ensure that the performance is in line with National Guidance.

7.3 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

7.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

NHS Highland

Meeting:	NHS Highland Board
Meeting date:	26 March 2024
Title:	Board and Governance Committees' Annual Work Plans
Responsible Executive/Non-Executive:	Sarah Compton Bishop, Board Chair
Report Author:	Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Local policy

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 Outcomes	✓		

2 Report summary

2.1 Situation

This report seeks the Board's endorsement of Board and Governance Committee Work Plans for the 2024/25 financial year.

2.2 Background

This Board and Committee Workplans are compiled with specific reference to the individual group roles, responsibilities and functions as defined in the Code of

Corporate Governance. Workplans cover a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support the Board and Committees' remits.

2.3 Assessment

The contents of the individual Board and Committee workplans for 2024-25 have been agreed at the March cycle of Governance Committee meetings and discussed with Chairs and Lead Executives.

The concept of 'Frugal Governance' which supports the reduction of duplication and efficient use of committee time is currently being actively pursued. Further consideration is being given to identify how frugal governance can be applied to uphold the standards as described in the Blueprint for Good Governance and deliver the programme of work set out in Committee workplans. Should the workplans require to change as a result of this work they will be revised accordingly.

The full suite of Workplans for 2024-25 are circulated separately in an Excel file and are presented for the Board's endorsement.

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

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

Board and Committee Chairs and Lead Executives have discussed the proposed draft workplans for 2024-25.3.9 Route to the Meeting

The appendices to this report have been considered and agreed at the respective governance Committee meetings as follows:

- Finance, Resources and Performance Committee – to be agreed on 12 April 2024 and has clearance of Lead Executive and Committee Chair.

- Highland Health and Social Care Committee of 6 March 2024

- Clinical Governance Committee of 7 March 2024

- Audit Committee of 12 March 2024

- Staff Governance Committee of 5 March 2024

- Remuneration Committee of 26 February 2024.

4 Recommendation

The Board is asked to consider and endorse the Board and Governance Committee Workplans for 2024/25.

4.1 List of appendices

A separate Excel spreadsheet forms the Appendix to this report and details the full suite of Board and Committee Workplans for 2024-25.

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS Highland** **na Gàidhealtachd**
HIGHLAND NHS BOARD		
MINUTE of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**09 February 2024 at 9.30 am**	

Present	Alexander Anderson, Chair Tim Allison, Director of Public Health Ann Clark, Non-Executive Heledd Cooper, Director of Finance Garret Corner, Non-Executive Gerard O'Brien, Non-Executive David Park, Deputy Chief Executive
In Attendance	Rhiannon Boydell, District Manager Sarah Compton-Bishop, Chair of NHS Highland Lorraine Cowie, Head of Strategy and Transformation Pamela Cremin, Chief Officer, Highland Health and Social Care Partnership Eric Green, Head of Estates Karen Leach, Non-Executive Kate Patience-Quate, Deputy Director of Nursing Katherine Sutton, Chief Officer for Acute Elaine Ward, Deputy Director of Finance

1   STANDING ITEMS

1.1   Welcome and Apologies

Apologies were received from committee members Graham Bell, Boyd Peters, Pamela Dudek with David Park deputising and Louise Bussell with Kate Patience-Quate deputising.

1.2   Declarations of Interest

There were no formal Declarations of Interest.

1.2 Minute of Previous meeting held on Friday, 05 January 2024, Rolling Action Plan and Committee Work Plan

The Minute of the Meeting held on 5 January 2024 was **Approved.**

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the Committee Action and Work Plans and agreed any proposed closures.

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2   FINANCE

2.1   NHS Highland Financial Position 2023/2024 Report (Month 9) and Update on Savings Plans

E Ward spoke to the circulated report that detailed the NHS Highland financial position as at end Month 9, advising the Year-to-Date (YTD) Revenue over spend amounted to £48.7678m, with the forecast overspend set to increase to £54.599m as at 31 March 2024. The year end forecast continued to be £14.073m better than presented within the financial plan and assumed delivery of actions within the Financial Recovery Plan, including support to balance the Adult Social Care forecast overspend. The relevant key risks and associated mitigations were outlined. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; assurance of progress against the Cost Improvement Plan Programme; 3 Horizons/Savings Tracker activity; Supplementary Staffing; subjective analysis; overall forecast position; wider sustainability and value activity; and Capital Spend. The report proposed the Committee take Limited Assurance, for the reasons stated.

The following matters were discussed:

- Impact and Learning from In-Year Undelivered Savings Schemes. Noted as a recurring theme. Advised those being monitored and rolled forward to 2024/2025 had been new schemes for 2023/2024. Not all schemes had been fully developed prior to inclusion. Learning taken and activity being taken forward relating to ensuring work streams adequately developed at initial stage. Integrated service planning approach referenced. On ensuring a full year impact, advised schemes fully defined and ready to be progressed. Relevant processes will be commenced prior to star of new financial year. Relevant challenge for 2024/25 will result in increased scrutiny and risk assessment activity. A more centralised approach was not expected to impact on operational level buy-in.
- Implications of Patient Level Information Costing System Pilot. Advised data to be tracked in line with patients rather than by specific activity. Allows greater benchmarking information across services. Noted operational in England for about a decade. Looking to take learning from activity elsewhere. Will require time to establish and fully embed.
- Assessment of Impact from Additional Spend Control Measures. Noted impact being actively monitored, with associated spend reductions already evidenced. Noted had been unintended benefits in terms of identification of non-compliant contracts; improved requisition requests; highlighting of existing maintenance contracts; and widespread recycling of furniture and equipment etc. Stated overall, process has added value.
- Discussions with Highland Council. Advised conversations relating to 2024/2025 had been progressed but remain ongoing. 2023/2024 position to be formally confirmed in writing to Highland Council with request for additional resource. Further service improvement to be worked through.
- Countering Fraud Activity. Questioned how the organisation can address perceived culture that finance will always be resolved in positive manner. Advised messaging to staff can be tricky balance to strike. Messaging will be enhanced given known position for 2024/25. Directors of Finance working together on consistent public messaging. National groups looking at prescribing activity. Consideration of national targets and associated service models will be important aspects.
- Risk Associated with Factoring in Expected Allocations. Advised had been factored in to relevant scenario planning activity. Noted number of large allocations had come through in January, with those outstanding mainly relating to lower risk matters.
- Capital Spend. Noted further expenditure due in 2023/2024 irrespective of national announcement regarding spend moratorium. Questioned if risk that such spend would not be covered by allocations. Advised not likely to affect 2023/24 position. Technical accounting aspects to be worked through with auditors.

- Management/Coordination of Wider National and Local Political Messaging. Stated there can be a disconnect at all levels when answering on local matters. Honest National messaging a key aspect that can inform and help direct local conversations around associated impact. Discussions ongoing at national level. Managing the public perception was likely to be a challenge for all involved. Full Communications Plan being developed. Importance of integrated service planning activity highlighted.

2.2 Draft Financial Plan 2024/2025

E Ward, as part of the reporting in relation to the previous item, went on to advise as to the NHS Highland financial plan for 2024/2025, the underlying basis of which was outlined in more detail for members. A relatively detailed summary of the indicative planned position for 2024/25 to 2026/27, as submitted to the Scottish Government in January 2024 was provided as well as an indication of the relevant actions required. Areas of national focus were outlined, as were the identified associated risks within the current draft financial plan. The Capital position for 2024/25 to 2028/29 and associated assumptions were also indicated. It was advised the final draft NHSH Financial Plan was to be submitted to Scottish Government by 11 March 2024, based on realistic assumptions.

There was discussion of the following:

- Calculation of Cost Reduction requirements. Advised based on Adult Social Care position, Argyll and Bute activity and 3% efficiency requirement for North Highland. Mitigation activity continues to be discussed and taken forward where appropriate.
- Draft Financial Plan, National Level Discussion of Local Actions, and the Role of the NHS Board. Advised overall timescales unclear at that time, with many aspects yet to be considered and worked through in detail at local level. Sign off will likely be at the May 2024 NHS Board meeting. Additional Development Session(s) would likely be held.
- Cost Pressures/Growth Elements. Stated need for honest discussion, including with Scottish Government around not taking some elements forward in the absence of resource. Noted some elements will already be contractually obligated.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.

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3 Strategic Transformation and Planning Approach

The Head of Strategy and Transformation provided a presentation detailing the 2024/25 Path to Balance as the approach to a structured cost improvement program. Speaking to the presentation she highlighted the following:

- A Communication and Engagement plan would be presented to EDG for approval. Events would be continuing to be held to improve communication and ensure all stakeholders and public are kept informed.
- The Path to Balance approach has four main workstreams; Whole System; Operations; Corporate; and Digital. Each will have a value and clear plan about what savings are and how we are going to achieve it.
- Each workstream would report to Path to Balance group to ensure clarity when assessing and assuring workstreams are aligned correctly. The values from each workstream would integrate with the financial plan and the annual delivery plan as key areas.
- Integrated service planning had begun within the Partnership and Acute to ensure improved collaborative accountability, ownership, governance, and communication that will result in having a target operating model for the next year for each of the services.

- Processes that had been agreed. Impact assessment template that assesses risk and assigns a decision-making level. The Integrated Service Plan and outputs, that is an assessment process. If impacting of our population quality impact assessment completed and recommendations considered by professional leads. Simplified PID complete with SRO assigned. Monthly assurance on progress until benefits realised. Escalation and review through path to balance group supported by the PTB team.
- Progress made to date. Strategic change process had been agreed and included 4 stages; discover; define; develop; and deliver. Clear structure and portfolio with charters. Decision making framework agreed. Clear documentation and resources being added to the intranet. Communications plan developed. The Strategic Transformation and Assurance Group established and began to meet.
- Purpose, assumptions, and key anchor points had been agreed. There are set principles to ensure the population are cared for, the organisation has efficiency, there is single financial plan in place, and that this is maintained through the Annual Development Plan.

The Head of Strategy and Transformation provided an overview of the decision-making levels/ expected timeline along with who would approve and manage the decision. An overview was provided to advise the committee on the governance structure of the strategic change structure and that would feed into the Governance and Professional Committees.

The Committee Chair questioned if there would be regular progress updates provided to the Committee and Board. The Head of Strategy and Transformation stated that documentation had been created to outline the stage of decision making was at and the key areas to focus. Deputy Chief Executive noted that savings and transformation updates would continue to be provided to the committee. When plans had been through the approval levels it could be agreed the frequency of communications to be provided to the committee.

Board Vice Chair stated she was interested in understanding what differences the new approach would bring about. She expressed concern about capacity issues related to integrated health and social care planning. Given the multitude of local initiatives already in place, she questioned whether there is enough capacity to accommodate this additional planning space and the balance between strategic and local decision-making, especially in terms of workforce management and community involvement.

The Head of Strategy and Transformation explained it was about understanding aims and being clear in terms of finance, performance, and workforce quality with charters providing contexts. Discussions had taken place with the Chief Officer for the HSCP around decision-making for resource allocation in a place-based approach, including metrics for districts that do not have community hospitals. Integrated service planning sets a baseline for understanding district operations and resource variation. Implementing changes would be challenging, particularly for project teams' post-decision.

Chief Officer, HHSCP explained integrated service planning is key, requiring detailed, evidence-based assessments for service performance. This has been put into practice through workshops with district managers and the Highland Council following the Joint Strategic Plan's approval by the Joint Monitoring Committee. Chief Executives have reviewed the council's financial profile, with slides from this session shared to foster alignment. A locality plan for savings and efficiency in the next year has been developed for Adult Social Care. The management structure is being redesigned with input from those involved in redesign activities. The creation of a primary care strategy, recognised as crucial for shaping and redesigning services, has seen engagement from Primary Care. The Communications Strategy with primary care has been a focus, underlining the importance of locality and community planning partnerships.

The Committee Chair recommended the inclusion of Non-Executive Directors on gate three to provide some level of governance and assurance. The Head of Strategy and Transformation

explained that if decisions on major service change are being made and to follow a specific process there would need to be a discussion on how people are kept informed.

> The Committee **Noted** the Strategic Transformation and Planning Approach.

4   Environmental and Sustainability Reporting

The Head of Estates explained the report provided an update on how the organisation had been progressing toward the Scottish Governments Net Zero targets. The infrastructure decarbonisation would be dependent on funding which had been limited with the organisation actively searching for alternative funding to apply for. It was highlighted that the solar powered EV chargers had been installed at Raigmore and was available for use by staff and the public for a cost.

In discussion, committee members noted willingness to progress toward the Scottish Governments Net Zero targets. With the organisation needing to ensure maximisation of funding applications to enable future innovation and moving forward toward the Net Zero targets as it would potentially need to be done in small increments depending on funding.

The Director of Finance highlighted the Papilo charging point was a two-year pilot that had been funded through Endowment Committee. The paper that had been presented to the Endowment Committee noted the savings made from the pilot and invest in further installations. Spend to save should be part of the Endowment strategy to enable the core investment to be repaid to Endowments.

Committee members noted high energy use at Raigmore Hospital and asked if there had been progress on improving energy efficiency. The Head of Estates explained that plans for cyclical replacement work were being developed to help improve energy efficiency. The Estates team are aware of the need to decarbonise Raigmore and if further funding was sourced to help improve energy efficiency ratings, then in turn this could help with maintenance challenges.

> **After discussion, the Committee:**
>
> - **Noted** the reported position.
> - **Agreed** to take **moderate** assurance.

5   Risk Register Update

The Head of Strategy and Transformation confirmed there had been no update since the committee meeting in January; an update will come to the March committee meeting.

> **The Committee so** Noted.

6   Remaining Meeting Schedule for 2024

1 March
12 April
3 May
14 June
5 July
9 August
6 September

11 October
1 November
13 December

The Committee:

- **Noted** the remaining meeting schedule for 2024.

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7   DATE OF NEXT MEETING

The date of the next meeting of the Committee on Friday 1 March 2024 at 9.30am was **Noted.**

8   Any other Competent Business

The Chair confirmed that the Committee Self-Assessment questionnaire would be available for completion to members and attendees until 23 February 2024 and encouraged as many responses as possible.

The meeting closed at 11.45am

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 6 March 2024 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
Cllr, Christopher 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
Cllr, David Fraser, Highland Council
Kaye Oliver, Staffside Representative
Julie Gilmore, Nurse Lead (shared role)
Simon Steer, Director of Adult Social Care
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)

In Attendance:
Louise Bussell, Nurse Director
Sarah Bowyer, Public Health Team (item 3.1)
Sarah Compton Bishop, Chair, NHS Highland Board
Lorraine Cowie, Head of Strategy and Transformation
Fiona Duncan, Chief Executive Officer and Chief Social Work Officer, Highland Council
Frances Gordon, Interim Finance Manager (on behalf of Elaine Ward)
Arlene Johnstone, Head of Service, Health and Social Care
Stephen Chase, Committee Administrator

Apologies:
Joanne McCoy, Cllr Ron Gunn, Fiona Malcolm, Michelle Stevenson Mhairi Wylie.

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 and no declarations of interest were made.

1.2   Assurance Report from Meeting held on 17 January 2024 and Action Plan

The draft minute from the meeting of the Committee held on 17 January 2024 was approved by the Committee as an accurate record.

It was noted that the current rolling actions had been closed, and would be reviewed to ensure any other pending actions were recorded.

The Committee	
− **APPROVED** the Assurance Report	

| – **NOTED** the closing off of actions from the Action Plan. | |

1.3 Matters Arising From Last Meeting

It was noted that work to align the clinical and care governance process within the HHSCP continued to progress. An event was due to be held between the partners to work towards a joint approach. The Director of Adult Social Care (NHSH) gave assurance regarding day-to-day oversight and reporting via Datix and other routes. The Chief Social Work Officer for Highland Council agreed that there had been progress on practice and oversight, however it was commented that at a governance level the Clinical and Care Governance Board did not properly consider Care to the same degree as Clinical matters and there was a lack in the membership of people who could give appropriate assurance on Care matters. The Nurse Director noted that Argyll & Bute HSCP have a well-established arrangement for clinical and care governance and that learning could be had from it and other health boards in ensuring North Highland resolves this issue effectively. It was recognised that the matter is live and discussions continue to find a way forward to better address the governance arrangements either through an amendment to the current membership and terms of reference or through a more thorough redesign.

The Chair noted that he would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG.

| **The Committee:** |
| – **NOTED** the updates, and |
| – **AGREED** that the Chair would contact the Chair of the Clinical Governance Committee and the Board Chair ahead of the meeting of the Committee Chairs to find a route forward in conjunction with the EDG. |

2 FINANCE
2.1 Year to Date Financial Position 2023/2024

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 was ongoing, within the Board and nationally to consider options and schemes to close the gap. Scottish Government provided additional funding and the Board was now looking to deliver a financial deficit of no more than £55.800m. Further additional funding was anticipated and reflected in the forecast position at financial year end. The report summarised the position at Month 10, provided a forecast through to the end of the financial year and highlighted current and ongoing service pressures.

For the period to end January 2024 (Month10) an overspend of £13.210m was reported within the Health & Social Care Partnership. The overspend was forecast to increase to £14.963m by the end of the financial year.

Limited assurance was offered to the committee due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. It had been determined that the current period of financial challenge required the development of a robust recovery plan 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".

F Gordon noted that the Month 10 position was not that different from the position reported to the January meeting and that the closing position had improved from the start of the year due mainly to additional allocations and the recovery programme. Most of the key risks and mitigations identified earlier in the year had stabilised, some have materialised, and some

were continuing. Mental Health Services had seen a slight deterioration due to increased agency costs and some out-of-area costs. Primary Care had seen a deterioration due to prescribing figures, however, there were some underspends which had helped to mitigate the position, in areas such as Dental Services where a high number of vacancies had been experienced. Adult Social Care had moved to just under a £ 3½ million overspend and unachieved savings of £2.7 million had been built into the forecast. Plans had been brought forward to the Highland Council which had not come into force and this had contributed to the slippage.

During discussion,
* The level of confidence in achieving the forecast position was discussed and it was thought that there ought not to be any new surprises and that there may be benefits seen from the financial controls that had been put in place with the likelihood that the position would further stabilise or reduce slightly.
* The Chief Officer noted that the Highland Council was in the process of establishing a reserve of £20 million to support transformation activity and that further detail as to how this would operate was still to be confirmed. A reduction in the quantum of £12.6 million was to be set against a gap of £16.252 million for 2024-25; this amount had increased to £23.252 million following the decision by Highland Council to reduce the quantum by £7 million in 2024-25. It was recognised that the partnership was late to agree the budget and that this would also need to be presented to the Board for consideration in terms of risk to the quantum.
* An opportunity for collaborative work with Highland Council had been seen and the Council had been asked to assist the organisation with expertise support around around commissioning and cost and capacity planning. This would also assist with benchmarking in other services. The Joint Monitoring Committee would take a view of the discussions to ensure that the impact of financial savings will be fully considered.
* It was noted by the Chair that the timing of the Scottish Government budget and the Highland Council budget had meant that the partnership's planning was a little behind schedule for 2024-25, and that therefore there was still some uncertainty in terms of available resources to the partnership for the next year.
* The importance of not losing sight of service benefits in addressing financial pressures was raised particularly in relation to services such as Chronic Pain and Enhanced Community Services which were in and of themselves difficult to quantify in terms of direct benefits but had positive patient responses and reduced the need for many referrals.
* It was noted that the timeline for spending and service redesign proposals was currently under consideration and that updates and a draft plan would be presented to the next meeting of the committee.
* Workforce challenges and the impact on the sustainability of certain services were acknowledged. Work by the Head of Strategy and Transformation and the Director of People to address Integrated Service Planning was undergoing final checks with a view to understanding capacity especially in areas such as Third Sector commissioning, and make best use of resources across the districts and engage the community with this work.
* Regarding care closer to home, it was commented that decisions will have to be made about what is reasonable and what is practical across the remote and rural patch and to communicate this effectively to patients and public. Opportunities for staff development were raised as an area to better attract and retain staff in the care sector.
* Other areas discussed included, the use of data around supporting and enabling people to stay in their homes for longer and avoid going into care homes too early, the need to address the reliance on agency staffing in some care homes, and the importance of clear communications with the public in view of some recent high profile news stories around health.
* The Chair in summarising, noted that the next meeting of the committee would consider reports on Care At Home and from the Care Home Collaborative Group and this would give opportunity to consider some of these issues further in terms of strategy.

The Committee:
− **NOTED** the report and
− **ACCEPTED** limited assurance in light of the ongoing financial challenges and the development of a robust recovery plan.

3   PERFORMANCE AND SERVICE DELIVERY

3.1   Annual Director of Public Health Report

The Director presented an overview of the approach taken to review quality within NHS Highland. The Directors of Public Health for the health boards are required to produce an annual report concerning the state of health of their local population. There is no set format for the report and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

The report for 2023 was brought to the Committee along with a presentation. The theme for the report was 'Medication and Public Health: Do the Right Thing'. The report recognised that there were areas of public health where medication plays a large role in improving health but conversely it was important to be aware and take action where medication caused harm such as the environmental impact. The report presented information about the health of the population of NHS Highland with examples of how medication affected public health. The report offered substantial assurance that the requirement for the publication of the report had been met. Other elements of public health reporting would continue to need further work as would implementation of the recommendations from the report.

During discussion,
- Cllr Birt raised the issue of cardiovascular disease and the relationship between health and diet which contributed to more than half of the risk factors for coronary heart disease, with especial reference to the impact of eating less meat on this and other diseases such as cancers. The need to encourage healthier behaviours was raised especially among the younger part of the population. The Director of Public Health acknowledged that the Highland Council was the lead agency for several of the issues but that NHS Highland had a key role to play in disseminating information about ways to improve overall food consumption, reduce inequalities and to look at how local sourcing of food could be boosted and food waste be reduced.
- The importance of social prescribing was noted in addressing health inequalities and avoiding early deaths. A plea from D Van Ruitenbeek was made that such work not be a victim of spending cuts.
- It was commented that there was potential for learning via the Primary Care Improvement Fund through data collection to better target social prescribing. The Deputy Medical Director offered to bring a report to a future meeting on the Primary Care Improvement Fund and its work in this area. The Director of Public Health commented that there was more that could be done with Primary Care data on this topic, he noted that data collection was a complex topic but that the main focus of Public Health had been to focus social prescribing and interventions on practices operating in areas of material deprivation. S Bowyer noted that there was a national software resource to encourage better data collection on this topic.
- N Wright commented on the positive use of pharmacy colleagues in social prescribing and the impact of link workers able to assist people in navigating the opportunities available regarding financial support and access to services. However, he also noted that link workers can only operate when there are appropriate services available.
- In summarising, the Chair explained the assurance offered and this was with regard to the quality of the report, the underlying data and that there were programmes to support the recommendations.

The Committee:	
− **NOTED** the report, and	
− **ACCEPTED** substantial assurance.	

[The Committee took a rest break from 2.30pm to 2.40pm]

The Chair informed the Committee that item 3.3 would be taken ahead of item 3.2 after which the meeting ran as set out in the agenda.

3.3 HHSCP IPQR

The Head of Strategy and Transformation spoke to the circulated report which noted the set of performance indicators used to monitor progress and evidence the effectiveness of the services that HHSCP provided aligned to the NHSH Annual Delivery Plan. It was noted that in terms of overall numbers there had been little significant change in data from month to month, however numbers for unmet need for the quarter had seen a rise. A rise in delayed discharges and people in the wrong place had also been recorded in the community hospital setting. Performance for longer waits had seen some improvement to just below the Scottish average. Waits for Community Mental Health were ongoing but stable. Performance for the Alcohol and Drug Partnership had seen a significant positive increase over the previous year reaching a 96.1% standard. Non-reportable Specialties (Community) had seen long waits in some areas, and a substantial data quality exercise was planned. The draft Annual Delivery Plan was in preparation for publication and submission to SG.

During discussion,
- It was clarified that a long wait within non-reportable areas of Health and Social Care was over 18 weeks. However, waiting time guidance was currently under review and ought to be available during April.
- It was commented that there had been good developments around Technology Enabled Care working jointly with families and carers for care at home packages. It was noted that Highland was a low user of Telecare, however this still offered opportunities and ways to maximise this facility were under consideration especially with a view to assisting discharge and assessment from home.
- The Director of Adult Social Care commented that there was good engagement from Care At Home providers and work had been progressing to see how better care at home in a straightened market could be delivered, with recruitment as a key issue.
- Discussion had been had with partners in Scottish Government about digitising some of the financial assessment information in order to maximise income for patients and unclaimed benefits.
- Cllr Fraser raised the issue of plans to address issues around the forthcoming analogue switch off. The Director of Adult Social Care noted that the risks and impacts were under consideration, and commented that there is currently not blanket digital coverage across the region and that there are areas of 'digital poverty'.
- The Head of Strategy and Transformation noted that the assurance ask of the committee had been changed from moderate to limited due to the current financial position and its impact on resources, but that this was under consideration for the Board as well as the committee.

The Committee:	
− **NOTED** the report,	
− **ACCEPTED limited** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.	

3.2   Vaccination Transformation Plan Update

The report circulated ahead of the meeting provided an overview of ongoing actions taken to provide and improve the Vaccination Service across the HHSCP partnership area of the Board and to meet the expectations of the National programme. The summary followed the submission of NHSH Vaccination Service Delivery Plan.

The Director of Public Health in speaking to the report, commented on how Vaccinations was a vital area of the service as had been highlighted during the development and implementation of the COVID vaccination. The transition within HHSCP from GP delivery to Board delivery had not been without difficulties which included the remote and rural geography of much of Highland and the requirement to change the delivery arrangement during COVID when most health boards had already moved to this new model. Performance overall had been reasonable considering the context. Performance had been mostly in line with the with the rest of Scotland.

There had been issues with the quality of service and accessibility which had led to Scottish Government escalating HHSCP for vaccination to level 2 in their aspiration framework in terms of overall quality and confidence in the delivery of the service. The Director of Public Health and the Chief Officer were meeting regularly with Scottish Government to address the issues. Public Health Scotland had been providing support as a 'critical friend'.

Childhood vaccinations was noted as an area of special importance following high profile outbreaks of measles in areas of England, and there was concern about the relatively low take up of the MMR vaccine across Highland compared to other health boards. It was noted that there had been limited confidence in the vaccination service from the general public and the Chief Officer noted the key importance of good communications with the public on this issue. Transparency was important in gaining public trust and Scottish Government had been assisting the health boards in recording people's experience of the service and identifying areas for improvement.

The Chief Officer commented that there had been some patient safety issues picked up via quality and patient safety processes within the partnership and learning had been reviewed with recommendations for improvements and this had provided reasonable confidence that most people would be able to receive their vaccination within a less than 20 mile radius, with the majority of people accessing their vaccination within one to five miles distance through the use of drop in centres.

A number of complaints had been received from the public largely related to the autumn and winter programme and difficulties experienced with the national booking system, However, work at a local level on communications had been effective around encouraging the use of drop-in centres.

In discussion,
* The mooted move to a district-led delivery of vaccinations (under a Board-led model) was explained as having the aim of using local resources better and avoiding excessive staff travel through the use of multidisciplinary teams based within localities and making use of delivery centres which are co-located with other relevant services such as health promotion.
* The Deputy Medical Director noted that the Quality Patient Safety Committee had identified some issues through Datix reporting. A paper had been commissioned for the Clinical Governance Committee to provide assurance from an operational delivery perspective and assurance around an options appraisal to try and understand what the best delivery model to meet the needs of patients would be, whether from a remote and rural or urban perspective.
* The Chief Officer noted that achieving confidence in the proposed incremental move to the district alignment in some areas would be based in part on areas where this model

has been seen to work well and building on this. However, there was still the issue of having to work with the National Booking service and this would require further work to minimise potential disruptions to patient experience and service delivery.

- Cllr Cockburn noted the importance of community communications and commented that the email service had had a positive response from her constituents. It was also suggested that vaccination booking could be made flexible enough to align with patient needs such as when they need to travel to areas away from home such as into Inverness for other appointments.
- The Chief Officer confirmed to N Wright that GP representation would be part of the stakeholder engagement for the options appraisal.
- In summarising, the Chair requested that an update come to the May meeting of the proposed timeline and process.

The Committee:
- **NOTED** the report and
- **ACCEPTED substantial** assurance.

3.4 Chief Officer's Report

The Chief Officer provided an overview of her report which addressed the Major Redesign Programmes and the effect of the pause on all NHS Capital Projects announced last month by Scottish Government. Some clarity from Scottish Government had been sought concerning areas of the strategy impacted by the announcement.

The Joint Inspection of Adult Support and Protection for the Highland HSCP Area was underway and all key stakeholders were being engaged with through the process.

The proposal for Enhanced Services that was communicated to General Practice had been paused and a revisit of communication and engagement governance with GP Sub Committee and Local Area Medical Committee (LMC) representation had taken place. An agreed governance and communication framework between NHS Highland and the LMC was in process and meetings focussed on Enhanced Services position were planned in order to negotiate and agree a position that would be both clear for practices from 1st April, and enable the development of future contracts.

During discussion it was noted that wider engagement work was in train to address community concerns and to ensure the public is properly informed of developments.

The Committee:
- **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION
4.1 Committee Workplan for 2024-25

The Chair drew the committee's attention to the draft Workplan for 2024-25 and noted that it was a live document that would be amended as appropriate during the course of the year.

The Committee
- **Agreed** the Committee Workplan for 2024-25.

4.2 Committee Annual Report 2023-24

The Chair drew the committee's attention to the Annual Report and recommended that it be sent for endorsement by the Audit Committee and for approval by the Board.

The Committee
− **Noted** the Annual Report of 2024-25, and
− **Agreed** to recommend the Annual Report for endorsement by the Audit Committee and for approval by the Board.

4.3 Committee Self-Assessment Exercise

The Chair noted that the committee's discussion at its recent development session around the self-assessment exercise had been productive. And an SBAR had been circulated which included recommendations that would be submitted to the Board Chair for consideration and for building into the committee workplan.

The Committee
− **Noted** the report, and
− **Accepted** moderate assurance.

5 AOCB

There was none.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 8 May 2024** at **1pm** on a virtual basis.

The Meeting closed at 3.45 pm

<table>
<tr>
<td rowspan="2">HIGHLAND NHS BOARD</td>
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<td rowspan="2">NHS
Highland</td>
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<tr>
<td>DRAFT MINUTE of MEETING of the
STAFF GOVERNANCE COMMITTEE</td>
<td>Tuesday 5 March 2024 at 10.00 am</td>
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Present:

Ann Clark, (Chair)
Elspeth Caithness, (Employee Director)
Bert Donald, (Whistleblowing Champion)
Pamela Dudek, (Chief Executive)
Kate Dumigan, (Staffside Representative)
Claire Lawrie, (Staffside Representative)
Philip MacRae, (Vice Chair)
Steve Walsh, (Non-Executive)

In Attendance.

Gareth Adkins, (Director of People and Culture)
Gaye Boyd, (Deputy Director of People)
Louise Bussell, (Nurse Director)
Ruth Daly, (Board Secretary)
Fiona Davies, (Chief Officer, A & B HSCP)
David Park, (Deputy Chief Executive)
Bob Summers, Head of Occupational Health and Safety (item 3.1 only)
Katherine Sutton, (Chief Officer, Acute)
Karen Doonan (Board Committee Administrator)

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Committee member, D MacDonald.

1.2 Declarations of Interest

Steve Walsh stated he had considered making a declaration of interest in his capacity as an employee of Highlife Highland, but felt this was not necessary after completing the Objective Test.

2   ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 16 January 2024

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

The following actions were proposed for closure:
120 – addition of Guardian Service Annual Report to 2024-25 Committee Workplan
125 – Committee Self-Assessment – inclusion of draft action plan on the agenda for this meeting..

The Committee **Agreed** to close actions proposed for closure.

2.3   COMMITTEE WORKPLAN

The Chair advised that there had been no further input to the Workplan from Committee members, and the document circulated was therefore a draft version for Committee's agreement.

The Director of People & Culture advised the workplan had been revised to ensure the Committee had clarity on the key assurance reports throughout the year. He drew particular attention to the addition of the Diversity and Inclusion Mainstream Report and Equality Outcomes, and an Annual Report on Learning and Organisational Development.

The Committee **Agreed** the draft Committee Workplan for 2024-2025.

3   MATTERS ARISING NOT ON THE AGENDA

3.1   Improvement Notices at New Craigs – Update

Bob Summers, Head of Occupational Health and Safety, joined the meeting for this item.

The Director of People & Culture spoke to the circulated paper and highlighted the following matters:

- There were complexities in terms of preventing ligature harm in any setting. There was therefore a requirement for regular review of our provisions.
- The risks associated with ligatures did not apply exclusively to Estates, but applied to a complex interaction of human factors and the way the organisation works.
- Work has been underway to address the improvement notice and to strengthen governance structures around the ligature review processes.
- A number of improvement actions had now been completed and there was close liaison with the Health & Safety Executive (HSE) in respect of timelines and implementation of changes.
- Development of management arrangements and safe systems of work were still outstanding and highlighted as a risk. This was a labour-intensive piece of work with staff needing to balance the pressure of looking after patients alongside risk assessing the environment.
- Executive oversight group meets monthly to ensure that the work is progressing to the timescales.

The Head of Occupational Health & Safety went on to explain the need to have the management structure matured and embedded within the New Craigs site itself along with places of safety. The removal of ligatures in the Morar Ward was underway and would be completed on time. The Director of People & Culture commended the Head of Occupational Health & Safety and his team on the work that was underway and had been done to date.

Board members queried if the ligature removal work was limited to New Craigs site itself or if this was a wider issue.   The Director of People & Culture advised that any ligature point presented a risk, and this risk was dependent upon the patient and the setting.

Assurance was sought from Board members that the higher risks were being addressed and that staff were fully aware of the mitigation that was required. The Director of People & Culture advised that best practice was being followed (identifying risks) and there were various clinical care practices and a governance structure now in place. It was noted that it was important not to assume a risk within a setting as New Craigs was a site that was used by various patient groups and the risk may change depending upon the patient group involved.

The committee **reviewed** the report and agreed to take **moderate** assurance.

3.2 Statutory and Mandatory Compliance Improvement Plan Update

The Director of People and Culture spoke to the circulated report and highlighted:

- A short life working group (SWLG) had been set up following a previous review to identify key issues and challenges staff faced in accessing statutory/mandatory training and
- He confirmed that the assurance proposed related to progress against the agreed plan, rather than compliance data. Responsibility for improving compliance still sat with the respective Directors and managers.
- The new report had received both data quality and compliance rate positive (?) feedback which had been an encouraging start.
- Discussion had taken place with respect to the percentage targets within the organisation which currently sat at 95%. Any review to this would require Committee agreement.

The committee **reviewed** the report and took **moderate** assurance on the progress being made with the Improvement Plan.

4   SPOTLIGHT SESSION – People and Culture

The Director of People & Culture spoke to his presentation which set out the structure of the directorate and he gave a brief outline of the various functions and team structures within it. He drew particular attention to the Comms and Engagement Team's performance and provided an overview of the challenges faced by the People function. He went on to provide further details as follows:

- The workforce age and pay scale profile.
- Sickness absence was relatively high and the Director intended to undertake work to identify specific reasons for this and how to support teams and enhance resilience..
- Statutory/mandatory training compliance was relatively positive.
- The number of completed appraisals was low, this would be a priority for the coming year.
- The Leadership and Development programme would be relaunched in April
- The VIP Awards programme had been launched
- The Community engagement programme had been well progressed
- The People and Culture Portfolio Board had been established focussing on Health & Wellbeing, Diversity & Inclusion, Health & Care Staffing, Employability & Workforce Diversification, Workforce Optimisation, and Integrated Service Planning.

During discussion, the Chair asked for clarity in respect of digital solutions to some of the challenges that required to be addressed. The Director of People & Culture outlined two main elements. Firstly, there was a need to look at corporate business systems and he highlighted national work to integrate workforce and finance systems. Secondly, Robotic Process Automation was also being considered to identify repetitive tasks that could be undertaken digitally and thereby reduce the burden on staff and streamline processes.

Board members welcomed the high standard of work of the Communication & Engagement team.

The length of time taken to fill vacancies was highlighted as an improvement area. The Director of People & Culture advised that best practice was currently being demonstrated in Grampian. This might be due to additional resources received and retained during the pandemic. Enhanced support to managers by Recruitment Team members often resulted in smoother and speedier processes but this of course was labour intensive for the team. The model of delivery was undergoing thorough consideration. He also confirmed that the directorate's sickness absence underwent predictable seasonable fluctuations.

The Chief Executive acknowledged the work that the Directorate had underway and the leadership demonstrated by the Director of People and Culture since coming into post. This work would help address the challenges that were being faced by the organisation. It was noted

that historically there had always been friction between HR staff and managers, but the presentation had outlined how this would be addressed.

> The Committee thanked the Director of People and Culture for his presentation and **Noted** the update.

5   ITEMS FOR REVIEW AND ASSURANCE

5.1   IPQR Report & Staff Governance Committee Metrics

The Director of People and Culture spoke to the circulated IPQR report and advised that assurance did not relate specifically to the data but was instead focused on what should be done to improve performance against the metrics if required. He supported the recommendation that moderate assurance was being offered to the Committee.

Sickness absence remained above the national target and historical organisational averages. The long-term approach to reducing this was the development of the Health and Wellbeing Strategy. However, there had been an additional piece of work over the past few months, in response to a national requirement relating to Value and Efficiency. This work looked at targeted interventions to reduce sickness absence that could be reflected in the release of resources into either supplementary staffing or other system pressure. A project plan was in progress to identify and analyse organisational 'hotspots' from the data, focusing on areas with high numbers of staff, in order to understand the causes and how could they be addressed.

There was a plan in place to address Vacancy Time to Fill levels which would be reviewed as the data showed system deterioration. While the reason for the recent increase was unknown, it was suggested that availability of recruitment managers; the volume of recruitment; and delays due to queues forming were potential contributing factors.

Annual turnover was currently just under 9%: of which 30% was due to retirement; 28% was voluntary and 21% was categorised as 'other'. Work was underway to determine whether turnover levels were acceptable or if further work was required to address this.

Practical Training remained a challenge and the Statutory Mandatory Training group were looking at the barriers to improvements and how they could be removed.

Appraisal completion rate would be addressed through a targeted improvement approach.

During discussion the following points were raised:

- Board members queried whether exit interviews were carried out and, if so, where were they reported to. The Director of People and Culture and the Deputy Director for People confirmed that there could be timing issues in capturing exit interview information. It would be helpful to gain an understanding of how other Boards managed to capture this information well.
- E-Learning and Compliance was still being worked on as part of the improvement plan.
- Recorded absences continued to move in the right direction.
- Board members suggested Appraisal Completion should appear in the Risk Register Culture Management Plan and this was taken on board by the Director of People and Culture.

> The committee **reviewed** the report and took **moderate** assurance.

5.2   Health and Care (Staffing) (Scotland) Act 2019

The Director of People and Culture spoke to the circulated report which looked at the implications of the Health and Care (Staffing) (Scotland) Act 2019. There had been a previous committee development session on this subject and the paper attempted to summarise this complex piece of legislation.

While the Act would come into force on 1 April 2024, implementation would follow a continuous improvement approach, which was recognised by both Scottish Government and Healthcare Improvement Scotland. The paper also looked at whether appropriate mechanisms and governance were in place to assess staffing on a day-to-day basis; the associated risks; and how they were managed. The final element of the implementation would look at using these assessments for short, medium, and long-term risk management and mitigation.

During discussion the following points were noted:

- The Chief Executive asked how this tied in with the Integrated Planning approach underway within the Acute sector. The Director of People and Culture confirmed it aligned very strongly and the need for integrated service planning was a critical part of the Act's implementation and would be the bedrock of reviewing and understanding the system which would evolve over time.
- The Chair sought clarity on whether anything was open to interpretation, leaving us vulnerable to enforcement action from organisations who might take a different view to the Scottish Government's continuous improvement approach. The Director of People and Culture confirmed that this had been raised as a risk to the National Health Care Staffing Programme Board. While it was unclear what Healthcare Improvement Scotland's role would be in the Act's enforcement, it was expected this would not commence until after the first round of reporting at the end of the year.
- The Chair asked what role the Committee would have in relation to social care staff in terms of the legislation. The Director of People and Culture advised there were two sections in the Act, one relating specifically to the NHS and the other to care providers. For Highland HSCP, NHS Highland would be expected to demonstrate compliance with duties that would otherwise have been the responsibility of the Council. The IJB would require to seek assurance from Argyll and Bute Council that they had discharged this particular duty.   The details of this would be worked out in due course.
- The Chair sought clarity on who would provide professional advice to the Board in terms of integrated services in Highland. The Chief Executive confirmed that professional advice would be provided by the Chief Social Worker as this would still fall under the Council's statutory duties around safe models of care and a model of engagement would require to be determined. The Nurse Director highlighted there would be a similar challenge around health staff within the Highland HSCP.
- The Medical Director noted that there was a lack of clarity nationally around the role of Medical Directors and the challenge would be to define what was meant by safe staffing and benchmarking across boards. He also mentioned that the issue of safety be incorporated into the ongoing Integrated Service Plan.
- The Chair suggested offline discussions should look at ways for Clinical Governance and Staff Governance Committees to work together to address appropriate assurance of the Act's implementation.

> The committee **reviewed** the report and took **moderate** assurance.

Comfort Break 10:28am until 11:40am

5.3 Strategic Risk Review

The Director of People and Culture spoke to the circulated Strategic Risk Review and advised that there had been no major changes to the risk statuses, but updates had been added in terms of today's meeting content. He confirmed that the register would be updated to include the Appraisal Improvement Plan. There was a commitment to move forward with the level 2 risks, but this was taking longer than anticipated due to capacity issues.

During discussion the following points were raised:
- Committee Members noted that on issues such as strategic workforce planning, partnership working and collaboration with partners outside of the NHS appeared to be missing and suggested it should be included. The Director of People and Culture agreed

but suggested it should be considered further as part of the Anchor Strategic plan as it was a cross cutting theme across the organisation.

- The Chair asked whether the risk register had been reviewed following the update to the Board risk appetite. The Medical Director suggested including the Board Risk Appetite Paper at a future meeting might be useful. A number of suggestions were made about how the Board risk appetite might be used. The Chair asked that Executives consider the issues further and agree a way forward to ensure consistency across Committees.

> The committee **reviewed** the report and took **moderate** assurance.

5.4 Workforce Policies Review

The Deputy Director of People spoke to the circulated report which provided detail and assurance that a framework and work plan was in place to develop, review and ratify policies.

It was confirmed that as Board responsibilities had changed over the past four years with the introduction of Once for Scotland policies, a request had been made to implement these rather than review and develop. It was noted that there were still 18 NHS Highland policies in place and work was ongoing to replace them.

The Director of People and Culture added that this is on the committee's workplan as an additional level of assurance, and it had been covered off in the Health and Safety Committee around some Health and Safety Policies.

> Having reviewed the report, the Committee took **substantial** assurance.

5.5 Whistleblowing Report Q3

The Director of People and Culture spoke to the circulated Whistleblowing Report and provided an update to the committee for Quarter 3. There had been no new cases and one case had been closed, leaving no outstanding cases under the Standards. There had been some cases raised with the Independent National Whistleblowing Officer (INWO) alongside a monitor referral from the INWO which remained under review and was challenging to resolve as the individual had left the organisation with no wish to maintain direct contact; contact was maintained only through their union. Attempts were being made to resolve the case and a decision on whether it was a whistleblowing concern had yet to be made. A further case was being actively managed and would potentially become a whistleblowing case; subsequent discussions would take place over the next few weeks.

During discussion the following points were raised:
- Committee Members asked whether there was any other intelligence which gave assurance that the low figures indicated the system was working well and not that it was defective. The Director of People and Culture reminded committee there was a suite of ways for staff to raise concerns and that success would involve some cases coming through whistleblowing as well as other business-as-usual routes. He also indicated that it may not present itself as a reduction of cases and assurance should be based on whether cases were dealt with efficiently when raised. It was also important to consider outcomes from closed cases and associated recommendations from INWO.
- Currently, the data indicated that recommendations, to date, had been around process as opposed to outcomes, and no outcomes had been challenged.
- The Whistleblowing Champion reported that from November 2023 to February 2024 he had received the highest numbers of approaches from staff to date. However, of these staff concerns, very few met the criteria for whistleblowing and the majority were HR or cultural issues that could be handled through business-as-usual routes.

> Having reviewed the report, the Committee took **moderate** assurance.

5.6 Appraisal and PDP Improvement Plan

The Director of People and Culture spoke to the circulated Appraisal and PDP Improvement Plan and updated the Committee with the proposal, which had been approved through both Executive Directors' Group and the APF, for a phased approach over the next year. The objective for next year was for all managers to have completed their appraisals and for this to inspire discussions with their teams. It would begin with Senior Management colleagues, and cascade through the organisation. There were still some details to be worked out including adding more structure to assist managers to identify leadership skills in their direct reports. The committee were asked to take moderate assurance that a plan was proposed and due to progress over the course of the year and endorse the approach.

The Chief Executive thanked the Director of People and Culture for the progress made and highlighted that it provided visibility in a valuable piece of work. The Chair echoed the comments and noted the plan's realistic and pragmatic approach. The Director of People and Culture reminded committee that implementation of the plan would be a challenging piece of work and success would require support from across the organisation.

> Having reviewed the report the committee took **moderate** assurance.

6.   COMMITTEE BUSINESS

6.1   Staff Governance Committee Annual Report

The Chair thanked those who had compiled the circulated draft report which was endorsed by the committee for forwarding to the Audit Committee.

The Committee **Endorsed** the Staff Governance Committee Annual Report 2023/24

6.2   Assurance Report on Committee Self-Assessment

The committee considered the circulated assurance report and related actions arising from it and agreed to take moderate assurance whilst these actions were being implemented.

> The Committee **Approved** the proposed actions and took **moderate assurance.**

7.   ITEMS FOR INFORMATION AND NOTING

7.1   Area Partnership Forum update of meeting held on 16 February 2024.

> The committee **Noted** the minutes of the Area Partnership Forum held on 16 February 2024.

7.2   Health and Safety Committee minutes of meeting held on 20 February 2024

The Director of People and Culture confirmed the December meeting had been cancelled to allow for a workshop and work was underway across the operational units to review and strengthen, where required, the governance in relation to health and safety.

Assurance reports had been received from all areas apart from Highland Health and Social Care Partnership, however a report would be provided to committee at the next meeting on 2nd April.

The importance of ensuring reports were requested and produced on time was highlighted which included strengthening the assurance and governance structure for the Health and Safety Committee.

> The Committee **Noted** the update.

7.3   Staff Governance Standard Monitoring

The Deputy Director of People advised there had not been any update or timescale provided from Scottish Government for this item. The Director of People and Culture also assured the committee that whilst no official update had been received, conversations continued around the

Workforce Directorate to establish the future direction of travel and it was understood there would likely be a refresh of the Staff Governance Standards.

The Committee **Noted** the position.

8. Any other Competent Business

8.1 Feedback for the Board

The Chair sought feedback from the Committee around which items members would like to be raised at the Board Meeting at the end of March. While there were no items for requesting escalation, it was agreed the discussions around the following would be brought to the Board's attention:

- The Health and Care Staffing Act
- Risk Appetite and Strategic Risk
- Appraisals Progress

The Director of People and Culture suggested trialling the inclusion of a short summary from each Board Committee at Board meetings and this would be discussed at the Chairs Meeting next week.

9. Date and Time of Next Meeting

The next meeting is scheduled for Wednesday 7 May at 10 am via TEAMS.

10. 2024 Meeting Schedule

The Committee **noted** the meeting Schedule for 2024:

7 May
9 July
3 September
5 November.

Meeting Ended 12:16pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held BY MICROSOFT TEAMS on WEDNESDAY, 31 JANUARY 2024

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
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Karen Leach, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member
Emily Woolard, NHS Highland Non-Executive Board Member

Tim Allison, Director of Public Health and Policy, NHS Highland
Evan Beswick, Head of Primary Care, 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
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Chief Social Worker/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
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
Roy Swailes, Interim Principal Accountant, Argyll and Bute Council
Fiona Thomson, Lead Pharmacist, NHS Highland
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1.   **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Kenny Mathieson.

2.   **DECLARATIONS OF INTEREST**

There were no declarations of interest intimated.

3.   **MINUTES**

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 November 2023 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Audit and Risk Committee held on 29 November 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 29 November 2023 were noted.

The Chair of the Audit and Risk Committee, Councillor Kieron Green, advised that he had nothing further to add to what was in the Minute other than to highlight that the ongoing delay in the Audit was due to the Auditors and not Officers.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 19 December 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 19 December 2023 were noted.

(c) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 December 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 December 2023 were noted.

The Chair of the Committee, Graham Bell, recognised the vast amount of information that had been covered in the meeting and expressed his appreciation for the work of officials in the preparation of reports.

(d) **Argyll and Bute HSCP Strategic Planning Group held on 7 December 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Strategic Planning Group held on 7 December 2023 were noted.

(e) **Argyll and Bute HSCP Finance and Policy Committee held on 24 November 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 24 November 2023 were noted.

The Chair of the Committee, Councillor Amanda Hampsey, recognised the great deal of work by Officers that had gone into the preparation of reports for the meeting and in particular the Head of Finance and Transformation.

(f) **Argyll and Bute HSCP Finance and Policy Committee held on 26 January 2024**

The Minutes of the meeting of the Argyll and Bute HSCP Finance and Policy Committee held on 26 January 2024 were noted.

The Chair of the Committee, Councillor Amanda Hampsey, advised that the focus of this meeting had been the budget and future finances and again recognised the great deal of work by Officers that had gone into the preparation of reports for the meeting.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to the Chief Officer Report for January 2024 which included detail on the appointment of new NHS Highland Chief Executive; HSCP Chief Officer Recruitment; Breathing Space Webinar; Dental Team Nominated for National Award; Screening Engagement Officer; Palm Court Update; Consultation on Learning Disabilities, Autism and Neurodivergence Bill; Alcohol Marketing Consultation; A First Self Harm Strategy for Scotland and the World; Expanding Scotland's Medical Workforce; Campaign Highlights Rewarding and Varied Social Care Careers; Safety and Protection of Women and Girls against Violence; Cowal Community Hospital Nurse Wins National Award; Clinical Governance Manager; Dental Outreach Tutor; New Management Trainee; Vaccination Service Manager Retiral and Area Manager for Kintyre and Islay.

In relation to her recent appointment as Chief Executive of NHS Highland, the Chief Officer advised verbally that Evan Beswick, Head of Primary Care, would cover the post of Chief Officer on an interim basis.

Decision

The Argyll and Bute Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 31 January 2024, submitted)

6. APPOINTMENT OF NHS HIGHLAND NON-EXECUTIVE MEMBERS TO THE IJB AND REPRESENTATION ON THE IJB COMMITTEE STRUCTURE

The Board gave consideration to a report outlining the requirement for new appointments to each of the three Committees and the Strategic Planning Group following the appointment of new non-executive members to the Board by NHS Highland.

Decision

The Argyll and Bute Integration Joint Board –

1. noted changes in the membership of the Integration Joint Board and impact on the representation throughout the Committee structure;

2. approved the appointment of new members to the Committees; and

3. formally thanked Sarah Compton-Bishop and Dr Gaener Rodger for their service to the Integration Joint Board.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

The Chair formally welcomed NHS Highland Non-executive Board Members Karen Leach and Emily Woolard to their first meeting of the Board.

7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Director of Public Health and Policy presented the Annual Report for 2023 entitled: "Medication and Public Health – Do the Right Thing", to the Board.

Decision

The Argyll and Bute Integration Joint Board noted the Director of Public Health Annual Report for 2023.

(Reference: Report by Director of Public Health dated 31 January 2024, submitted)

8. **FINANCE**

(a) **Budget Monitoring - 9 months to 31 December 2023**

The Board gave consideration to a report providing a summary financial position, which had improved, as at the end of month nine. Information was provided in respect of the year to date position, forecast outturn, progress with the savings plan and reserves spend.

Decision

The Argyll and Bute Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £442k as at the end of month 9;

2. noted that savings of £6.9m had been delivered, 78% of target;

3. noted that reserves of £6.3m had been committed to date; and

4. noted that additional funding had been allocated totalling £2.3m and that NHS Highland had recovered this from IJB reserves.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

(b) **Budget and Medium Term Financial Plan 2024-2027**

The Board gave consideration to a report providing an updated budget outlook for the 2024/25 financial year and the following two years.

Decision

The Argyll and Bute Integration Joint Board –

1. noted the budget outlook for 2024-25 to 2025-26 and noted the high level of risk and uncertainty;

2. noted the forecast budget gap totalling £11.4m for 2024-25;

3. noted that indicative savings targets had been allocated to services;

4. noted that oversight of the budget process would continue to be undertaken by the Finance & Policy Committee; and

5. noted that additional expenditure control measures were being put in place in

partnership with NHS Highland as a response to the financial context.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

9. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing an opportunity to review the Strategic Risk Register and consider suggested changes. The report also sought approval of the risk appetite.

Decision

The Argyll and Bute Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Audit & Risk Committee and Strategic Leadership Team in December 2023;

2. noted and approved the Risk Appetite; and

3. noted and approved the Strategic Risk Register.

(Reference: Report by Head of Finance and Transformation dated 31 January 2024, submitted)

10. SPOTLIGHT - CHILDREN, FAMILIES AND JUSTICE

The Board gave consideration to a report spotlighting examples of development in the Children, Families and Justice Service throughout the previous year.

Decision

The Argyll and Bute Integration Joint Board noted the content of the report.

(Reference: Report by Head of Children, Families and Justice dated 31 January 2024, submitted)

11. HEALTH AND SOCIAL CARE PARTNERSHIP - PERFORMANCE REPORT FQ2 (JULY-SEPT 2023/24)

The Board gave consideration to a report detailing performance for FQ2 (July – September) 2023/24, the performance outputs are taken from the new Integrated Performance Management Framework (IMPF) reporting Dashboard with the focus on the eight key service areas.

Decision

The Argyll and Bute Integration Joint Board –

1. acknowledged the performance for FQ2 (July - September 2023/24) and improvement against the previous quarter, which was the second full quarter of data for the Integrated Performance Management Framework (IPMF);

2. acknowledged the supporting performance commentary from Heads of Service and Service Leads;

3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators contained at Appendix 1;

4. noted the System Pressure Report for August 2023 contained at Appendix 2; and

5. noted the Delayed Discharge Sitrep for August 2023 contained at Appendix 3.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 31 January 2024, submitted)

12. 2024/25 SOCIAL WORK FEES AND CHARGES

The Board gave consideration to a report providing details of the proposed annual Social Work Fees and Charges uplifts for 2024/25.

Decision

The Argyll and Bute Integration Joint Board –

1. reviewed and endorsed the appended 2024/25 Social Work Fees and Charges proposals so that the proposals could be submitted to Argyll and Bute Council for ratification at its 2024/25 budget meeting; and

2. reviewed and endorsed a change to the means test within the Non-Residential Care Charging Policy in relation to the Non-Dependent Rent Allowance afforded to clients who live with family members.

(Reference: Report by Interim Principal Account dated 31 January 2024, submitted)

13. CATEGORY 1 RESPONDER ASSURANCE AND DEVELOPMENT

The Board gave consideration to a report outlining the role of Integration Joint Boards in relation to their identification as Category 1 responders under Schedule 1 Part 2 17A of the Civil Contingencies Act 2004.

Decision

The Argyll and Bute Integration Joint Board –

1. considered the review for assurance;

2. supported the proposed recommendations; and

3. noted the update to the Strategic Risk Register to reflect both response and continuity.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

14. CONSUMER SCOTLAND DUTY

The Board gave consideration to a report advising of a further public duty in relation to the Consumer (Scotland) Act 2020 which would apply from 1 April 2024. The guidance on meeting the duty would be available from 31 March 2024.

Decision

The Argyll and Bute Integration Joint Board –

1. noted an additional public duty from 1 April 2024;

2. noted that guidance had not yet been published; and

3. noted that 2024-25 would be regarded as an implementation year.

(Reference: Report by Business Improvement Manager dated 31 January 2024, submitted)

15. DATE OF NEXT MEETING

The date of next meeting was noted as Wednesday 27 March 2024 from 1.00pm. It was noted that this meeting would be held in the Council Chamber, Kilmory, Lochgilphead.

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
HIGHLAND NHS BOARD		
DRAFT MINUTE of the **FINANCE, RESOURCES AND** **PEFORMANCE COMMITTEE** TEAMs	**01 March 2024 at 9.30 am**	

Present Alexander Anderson, Chair
Tim Allison, Director of Public Health
Graham Bell, Vice Chair
Ann Clark, Non-Executive
Heledd Cooper, Director of Finance
Garret Corner, Non-Executive
Fiona Davies, Chief Officer Argyll and Bute HSCP
Pamela Dudek, Chief Executive
Richard MacDonald, Director of Estates, Facilities and Capital Planning
Gerard O'Brien, Non-Executive
David Park, Deputy Chief Executive
Boyd Peters, Medical Director (from 9.55 am)

In Attendance Rhiannon Boydell, District Manager
Sarah Compton-Bishop, Chair of NHS Highland
Lorraine Cowie, Head of Strategy and Transformation
Pamela Cremin, Chief Officer Highland Health and Social Care Partnership (from 10.20 am)
Julie Gilmore, Associate Nurse Director (until 10.45am)
Katherine Sutton, Chief Officer for Acute
Elaine Ward, Deputy Director of Finance
Nathan Ware, Governance and Corporate Records Manager
Emily Woolard, Non-Executive

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from committee member Louise Bussell with Julie Gilmore deputising.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous meeting held on Friday, 09 February 2024, Rolling Action Plan and Committee Work Plan

The Minute of the Meeting held on 09 February 2024 was **approved** and the committee **noted** the corresponding Action Plan and Work Plan.

2 FINANCE

2.1 NHS Highland Financial Position 2023/2024 Report (Month 10) and Update on Savings Plans

The Deputy Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 10, advising the Year-to-Date (YTD) Revenue over spend amounted to £50.704m, with the forecast overspend set to reduce to £39.055m as of 31 March 2024. The year end forecast is £29.617m better than presented within the financial plan and continued to assume support to balance the Adult Social Care forecast overspend. The relevant key risks and associated mitigations were outlined. The circulated report further outlined the underlying data relating to Summary Funding and Expenditure. Specific detailed updates were also provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; assurance of progress against the Cost Improvement Plan Programme; 3 Horizons/Savings Tracker activity; Supplementary Staffing; subjective analysis; overall forecast position; wider sustainability and value activity; and Capital Spend. The report proposed the Committee take Limited Assurance, for the reasons stated.

The following matters were discussed:

- Reduction in forecasted overspend. Advised review of allocations within the balance sheet, which enabled funding to be released that would not be spent until the end of the year. £11.3m received from Scottish Government had also helped reduce the forecasted overspend.
- Supplementary Staffing. Advised key focus of improvement for the 2024-25 financial year including day-to-day management and reduction. Part of the efficiency and value work to ensure any service redesign or reformations to reduce impact on service delivery and quality.
- Tracked Inflation rate. Advised inflation rates are reducing, but not at the original assumed rate. Noted this had been considered in the 2024-25 Financial Plan.
- Argyll and Bute had noted a break-even position. Advised substantial difference in dynamics in Argyll and Bute, and North Highland regarding supplementary costs and service models that have an impact on finances.
- Community services to help increase capacity sufficiently. Advised it could be commissioned for third sector partners, with flexibility, to deliver some services. Further review would be undertaken to provide a clear strategy and have a proportionate way of managing risk if that was commissioned.
- Adult Social Care plan. Noted support had been offered from the council to give some project support with that expertise in and around what is the future operating model.
- Geographic variability. Advised there was a variability in population and resources across all geographic areas. Some areas are already rebalancing and have less problems. Challenges are found when the workforce is not available, or the demographic area does not include people who want to work in social care.
- NHS agenda for change feedback. Advised external feedback received regarding the upgraded banding had attracted workforce to the NHS.
- Letter had been received for the non-pay element of agenda for change. Analysis would be undertaken as implementation will have an impact on service planning and budgets.

Committee members discussed the recent correspondence received from Highland Council in relation to Adult Social Care funding. There had been ongoing discussions with Highland Council on funding contributions for Adult Social Care and how to work collaboratively. Assumption of the Adult Social Care funding from Highland Council had been factored into the NHS Highland financial forecast. Progress made in the discussions between NHS Highland and the Highland Council had been highlighted to Scottish Government to keep them updated. Further discussions would occur within NHS Highland over the coming weeks to enable a response to be prepared to the Highland Council. It was noted that there would be further discussion at the NHS Highland Board meeting.

After discussion, the Committee:

- **Examined** and **Considered** the implications of the Financial Position.
- **Agreed** to take **limited** assurance.

3   Update on NHS Highland Change Framework

The Head of Strategy and Transformation explained a clear process had been established for the Strategic Transformation Programmes and Efficiency Workstreams that are aligned to the financial plans for the upcoming years to enable structured decision-making. Five levelled decision-making framework which had been established to ensure appropriate governance and assurance on decision-making. Integrated Service Planning is being rolled-out board wide as part of the annual delivery planning process for 2024/25. Benefits tracking would be included in regular and annual reporting to the Board through the Governance Committee structure. Dedicated sessions of Acute and Partnership SLTs had been arranged to ensure appropriate engagement with senior leadership, with it being set as required for Corporate SLTs. A range of Strategic Transformation Assurance Group and Value and Efficiency (V & E) workstreams have been identified as the key change deliverables for 2024/25.

In discussion, committee members highlighted the organisations efforts to support decision making through channels such as the digital mindset sessions and the higher-level programme for digital leadership.

The Head of Strategy and Transformation advised supporting decision-making through digital mindset is a key element of the 'Transformation and Resilience of Administration' (TARA) that aims to reduce administration burden across the organisation. Acute have an established specific charter to support clinical delivery through digital mindset and the organisation will continue to develop a target operating system for admin that builds on digital throughout the partnership.

Committee Members noted the amount and pace of technology developments and highlighted that the focus on technological improvements should be more deliberate to enable the organisation to work more efficiently.

Regular progress reporting would be provided to the committee. The Head of Strategy and Transformation noted monthly updates on the V & E progress through the financial plan. It was noted that once further progression had been made emergency decisions and choices would be reported to the committee through the financial and annual delivery plan.

After discussion, the Committee:

- **Noted** the processes established to move forward strategic transformation programmes and value efficiency workstreams in 2024/25.
- **Agreed** to take **substantial** assurance.

4   Integrated Performance and Quality Report

The Head of Strategy and Transformation advised the circulated report had provided a summary of the December Integrated Performance and Quality Report, progress updates in completed work and the impact, with steps to be taken to improve by June 2024. This information will be utilised within the integration planning service to formulate the annual delivery plan trajectories once the Annual Delivery Plan and Financial Plan have been agreed. Performance ratings summaries had been provided for Vaccination Performance; Smoking Cessation; CAMHS; Emergency Access; Treatment Time Guarantee; Outpatients; Diagnostics

– Radiology and Endoscopy; 31 Day Cancer Target; 62 Day Cancer Target; Psychological Therapies; and Delayed Discharge.

In discussion, committee members questioned how the national target benchmarks were being reviewed and if they had been adjusted it the light of financial positions across the boards. The Head of Strategy and Transformation noted Scottish Government had published a delivery framework that set out national targets and expectations for Health Boards. It was noted that NHS Highland will include an element of realism when producing the Integrated services plans for 2024-25 to reflect resources available. The Deputy Chief Executive highlighted the organisation must be continually reviewing resource utilisation, work patterns and standards of practice to ensure quality of care is maximised for patients. Committee members highlighted the need to understand the gap between current capabilities and the requirements to achieve national targets.

Committee members noted the IPQR had mainly focused on Covid-19 and Flu performance data. The Director of Public Health noted Vaccination performance in the IPQR had been focused on Covid-19 and Flu. The HSCP had been escalated to level two by the Scottish Government, not due to uptake, but overall quality. Other important vaccinations would include shingles, pneumococcal, and childhood vaccination. It would be complex to include all vaccinations in the IPQR, however, more work would be required to effectively communicate crucial performance elements across governance committees. Childhood vaccinations had seen a national drop-off and delays in vaccination schedules, particularly for children under a year old in the Highland HSCP, which is noted as primary area for focus. Collaborative work had been progressing with Scottish Government and Public Health Scotland to address these issues. The complexity of vaccinations presents challenges on how to present it in the IPQR, but it was emphasised that this would be important as the focus shifts away from Covid-19.

In response to committee members querying challenges faced in delayed discharge, the Chief Officer for Highland HSCP highlighted the challenges faced due to an increasing number of delayed discharges in the system and the ongoing improvements being made. There had been discussions with GPs that focused on community urgent care response and addressing the complexity of patient needs. A care programme board had been established for greater governance and the use of technology-enabled care. There would be a market facilitation plan developed to engage with care home providers and create a commissioning framework. Collaborative work with the council would continue to create a cost and capacity plan to illustrate what can be delivered within existing resources and workforce constraints.

After discussion, the Committee:

- **Considered** the level of performance across the system.
- **Noted** the continued and sustained pressures facing both the NHS and commissioned care services.
- **Agreed** to take **moderate** assurance.

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5   Asset Management Group – Minute of Meeting held on 21 February 2024

The Director of Estates noted the Asset Management Group terms of reference and function will be reviewed to align with the financial position of the Board to ensure capital allocation is prioritised to support risk and enable change. A risk-based prioritisation approach will be taken for backlog maintenance. Monitoring, reporting and change management systems will be reviewed. Financial spend over the year will be planned to support a contingency fund. The Asset Management Group would be aligned with a system infrastructure plan, and it was proposed that a further update would be presented to the committee or the Board through a development session.

In discussion, it was noted the whole system infrastructure plan would include the required 20-to-30-year backlog maintenance plan. The first plan for backlog maintenance is required to be submitted by 31 January 2025, with a further submission required for major capital project plan to be submitted a year later. Health Boards will use the Scottish Asset Management System (SAMS) to ensure a consistent approach will be taken. A backlog maintenance plan with no assumption of replacement being an option and a further plan with the assumption of replacement being an option. This would ensure all options are considered before progressing with capital projects going forward.

The Committee:

- **Noted** the circulated minutes.

6. Major Project Summary Update

The Director of Estates highlighted projects funded through the stage two RIBA are going through a quality assurance check and had been paused whilst further direction is sought from Scottish Government. Work had also been progressing to move major stakeholder led groups to the redesign model.

After discussion, the Committee:

- **Noted** the update.

7. Risk Register Update

The Head of Strategy and Transformation confirmed that an update would come to the next meeting.

8. Finance, Resources and Performance Committee Annual Report 2023/2024

The Vice Chair of the Board suggested the challenges facing Adult Social Care and the Highland Council Partnership should be referenced within the Annual Report.

After discussion, the Committee:

- **Endorsed** the Committee Annual Report 2023/2024 provided detail was added in relation to the challenges being faced within Adult Social Care and the Highland Council Partnership.

9. Finance, Resources and Performance Committee Annual Workplan 2024/2025

The Vice Chair of the Board referenced the annual report which indicated an update from the Digital Health & Care Group should come to committee three times per year; the Deputy Chief Executive agreed and asked for it to be added to the Workplan.

The Vice Chair also suggested that a Board Development Session on the Digital Strategy Enablement may be useful.

The Director of Finance advised it would be worthwhile to remove the Major Projects Summary and replace this with an update from the Strategy and Transformation Assurance Group. In response they Chair suggested that he, the Director of Finance, Head of Strategy and Transformation and the Deputy Chief Executive arrange a meeting to discuss and finalise the 2024-25 Workplan.

After discussion, the Committee:

- **Noted** the proposed 2024-25 Committee Workplan.
- **Agreed** to arrange a separate meeting to finalise the 2024-25 Workplan.

10. Remaining Meeting Schedule for 2024

3 May
14 June
5 July
9 August
6 September
11 October
1 November
13 December

The Committee:

- **Noted** the remaining meeting schedule for 2024.

11. DATE OF NEXT MEETING

Friday 12 April 2024 at 9.30 am.

12. Any other Competent Business

Committee Self-Assessment Survey Results

The Chair noted that this item would be discussed in more detail at the next meeting based on the anonymised results.

The Committee:

- **Agreed** to discuss this item in more detail at the next meeting.

The meeting closed at 11.45am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	**NHS Highland**
DRAFT MINUTE of MEETING of the NHS Board Audit Committee Microsoft Teams	**12 March 2024 9.00 am**	

Present: Gaener Rodger, NHSH Board Non-Executive (Chair)
Susan Ringwood, NHSH Non-Executive (Vice Chair)
Alexander Anderson, NHSH Board Non-Executive (until 10am)
Alasdair Christie, NHSH Board Non-Executive
Garret Corner, NHSH Non-Executive
Stuart Sands, Independent Lay Member
Emily Woolard, Non-Executive

In Attendance: Gareth Adkins, Director of People and Culture
Louise Bussell, Nurse Director
Ann Clark, Board Vice Chair, Non-Executive
Heledd Cooper, Director of Finance
Pam Cremin, Chief Officer, North Highland
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer Argyll & Bute IJB (incoming NHSH CE)
Pam Dudek, Chief Executive
David Eardley, Azets, Internal Audit
Patricia Fraser, Audit Scotland, External Audit
Claire Gardiner, Audit Scotland, External Audit
Stephanie Hume, Azets, Internal Auditors
Bryan McKellar, Whole System Transformation Manager
Paul Nairn, Regional Planning Manager
David Park, Deputy Chief Executive
Liz Porter, Assistant Director Financial Services
Iain Ross, Head of eHealth
Stephen Chase, Committee Administrator

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

There were no apologies.

1.2 DECLARATION OF INTERESTS

A Christie had considered making a declaration of interest in his capacity as a Highland councillor, but having applied the objective test and looking at his position in relation to the items on the agenda, he felt that he did not need to do so.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 5 DECEMBER 2023

Pending the resolution of an issue raised in item 2.1, the minute of the meeting held on 5 December 2023 was approved as an accurate record.
It was agreed that the actions from the recent committee development session would be added to the rolling actions and those arising from future development sessions.
The Chair agreed to discuss options with the Director of Finance for a risk management training session for the committee.

> **The Committee**
> - Pending the resolution of an issue raised in item 2.1, the minute of the meeting held on 5 December 2023 was approved as an accurate record.
> - **Noted** the rolling actions and agreed that actions arising from Audit Committee development sessions would be added to the rolling actions.

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Internal Audit Progress Report

S Hume spoke to the report and provided an update on Internal Audit reports to be completed before the end of the 2023-24 session:

The Primary Care audit was expected to be complete ahead of the committee meeting in May once management responses had been collated. Internal Audits of Data Framework, Complex Care, and the NTC were also expected for the May meeting. The Social Care Review was originally planned for the May committee but would go to the June meeting due to issues signing off the scope of the audit. The June meeting was also expected to see the report for Adult Social Care for which field work was expected to begin soon. Audits of Supplementary Staffing and a Children's Services Review had been deferred for the next financial year.

It was noted that there were currently no issues expected which would require a modification of the annual audit opinion.

In discussion,
- The Chair asked if the audit of Complex Care Packages had been formally agreed at the December meeting. The Chief Executive commented that it would be useful to examine the decision-making process to avoid any potential confusion in the future and offered apologies for the confusion and agreed to pick up the matter with colleagues to ensure the necessary processes were in place for the audit work to proceed. The Chair requested that the minute for the December meeting be checked and amended if required to ensure due process had been observed
- It was clarified that the Complex Care Packages audit had replaced the time slot previously agreed for an audit of Childrens Services which had been deferred to the 2024-25 session. The Complex Care audit had been deemed a useful follow up to some of the work carried out on the Clinical Advisory Group audit.
- The Chair noted that it would be beneficial for the committee to schedule an additional meeting ahead of the meeting to sign off the annual accounts in June in order to ensure all Internal Audits were complete and to reduce additional discussion at the annual accounts meeting.
- The Chair requested that the audit sponsors follow up with management leads in each of the areas currently engaged in internal audits to ensure timely completion.
- Regarding the audit of Adult Social Care, it was clarified that this would focus on the NHS Highland side of the service and would not be an audit of Highland Council provision.
- The possibility of an audit with support from the Internal Auditors on initiatives to streamline governance within the organisation was raised, however it was felt that this would be unlikely to form part of the 2023-24 programme in light of the slippage encountered in other areas.
- It was noted by the Internal Auditors that they would continue to meet regularly with the committee Chair where any concerns about the organisations audit rating could be raised if it arose as the end of the audit year approached.
- It was acknowledged that delays in management responses to audits had often been due to single points of contact and that while front-loading of the audit programme ought to address delays to the programme consideration should be given to capacity in order to ensure the programme runs as smoothly as possible.

> The Committee **noted** the report and the changes to the Internal Audit work plan.

2.2 Internal Audit Draft Plan 2024-25

S Hume spoke to the report and drew attention to appendix 1 which set out the individual reviews that had been proposed for the 2024-25 session. Discussion had been had between the Internal Auditors and the EDG in November 2023 and feedback had been provided in early February 2024 as to the relative prioritisation of the proposed audits. Further scoping had been carried out in conjunction with the Director of Finance which was followed by further discussion with EDG for high-level comment.

It was commented that one of the reasons for asking the committee to approve the plan at the present meeting was to enable an earlier start to the programme from April 2024 and avoid slippage.

During discussion,

- The Chair noted that the plan had included a table with reference to the Risk Register, which itself had also been included.
- The Director of Finance commented on the decision-making process for the plan which had followed a robust process with Internal Audit colleagues who had recommended areas either from previous work or work undertaken in other organisations. These ideas had then been aligned with the organisation's value and efficiency work with consideration given to areas such as risk of fraud and financial impact.
- It was noted that part of the intention in conducting a review of fraud was in order to examine the processes in place to ensure better reporting and to see why the number of adverse reports of fraud was so low. This audit would be more akin to consultancy work with Internal Audit colleagues.
- It was noted that the proposed audit of Cybersecurity had been in response recommendations arising from the recent NIS audit (see item 3).
- It was asked if the proposed audits of sickness absence and supplementary staffing could be aligned. The Director of People commented that he would look at the potential opportunities to align these pieces of work, but noted that the Supplementary Staffing audit would look at controls that the organisation has in place more than underlying causes.
- The issue of if it would be an appropriate time to conduct an audit from a 'critical friend' angle of the Safer Staffing Act was raised. The Director of People noted that this would require some consideration around resources in light of the scope of the act and that he would bring an update to the May meeting of the committee.
- It was clarified that the focus of the internal audit plan had been guided by a need to get 'back to basics' around issues of governance following COVID and that a more cyclical approach to audits was not as pressing. However, the Internal Auditors noted that they had considered the organisation's audit universe to address those areas that had not been audited in the last three to five years and that the risk profile had been considered in each case.
- S Sands offered to discuss ideas around assurance mapping against the risk register with the Internal Auditors outwith the meeting. The Chair suggested that any useful outcomes of the discussion might be brought by the Internal Audit team to the EDG for assurance.

The Committee noted and agreed the Internal Audit Plan presented as a starting point for the for 2024-25 audit session, bearing in mind the need for flexibility with the plan where required.

The Committee **noted** and **agreed** the plan for 2024-25.

2.3 Patient Property and Funds

D Eardley spoke to the report and noted the importance of the topic in terms of avoiding reputational damage to the Board and addressing issues of compliance which required regular updating and review.

Two typographical errors were noted in the report: On p.70 the summary table ought to have shown 3 issues related to compliance and not 4 as stated.

The Director of Finance noted that the audit had been requested to address concerns around controls, however the findings had been more positive than expected and that all improvement actions would be implemented.

The Committee **noted** the report.

2.4 People Management (processes for raising concerns)

D Eardley spoke to the report which noted the range of processes available to colleagues for raising any issues or observations, and that the audit had been carried out as a 'temperature check' and to benchmark work against other boards following the reconciliation processes implemented by NHS Highland in recent years.

The Director of People noted, as sponsor of the audit, that it had been a challenging area to address but that work with Internal Audit colleagues had been positive and that the recommendations would be accepted.

The Committee **noted** the report.

2.5 Management Actions

S Hume spoke to the audit tracker and noted the 62 live audit actions, of which 16 actions had been signed off as complete, with eight of those actions still requiring final documentation. 37 actions had been classified as on track in line with the completion date or the revised completion date. Two actions had not yet passed the due date for completion and seven had not received an update for this meeting or for the last meeting.

In discussion,
- The Chair suggested that those actions which had revised completion dates be noted separately in the reporting.
- The Director of Finance noted that since the spreadsheet had last been updated there had been a lot of work undertaken around governance and accountability and the integration of the Strategic and Financial Plan. Confidence was expressed that the majority of actions would be closed by the next meeting and that there had been progress on the actions arising from the audit of the Endowment Fund arrangements now that a Charity Lead was in post.
- The Chair added that there had been updates provided by the Chief Officer in relation to actions arising from the audit of Community Partnerships just after the circulation of meeting papers and that item 2.6 provided further action updates on the Clinical Advisory Group actions.
- Discussion took place about the need for an additional meeting in April to address Internal Audit actions. After due consideration it was felt that instead the May meeting of the committee could be scheduled for a longer duration if required.

The Committee **noted** the report.

2.6 Clinical Advisory Group update on Out of Area Referrals

The Chair drew the committee's attention to the paper provided and that it had offered moderate assurance on completion of the internal audit review and the implementation of the recommendations. However, the Chair noted that at this stage it was only possible for the committee to note the progress of the work and that it was for Internal Audit to agree that the management actions had been implemented to meet their recommendations and that this would be reflected as appropriate in the reporting of Internal Audit at the next meeting.

P Nairn provided assurances to the committee, on behalf of the Medical Director as sponsor of the audit, that the Clinical Advisory Group processes had had a complete and thorough overhaul with the implementation of a new assurance governance process as well in place.

The Committee
- **noted** the report, and
- **accepted** moderate assurance.

2.7 Verbal Update on Scoping for Future Audit

The Chair noted that the scoping of the alternative audit to the deferred Childrens Services report would consider integration arrangements with Highland Council. The Director of Finance noted that conversations were planned and would take note of the current challenging financial situation of both organisations.

3. INFORMATION ASSURANCE GROUP UPDATE

The Deputy Chief Executive introduced the report which followed previous audit discussion and provided an update on the NIS audit. The Head of eHealth spoke to the report which had been written by the Information, Governance Security Manager.

- I Ross noted that much of the organisation's cyber defence was held at the national level but that there were also layers of cyber protection at a local level. The NIS audit had specifically called for the need to have independent assurance of certain areas of locally held cyber security, and that this would be a focus of the proposed Internal Audit of Cyber Security for NHS Highland.
- The report addressed the Information Commissioner's Office Data Protection Audit which had provided NHS Highland with an assurance rating of 'reasonable'. The audit gave a number of recommendations with 5 high-rated recommendations and 12 medium-rated. The working through of these recommendations was underway.
- The NIS audit had provided the Board with a score of 73% which was given based on the changes implemented since the previous NIS audit cycle, and placed NHS Highland in the top quartile for Scotland.
- I Ross noted concerns around the organisation's patch management endpoint, and an emphasis on ensuring documentation was fully implemented would help the organisation to address this area of quality management assurance.
- An action plan to evidence progress was underway and was due to be submitted to NIS by 14th October which would feed into a report to be published on 25th November.
- Positive work around Freedom of Information was noted in terms of responses to Freedom of Information requests.
- Some reportable incidents were noted over the last period concerning hand-over notes that had been found at Inverness Airport, and there had been an issue around functionality associated with an upgrade to the Skye Gateway system (SCI).
- It was noted that NHS Highland was not directly being targeted for cyber attacks, however suppliers to the organisation were under attack which had resulted in a loss of support from partners.

In discussion,
- The subject of breaches to policy around employees accessing health records inappropriately was raised. The IAG had been receiving reports arising from these breaches and an investigation around preventative controls was in progress as was cooperation with people partners to address the instances. It was noted that NHS Scotland had implemented a sophisticated Fair Warning system which would assist in a more proactive response by studying patterns of behaviour.

> The Committee
> - **noted** the report, and
> - **accepted substantial assurance.**

4. COUNTER FRAUD

The Chair noted the recent committee development session on Counter Fraud with Gordon Young and that the discussion had touched on the Counter Fraud Strategy. The Assistant Director Financial Services added that a report would come to the May meeting ahead of the submission of the 12 components for the next year.

> The Committee
> - **noted** the report, and
> - **accepted** substantial assurance on the ongoing Counter Fraud activities undertaken across NHS Highland, and that NHS Highlands complied with the majority of the standards.

5. EXTERNAL AUDIT PLANS

C Gardiner spoke to the report which was the audit plan for the second year of Audit Scotland's audit appointment. The materiality was highlighted in exhibit one as this was the level on which the External Audit conclusions would be based.

As part of the planning process risks of material misstatement had been considered and two significant risks had been identified over the year relating to management override of control (a standard risk required by auditing standards relating to fraud), and in relation to the implementation of accounting standard IFRS 16 which had been implemented last year. Two other areas of audit focus were highlighted which focussed on areas with a large amount of uncertainty, which included valuation of land and buildings and pension liabilities. Two risks had been raised in relation to public interest in the health sector regarding challenges to financial sustainability faced across the whole public sector, and also IT risk.

The intention of the External Auditors was to sign the accounts by the target date of the 30th June 2024, and much work had been undertaken between the External Audit team and the NHSH Finance team in order to ensure the process runs as smoothly as possible and avoid delays. A caveat was noted that there was the potential for templates and manuals from Scottish Government to delay the process.

The fee for the year was noted as £238,000, which was an increase of 6%. It was commented that it was understood that fee increases at the present time of financial challenge would not be welcome and that Audit Scotland had been working to create efficiencies to mitigate the full impact of any fee increases and the costs of its audit. There had been feedback and ongoing dialogue between the Director of Finance Group and with the External Auditor's Operating Officer. It was hoped that the continuity of the team would lead to efficiencies and a more effective audit.

The External Auditor confirm that she and her team remained independent throughout the whole of the audit.

During discussion,
- The Chair commented that the External Audit for the previous year had included a statement around environment and sustainability in terms of the organisation's climate change duties. The External Auditor noted that there had been no directive for detailed work in this area and that this year would involve follow up work with the next financial year seeing some more detail on the topic.
- It was confirmed that the fee increase was an increase in the baseline fee and that there had been scope for a 10% increase if there had been a significant change in the risk profile.

- Regarding the Scottish Government pause on capital projects for the NHS, it was noted that External Audit would liaise with the Director of Finance to understand how the Board planned to manage the restrictions.
- The Director of Finance commented that the process was further ahead than it had been at the same time last year and looked positive for completion in good time, and that any unanticipated challenges would be raised with the committee as appropriate.

The Committee **noted** the report.

6. AUDIT SCOTLAND REPORTS

The Chair drew the committee's attention to the link for papers at the Audit Scotland website.

C Gardiner offered to bring a presentation on the NHS in Scotland 2023 report to the committee.

The Committee
- **noted** the update, and
- **agreed** that the External Auditors bring a presentation on the NHS in Scotland 2023 report to the May meeting.

7. ANNUAL COMMITTEE WORKPLAN 2024-25

The Chair drew the committee's attention to the draft workplan for the 2024-25 session. It was noted that an additional meeting would be scheduled in June a week before the meeting to consider the annual accounts in order to support the close off of Internal Audits. A private session for members and auditors would be added to this meeting and it was agreed that a private session be held every 6-months to follow committee meetings with the December session to follow the December meeting where progress regarding the frontloading of the Internal Audit plan would be reviewed.

The Committee
- **noted** the report,
- **accepted** substantial assurance, and
- **agreed** that an additional meeting of the committee be scheduled a week before the meeting to consider the Annual Accounts, and that this meeting would include a private session for members and auditors.

8. ANNUAL REVIEW OF GOVERNANCE

The Board Secretary noted the amendments to section 9.11 of the Standing Financial Instructions, and the proposed changes to the Terms of Reference for the Highland Health and Social Care Committee and Staff Governance Committee, and that the Terms of Reference for the Clinical Governance Committee and the Remuneration Committee remained unchanged. The Terms of Reference for the remaining governance committees had been considered at the December 2023 meeting. The full suite of updated documents would be presented for approval to the Board at the end of March following the recommendation of the committee.

The Committee
- **noted** the report,
- **accepted** substantial assurance, and
- **recommended** the updated suite of governance documents to the Board for approval.

9. Any Other Competent Business

The Chair acknowledged that S Sands had reached the end of his tenure as a co-opted member and thanked him on behalf of the committee for his contribution since April 2020. S Sands commented that he had observed huge progress from the committee with a strengthening of risk management process in particular.

The Chair also thanked the Chief Executive on behalf of the committee for her work and substantial contribution to change in the organisation.

10. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 21 May 2024** at **9.00 am** on a virtual basis.

The meeting closed at **10.56 am**.

Present   Alasdair Christie, Non-Executive Board Director, and Chair
                 Tim Allison, Director of Public Health
                 Louise Bussell, Nursing Director
                 Muriel Cockburn, Non-Executive Board Director
                 Liz Henderson, Lay Representative
                 Dr Boyd Peters, Medical Director

In attendance   Sarah Bowyer, Scottish Health Council
                    Sarah Buchan, Director of Pharmacy and Controlled Drugs (Item 9.1)
                    Rob Cargill, Deputy Medical Director
                    Stephen Chase, Board Committee Administrator
                    Ann Clark, Board Vice Chair
                    Claire Copeland, Deputy Medical Director
                    Alison Felce, Senior Business Manager (Medical Directorate)
                    Evelyn Gray, Associate Nurse Director
                    Steven Gunn, Child Death Reviewer, Public Health Team
                    Rebecca Helliwell, Depute Medical Director (Argyll and Bute)
                    Moranne MacGillivray, Senior Service Manager (CAMHS and NDAS)
                    Iain Ross, Head of eHealth (Item 2.1)
                    Leah Smith, Complaints Manager
                    Simon Steer, Director of Adult Social Care (from 9.30am)
                    Katherine Sutton, Chief Officer Acute Services
                    Nathan Ware, Governance and Corporate Records Manager

1.1   WELCOME AND APOLOGIES

Apologies were received from J McCoy and Dr G Rodger.

1.2   DECLARATIONS OF INTEREST

The Chair stated he had considered making a declaration of interest in his capacity as Chief Executive of Inverness, Badenoch and Strathspey Citizens Advice Bureau and as a Highland Council Councillor, but felt this was not necessary after completing the Objective Test. M Cockburn indicated the same in relation to her capacity as Highland Councillor and appointee to Inverness, Badenoch and Strathspey Citizens Advice Bureau.

1.3 MINUTE OF MEETING ON 18 JANUARY 2024, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 18 January 2024 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 SCI Gateway Referral Update

Members were advised a further update would be brought to the next meeting, following recent receipt of a report outlining national learning relating to this matter that had yet to be fully considered and further planned discussion at the Resilience Committee in relation to relevant wider associated incident escalation, management, and appropriate clinical engagement processes.

The Committee:

- **Noted** the update provided.
- **Agreed** a formal update be provided to the May 2024 meeting.

2 SERVICE UPDATES

2.1 Neuro Developmental Assessment Service (NDAS) Update

M MacGillivray spoke to the circulated report, providing updates on the range of actions presented to the Committee at their meeting in November 2023. It was noted the first meeting of the newly established Neurodevelopmental Programme Board, at Integrated Children's Service Partnership level, had taken place on 18 December 2023 and had been well attended. A number of actions had been agreed in the meeting. A date for the next meeting was in the process of being agreed. Updates were also provided in relation to service redesign activity; review of the existing NDAS clinical model; discussion around the appointment of an associated Programme Manager; waiting list data cleansing; individual case referral activity requirements; data hosting and analysis; effective resourcing of a safe and sustainable central NDAS Team with restricted finance; Whole Family Wellbeing Support Programme; Datix Reporting; Complaints activity; and the NDAS Improvement Plan and Project Charter. Activity relating to addressing increasing population need, Child Death Reviews and ensuring access to support was highlighted. A summary of workforce needs, and budgetary position were outlined and an NDAS service update, as of February 2024, was provided in relation to overall referral trends and associated wait levels. The report proposed the Committee take **Limited** assurance.

During discussion, the following points were raised:

- Ensuring Appropriate Data Capture for those not in School Setting. Advised families can self-refer as required. 95% of referrals noted as coming via the school route and small number via GP services. Support is provided for those providing home schooling.
- Increasing Demand Level and Associated Waiting Times. Noted increase in parents requesting referrals, particularly in early years activity. Level of access to early support and intervention was questioned and acknowledged this could be improved from whole system approach. Capacity to meet current and increasing demand levels a concern in light of uncertain financial position. Service redesign may be required. Risk must be managed to minimise potential harm across activity areas. Ensuring appropriate joint communication with families a key aspect.
- Service Pathway Development Discussion. Emphasised importance of discussion between organisations to ensure relevant 'whole journey' approach captured and considered. Noted a Joint Admissions Group was in place, ensuring appropriate staged approach.
- Timeframe for Data and eHealth System Improvements. Noted no firm timeframe in place.

- Service Provision for Older Children. Questioned position relating to those transitioning to adult services. Advised no Transitions Policy currently in place and will be developed.
- Increasing Level of Self-Funding Assessments. Questioned where these were being conducted. Confirmed cost of access to private services not met by NHSH. Presents challenges to NHS services given the formal assessment made of required intervention etc. Formal guidance for families and the wider service on this matter was in the process of being developed.
- Requirement for Joint Monitoring Committee Engagement with Service Concerns. There was general agreement a Briefing Paper should be prepared for consideration to ensure any improvement discussion taken forward at pace. Engagement and Working arrangements with Highland Council had been improved, including in relation to GIRFEC.

The Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.
- **Agreed** an update be requested from Head of eHealth on timeframe for data and eHealth system improvements. Update to be provided to members out with meeting.
- **Agreed** a Briefing Paper be prepared for Joint Monitoring Committee consideration.

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3   EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1   NHS Highland Financial Position 2024/2025 – Assessment of Potential Impact

Members were advised a number of service challenges were emerging as part of discussion relating to the NHS Highland funding position for 2024/25. There was particular concern relating to Maternity Services, and Lochaber and Caithness Service Redesign and associated Capital Project activity. Given the significant level of savings and efficiencies that would be required across NHS Highland, those projects would need to be revisited in light of wider financial resource concerns. Relevant Professional Leads would require to be at the centre of all relevant redesign discussions. Discussion was underway in relation to both Lochaber and Caithness projects around ensuring appropriate service delivery despite challenges relating to finance. With regard to Maternity Services, there was continuing conversation with NHS Grampian on ensuring no impact on time critical pathways while seeking to support the challenging Model 6 approach previously agreed. Discussion was taking place with the Chair of the relevant Programme Board and Chief Officer for Moray. There was need to refresh relevant understanding of the Highland Maternity Service and associated impact, given the financial resource position and limited ability to implement service improvements as a result. This matter would likely require further discussion at both Committee and NHS Board level.

Members were advised all NHS Boards in Scotland were actively discussing how to meet the financial challenge being faced. There was a key role for Board Medical and Nurse Directors, as well as clinicians more widely, in relation to ensuring any actions taken seek to maintain the safety and quality of services. The potential implications arising from the imminent Safe Staffing Act would also need to be considered.

The following was discussed:

- Impact of Safe Staffing Act. Noted Staff Governance Committee Development Session held in relation to this subject, culminating in agreement discussion was required on how matters are reported to both Governance Committees for governance and assurance purposes.
- Government Input to Maternity Services Discussions. Questioned current level of participation. Advised Chief Executives from both Highland and Grampian to meet with Scottish Government colleagues. Impact assessments developed for both NHSH Services and Model 6 position and require to be discussed in light of an uncertain funding position. Financial clarity required.

The Committee **Noted** the reported position.

3.2 HSMR Data Release

There had been circulated report providing Hospital Standardised Mortality Ratios (HSMR) data for the period October 2022 to September 2023. It was noted Public Health Scotland (PHS) provided quarterly HSMR data for all Scottish hospitals. HSMRs adjust death data (referred to as mortality data) to take account of some of the factors known to affect the underlying risk of death. Statistics were updated on a quarterly basis and reflected the HSMR for the latest 12-month reporting period when drawing comparisons against the Scottish average, whilst crude mortality data was presented by quarter to show trends. The methodology used to calculate the HSMR had been updated in August 2019. HSMR releases from August 2019 onwards were not comparable to previously published releases. The key point highlighted to members was how data was used to create predictability of death then balancing that against the actual observed death rate. The HSMR ratio compared the number of deaths following hospital admissions within 30 days to the anticipated number. Where the HSMR was greater than one, this meant the number of deaths within 30 days of admission to a hospital was more than expected. Where the HSMR value was less than one, then the number of deaths was fewer than predicted. It was emphasised the data could be used to compare a single site against the national average but not against another clinical site. For the Period October 2022 to September 2023 the overall ratio for NHS Highland was 0.99. The report proposed the Committee take **Moderate** assurance.

The following was discussed:

- Proposed Assurance Level. Advised set at Moderate to reflect the individual caveats highlighted in the report and by the Board Medical Director in discussion. Emphasised HSMR data provided one strand of a wider clinical risk/safety checking portfolio of processes and mechanisms available to all NHS Boards.

The Committee: • **Noted** the detail of the circulated report. • **Agreed** to take **Moderate** assurance.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate Assurance.**

The Committee: • **Noted** the detail of the circulated Case Study documents. • **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

5.1 Standard Clinical Governance Quality and Performance Data Report

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary, including on key risks and mitigations, around Complaints; Hospital Inpatient Falls; Tissue Viability Injuries; Clinical Only Medication Errors; and Infection Control. The

report highlighted performance over the previous 13 months and had been based on information from the Datix risk management system. It was reported the Qlikview Dashboard continued to be developed, with ongoing training sessions being held across the organisation by the Clinical Governance Support Team. It was stated complaints performance against the 20-day working target had improved over the reporting period, with main themes relating to care and treatment, communication and waiting times. There had been a focus on adverse events relating to medication adverse events, with several initiatives in progress relating to reducing medication errors being overseen by the Medicines Safety Sub Group. There had been an increase in Falls within Acute Services for a number of reasons including complex individuals and system pressures. A number of projects were being taken forward to reduce the number of hospital acquired Pressure Ulcers. The Infection Prevention and Control Annual Work Plan continued to be monitored. The report proposed the Committee take **Moderate Assurance.**

The Committee

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.

5.2   Integrated Quality Report – Spotlight on Cancer

L Smith spoke to the circulated report providing a spotlight on NHS Highland activity relating to Cancer Services. Moving forward, a spotlight on a different service area would be provided to each Clinical Governance Committee meeting. The report went on to provide an indicator regarding the experience of the patients from a feedback perspective. This looked at the volume of complaints in accordance with the number of people treated, and identified the actions taken to continuously improve quality and service to patients and clients. 'What the Patient Said… What We Did'. The report proposed the Committee take **Moderate Assurance.**

During discussion, the following was raised:

- Consistency and Sustainability of 31and 62 Day Performance. Noted variation across the reporting period. Agreed specific report required for next meeting.
- Cancer Performance Oversight Board. Questioned if any recommendations or observations yet to emerge from initial review, including lessons learned from the recent review of Vascular Services. Advised oversight activity had primarily related to the direction to be taken regarding facilities, workforce, service provision and national/regional interaction regarding the solutions required. National recruitment issues meant there would be continuing work in this area.
- Data for Argyll and Bute Patient Cohort. Noted reliant on Greater Glasgow and Clyde for supply of relevant information. Stated greater level of data transparency would be beneficial. This would enable wider assurance to be given in relation to NHS Highland Cancer services overall.
- Ensuring Learning Appropriately Shared. Emphasised the importance of being able to apply learning from one activity area across the rest of organisation. Noted some electronic mechanisms in place but this needs enhanced through suite of other and varied mechanisms.
- Learning from Complaints Received. Questioned as to how the service uses the information being presented to Committee, and what that process involved. Stated matter reflected points raised earlier in discussion and advised current weekly meetings with acute service areas mainly focussed on improving performance. Activity, to close the loop on relevant actions could be improved and work was planned on this area in the coming year. Communication of the "You Said...We Did" element needed to be more widely communicated, with utilisation of a SharePoint Hub one aspect under active consideration.
- Emergency Admissions/Unscheduled Care Impact. Advised can be challenging to safeguard cancer pathways as result of emergency demand that may not be cancer related. For Cancer Services, ensuring an available workforce and best use of resources to manage people with cancer through the relevant pathways was key whilst continuing to manage emergency care.

After discussion, the Committee

- **Noted** the report content.
- **Agreed** a detailed report be submitted to the next meeting in relation to performance variation.
- **Agreed** relevant Executive Directors seek to further discuss availability and provision of Argyll and Bute specific patient data.
- **Agreed** to take **Moderate** assurance.

6   ANNUAL DELIVERY PLAN 2023/24

Members were advised all relevant Programmes were under current review.

The Committee noted the update.

7   OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

7.1   Argyll and Bute

R Helliwell spoke to the circulated report, advising Argyll and Bute Health and Social Care Partnership (HSCP) had fully embedded its Clinical and Care Governance structure through the agreed meetings and framework. The Clinical Governance Team was fully staffed and, in a position, to conduct a review of the current Quality and Patient Safety (QPS) meeting format and implement some changes and improvements to monitoring of adverse events and complaints. Further detailed updates were provided in relation to Significant Adverse Events; Primary Care; Acute and Complex Care activity; Community Care; and Children and Families activity. Individual, specific detailed updates were provided in relation to both Sexual Health Services and Cardiac Services, the former matter having been raised at the previous meeting. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 1 February 2024. The report proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the content of the circulated report.
- **Noted** the circulated draft Minute.
- **Noted** specific detailed updates in relation to Sexual Health Services and Cardiac Services.
- **Agreed** to take **Moderate** assurance.

7.2   Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Links to relevant performance data were provided in relation to Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Issues. On medication errors, the multi-professional short life working group continued to review and update relevant Medicines Management Policies. Further detail was also provided in relation to relevant Statutory and Mandatory training activity. It was reported all areas were reporting on issues relating to recruitment and retention; sickness absence was at 7.76%; and performance in relation to Stage 2 Complaints was at 50% as at December 2023. A Complaints process mapping workshop had been set for 8 March 2024, including relevant senior leadership. A monthly interface group, between Acute Services and the HSCP had been established to ensure appropriate wraparound governance. There had been one new SPSO case received, and 4 compliments logged across the same reporting period. There was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings, with Professional Leads reviewing weekly adverse events for issues relating to medication' falls and tissue viability. The next

scheduled learning event was to take place on 12 March 2024. It was reported the SAER process was being reviewed, with the proposal made that HHSC Partnership commission a SAER team with a Lead Reviewer, supported by the Clinical Governance Support Team and appropriate subject expert. Within the partnership, some 20 senior managers had been trained in leading investigations and had the skills to lead SAER reviews. The HHSCP Risk Register continued to be reviewed on a monthly basis.

Current issues were highlighted as relating to the Vaccination Programme, with a paper having been presented to the Clinical and Care Governance Group on the response to the issues identified and a number of actions agreed. These actions included the identification of any cases that meet organisational Duty of Candour, a revised paper to be presented the HHSCP Senior Leadership Team, on resources and review and further development of Standard Operating Procedures (SOPs) and documentation. In relation to Community Pharmacy, there had been circulated a copy of a paper detailing the relevant service elements, with particular note in relation to NHS Pharmacy First Scotland which was expected to result in increasing numbers accessing this service. In terms of positive news, it was noted a Senior Charge Nurse from Police Custody Healthcare had been nominated and selected for the Queens Nurse Programme. Another members of staff was leaving, after 50 years' service as a nurse within Learning Disabilities, demonstrating significant service and dedication. There had also been circulated Minute of Meeting of the NHSH Community Clinical and Care Governance Group held on 6 February 2024. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Allied Health Professions and Financial Approval Processes. Noted challenges in relation to equipment process and finance stated as increasing relevant issues and risks. Advised remained a live issue, with Associate AHP Director preparing a report for the Senior Leadership Team on relevant equipment issues, including matters raised via Datix. Reported a number of remedial measures introduced and dedicated group to be established to ensure clear and simple pathways were in place for certain equipment purchases, subject to appropriate governance arrangements. Further detail requested.
- Raising the Level of Assurance on Quality and Safety. questioned key actions or developments required. Advised was an ongoing refreshment and reinvigoration of relevant quality and patient safety systems and process, and the embedding of these within operational teams and across the whole system. Improvement evident, with stated level of assurance expected to rise.
- Mental Health QPS. Confirmed had been introduced, commencing February 2024.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** a further detailed update in relation to AHP Services be scheduled for the next meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services. Updates were provided in relation to Hospital Acquired Infection activity; access concerns relating to Raigmore and Caithness General Hospitals, a potential link between long Emergency Department waits and the risk of pressure damage being incorporated in relevant analysis work and ongoing workforce constraints within cancer services. On the latter point, further service review and stabilisation activity was ongoing. In terms of audit activity and assurance, there had been an increased rate of falls with harm through December 2023. Falls reduction interventions were being reported by the Directorate, incident reporting and management reviewed by the Directorate and Arthroplasty infection surveillance data had been reviewed to reveal a static position in that area. Further updates were provided in relation to quality and patient care issues as result of capacity pressures; workforce issues; and financial concerns. A specific update was also provided on the day in relation to cancer services, advising the level of urgent suspected cancer referrals had effectively doubled from pre

Covid levels, with an associated 50% increase in conversions to cancer diagnosis and the subsequent impact on services and resource. There had also been circulated the Minute of Meeting of the Acute Services Division Clinical Governance Validation and Outcomes Meeting held on 6 February 2024. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Raising the Level of Assurance. Advised increased predictability and consistency in the delivery of the Divisional Annual Clinical Governance Work Plan would be required. Important to recognise such assurance related to process and not necessarily associated outcomes.
- Inpatient Fall Numbers. Noted a single individual patient had multiple fall events. Requested consideration be given to detailing number of patients falling in addition to number of falls. Noted similar concerns relating to Violence and Aggression reporting.
- Increasing Demand for Cancer Services. The issues highlighted in discussion had been noted. Questioned if the National Cancer Strategy was suitably reflective of the existing wider financial and recruitment constraints across services and was appropriately seeking to increase the pursuit of matters such as early detection activity. Stated increasing demand could be attributable to a range of aspects including an ageing population and increased public awareness of relevant symptoms etc. Advised Deputy National Clinical Director for NHS Scotland had recently visited Highland Oncology Service and had been fully briefed on the issues affecting services including workforce and service sustainability and also in relation to matters such as facilities, cross boundary working and spiralling drugs costs. Medical Directors and others continued to strive to raise relevant concerns and issues at and to national level.
- Wider Data Considerations. Stated current data issues included the hospital recording of infection emanating in the community. Role for additional narrative explaining the underlying data being presented. Noted some of that detail was already included within SPSP reporting.
- Imminent Retirement of Deputy Medical Director. The Board Medical Director took the opportunity to pay tribute to the dedication, support, and professionalism of R Cargill in what would be his last Clinical Governance Committee meeting and thanked him for his contribution to the work of the Committee. The Chair and wider membership echoed these points, wishing him well in whatever direction he chose to pursue.
- Embedding Clinical Governance and Systems in Operational Units. Acknowledged the increased participation in relevant QPS meetings at operational level. Stated this assisted Committee members in taking relevant assurance where appropriate.

After discussion, the Committee:

- **Noted** the report content and circulated Minute.
- **Agreed** to take **Moderate** assurance.

7.4 Infants, Children and Young People's Clinical Governance Group

L Bussell spoke to the circulated report, advising as to activity relating to the review of the Infants, Children and Young People's Clinical Governance Group (ICYPCGG) Terms of Reference; work of the Child Death Review Group, relevant completed reviews, and associated learning points; and the ongoing position relating to the Neurodevelopmental Assessment Service (NDAS). It was advised that recent Child Death Reviews had highlighted areas of excellent clinical care, notably from the children's specialist nursing team and also areas of improvement within the context of delivering specialist care in a remote and rural setting. The NDAS service remained under significant pressure, with work being progressed to support families seeking private assessment and waiting list review. The group also agreed relevant Policies and Procedures should include Argyll and Bute. There had also been circulated Child Death Review Report (January 2024) and Minute of Meeting of the Infant Children and Young People's Clinical Governance Group held on 12 January 2024. The report proposed the Committee take **Moderate Assurance.**

The following areas were discussed:

- Child Death Review Process. Reported as looking to outline comprehensive and fuller picture as to how Reviews link and contribute to improving quality and reducing the number of future deaths. Meeting to be held on 18 April to consider varying types of review process.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

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8   INFECTION PREVENTION AND CONTROL REPORT

The Board Nurse Director spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April – October 2023 in relation to Staphylococcus Aureus bacteraemia (SAB), Clostridiodes Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. Individual case reviews on patients identified with SAB, had identified none of these as preventable. Work was underway with the Practice Education Team to review compliance with the management of vascular devices. Following receipt of an exception report from ARHAI Scotland for the quarter July-Sept 2023 relating to an exceedance in the expected case numbers and rate of healthcare associated CDI, a review was underway to establish any commonalities, trends, or learning. The position for the national prescribing indicator for Primary Care was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care and Acute hospital antibiotic use was being met.

It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, outbreaks in hospitals, care homes and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives. Improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Work was underway to improve compliance within medical staffing. The Infection Prevention and Control Community team continued to review their existing workload and resource and prioritise the delivery of reactive service outputs. The wider review of staffing as part of the national Infection Prevention Workforce Strategy plan would progress once outcomes from national outputs (e-surveillance and clinical role descriptors) were issued. An annual IPC Work Plan was in place to support the prevention and control of infection. It was reported there had been a number of incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks also having been reported to ARHAI Scotland. Routine water sampling results had identified Coliforms within the water system at Invergordon Hospital in December 2023, in relation to which remedial work had been undertaken. Regular meetings were in place to continue to manage the situation and further water samples results were expected. Both ARHAI and the Health and safety Executive had been made aware of the position. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Reporting of Underlying Data. The Chair requested consideration be given as to how best to include underlying data detail in future reports.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** consideration be given as to how best to include underlying data detail in future reports.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.

9   SIX MONTHLY EXCEPTION REPORTS

9.1   Clinical Risk at Strategic Level

The Board Medical Director spoke to the circulated report stating there were national standards for care which applied to NHS Boards in Scotland, these being reflected in the Annual Delivery Plan and also in the Together We Care Strategy. Planned and Unscheduled Care was measured and monitored to understand quality and safety. Many of the strategic aims of the organisation were linked directly to the delivery of high quality, safe, effective treatment and care. Therefore anything which may occur to prevent that was a risk and anything that did occur may be an issue or hazard to delivery and needed to be addressed. As the NHS Board Strategy emphasised good clinical care and treatment as a key strategic outcome, it was important to reflect in the strategic risk register that there were risks which may interfere with the overall outcome. These risks would be high level and strategic, needing to be reflected in a strategic risk register. There would also be many risks which existed within a more directly operational sphere. These latter risk types would require to be reflected within the Level 2 and Level 3 risk registers. It was stated there was a need for such clinical risk, as outlined, to be defined by the Clinical Governance Committee in order that the NHS Board Strategic Risk Register reflected the need for NHS Highland to ensure the organisation does all it can to ensure appropriate controls and mitigations. It was suggested the Committee consider agreeing and adopting the following strategic risk:

"There is a risk that NHS Highland will not deliver effective, safe, or sustainable services to the required quality and performance levels as laid out in the Board Strategy Together We Care and in the Annual Delivery Plan. To mitigate or minimise this risk, which has many potential causes, NHS Highland needs to ensure there are appropriate strategic and operational measures, including systems, processes, and programmes of work."

The report otherwise proposed the Committee take **Moderate Assurance.**

There followed discussion, during which the following was raised:

- Committee Role and Associated Risk Profile. Question raised as to role of Committee in oversight of processes and/or systems or the quality, safety and performance element of clinical services. View expressed Committee had a role in oversight of both elements. The initial risk definition was agreed as an appropriate starting point for further discussion. Suggestion made further discussion may lead to development of two separate risks in this area. Emphasised need to reflect on existing strategic risks and associated relationship with any new risk definition.
- NHS Board Development Workshop. Chair suggested a Board Workshop event to provide background and context on quality and performance. This would be used to help inform development of the initially stated risk definition and risk rating. Workforce was highlighted as a particular concern. Suggested input from the Area Clinical Forum would also be beneficial alongside an indication of how other NHS Boards were approaching this subject. Confirmed initial learning had been taken from other NHS Boards to help inform the initial discussion.
- Risk Rating. Members were encouraged to consider how best to rate this risk. View expressed this was challenging due to the range of factors involved however committee discussion on quality and performance indicated this should be at the higher end of the risk matrix.

The Committee:

- **Noted** the content of the report.
- **Agreed** the initial risk profile definition be **Endorsed.**
- **Agreed** an NHS Board Development Session Workshop be established to consider aspects relating to quality and performance aspects to help develop the final risk definition.
- **Agreed** to revisit this subject at the July 2024 Committee meeting.
- **Agreed** to take **Moderate** assurance.

9.2 Scottish Patient Safety Programme

Members were advised a detailed report on this subject would be submitted to the next meeting.

The Committee so Noted.

The meeting adjourned at 11.05am and reconvened at 11.15am.

9.1 Area Drugs and Therapeutics Committee

The Director of Pharmacy spoke to the circulated report, providing an update on recent Area Drugs and Therapeutics Committee (ADTC) activity and plans for the year ahead. It was noted the ADTC had taken time to recover post Covid and was now Chaired by Dr A Brown, Consultant Microbiologist. The Committee had reviewed its Terms of Reference and subsequently removed the requirement for either patient or GP representation as part of its membership. The Committee had also been working on its Strategic Objective Priorities, which were summarised in the report. The priority would be to populate each of the respective activity lines, with particular reference to the NHS Highland Strategy for 2022-27 (Together We Care), on-going discussions at a national level on access to medicines, and national prescribing strategies. The Committee continued to experience challenges in ensuring a wide and representative membership, especially from general medical practice. It can be perceived as pharmacy-centred and depended upon a small professional cohort to undertake much of its work. The relevant Sub Group continued work with the ADTC Collaborative Forum. There had also been circulated draft Minute of Meeting of the ADTC held on 20 September 2023. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Hospital Electronic Prescribing and Medicines Administration System Introduction. Noted local challenges had emerged through rollout process.

The Committee:

- **Noted** the content of the report.
- **Agreed** to take **Moderate** assurance.

10 PUBLIC HEALTH

10.1 Vaccination Update

The Director of Public Health gave a short presentation to members, providing updates in relation to overall governance arrangements; latest performance levels for baby and infant immunisations, shingles and Pneumococcal vaccination coverage, Covid and Influenza vaccine uptake, comparison of primary immunisation by 12 months of age uptake rate trends; relevant issues and mitigating activities underway and required in relation to uptake of childhood vaccines within the Highland Health and Social Care Partnership (HSCP) area; vaccination programmes and measles activity. It was advised governance matters were primarily addressed through relevant Quality and Patient Safety or Clinical Care Governance Groups within respective Health and Social Care Partnerships.

The following areas were discussed:

- Future Reporting. Agreed a formal report and SBAR approach be adopted for the next Committee update along with improved detail as to how to increase vaccination rates in area to bring NHS Highland in line with higher performing NHS Boards. Advised key issues relate to service delivery and the associated model and the raising of public confidence in that model so as to persuade individuals as to the importance of accessing such services.
- Communication Model. Emphasised importance of effective public communication and urged maintaining email system element which had worked well to date. Agreed further work required.
- Ensuring Shared Learning. Stated should be taking learning from activity in Argyll and Bute and applying to Highland HSCP. Advised this was the case presently.
- Providing Accessibility Options. Suggested that individuals should be enabled to take advantage of varying delivery options and not simply wait for a local clinic to be established.
- National System Interface. Questioned if anything more can be done to improve existing arrangements. Advised links to national system were required as part of the vaccination programme and had had a similar impact on all NHS Boards. Specific issues had been raised with Public Health Scotland and progress on these matters was expected.
- Local Delivery Service Options Appraisal Process. Questioned current approach and position in terms of the potential for some GP delivery in Highland. Advised being led by Chief Officer (Community) and being taken through Highland Health and Social Care Committee. In terms of derogation, the Appraisal process would produce options for vaccination delivery across the different parts of North Highland and in some cases may include delivery by General Practice.
- Programme and Delivery Model Leadership. Questioned if appropriate managerial and clinical leadership presently in place. Advised was an issue kept under constant review and activity was discussed at Executive Directors Group level.

After discussion, the Committee:

- **Noted** the presentation content and update.
- **Agreed** a further update be presented to the next meeting.

11   COMMITTEE FUNCTION AND ADMINISTRATION

11.1   Committee Annual Report 2023/2024

The Chair spoke to the circulated draft Annual Report, which required Committee endorsement prior to being submitted to the Audit Committee as part of the Annual Accounts process and subsequently presented to the NHS Board.

The Committee Endorsed the Clinical Governance Committee Annual Report 2023/2024 for onward submission to the Audit Committee and NHS Board.

11.2   Committee Annual Work Plan 2024/2025

The Chair spoke to the circulated draft Committee Work Plan and invited additions and comment from Committee members. It was noted there would be further discussion by Committee Chairs on the format of Committee Work Plans. It was confirmed Work Plans from all relevant Governance Committees would be presented to the NHS Board at their next scheduled meeting.

The Committee Agreed the Clinical Governance Committee Work Plan 2024/2025.

12   Clinical Advisory Group Process Review

The Board Medical Director spoke to the circulated report, advising that following an Internal Audit review in October 2022 there had been developed a proposed Clinical Advisory Group (CAG)

assurance process, including revised governance arrangements. In terms of the work of this Committee, it had been proposed the CAG submit an annual report outlining the clinical decisions made with respect to out of area referral requests for clinically exceptional patients and to show clinical trend and finance information. There would be continued monthly financial reporting to the Finance, Resources and Performance Committee. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Repatriation of Out of Area Highland Mental Health Patients. Questioned position in relation to specific recommendation. Advised Mental Health service have staff involved in reviewing and maintaining contact with people out of area. Whilst repatriation can be undertaken, the main issues relate to provision of appropriate facilities or care environment.
- Tertiary Spend Reporting. Requested reporting lines be clearly expressed in reporting to both this and the Finance, Resources and Performance Committee. Emphasised CAG did not consider financial aspects of out of area referrals, only clinical appropriateness.

The Committee:

- **Approved** the completion of the Internal Audit review and implementation of the recommendations for the CAG process and governance arrangements.
- **Agreed** a CAG Annual Report be submitted to the Committee in future years.
- **Agreed** to take **Moderate** assurance.

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13   2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

2   May (replaced original proposed date of 9 May 2024)
11 July
5   September
7   November

14   REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the NDAS Service position and earlier discussion relating to Strategic Level Clinical Risk.

The Committee so Noted.

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15   ANY OTHER COMPETENT BUSINESS

There was no AOCB.

16   DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 2 May 2024 at 9.00am.

The meeting closed at 12.10pm

	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	**NHS** **Highland** na Gàidhealtachd
DRAFT MINUTE of MEETING of the **AREA CLINICAL FORUM**	**Thursday 14th March – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair) (from 3.10pm)
Elspeth Caithness, Employee Director
Linda Currie, NMAHP Advisory Committee
Grant Franklin, Area Medical Committee
Alan Miles, Area Medical Committee
Kara McNaught, Team Manager, Adult Social Care
Alex Javed, Area Healthcare Sciences Forum
Paul McMullan, Area Medical Committee

In Attendance

Ann Clark, Non-Executive Director
Emily Woolard, Non-Executive Director
Boyd Peters, Medical Director
Tim Allison, Director of Public Health (from 2.50pm)
John Lyon, Director of Dentistry & Clinical Dental Director – Item 4.1
Iain Ross, Head of e-Health – Item 4.2
Donald Peterkin, Data Protection Officer – Item 4.3
Nathan Ware, Governance & Corporate Records Manager – Item 4.4
Karen Doonan, Committee Administrator (Minutes)

1   WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from H Eunson, G Valentine and S McNally.

1.1   DECLARATIONS OF INTEREST

There were no declarations of interest.

2.   DRAFT MINUTE OF MEETING HELD ON 11 January 2024

The minutes were taken as accurate and correct.

The Forum **approved** the minutes.

3.   MATTERS ARISING

There were no matters arising

4.   ITEMS FOR DISCUSSION

4.1   Refresh of General Dental Services Contract – John Lyon, Director of Dentistry & Clinical Dental Director

J Lyon spoke to his presentation and explained that the focus of the presentation would be on GDP contractors, there is a public dental service with staff being employed by NHS Highland.

- There are 53 dental practices with 7 of these being training practices. I specialist orthodontic practice in Inverness, 142 GDP listed, 7 Assistant dentists and 9 vocational trainees.

- Wide range of patients registered with practices from 17,000 to 6. Survey recently published for Scotland by the Dental Council on work patterns for dentists – 20% of dentists fully committed to NHS dentistry, 40% predominantly NHS, 21% a mix, 10% predominantly private and fully private 5%

- 2024 there were 3 practice closures within NHS Highland, 2 practices have given notice that they are going to withdraw from NHS GDP provision shortly. Some practices only offering emergency care.

- 2 dental practices for sale, been a growth within dentistry to corporate practices but this is now changing with some corporate practices selling their practices.

- 1100 patients deregistered so far this year, 15,000 in 2023.

- Patients have lifetime registration, so this is not a way of measuring whether the patient is actually using the dental service only that they are registered.

- Scottish Government are resetting the dental service, from November 2023 there has been a GDS payment reform. Prioritisation of equality of access to dental care.

- Many barriers to recruiting to dentistry in Scotland as any dentist wishing to practice in Scotland has to take mandatory training which is an additional cost, and the training does not take place regularly. This does not apply to any other nation in the UK. The General Dental Council data shows more than 6,000 dentist that could work in the UK but have not passed the relevant dental exams so cannot practice in the UK.

- Quality assurance and improvement work is ongoing, significant review of the quality of service that is being offered to the public. NHS Highland has very limited say when it comes to where practices set up within the area. Scottish Dental Initiative Grants are used to extend and expand established dental practices.

- Dental Care Professionals – work ongoing to look at where they can support dentists in practices. In NHS Highland there is a school of dental therapy so there is a supply of dental therapists locally that could be placed to support practices.

- Continuing to review the public dental services to make sure that there is resilience within the system. There are some more rural areas that have specific requirements that need met. Recruitment to dental posts continue with a lot of vacancies, there is work going on regarding the terms and conditions of GDS dentists with Scottish Government.

It was noted that the figures quoted are for the whole of NHS Highland. A Miles queried if the delay in dental graduates due to covid has resolved itself and during discussion it was noted that it would take a further 5 years for delay to be resolved. There are 7 Out of Hours sites that are out with Inverness and there had been an increase in patients seeking help. There was also an increase in demand during the day on all dental services currently being offered.

It was highlighted that around the timescales involved in training dental care professionals with particular reference to Dental Therapists as they take three years to qualify, often they will enter the private sector due to the remuneration on offer. There is ongoing work to look

at various models to attempt to address this issue.

J Lyon gave further clarity around the funding from Scottish Government for the public dental service which as an annual payment has not been uplifted for many years. The level of spending that the government sets may be a risk to the Board. NHS Highland are in talks with Scottish Government making them aware of various remote and rural issues.

It was noted that the challenges apply to Board and not just NHS Highland, it is a national issue. The refresh to the contract is not a permanent solution and Scottish Government have been made aware of this.

The Forum **noted** the update.

4.2 **Digital Health & Care Record Update**: Iain Ross, Head of e-Health

I Ross spoke to his presentation which covered:

- Communication across a variety of different parts of the organisation in order to understand concerns and issues
- Looking at primary care especially GPs, social care and hospital care
- What is NOT proposed is to have one system that fits all, this is not possible due to financial constraints. Looking at systems in place and how these can be streamlined.
- Primary care is to be migrated to VISION which is an externally hosted platform, with a link to Care Portal and to provide easier access to Care Portal. Work is ongoing within general practice to achieve this.
- Social care – looking to replace Care First (North Highland). Link to Care Portal and provide easier access to Care Portal
- Community care – complete the work around Eclipse (A & B) and Morse (North Highland) and provide easier access to Care Portal
- Hospital care – implement the TrakCare EPR system into all hospitals – uses current licenses in order to digitalise records

The Chair asked for clarity regarding the difference between a service being hosted rather than kept inhouse. I Ross explained that whilst moving to a hosted model had challenges, it created a different funding model. Updates happen more quickly as the hosting contractor is responsible for the system running at an optical level, this takes pressure off the organisation. It was noted that hosting only occurs where it is appropriate, there are some systems where it is not appropriate to host externally.

Forum Members sought clarity around whether systems would be able to communicate with each other when the work had been completed. It was noted that the digital skills of the workforce were also being looked at with a view to move to standardisation of procedures.

Forum Members queried whether the organisational digital leaders were visible enough within the organisation and how the work could be spread through the organisation. I Ross explained that instead of one person representing clinical colleagues, there would now be 3. (hospital, the community and NMAHP respectively). Recruitment for these posts is underway and they would be involved in the discussions for implementation of the work that requires to be done.

It was noted that a transition to digital systems would not only contribute to budgetary savings but it may help reduce repetitive tasks alongside the volume of paper based files being stored.

The Forum **noted** the update.

4.3   Emergency Care Summary (ECS) Update: Donald Peterkin, Data Protection Officer

D Peterkin spoke to the circulated paper, and highlighted:

- Scottish Government have issued new directive in relation to the Emergency Care Summary
- Community Pharmacists, Optometrists and dentists now have access to this
- There was no governance released with the new directive so there has been a Short Life Working Group (SLWG) has been looking at this nationally and this documentation will be sent out with the update
- The community leads will now be contacted to inform them of the changes.

Forum Members sought clarity with the ECS and how effective they are in practice, with it being noted that if there was little to no information contained within it, this can prove to be challenging and work would need to continue around quantifying the quality of the ECS. A Miles gave an example of when ECS is used to give information, but access had prevented this information reaching the appropriate colleagues, the change in directive would address this.

Forum Members discussed a follow up letter that was issued which noted the "key information summary". Many practices had not seen this letter and it was agreed that D Peterkin would share this with the relevant colleagues.

The Forum **noted** the update.

4.4   Joint ACF/Board Development session (23rd April)

There will be a joint ACF and Board Development session taking place on the 23 April. The Chairs of all the committees would be receiving an invite to the session which was taking place in person.

N Ware confirmed that the session would focus on the Quality Framework alongside how the ACF and the Board can work more closely together exploring the communication flow between both. This session would aid in the understanding of the roles of all of those involved.

Forum Members suggested clarity on the expectations of the committees. The Health & Care Staffing Act was raised alongside where the Governance sat for this item.

Forum Members suggested some improvements could be made around communication on a number of topics given it was important to ensure the correct people were updated so they could contribute to resolving any issues that were identified.

Forum Members queried the Primary Care strategy and how this was being implemented at lower levels. It was confirmed that work was underway to ensure the Strategy was implemented in all workstreams to ensure consistency. N Ware confirmed that Chairs of the Professional Advisory Committees would be invited to the Development Session and requested each Chair collate suggestions or questions from their respective to committee to form part of the discussion.

The Forum **noted** the update.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 31 January 2024

There were no questions.

5.2 Adult Social Work and Social Care Advisory Committee – 1 February 2024

K McNaught gave a summary of the meeting:

- Louise Bussell spoke to committee about the Highland Quality Review
- Tracy Ligema discussed the plans around technology enabled care with the committee
- Ruth Macdonald spoke to committee about social work and social care governance
- There were continued discussions around training as some members felt that their rural location was affecting funding for travel to complete training.

5.3 Area Pharmaceutical Committee – verbal update from Chair

C Sinclair confirmed that the minutes would come to the next meeting of the Area Clinical Forum.

A Miles queried the morale of pharmacists after the intense disruption that had taken place as part of pharmacies being sold in various locations. The Chair advised that it may take another couple of years before this settled down again, but it was routine for the larger multiples to sell various locations at times and often resulted in Independent Contractors moving into to the area with a different model.

She also mentioned a new model was being developed for Pharmacy students which would place them in 3 different sectors (hospital, community, and general practice) to improve the level of experience they gain across the entire pharmacy landscape. It was noted that Pharmacy First was not affected and demand for this was increasing.

5.4 Area Medical Committee – 13 February 2024

A Miles gave an update:

Discussion of the Enhanced Services contract took place with it being noted that there appeared to be little development until the contract was issued December 2023. There has been no uplift in funding since 2004 and the value of the contracts has decreased. As a result, many contracts had been sent back and these contracts were then withdrawn with a new interim contract being promised. However, from 1 April 2024 there are no Enhanced Service contracts in operation. Still waiting on the contract to be issued by NHS Highland, the LMC is frustrated with the lack of progress as there is a risk that the work will be returned to NHS Highland, this would become a clinical risk to NSH Highland as Secondary Care cannot absorb the extra work.

5.5 Area Optometric Committee meeting – next meeting to be held on 15 April 2024

5.6 Area Nursing, Midwifery and AHP Advisory Committee – 25th January 2024

L Currie gave a brief summary:

- The meeting covered the impact on staff morale in respect of the ceasing of the capital expenditure and development work.
- The Director of Finance spoke about the finance position and planning with a positive discussion around how this is being managed. She would also be attending the next meeting of the committee (21 March 2024).

- Continuing to check in with the NMAHP Leadership committee around the financial structure and this remains as a standing item on the agenda.

5.7 Psychological Services Meeting – no meetings held.

5.8 Area Health Care Sciences meeting – no meetings held.

A Javed provided a verbal update confirming there had only been 2 members available with minimal capacity to meet due to work constraints.

The age profile of the workforce is a major challenge, which is out with the control of the department. There are challenges retaining staff once they have reached a certain level of experience within NHS Highland. Equipment upgrades are ongoing within the department, this will increase the quality and level of work that can be done, will increase the skills set of the staff within the department.

He noted that Health Care Sciences professionals are very diverse with around 50 different roles and some of these roles are regulated by the General Medical Council. He also referenced the need to have clear governance routes for these services to ensure quality of service and frameworks still need to be developed for all healthcare science roles to ensure quality is maintained and continued.

The Forum **noted** the circulated committee minutes and feedback provided by the Chairs**.**

6   ASSET MANAGEMENT GROUP – meeting held on 21st February 2024

A Javed gave a brief update of the meeting:

- Not received the full capital allocation funding from Scottish Government for this year. By February 2024 there was a spend of 17 million, but the funds received were only 8.6 million.

- The group had discussed the financial governance and the use of capital and revenue expenditure, alongside the withdrawal of capital funding for projects by Scottish Government.

- Presentation given to group on IFR16, identifying what is capital and what is not. From year 2025/26 any funding for leases must be identified prior to approaching Scottish Government.

Equipment Purchasing Advisory Group (EPAC), medical physics led area there is an allocation of 2 million of which the entire amount has been spent.

The Forum **noted** the circulated minutes.

7   HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of the Meeting of 17 January 2024

There were no further updates.

The Forum **noted** the circulated minutes.

8   Dates of Future Meetings

2 May 2024
4 July 2024
29 August 2024
31 October 2024

9   FUTURE AGENDA ITEMS

- Processes for business change – Advisory Board engagement – May 2024.
- Leadership and Culture Framework update – May 2024.
- Discussion Over Physician Associates
- NHS Highland Financial Position and Impact
- Invite to F Davies (Incoming NHSH Chief Executive) to Address Forum – proposed May 2024
- Hospital Sub-committee ToR Refresh

10.   ANY OTHER COMPETENT BUSINESS

There was no other business.

11   DATE OF NEXT MEETING

The next meeting will be held on Thursday 2 May at **1.30pm on Teams.**

The meeting closed at 3.50pm