NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	**28 November 2023 – 9:30 am**

Present
Sarah Compton-Bishop, Board Chair
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Ann Clark, Board Vice Chair, Non-Executive
Muriel Cockburn, The Highland Council Stakeholder member (until 1.41pm)
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
Philip Macrae, Non-Executive
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Gaener Rodger, Non-Executive (from 10.26am)

In Attendance
Gareth Adkins, Director of People & Culture
Natalie Booth, Board Governance Assistant
Stephen Chase, Committee Administrator
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Chief Officer, Highland Health & Social Care Partnership
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute Health & Social Care Partnership
Mike Hayward, Deputy Chief Officer, Acute
Ruth Fry, Head of Communications and Engagement
David Park, Deputy Chief Executive
Cathy Steer, Head of Health Improvement
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and confirmed that three new Non-Executive Directors; Steve Walsh, Karen Leach and Emily Woolard would start on 1 December 2023. She also advised that the Director of Estates, Facilities and Capital Planning would be moving to NHS Grampian and extended well wishes from the Board.

The Chair also confirmed that the NHS Highland Gaelic Language Plan had been launched which included the new dual NHS Highland logo. The Gaelic Plan was available on the Board's website detailing how Gaelic would be promoted through our services.

Apologies were recorded from Tim Allison with Cathy Steer deputising, and Catriona Sinclair.

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.

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 26 September 2023. The Board **noted** the action plan and **agreed** to close the five actions noted for closure.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive provided the following updates:

- Fiona Cruickshank won the Nurse award at the Scottish Health awards, Brian Corr and his team won the Royal College of Nursing's Chief Nursing award for outstanding work in nursing pathways for Urology; there were also several mental health teams nominated for awards alongside receiving a gold award as an employer from the Ministry of Defense.
- Chief Executive, the Chair and Chief Officer for the Highland Health and Social Care Partnership met with Caithness Health Action Team (CHAT) to discuss services provided by NHS Highland and the firsthand experience of communities which had resulted in positive discussions. Regular meetings with CHAT were now in place with operational teams and the Chief Executive had committed to a follow-up meeting in the new year and a handover with the new Chief Executive to continue the engagement.
- The Annual Review feedback had now been received which was very positive. Scottish Government recognised the challenges facing NHS Highland in providing remote and rural health care.

The Board **noted** the update.

PERFORMANCE AND ASSURANCE

3 Integrated Performance and Quality Report

The Board had received a report by the Deputy Chief Executive which detailed current Board performance across the health and social care system with a recommendation that the Board take moderate assurance.

During discussion:

- Board Members welcomed the report's format and suggested additional trajectories and forward projections that could be included in the report. The Chair of the Clinical Governance Committee confirmed further scrutiny was being undertaken by the Committee of the neurodevelopmental assessment service (NDAS) and the Child and Adolescent Mental Health Services (CAMHS) performance. The Head of Strategy and Transformation advised that trajectories had been added where they were available around planned care and mentioned the ADP guidance was due from Government which would provide guidance and targets that would be included in the January 2024 IPQR.
- The Chief Officer of the Highland Health & Social Care Partnership added that the senior leadership team were meeting to enable a whole system approach to delayed discharges across the partnership. An operating model had been agreed for urgent and unscheduled care which has been incorporated within the winter planning work. She also confirmed that some additional beds had been made available to relieve pressure. An app had been developed for discharge that enabled closer communication between different teams coupled with managing care at home with partner organisations.
- The Deputy Chief Executive added that the resourcing challenges were also being experienced within partner organisations and the reduction in available care homes had impacted delayed discharges.

- Board Members sought clarity around any potential stretch targets and whether they would be included within the Executive Summary. The Head of Strategy and Transformation confirmed stretch targets would evolve in line with Scottish Government expectations.
- Board Members queried the reduction in CAMHS performance in June 2023. The Chief Officer for Acute advised that there had been a change in the service model and noted some staff had left the team. She confirmed she would provide a full response outwith the meeting.
- Board Members sought clarity on progress against the Drug and Alcohol improvement plan, and queried whether improvements could be replicated throughout the whole of the Board area. The Head of Health Improvement advised there had been additional recruitment and a change in the delivery model that contributed to the identified improvements. She confirmed that a fuller response would be provided outwith the meeting. The Chief Officer Argyll and Bute HSCP expressed challenges in delivering drug and alcohol services in Argyll and Bute and confirmed that, as part of the partnership agreement, the service was scrutinised through the Integrated Joint Board (IJB) rather than the NHS Highland Board.
- The Chief Officer of the Highland Health and Social Care Partnership advised a plan was being devised to ensure better alignment across districts for vaccination rollout. Improvements had been made since the start of the programme as 81% of patients had less than 10 miles to travel for their vaccination and 6000 additional appointments had been made for the autumn/winter programme.
- Board Members suggested future revisions of the IPQR could incorporate some of the Boards other aspirations such as Sustainability and Research/Innovation.
- The Chair queried what factors had contributed to the decline in smoking cessation rates since the last update. The Head of Health Improvement advised that several members of staff were redeployed during the COVID-19 pandemic; recovery of the service post-covid had been slow due to recruitment challenges. New smoking cessation officers must complete four months mandatory training issued by Scottish Government before they can support patients.
- The Chief Officer for Acute advised that use of NearMe was being examined through the outpatients scheduled care delivery programme. NearMe appointments did not reduce clinical time commitment but did improve accessibility to services for some patients. Other patients preferred to use the telephone appointment service due to IT challenges.

The Head of Strategy and Transformation confirmed patient stories and experience were planned to be included within the IPQR to ensure the Board receive a more rounded update that doesn't focus solely on performance metrics. She expected this to be ready for the March 2024 Board meeting.

The Board **Noted**:

- the content of the report and took **moderate assurance**,
- the continued and sustained pressures facing both NHS and commissioned care services, and
- The level of performance across the system.

4 Finance Assurance Report – Month 6 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 6 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Board were invited to discuss the NHS Highland financial position and take limited assurance due to current progress on savings delivery and the ongoing utilisation of locums and agency staff.

The Director of Finance noted that the month seven position would be reported to the next meeting of the FRP Committee which was now meeting monthly.

The Director of Finance confirmed the net deficit of £66.672 million would be reduced to £55.8 million on receipt of additional allocations from Scottish Government. There had been no significant change to the key risks but delivery of the full savings plan was now extremely challenging; NHS Highland was now reporting slippage against the original plan. A recovery plan was in place to try to mitigate against slippage. The recovery plan looked at non-recurrent actions to try to maintain the forecast of £55.8 million. Scottish Government had made it clear that this amount was the top position expected of the Board. Benchmarking information across health boards and the four nations had been provided by Scottish Government. Discussions were underway to consider opportunities and learning to be shared.

A correction to the final sentence to point 2.3 of the report was noted which stated that the forecast assumed full delivery of the savings plan, however the report had forecast the likely savings projections by the recovery plan.

During discussion, the table showing actual versus planned financial performance (p.49) was clarified further and noted that the red tabs showed planned expenditure in line the original forecasting and the blue bars tracked actual expenditure. It was confirmed that this could be incorporated into future reporting. The following points were raised:

- Work was underway to ensure that staff were deployed to their fullest potential, however it was recognised that it was not sustainable in the longer-term to use agency and overtime.
- Support for clinicians to reduce the volume of returning patient activity was underway and to find more efficient ways of working and challenge historical ways of delivering services. One such example was to look at opportunities to share staff and to have more generically skilled staff to change the design of the workforce to meet population needs.
- Regarding capital programmes, it was noted that the impact on the workforce was built into business cases so that clinical service and workforce models work together. Therefore, mitigation against recruitment risks was an essential consideration.
- The need to consider longer term planning for 2024/25 was raised in areas of significant deterioration. A development meeting had been held with Highland Council colleagues to make scenario plans around potential costs into the next financial year in addition to inflationary costs. An initial three-year plan had been made based on non-recurrent spending.
- The challenges of the Board's remote and rural geography and the related impact of having smaller services working across the region was noted.
- Board Members discussed how best to articulate confidence in the ability to deliver on plans and mitigating actions. It was suggested that the FRP Committee could consider this issue in detail and that RAG rating could be added to the tracker.
- The Chair noted that the plans to address the spending challenges ahead sat with all areas of the service and not just the Finance team.

The Board:

- **Noted** the update and **discussed** the content of the report and,
- took **limited assurance** from the report.

The Board took a short break at 10.50am and the meeting resumed at 11.05am

5 Whistleblowing Quarterly Update Q2

The Board had received a written report by the Director of People and Culture which detailed the Whistleblowing Standards report for Quarter 2 covers the period July - October 2023. The report gave assurance on performance against the National Whistleblowing Standards in place since April 2021. Executive Leadership had been transferred to the Director of People and Culture. The Board were invited to take moderate assurance due to further work needed to improve processes and timescales for completing investigations.

During discussion it was noted:

- The Director of People and Culture advised the first point of contact is normally through the Guardian Service where the employee will initially be directed to early resolution options prior to moving through the formal Whistleblowing Standards process. He also noted that assurance is provided by the Guardian service that they retain adequate records of each case and work was underway to reaffirm those records are being documented accurately. He believed there was not a widespread issue in relation to Whistleblowing within NHS Highland but acknowledged a wider Quality Assurance piece of work was required to assure the Board more fully.
- The Nurse Director confirmed it was important to have the right people involved at the right time given the nature of how an individual may feel prior to raising a whistleblowing concern as they will naturally be apprehensive.

- Board Members acknowledged the Whistleblowing Service and the progress that had been made and stressed the importance of early resolution. Staff should be confident that the whistleblowing route would be their last resort if they felt their concerns were not being taken seriously.
- Board Members asked if there were any plans to publish an NHS Scotland-wide position around Whistleblowing Standards. The Director of People and Culture advised he was not aware of any current plans for this, but it may be something that might happen in the future.
- The Director of People and Culture mentioned that part of the learning over the past two years had been the complex nature of several cases leading to an increased investigation time, and work was underway to improve this as noted in the report.

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

6 Whistleblowing Action Plan

The Board had received a report by the Director of People and Culture which detailed an action plan including timescales and owners that had been agreed by the Executive Director's Group (EDG). The action plan was created after the EDG completed a 'pause and reflect' session on 24th August 2023 to review progress to date with implementation of the Whistleblowing Standards. This 'pause and reflect' also took into consideration feedback from the wider board membership. The Board were invited to take moderate assurance due to the improvements to be progressed.

During discussion:

- The Chair highlighted that Whistleblowing was only one element of NHS Highland's overall approach to speaking up.
- The Chair referred to the importance of reviewing overall feedback from Staff speaking up to identify any potential themes that could be addressed quickly. The Director of People and Culture noted the importance of addressing any themes, staff confidentiality must be maintained. Future updates would include reference to any issues and confirm how they were being addressed.
- The Director of People and Culture confirmed that the Whistleblowing process timescales were scrutinised and regularly reviewed at the Staff Governance Committee and confirmed positive progress was being made towards them.
- Board Members sought clarity on the training and development of staff to facilitate meetings as part of the whistleblowing process. The Director of People and Culture assured the Board that, whilst the level of whistleblowing or grievance cases were low and presented a training challenge, processes had commonality with existing People Services procedures.

The Board **Noted** the content of the report and took **moderate assurance** that the action plan will strengthen the approach to whistleblowing standards and speaking up.

7 Statutory and Mandatory Training Improvement Plan

The Board had received a report by the Director of People and Culture which detailed improvements for compliance with Statutory and Mandatory training which had remained a concern and challenge. The Board were invited to engage in discussion and take limited assurance from the report.

Speaking to the report, the Director of People and Culture confirmed that the action plan incorporated actions arising from an external audit, previously presented to Staff Governance Committee in 2022. A short life oversight group and project team had been established and had been meeting. The focus of the groups had been to address the barriers to compliance and address compliance through organisational performance management and governance structures, including regular reporting to staff governance. A RAG rated compliance report would be developed and circulated for line managers to receive updates on performance. Data presentation would be key when driving compliance in the correct direction.

During discussion the following points were raised:

- It was recognised that the only statutory training applying for all staff was fire safety. However, the Charter did not include an explanation of what training was classed as mandatory and Board members questioned why a system was not in place nationally to determine training as mandatory. The Director of People and Culture advised that NHS Scotland issued national guidance on what is determined

mandatory training and that there a local process existed to identify what is deemed to fall into this category and this local process would be reviewed.

- Leaders and line managers were key in communicating the importance of compliance with Statutory and Mandatory training. The Director of People and Culture explained that all staff had a responsibility for completing the training and leaders should take a zero-tolerance approach to non-compliance.
- The Deputy Chief Executive noted that making the information relatable on a personal level could increase engagement with the training. He noted that Cyber security information had been circulated in the 'Weekly Update' with an engaging video on tips to keeping safe online in the run up to Christmas.
- Fire Safety had a compliance rating of 60 per cent. Board Members noted that this should be a key focus for compliance given that this was a statutory training requirement.
- It was queried whether there was a resource implication arising from the more frequent scrutiny of compliance rates. The Director of People and Culture advised this was not the case and that work was progressing to implement a reporting framework to feed into governance structures.
- Further information was sought on NHS Scotland work on developing Training Passports to enable training compliance portable across organisations. The Director of People and Culture noted there was an established 'Moving and Handling' training passport with a 'Management of Violence and Aggression' training passport in development. The Chief Executive explained there had been plans pre-pandemic to implement National Training Passports which had been paused. This project had been re-started with ambition for all Scottish Health Boards to be consistent in their approach to training with a 'Once for Scotland' approach.
- Board members questioned if it was appropriate to identify the risk impact as moderate in relation to a possible failure to identify child protection and vulnerable adult issues. The Director of People and Culture took on board this concern and undertook to review this risk.
- it was noted that new staff members often experienced IT access issues when beginning their employment and this would impact their access to TURAS. The Director of People and Culture commented that IT access should be provided before the start-date for new entrants to the organisation. There were processes in place to transfer training data from TURAS between organisations.
- The Nurse Director noted compliance data that was visible and easily accessible had increased the completion of training in other Health Boards.

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

8 Risk Appetite

The Board had received a written report by the Medical Director provide the Board with an overview of the NHS Highland (NHSH) risk appetite statement, which was a requirement NHS Scotland boards must fulfil as part of implementing the Blueprint for Good Governance. The Board were invited to take substantial assurance from the report and have confidence of compliance with legislation, policy, and Board objectives.

Speaking to the report, the Medical Director highlighted that the appetite statement is an enabler for the organisation to move forward in its provision of services to ensure future sustainability. Identified risks would require preventative actions to mitigate against them occurring. It was noted that NHS Highland had an effective risk management system in place and the Risk Appetite statement provided an innovative, flexible, and enabling organisation response to challenges.

During discussion it was noted:

- Board Members noted the definition of risk as meaning an area of uncertainty that required preventative actions to manage the identified risk and did not mean there was a lack of safety.
- The Board Chair highlighted the effort taken by the Board to determine how the risk appetite would support future work and change the shape of services, to make them more sustainable.
- Board Members advised the layout of the appetite statement was easy to understand but it would be useful if future updates could contain details on how it supports our workforce to do things differently and how best the risk appetite is implemented. The Medical Director advised the appetite statement was not a directive order but rather a set of guidelines for the organisation's use.
- Board members questioned how the use of the Risk Appetite would be documented and it was confirmed that further consideration was needed to address this.

- The Board Chair noted that, as a standard, there should be an annual review to identify any improvements and asked for the Board to receive a further update in due course.

The Board:

- **Noted** the content of the report, and
- Took **substantial assurance** that the risk appetite statement aligned with the Together we Care Strategy and the Blueprint for Good Governance.

9 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.

During discussion the Medical Director confirmed that work continued to embed the risk register with the Together we Care strategy and significant progress had been made. Board Members sought clarity on whether there was need to escalate the Health & Safety governance; the Director of People and Culture mentioned there was a workshop planned for the following week to address any concerns and was confident there was no need to escalate at this stage.

The Board:

- Took **substantial assurance** from the report, and
- **Examined** and **considered** the evidence provided and **agreed** to the noted updates on each risk including any for addition, closure or that required next steps.

The Board took a lunch break at 12.40pm and the meeting resumed at 1.15pm

10 Anchors Strategic Plan

The Board had received a written report from the Deputy Chief Executive which detailed updated progress on development of the Anchors Strategic Plan as part of the NHS Scotland Delivery Plan guidance. The plan, which the board had seen previously, set out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community. The report was submitted to the Board for awareness and recommended substantial assurance to be taken.

The Head of Strategy and Transformation spoke to the report and noted a further iteration of the plan would come to Board in March 2024 for approval. The report included further guidance so the Board could see the expectations around the plan and the timeline for submission in the appendix.

During discussion, noting that the Anchor Strategic Plan would be aligned with the ADP, the following comments were made:

- It was noted that while the definitions and KPIs had been devised by Scottish Government the first point of reference would be based on local community priorities. Progress and development of baseline KPIs would be measured in part through comparison and sharing of good practice with other boards and through collaboration with other anchor organisations.
- A group had been established to lead on the self-assessment work with a focus on areas of collaboration with communities rather than separating the focus out into service areas.
- The Chief Officer for Argyll and Bute HSCP noted the overlap between the approach of the plan and how Community Planning Partnerships are established and that therefore to align the plan with local outcome improvement plans would have wider benefit. The Argyll and Bute plan was about to undergo a refresh with the aim of aligning many of these issues.
- Board Members referenced the need to focus engagement work on the plan in terms of making use of existing conversations with communities and partner groups to avoid duplication of work.
- It was noted that conversations had taken place with other rural health boards about addressing community priorities and that further work to embed the anchor organization concept was underway to support this. The Head of Health Improvement commented that the Senior Officer Group had

examined areas of commonality across plans and anchor organisations and would be picking these issues up again in future planning partnership work.

The Board:

- Took **Substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives.
- **Noted** the content of the report and that the draft Anchors Strategic Plan was submitted to government in October 2023.

11 Winter Plan 2023/2024

The Board had received a report from the Chief Officer Highland Health and Social Care Partnership which detailed implementation of the winter plan. This included a comprehensive plan with named, accountable individuals, assurance processes, associated performance measures and reporting cycles in place. The Board were invited to take limited assurance due to the capacity for the delivery of the priorities for winter.

Speaking to the report, the Chief Officer Highland HSCP noted that a development session had been held on Winter Planning prior to the national guidance being issued in September. Sessions were being held with the Area Partnership Forum and GPs, and feedback from governance Committee sessions had also been incorporated into the Plan. Weekly meetings of the Tactical Group were now taking place to monitor ongoing service delivery, address sustainability and incorporate learning from previous years. In addition, an 'An Ask Me Anything' session had been held the previous week. An update to the Winter Plan was scheduled for the January Board meeting at which point it was expected that interventions would have been tested and a progress update provided.

During discussion it was noted:

- Existing pressures in the system and the ongoing challenges around workforce recruitment and Care Home placement availability were addressed with reference to additional pressures such as severe weather. The Chief Officer noted that funding had been allocated within Urgent and Unscheduled Care for the Integrated Senior Leadership Team to assign to specific areas to support teams in specific areas but with a view to taking a whole system approach and to address longstanding issues.
- Plans were underway to find additional beds in Community settings and an app had been developed to assist with identifying people for discharge faster where they do not require an Acute setting and to allow flow to operate 24/7 instead of just during the day.
- Regarding gaps in staffing, the Chief Officer noted that she could report back with specific detail on whole-time staffing and noted that there was a need to consider the most effective use of additional agency staffing resources.
- Redesign of Care At Home service provision was under examination and there had been some successes with new partners in terms of Care Home acquisition and finding co-produced solutions, however the current focus was on fast paced alignment of all staff resources into delivering sustainable extra bed capacity.
- Engagement work was underway to signpost members of the public to the most appropriate support and avoid unnecessary visits to A&E.
- It was asked if the workforce risk around the Winter Plan should be incorporated into the high-level Corporate Risk Register. However, it was noted that workforce risk was largely already incorporated into the register.
- It was commented that colleagues across Health Boards had noted that Winter Planning was now part of wider surge planning due to increased pressures throughout the year and that the Winter Planning was just a part of whole system planning acknowledging the need to bring in new pathways within the hospital that would expedite discharge across all patient pathways using existing resources and finding alternative ways of working across the services.
- The Chair expressed thanks to all staff facing the challenges ahead.

The Board:

- Took **limited assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives.
- **Noted** the evidence provided that confirmed the Winter Plan is now in place in line with the report submitted to the September 2023 Board Meeting.

12 Board and Committee Meetings timetable 2024

The Board had received a written report from the Board Secretary detailing the timetable of Board and Committee meetings for 2024 and proposed the Board take a substantial level of assurance.

The Board took **substantial** assurance and **approved** the Board and Committee meetings timetable for 2024.

13 Governance and other Committee Assurance Reports - Escalation of issues by Chairs of Governance Committees

a) Finance, Resources and Performance Committee draft minute of 6 October 2023 and draft minute of 3 November 2023

The Chair spoke to the circulated minutes; there were no questions received.

b) Highland Health & Social Care Committee draft minute of 1 November 2023

The Chair spoke to the circulated minute; and noted the first report on the Engagement Framework was well received. He also mentioned the committee were keen to see the full rollout of the Care Opinion service.

c) Clinical Governance Committee draft minute of 2 November 2023

The Chair spoke to the circulated minutes and noted the committee had completed its self-evaluation. He noted that there would be an update on concerns of a potential surge at New Craigs at a future meeting and there would be an update to the next meeting on the overall pressures within the system.

d) Area Clinical Forum draft minute 2 November 2023

The Forum Chair was absent from the meeting and there were no questions received.

e) Staff Governance Committee draft minutes 8 November 2023

The Chair spoke to the circulated minute and noted many of the items discussed on today's Board Agenda were discussed at the Staff Governance committee meeting. She referred to the spotlight sessions held with the most recent one from the Finance Team being valuable for committee members.

f) **Argyll & Bute Integration Joint Board 27 September 2023**

The IJB Chair spoke to the circulated minute; and noted there had been some discussion around the financial reserves and a special meeting had been held to discuss this in more detail.

16 Any Other Competent Business

The Nurse Director highlighted that two nurses won the Queen's Nursing Institute for Scotland awards, resulting in Jonathan Davies and Kerri-Ann Roberts attaining the title of 'Queen's Nurses' which was a fantastic achievement.

Date of next meeting

The next full meeting of the Board will be on 30 January 2024 at 9.30 am.

The meeting closed at **2.15pm**

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 2024**
Title:	**Finance Report – Month 8 2023/2024**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Elaine Ward, Deputy Director of Finance**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 8 2023/2024 (November 2023).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m; work is ongoing, within the Board and nationally to look at options and schemes to close this gap. Scottish Government provided additional funding and the

Board is now looking to deliver a financial deficit of no more than £55.800m. This report summarises the position at Month 8, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

2.3 Assessment

For the period to end November 2023 (Month 8) an overspend of £46.948m is reported. This overspend is forecast to increase to £55.975m by the end of the financial year. The improvement on the residual gap in the plan is due to the additional funding allocations from Scottish Government. The current forecast assumes slippage against the CIP of £13.768m.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

It is only possible to give limited assurance at this time due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the delivery of a robust recovery plan is required to increase the level of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

There is a risk that NHS Highland will overspend on its 2023/2024 revenue budget by more than the current forecast of £55.975m. The forecast assumes slippage against the

CIP of £13.768m – 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.

3.5 Equality and Diversity, including health inequalities

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

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

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

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

3.8 Route to the Meeting

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

- EDG
- Finance, Resource & Performance Committee

4 Recommendation

Discussion – Examine and consider the implications of the matter.

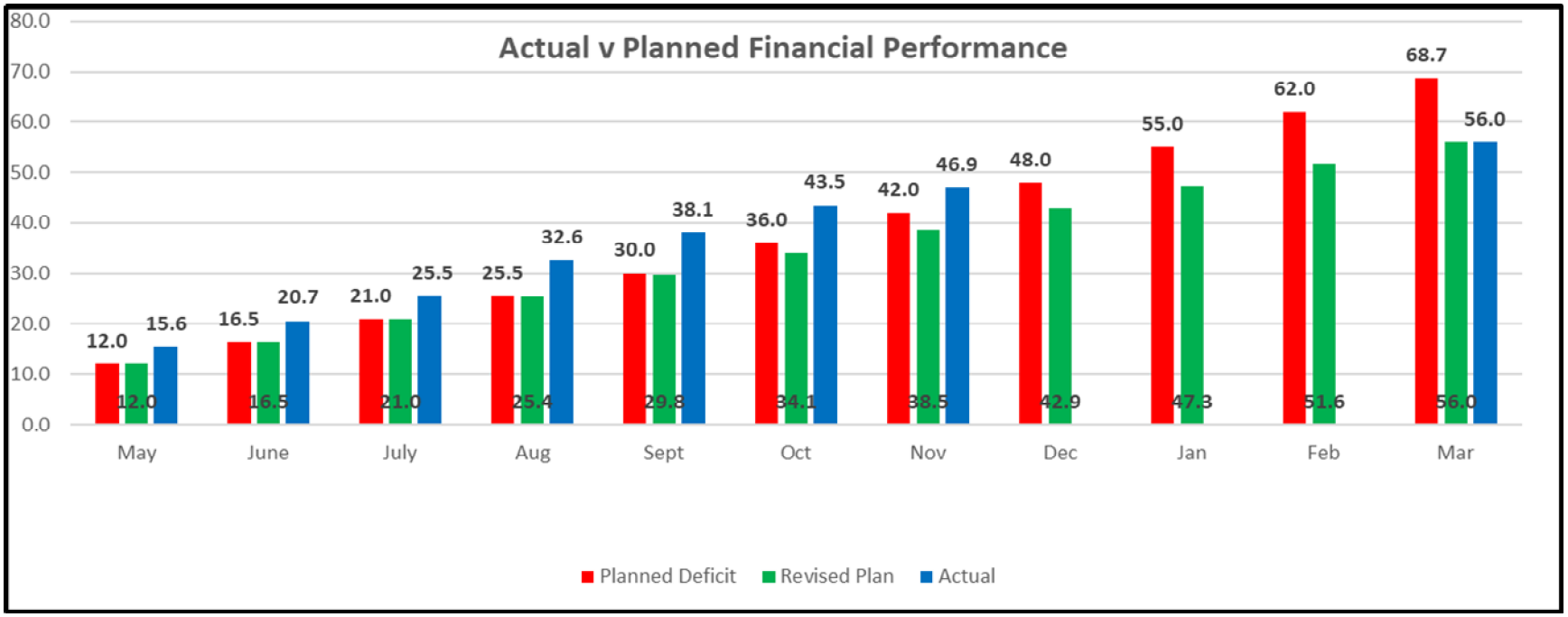
4.1 List of appendices

The following appendices are included with this report:

No appendices accompany this report

Finance Report – Month 8 (November 2023)

MONTH 8 2023/2024 – NOVEMBER 2023



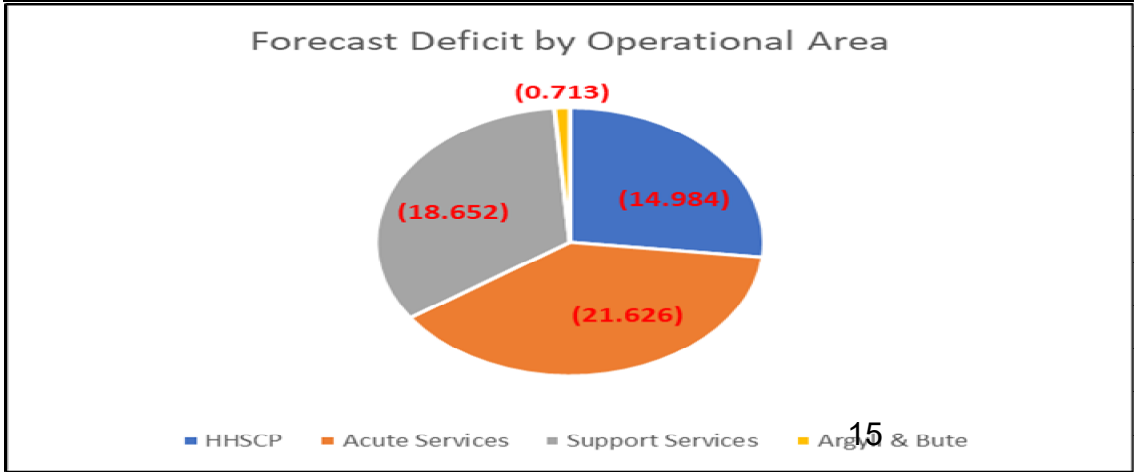
Financial Recovery Plan actions

Target	YTD £m	Forecast £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ SURPLUS	46.9	56.0
Delivery against Financial Plan DEFICIT/ SURPLUS	4.9	12.7
Deliver against Cost Improvement target DEFICIT/ SURPLUS	11.9	13.8

Forecast year end deficit of £55.975m
Forecast slippage against CIP £13.768m

MONTH 8 2023/2024 – NOVEMBER 2023

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
1,161.384	1,161.384	**Total Funding**	748.540	748.540	-	1,161.384	-
		Expenditure					
450.867	449.206	HHSCP	298.070	309.219	(11.149)	464.190	(14.984)
310.154	296.970	Acute Services	197.447	211.922	(14.475)	318.596	(21.626)
205.661	149.855	Support Services	85.412	106.153	(20.741)	168.507	(18.652)
966.681	**896.031**	**Sub Total**	**580.929**	**627.294**	**(46.365)**	**951.294**	**(55.262)**
263.375	265.352	Argyll & Bute	167.610	168.194	(0.583)	266.065	(0.713)
1,230.056	**1,161.384**	**Total Expenditure**	**748.540**	**795.488**	**(46.948)**	**1,217.359**	**(55.975)**
(68.672)	-	**Planned Deficit**	-	-	-	-	-
1,161.384		**Total Expenditure**			**(46.948)**	**55.975**	**(55.975)**



MONTH 8 2023/2024 SUMMARY

- YTD overspend of £46.948m reported
- Forecast to increase to £55.975m at end of the 2023/2024 FY
- YTD position includes slippage against the CIP of £11.857m
- Cost improvements of £15.732m included within operational year end forecasts – slippage of £13.768m against the £29.500m plan
- Forecast is £12.697m better than that presented within the financial plan
- Forecast assumes delivery of actions within Financial Recovery Plan this includes support to balance the ASC forecast overspend

MONTH 8 2023/2024 – NOVEMBER 2023

KEY RISKS

- Supplementary staffing – not seen reduction that had been anticipated
- Prescribing & drugs costs – actual information still a number of months behind
- 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
- Delivery of actions within Recovery Plan –support with ASC overspend (£3.642m forecast 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
- Financial Recovery Plan

MONTH 8 2023/2024 – NOVEMBER 2023

Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	823.042
FHS GMS Allocation	80.529
Supplemental Allocations	53.503
Non Core Funding	-
Total Confirmed SGHSCD Funding	**957.074**
Anticipated funding	
Non Core allocations	69.957
Core allocations	13.391
Total Anticipated Allocations	83.347
Total SGHSCD RRL Funding	**1,040.421**
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	**1,161.384**

FUNDING

- Current funding £1,157.445m (increase of £3.939m from Month 7)
- £83.347m of allocations anticipated but not yet confirmed by Scottish Government
- £11.522m of net allocations received in Month 8 – majority in respect of pay award funding
- Current funding is £29.303m higher than at the close of the 2022/2023 financial year

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
252.139	NH Communities	168.389	173.845	(5.457)	260.936	(8.798)
50.912	Mental Health Services	33.921	38.938	(5.017)	56.266	(5.354)
150.512	Primary Care	100.176	101.596	(1.420)	152.810	(2.298)
(4.357)	ASC Other includes ASC Income	(4.416)	(5.161)	0.745	(5.822)	1.466
449.206	**Total HHSCP**	**298.070**	**309.219**	**(11.149)**	**464.190**	**(14.984)**
	HHSCP					
275.175	Health	183.510	192.099	(8.590)	286.517	(11.342)
174.031	Social Care	114.561	117.119	(2.559)	177.673	(3.642)
449.206	**Total HHSCP**	**298.070**	**309.219**	**(11.149)**	**464.190**	**(14.984)**

	In Month £'000	YTD £'000
Locum	670	5,715
Agency	547	4,625
Bank	843	6,232
Total	**2,059**	**16,572**

HHSCP

- YTD overspend of £11.149m reported
- Forecast that this will increase to £14.984m by financial year end
- Slippage of £5.279m against the CIP reported in the YTD position with £6.379m of slippage built into the year end forecast
- Continuing pressure with agency nursing and locum usage within Mental Health and in-house Care Homes and 2C practices - £16.572m incurred YTD
- A £2.100m prescribing pressure is forecast due to an increase in both the cost of drugs and volume of scripts being issued

MONTH 8 2023/2024 – NOVEMBER 2023

Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Forecast £000's	YE Variance £000's
Total Older People - Residential/Non Residential Care	58.518	38.799	38.548	0.251	57.455	1.063
Total Older People - Care at Home	34.364	22.896	24.406	(1.511)	36.387	(2.023)
Total People with a Learning Disability	41.535	27.801	29.101	(1.301)	44.291	(2.756)
Total People with a Mental Illness	8.322	5.491	5.548	(0.057)	8.171	0.151
Total People with a Physical Disability	8.256	5.535	5.426	0.110	9.006	(0.750)
Total Other Community Care	18.535	12.178	12.134	0.044	18.526	0.009
Total Support Services	5.024	2.210	2.941	(0.731)	4.774	0.250
Care Home Support/Sustainability Payments	-	-	(0.502)	0.502	(0.166)	0.166
Total Adult Social Care Services	174.555	114.910	117.602	(2.692)	178.444	(3.889)
Total ASC less Estates	174.031	114.561	117.119	(2.559)	177.673	(3.642)

Care Home	YTD Actuals
Ach-an-eas	19
Bayview House	30
Caladh Sona	13
Grant House	59
Home Farm Portree	640
Invernevis House	31
Lochbroom House	21
Mackintosh Centre	3
Mains House Care Home	248
Melvich Centre	4
Pulteney House	12
Strathburn House	35
Telford Centre	17
Wade Centre	64
Total	**1,194**

ADULT SOCIAL CARE

- Slippage of £2.215m on the CIP has been built into the year end forecast
- £1.194m expenditure on agency nursing incurred to date within NHS Highland care homes
- £1.741m 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
- The updated Financial Recovery Plan assumes that the ASC overspend will be supported to reduce the NHS Highland overspend position at year end – there is a risk to the overall delivery of the revised NHS Highland target if this does not progress

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
79.046	Medical Division	53.227	59.293	(6.066)	87.263	(8.217)
21.549	Cancer Services	14.233	14.893	(0.660)	22.563	(1.014)
65.952	Surgical Specialties	44.118	46.771	(2.653)	69.032	(3.080)
35.236	Woman and Child	24.248	22.517	1.730	33.878	1.358
44.443	Clinical Support Division	29.449	28.914	0.535	43.707	0.735
(4.234)	Raigmore Senior Mgt & Central Cost	(3.328)	4.031	(7.359)	6.564	(10.797)
25.303	NTC Highland	15.608	14.882	0.726	24.714	0.589
267.296	**Sub Total - Raigmore**	**177.554**	**191.301**	**(13.747)**	**287.721**	**(20.425)**
14.274	Belford	9.586	9.847	(0.261)	14.640	(0.365)
15.400	CGH	10.307	10.774	(0.467)	16.236	(0.836)
296.970	**Total for Acute**	**197.447**	**211.922**	**(14.475)**	**318.596**	**(21.626)**

	In Month £'000	YTD £'000
Locum	1,025	7,388
Agency	416	7,556
Bank	643	4,732
Total	**2,084**	**19,676**

ACUTE

- £14.475m overspend reported year to date
- Forecast that this will increase to £21.626m by financial year end
- £4.111m slippage against CIP reported in YTD position – slippage of £4.911m included within the year end forecast. This reflects delivery of reduction in agency and locum spend forecast in the latter part of the FY
- A pressure of £0.517m is forecast within drugs
- The forecast includes approx. £10.446m of costs likely to be incurred as a result of patients not being within the correct care setting
- This position has deteriorated from that forecast at Month 7 by £0.654m due to continuing use of agency nursing and locum staffing which has impacted the forecast of planned savings

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
14.732	Central Services	11.880	12.847	(0.967)	11.620	3.113
(6.103)	Central Reserves	(18.983)	-	(18.983)	14.245	(20.348)
47.878	Corporate Services	30.691	28.904	1.787	45.061	2.817
52.082	Estates Facilities & Capital Planning	33.951	34.875	(0.925)	53.619	(1.537)
16.075	eHealth	11.080	11.277	(0.197)	16.366	(0.290)
25.190	Tertiary	16.793	18.250	(1.457)	27.596	(2.406)
149.855	**Total**	**85.412**	**106.153**	**(20.741)**	**168.507**	**(18.652)**

	In Month £'000	YTD £'000
Locum	2	50
Agency	104	556
Bank	206	1,408
Total	**313**	**2,014**

SUPPORT SERVICES

- £20.741m overspend reported year to date with this forecast to reduce to £18.652m by financial year end – this reflects the funding gap built into the initial plan submitted to SG in March 2023
- Within Corporate Services vacancies within a number of teams and additional Medical Education funding continue to drive the underspend
- Within Tertiary pressures within the main SLA with Lothian, Rheumatology, Cardiac and Forensic Psychiatry services provided out of area continue to drive the forecast overspend – an uplift to the SLAs higher than the Board's baseline uplift has impacted here
- Estates continue to see pressures in utility & food costs, additional maintenance, additional pay costs at New Craigs due to facilities staff being aligned to Agenda for Change uplifts and increased cleaning across a number of sites

MONTH 8 2023/2024 – NOVEMBER 2023

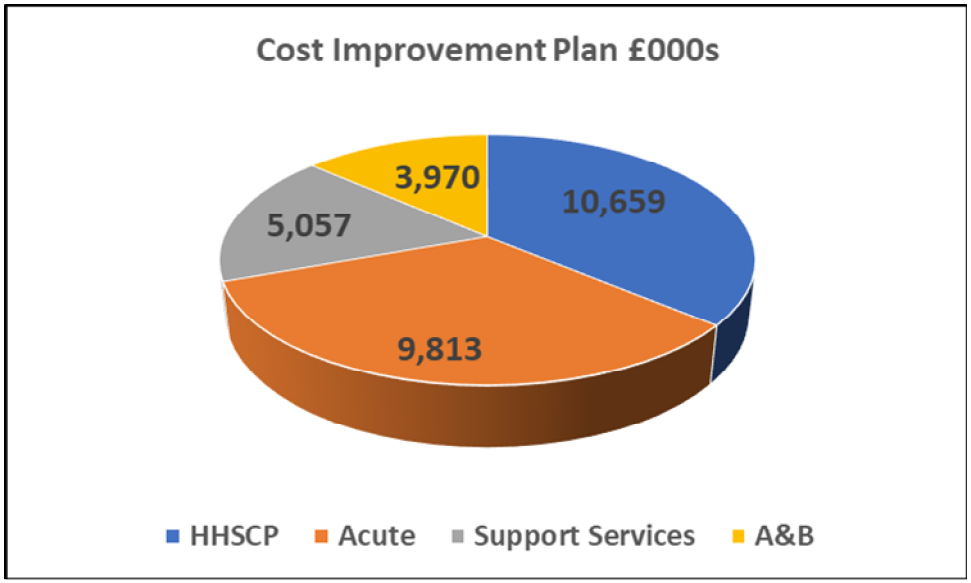
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
125.633	Hospital & Community Services	82.295	82.176	0.119	125.533	0.100
39.144	Acute & Complex Care	26.289	26.947	(0.658)	40.514	(1.370)
10.184	Children & Families	6.801	6.783	0.018	10.134	0.050
38.138	Primary Care inc NCL	25.003	25.001	0.003	38.046	0.092
21.987	Prescribing	14.580	16.127	(1.547)	24.187	(2.200)
11.249	Estates	7.368	7.499	(0.132)	11.417	(0.168)
5.755	Management Services	3.725	3.543	0.182	5.522	0.233
13.262	Central/Public health	1.549	0.118	1.431	10.712	2.550
265.352	**Total Argyll & Bute**	**167.610**	**168.194**	**(0.583)**	**266.065**	**(0.713)**

	In Month £'000	YTD £'000
Locum	487	4,010
Agency	287	2,713
Bank	223	1,787
Total	**996**	**8,510**

ARGYLL & BUTE

- YTD overspend of £0.583m reported with this forecast to increase to £0.713m by financial year end
- The YTD position includes £0.955m of slippage against the CIP.
- It is anticipated that cost improvements/ reductions of £3.080m will be delivered in year – full year slippage of £0.891m
- £8.510m expenditure on supplementary staffing by end of Month 8
- £2.200m of a pressure relating to prescribing has been built into the forecast position

MONTH 8 2023/2024 – NOVEMBER 2023



	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	11,011	4,632	(6,379)
Acute	10,341	5,430	(4,911)
Support Services	4,177	2,591	(1,586)
A&B	3,970	3,080	(891)
Total Forecast Savings	**29,500**	**15,732**	**(13,768)**

COST IMPROVEMENT

- £29.500m CIP programme planned
- At the end of Month 8 slippage of £11.857m against the CIP is reported
- Cost improvements of £15.732m are built into the year end forecast for operational areas, which is under-delivery of £13.768m against the target
- There is an ongoing risk around non delivery of cost improvements/ reductions
- Mitigating actions are being taken to support delivery of the overall financial forecast and additional schemes will be progressed where feasible

CIP ASSURANCE OF PROGRESS – AS AT 22 DECEMBER 2023

NHS Highland

Assurance of Progress as at 22-12-2023										
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	2,149	82%	458	2,607	0	100%	0	12	0%
Surgical	2,164	1,395	64%	793	2,188	24	101%	3	6	50%
Women & Child	1,112	560	50%	3	563	-549	51%	0	4	0%
Rural General Hospitals	960	230	24%	242	472	-488	49%	0	10	0%
Clinical Support	1,464	382	26%	325	707	-757	48%	1	12	8%
NTC	860	480	56%	0	480	-380	56%	1	2	50%
Cancer	688	-	0%	126	126	-563	18%	2	4	50%
Acute Central	240	233	97%	0	233	-7	97%	0	4	0%
Acute Unallocated	246	-	0%	0	0	-246	0%	0	0	0%
Unit-wide						0				
Acute Sub-Total	**10,341**	**5,430**	**53%**	**1,945**	**7,375**	**-2,966**	**71%**	**7**	**54**	**13%**
HHSCP										
Mental Health	930	380	41%	257	637	-293	68%	0	8	0%
N. Highland Community Services & Primary Care	5,617	1,586	28%	165	1,750	-3,867	31%	5	22	23%
NH Community Services		1,486		-11	1,475	1,475		5	20	25%
Primary care		100		175	275	275		0	2	0%
HHSCP-Health Unallocated	352	0	0%	0	0	-352	0%			
Adult social care	4,113	1,120	27%	1,095	2,215	-1,898	54%	2	6	33%
Unit-wide										
HHSCP Sub-Total	**11,012**	**3,086**	**28%**	**1,517**	**4,602**	**-6,410**	**42%**	**7**	**36**	**19%**
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%	2	3	67%
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%	12	17	71%
Central	794	794	100%	0	794	0	100%	0	1	0%
Unit-wide										
Support Services Sub-Total	**4,177**	**2,160**	**52%**	**508**	**2,668**	**-1,509**	**64%**	**14**	**42**	**33%**
A&B IJB	3,970	2,538	64%	737	3,276	-695	83%	1	43	2%
A&B IJB Sub-Total	**3,970**	**2,538**	**64%**	**737**	**3,276**	**-695**	**83%**	**1**	**43**	**2%**
Grand Total	**29,500**	**13,214**	**45%**	**4,707**	**17,921**	**-11,579**	**61%**	**29**	**175**	**17%**

CIP ASSURANCE OF PROGRESS – AS AT 22 DECEMBER 2023

3 HORIZONS/ SAVINGS TRACKER

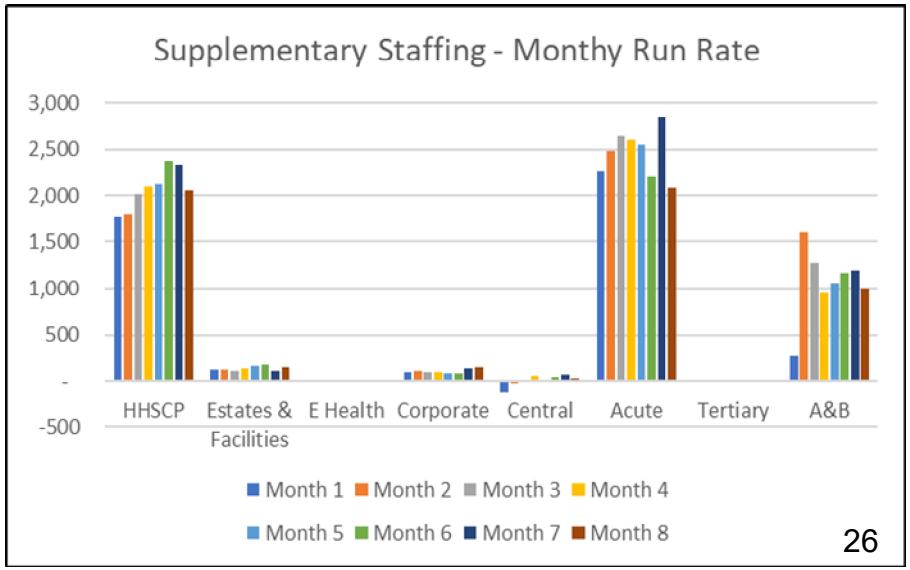
- 175 schemes are currently recorded with 29 still in planning with no estimated value of savings at this time
- It is anticipated that savings within Tertiary will not be delivered until 2024/2025
- The values within the tracker continue to be impacted by ongoing agency and locum usage – the reduction in spend has not materialised at the level forecast. As this continues the values of savings forecast to be delivered each month is reducing.

MONTH 8 2023/2024 – NOVEMBER 2023

	2023/2024 YTD £'000	2022/2023 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	16,572	12,204	4,368
Estates & Facilities	1,091	1,035	56
E Health	8	1.99	6
Corporate	821	909	(88)
Central	93	(309)	402
Acute	19,676	17,696	1,980
Tertiary	1	2	-
Argyll & Bute	8,510	6,954	1,555
TOTAL	**46,771**	**38,493**	**8,279**

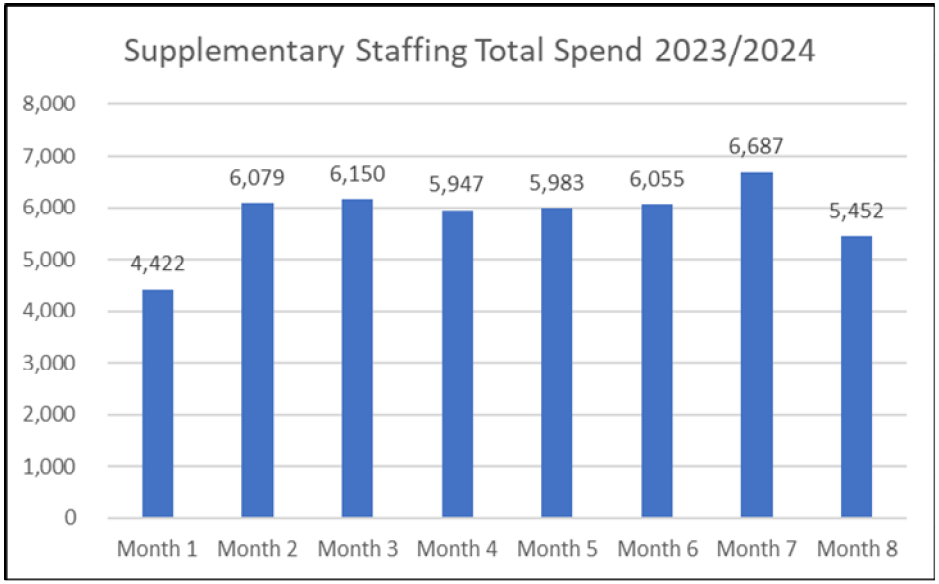
SUPPLEMENTARY STAFFING

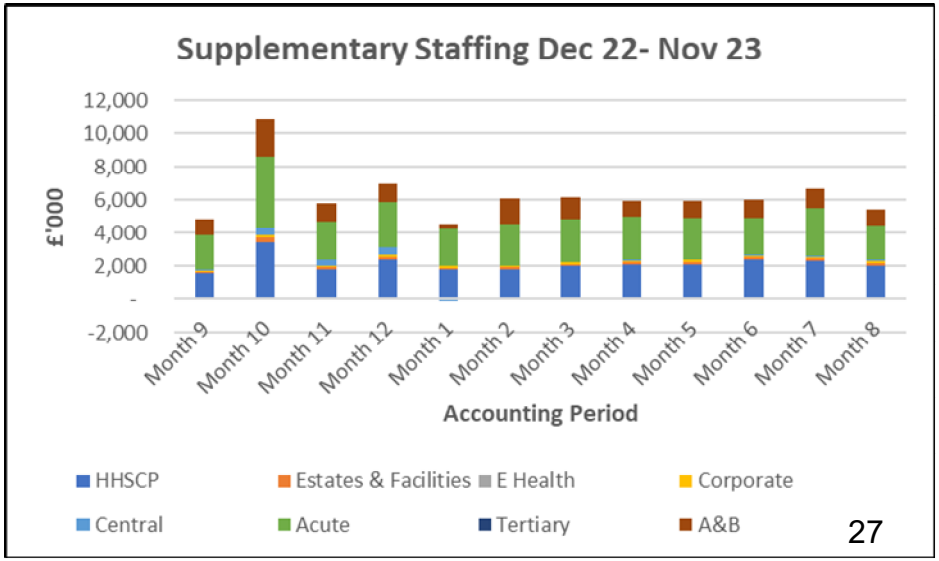
- Total spend on Supplementary Staffing at Month 8 is £46.771m – overspend on pay costs at Month 8 is £2.605m
- 2023/2024 spend at Month 8 is £8.279m higher than the same period in 2022/2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
118.460	Medical & Dental	79.111	82.631	(3.521)
6.618	Medical & Dental Support	4.405	5.377	(0.972)
209.160	Nursing & Midwifery	138.877	143.017	(4.140)
39.734	Allied Health Professionals	26.442	25.374	1.068
16.161	Healthcare Sciences	10.611	10.810	(0.200)
22.379	Other Therapeutic	15.080	13.657	1.423
44.305	Support Services	29.665	28.746	0.919
82.848	Admin & Clerical	55.195	54.125	1.070
3.667	Senior Managers	2.457	1.985	0.472
55.888	Social Care	37.068	34.900	2.168
0.970	Vacancy factor/pay savings	(1.418)	(0.526)	(0.892)
600.190	Total Pay	397.491	400.096	(2.605)

MONTH 8 2023/2024 – NOVEMBER 2023





SUPPLEMENTARY STAFFING

- Total Spend in Month 8 is £1.235m lower than Month 7
- Month 10 in 2022/2023 is an outlier due to system and reporting issues experienced at that time. Month 10 includes an element of costs which would routinely have been reported in Month 9, 10 or 11
- The rolling 12 month position shows Month 8 having the lowest spend this FY and slightly lower than the latter months of 2022/2023
- This level of ongoing spend continues to impact on delivery of the CIP with reduced forecast values against those schemes dependent on supplementary staffing reductions

MONTH 8 2023/2024 – NOVEMBER 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Expenditure by Subjective spend			
600.190	Pay	397.491	400.096	(2.605)
123.662	Drugs and prescribing	82.961	87.449	(4.488)
58.471	Property Costs	38.173	40.035	(1.862)
42.881	General Non Pay	27.388	29.790	(2.402)
54.291	Clinical Non pay	36.093	38.883	(2.790)
147.000	Health care - SLA and out of area	98.660	99.666	(1.006)
123.766	Social Care ISC	82.763	87.801	(5.039)
108.017	FHS	70.817	69.951	0.866

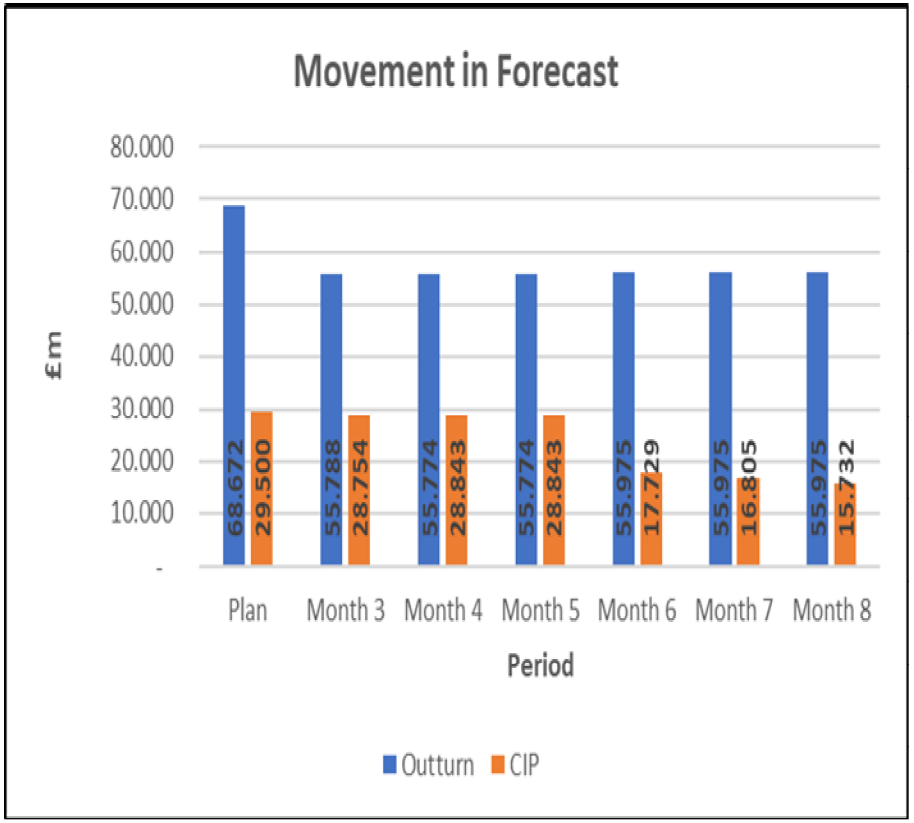
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Drugs and prescribing			
49.773	**Hospital drugs**	**33.707**	**35.101**	**(1.394)**
73.890	**Prescribing**	**49.254**	**52.348**	**(3.094)**
123.662	**Total**	**82.961**	**87.449**	**(4.488)**

SUBJECTIVE ANALYSIS

- There are currently pressures within all expenditure categories
- Within Drugs and prescribing this is split £1.394m within hospital drugs and £3.094m 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 8 2023/2024 – NOVEMBER 2023

	Operational Delivery	Savings Delivered	Forecast Position
Best Case	(75 .800)	20.000	(55 .800)
Worst Case	(92 .175)	10.237	(81 .938)
Likely	(75 .800)	17.921	(57 .879)



FORECAST POSITION

- The current year end forecast of £55.975m is based on a number of assumptions which are relevant at this point in time
- Delivery of this position is reliant on all actions within the Financial Recovery Plan being achieved
- Progress against the CIP continues to present a risk to delivery of this position.
- The best case scenario is delivery of the revised target of an overspend of £55.800m
- Should no further savings be delivered this FY there is the potential that NHS Highland would be overspent by £81.938m by financial year end
- The likely position is assuming savings are delivered as per estimates within the Horizon 1 tracker, expenditure run rate is in line with best case scenario and that the recovery plan delivers in full
- There have been no significant movements in the projection to year end during Month 8 with the reduction in savings forecast being mitigated by the actions of the Financial Recovery Plan

MONTH 8 2023/2024 – NOVEMBER 2023

The "15 Box Grid"	Discovery Champions
Discovery & Objective Connect Engagement	New Power BI Benchmarking
4 Nations Meetings	NHS England Corporate Services Transformation Programme
Medical Workforce Sustainability Group	HFMA 4 Nations Exchange Programme

SUSTAINABILITY & VALUE

- The November Financial Improvement Group Newsletter focussed on 8 themes.
- The blue boxes are areas where we are using Scotland wide information to identify outliers to standard cost and performance metrics. Moving to 'best in class' will generate efficiencies.
- The red boxes are where we are collaborating with other health systems to share best practice and identify further areas where improvements could be made
- The "15 Box Grid" as identified 15 national priorities to improve financial sustainability and support the 3% savings target.
- The Medical Workforce Sustainability Group has been created to tackle locum reliance across NHS Scotland.

MONTH 8 2023/2024 – NOVEMBER 2023

Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Project Specific Schemes		
880		Radiotherapy Equipment	-	880
500		NTC (H)	612	(112)
2,400		Belford Hospital replacement	950	1,450
1,500		Caithness redesign project	1,332	168
2,500		Grantown HC upgrade	597	1,903
2,820		Broadford HC extension	-	2,820
		Other Centrally Provided Capital Funding		
2,650		Raigmore Maternity capacity	460	2,190
60		Cowal Community Hospital GP relocation	(2)	62
1,350		Raigmore car park project	2,248	(898)
500		Laundry Water Filtration Equip	403	97
50		Raigmore oncology unit	-	50
860	860	EV charging points - NHSH wide	438	422
1,250		Backlog maintenance additional funding	980	270
783	783	National Infrastructure Equipment Funding (NIB)	-	783
10	10	Greenspace Raigmore Gardens		
5	5	NSD Capital Allocation		
18,118	**1,658**		**8,018**	**10,085**
		Formula Allocation		
827	827	PFI Lifecycle Costs	569	258
2,010	2,010	Equipment Purchase Advisory Group (EPAG)	1,398	612
2,350	2,350	Estates Capital Allocation	2,815	(465)
1,500	1,500	eHealth Capital Allocation	646	854
260	260	Minor Capital Group	-	260
		Other	(22)	22
6,947	**6,947**		**5,405**	**1,542**
25,065	**8,605**	**Capital Expenditure**	**13,424**	**11,627**

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	£0.950m
Estates Backlog Maintenance	£3.795m
Equipment Purchase	£1.398m
Raigmore Car Park	£2.248m
Caithness redesign project	£1.332m

2024/2025 BUDGET NHS HIGHLAND IMPACT

REVENUE

- Budget Has been uplifted in respect of 2023/2024 pay awards and the sustainability and NRAC funding provided in the early part of the financial year
- No baseline uplift has been provided within the 2024/2025 budget allocations
- There is currently no provision within the allocation for the impact of 2024/2025 pay uplifts – this will be revisited by the Scottish Government following the outcome of pay negotiations
- Funding allocations ensure no Territorial Board is further that 0.6% from parity – NHS Highland is currently 0.6% distant from parity
- Additional funding will be provided in respect of:
  - Vaccinations staffing & delivery
  - Test & Protect activities including regional testing facilities
  - Additional PPE requirements and
  - Some specific Public Health measures
- Further funding aligned to policy commitments and recovery of health and social care services still to be confirmed
- NHS Highland's baseline allocation for 2024/2025 is £807.1m

2024/2025 BUDGET NHS HIGHLAND IMPACT

CAPITAL

- Overall budget reduction of £59m – reducing from £373m to ££314m
- Formula capital to be maintained at 2023/2024 levels – NHS Highland's allocation is £6.947m
- Funding will be provide to allow all major projects in construction to complete along with support for national replacement programmes for ambulances and radiotherapy equipment
- No further capital allocations have been confirmed

NEXT STEPS

- Work is ongoing on the first draft of the 2024/2025 – 2026/2027 financial plan
- This is due for submission on 29 January 2024 with the final version due on 11 March 2024
- Work on the ASC element of the plan is further ahead with an initial plan being shared with Highland Council

2024/2025 BUDGET - ASC

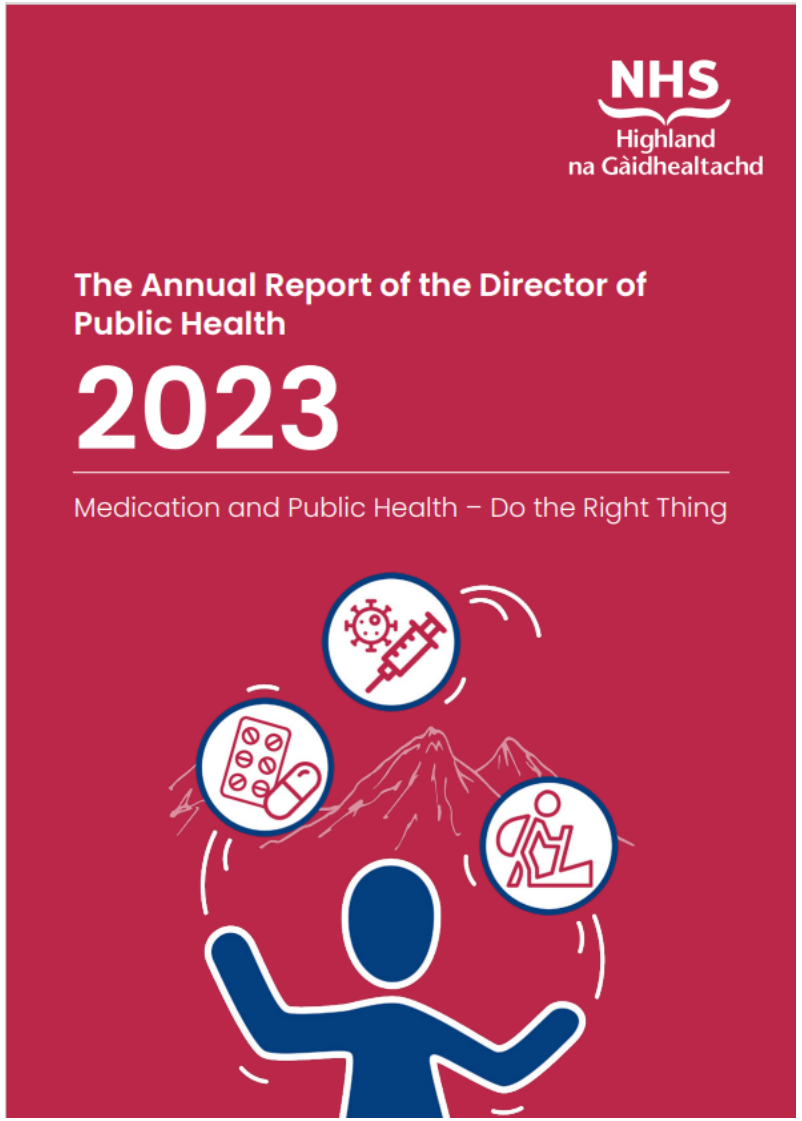
2024/2025 Estimate at M7

	£m		£m		£m
Estimated Expenditure	177.977	Quantum	131.729	**Emerging Gap**	**22.795**
		NHS Highland/SG	32.725		
Inflation/ Activity/ Pay Award Uplifts	9.273				
	187.249		**164.454**		

2024/2025 Estimate at M7

	£m		£m		£m
Estimated Expenditure	177.977	Quantum	131.729	**Emerging Gap**	**23.913**
		NHS Highland/SG	32.725		
Inflation/ Activity/ Pay Award Uplifts	10.390				
	188.367		**164.454**		

- All reserves held by Highland Council for ASC will have been exhausted by the end of the 2023/2024 financial year
- The scenarios presented have been based on 2 sets of initial assumptions
- At this stage a funding gap in the region of £22.795m to £23.913m is estimated
- This draft plan will be revisited alongside the development of the NHS Highland financial plan

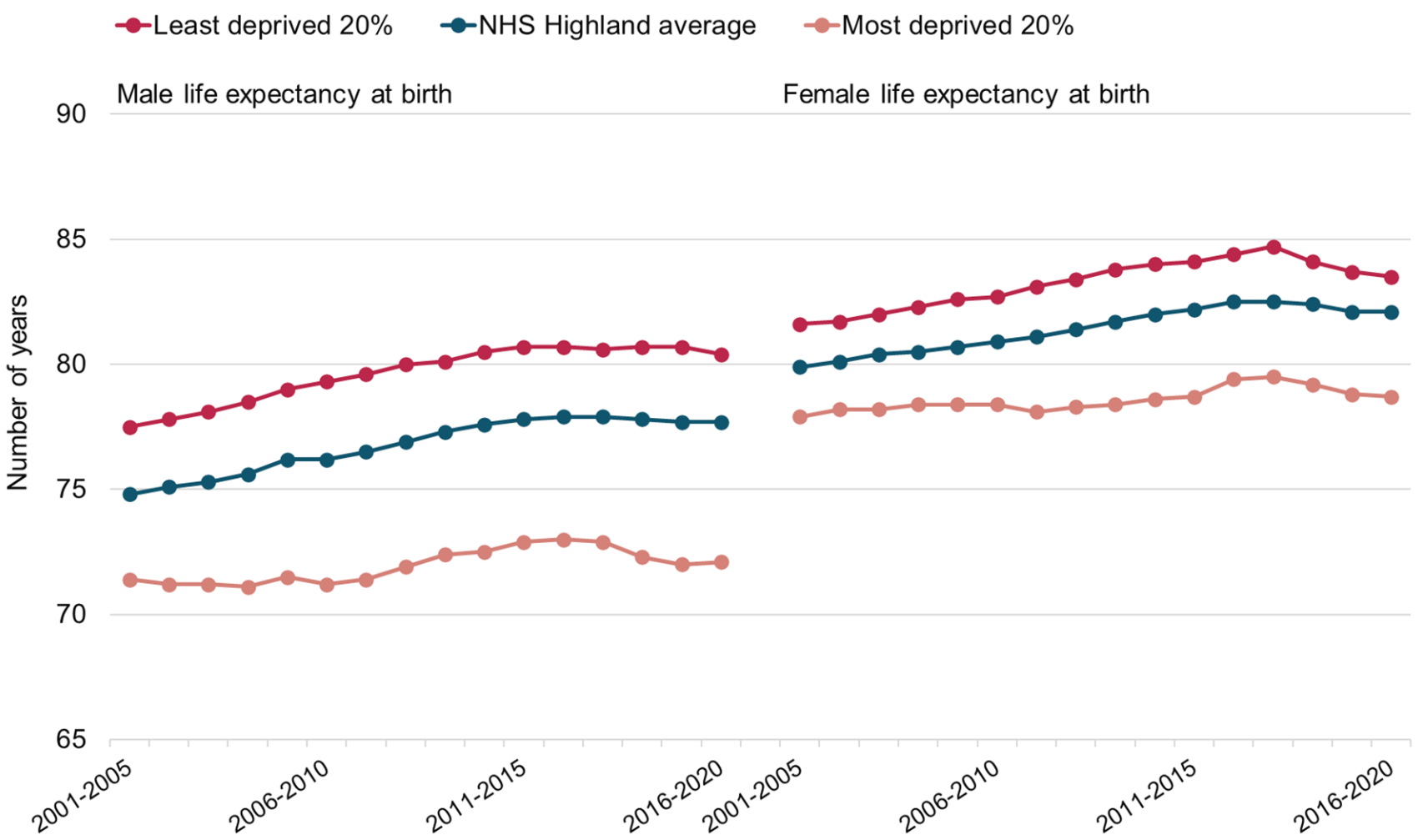


DPH Annual Report 2023

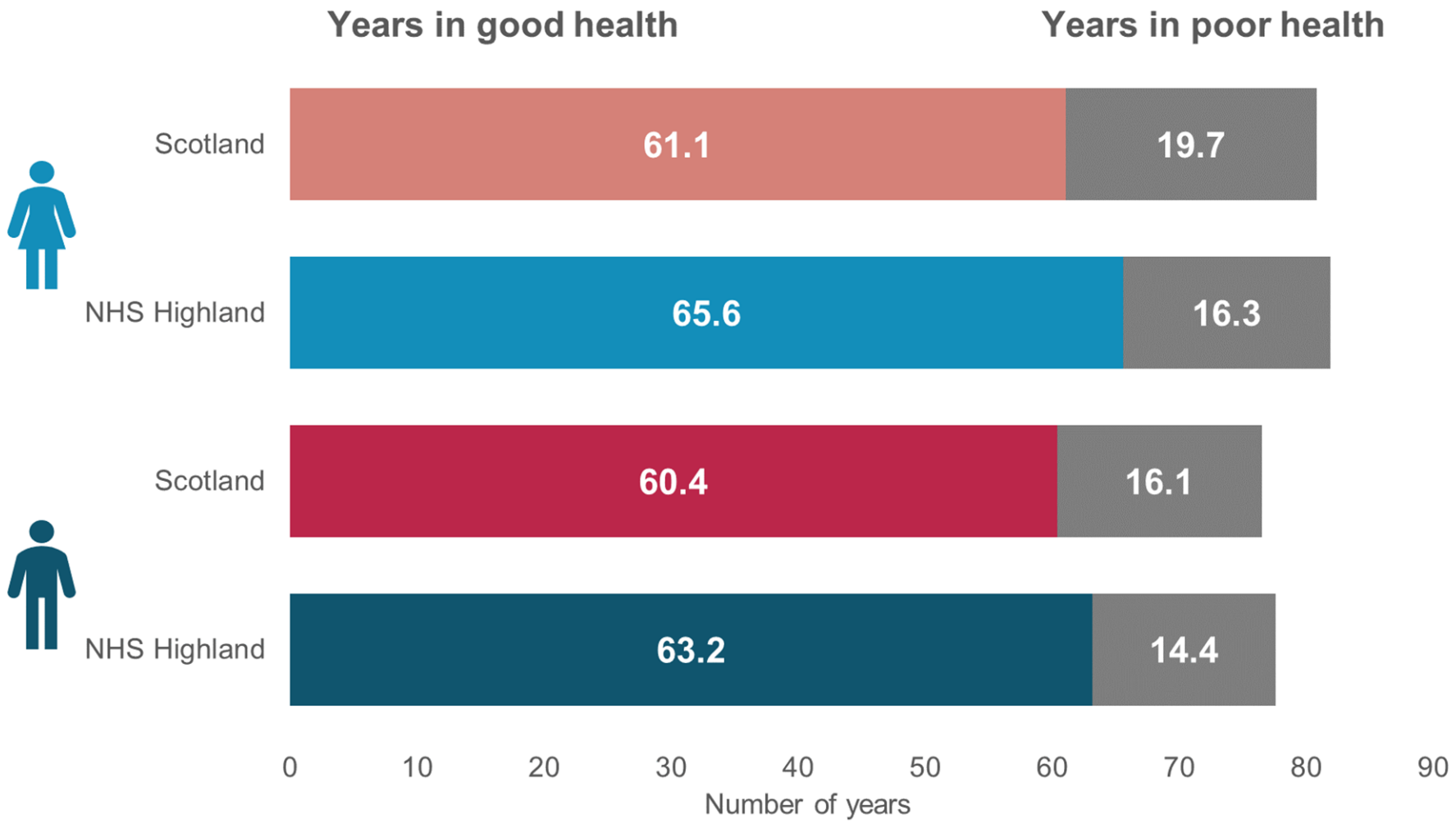
Tim Allison

Director of Public Health

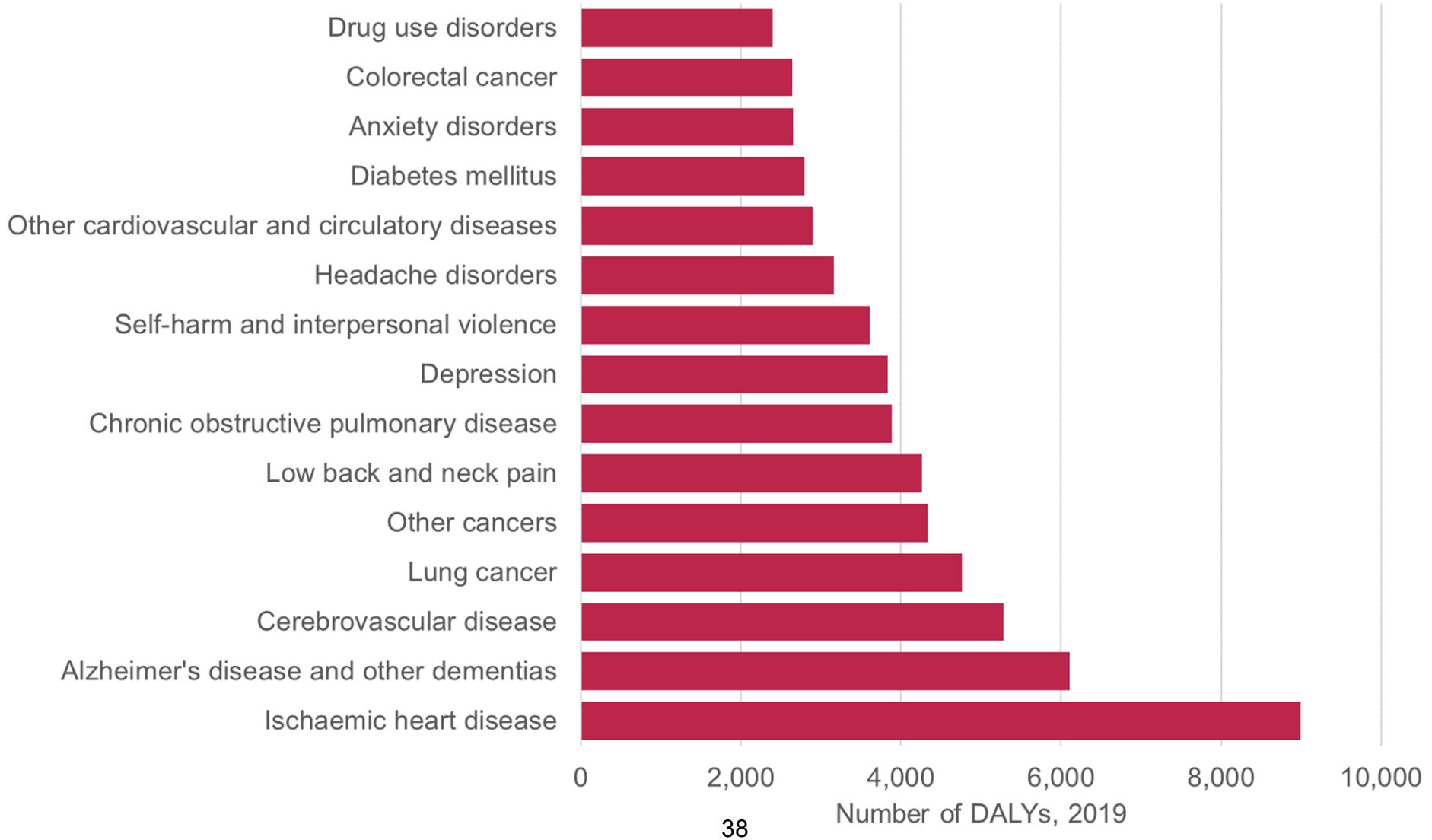
Life Expectancy



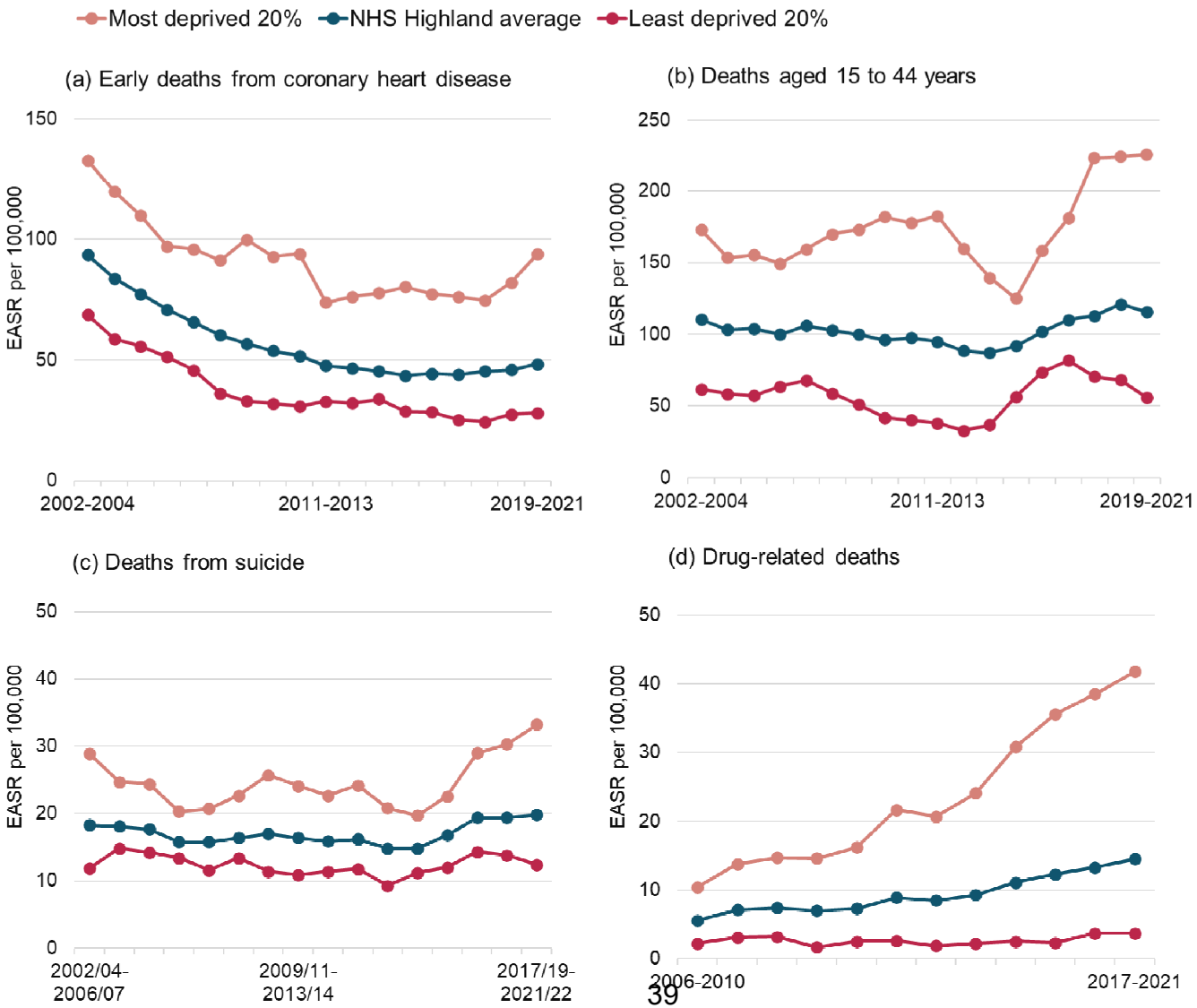
Healthy Life Expectancy



Causes of Population Health Loss



Health Inequalities



Public Health & Medication: Do the Right Thing

- The good
- The bad
- The ugly
- The alternative
- The synthesis

Medication Themes

The Environment: How medication can make our environment sicker

Hepatitis C: How medication is transforming treatment and prevention

Social Prescribing: How an alternative to medication can work

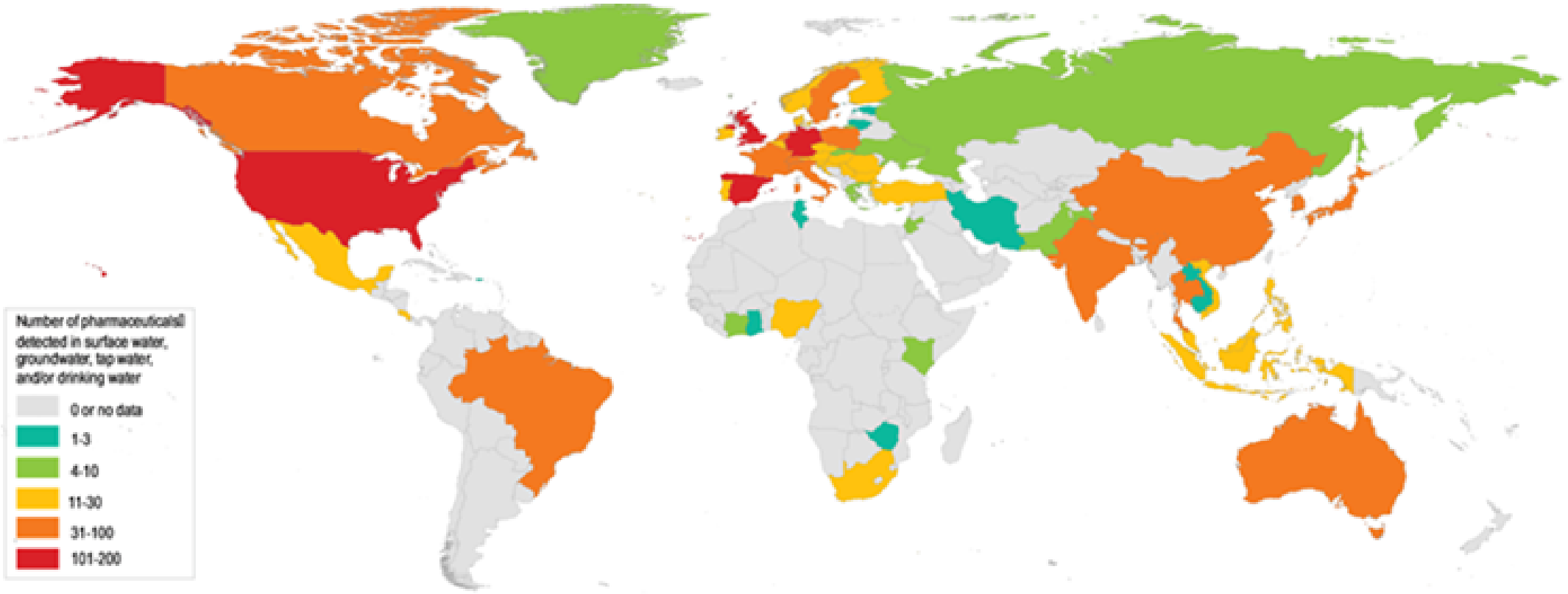
Prescriptions for Pain: How medication can have long-lasting effects on public health

Case Study: How medication and other measures can work together to improve health

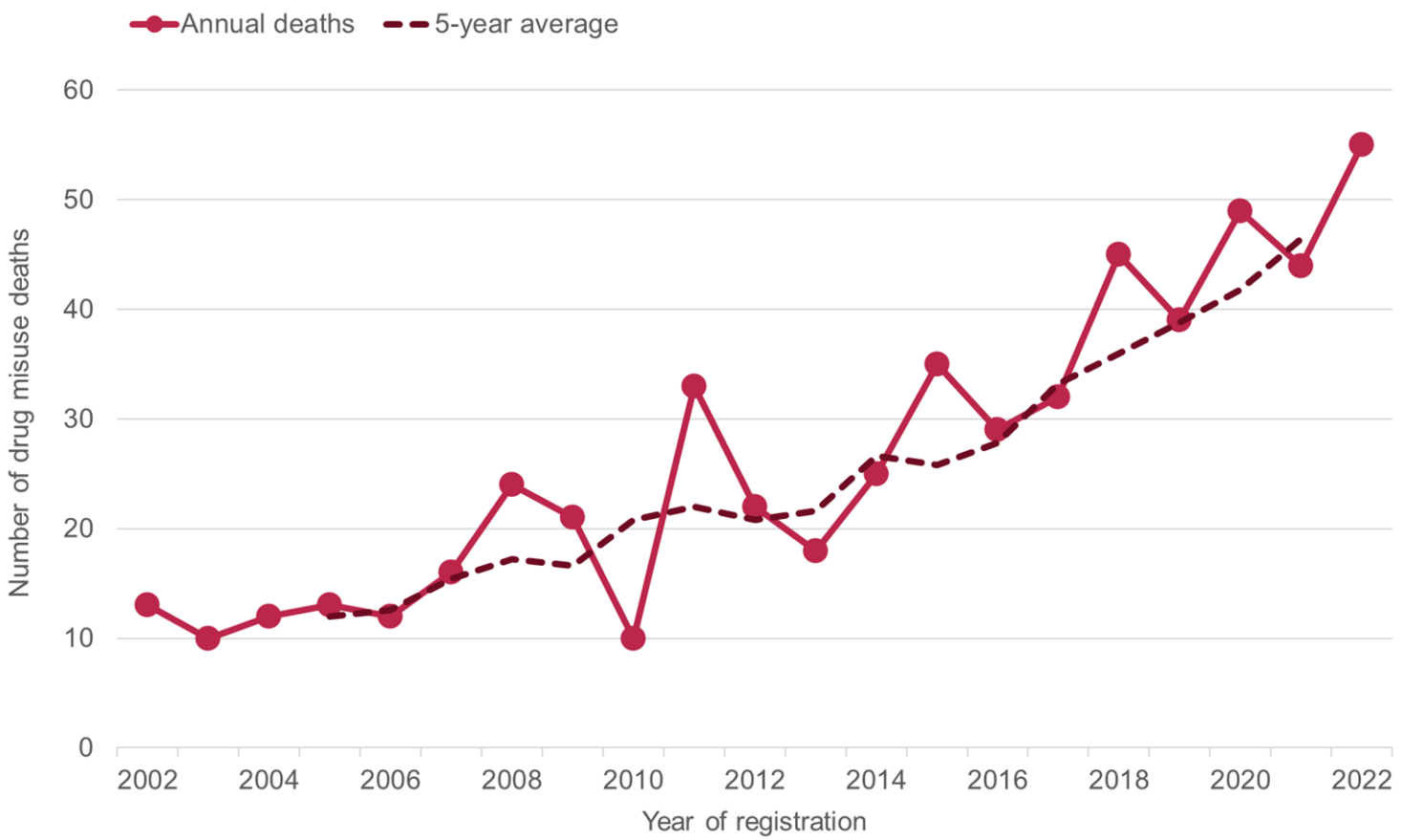
Hepatitis C

- Serious blood borne virus
- Drive for elimination across the country
- People may not know that they are infected and fear diagnosis
- New oral medication available
- Opportunity to enhance diagnosis and effective treatment

Pharmaceuticals in the Water



Drug Related Deaths in NHS Highland



Social Prescribing

- Up to a fifth of GPs' time is used to address social needs
- Social prescribing is effective both at addressing social needs and improving overall health and wellbeing
- It can reduce demand on health and social care services
- There is the opportunity to use a combination of medication and social prescribing to give the best available benefit

Recommendations

- NHS Highland and its partners should ensure that planning addresses the change in demography and ageing population.
- NHS Highland and it partners should prioritise tackling health inequalities and the causes of those inequalities.
- NHS Highland and those prescribing medicines should prioritise actions which will reduce the impact of medicines on the environment.
- Citizens should take up actions which will reduce the impact of medicines on the environment.
- NHS Highland work to eliminate Hepatitis C should promote the effectiveness of new medication and so encourage more people to be tested and successfully treated.

- NHS Highland should increase the number of health and social care staff who are aware of social prescribing by developing and promoting a social prescribing network and a Directory of Services and by creating targeted messaging through staff and service newsletters, bulletins and social media.

- NHS Highland and partners should improve the knowledge and skills of health and social care staff in relation to social prescribing by providing learning and development opportunities.

- NHS Highland and partners should improve the infrastructure and availability of social prescribing by embedding link workers in a range of health and social care services and increasing use of the community benefits gateway through public sector procurement and commissioning processes.

- Alcohol and Drug Partnership members should support further work relating to opioid and analgesic prescription, including needs assessment and development of alternative programmes for chronic pain.

- Alcohol and Drug Partnership members should continue to support the delivery of the Medicines Assisted Treatment standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme.

Questions

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 2024**
Title:	**Director of Public Health Annual Report:** Medication and Public Health – Do the Right Thing
Responsible Executive/Non-Executive:	**Tim Allison, Director of Public Health & Policy**
Report Author:	**Tim Allison, Director of Public Health & Policy**

1 Purpose

This is presented to the Board for:

- Awareness and Discussion

This report relates to a:

- Legal requirement

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

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2023 is presented.

2.2 Background

Directors of Public Health 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.

2.3 Assessment

The report for 2023 is brought to the Board of NHS Highland along with a presentation. A link is provided for the full report.

The theme for the report is medication and public health and there is a sub-title of Do the Right Thing. Public Health challenges cannot be solved simply by prescribing medication. There are areas of public health where medication plays a huge role in improving health but conversely it is important to be aware and take action where medication causes harm such as impacts on the environment.

The report presents information about the health of the population of NHS Highland then gives examples of how medication affects public health. The areas selected for this report are not intended to provide a comprehensive picture of the relationship between medication and public health but rather serve as examples of wider themes. The report contains six chapters as follows with key points, it also sets out recommendations:

Demography and health inequalities

- Information on NHS Highland's population is essential for planning health and care services across the life course.
- An ageing population is increasing the demand on health and care services as more people are living with one or more long-term health conditions and with increasingly complex needs.
- Population data from Scotland's Census 2022 will provide a detailed picture of the characteristics of our people and communities, including information on: ethnic group, armed forces veterans, sexual orientation and trans status or history; health, disability and unpaid care.
- Improving the health of our population requires a fundamental shift towards prevention and mitigating the underlying issues that can impact on health, such as poverty and deprivation.

The Environment: How medication can make our environment sicker

- There is growing evidence of the negative effects of medicines on our environment. When medicines are excreted from our body or flushed down toilets or sinks, they can end up in our water environment and soils. They can have negative effects on aquatic organisms and end up in the crops we eat.
- NHS Highland is at the forefront of research and action to reduce the impact of the medicines we use on the environment and is a co-founder of the One Health Breakthrough Partnership (www.https://ohbp.org).
- There is something that everyone can do to help reduce pollution of our environment with medicines.

Hepatitis C: How medication is transforming treatment and prevention

- Hepatitis C (HCV) is a blood borne virus (BBV) which can lead to cirrhosis of the liver and hepatocellular carcinoma.
- The management of HCV has been revolutionised in recent years by the introduction of new therapies. This development has played a significant role in the increase in treatment initiatives and the potential across Scotland to achieve HCV elimination.

- The availability of effective treatment that can be taken over a short period of time with few side effects should encourage more people to come forward for testing for Hepatitis C and provide a major step towards elimination of the virus.

Social Prescribing: How an alternative to medication can work

- It is estimated that 20% of people visit their GP with non-medical needs and up to one fifth of GPs' time is spent on issues related to social needs.
- Social prescribing provides an evidence-based potential to complement management of a wide range of health conditions through providing a holistic person-centred model of care to improve health and wellbeing and reduce reliance on medication and health services.
- The social determinants of health play an important role in the development of risk factors for a range of diseases and the health outcomes that people experience throughout life. Supporting people with wider social and environmental issues is important for improving health and wellbeing and reducing demand on health and care services.
- There is promising evidence that social prescribing provides a positive return on investment from between £2.30 and £7.08 for every £1 invested.

Analgesics and Opioids: How medication can have long lasting effects on public health

- There is little doubt that analgesics and opioid use can bring great benefits to individual but there are serious disadvantages as well.
- There are negative impacts of opioid prescribing, particularly the management of chronic pain. Alternatives are available such as social prescribing programmes, psychologically based interventions and physical therapies.
- Leadership and support for the continued implementation of the Medicines Assisted Treatment Standards, and in particular the use of Opioid Substitution Therapy, is vital in assisting individuals with problematic drug use to turn their lives around.

Recommendations for action for both NHS Highland and for partners.

NHS Highland and its partners should ensure that planning addresses the change in demography and ageing population.

NHS Highland and it partners should prioritise tackling health inequalities and the causes of those inequalities.

NHS Highland and those prescribing medicines should prioritise actions which will reduce the impact of medicines on the environment.

Citizens should take up actions which will reduce the impact of medicines on the environment.

NHS Highland work to eliminate Hepatitis C should promote the effectiveness of new medication and so encourage more people to be tested and successfully treated.

NHS Highland should increase the number of health and social care staff who are aware of social prescribing by developing and promoting a social prescribing network and a Directory of Services and by creating targeted messaging through staff and service newsletters, bulletins and social media.

NHS Highland and partners should improve the knowledge and skills of health and social care staff in relation to social prescribing by providing learning and development opportunities.

NHS Highland and partners should improve the infrastructure and availability of social prescribing by embedding link workers in a range of health and social care services and increasing use of the community benefits gateway through public sector procurement and commissioning processes.

Alcohol and Drug Partnership members should support further work relating to opioid and analgesic prescriptions, including needs assessment and development of alternative programmes for chronic pain.

Alcohol and Drug Partnership members should continue to support the delivery of the Medicines Assisted Treatment standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	✓	Moderate	
Limited		None	

Comment on the level of assurance

There is substantial assurance that the requirement for the publication of the report is met. Other elements of public health reporting will continue to need further work as will implementation of the recommendations from the report.

3 Impact Analysis

3.1 Quality/ Patient Care

Medication is an important part of both quality and patient care. NHS systems and processes are all affected by this complex topic of medication and board members will want to consider how to “do the Right Thing”.

3.2 Workforce

From a preventative perspective the main workforce recommendation is about increasing awareness of the number of health and social care staff who are aware of social prescribing and to promote a social prescribing network and a Directory of Services. This also has the potential to improve the health of the

workforce through job satisfaction and staff being recipients of interventions. NHS Highland should continue delivering and supporting all staff in adhering to the principles of realistic medicine and safe and effective prescribing.

3.3 Financial

There are no direct financial implications from the paper. A focus on prevention, for example, social prescribing, would incur costs, but net savings are possible from NHS budgets for many prevention initiatives. Some could also be cash releasing.

3.4 Risk Assessment/Management

Risks are managed in line with NHS Highland's policy.

3.5 Data Protection

No personally identifiable information is involved.

3.6 Equality and Diversity, including health inequalities

The report addresses equality issues. The chapter on demography clearly outlines, for the Highland and Argyle and Bute populations, trends in health inequalities for selected health outcomes. This chapter also discusses the need for a fundamental shift towards prevention and mitigating the underlying issues that can impact on health such as poverty and deprivation.

3.7 Other impacts

No other impacts to note.

3.8 Communication, involvement, engagement and consultation

The principles of public and user involvement and engagement are embedded in public health actions.

This is an independent report from the Director of Public Health.

3.9 Route to the Meeting

This is an independent report from the Director of Public Health. Considerable work has been undertaken within the Public Health Directorate to produce the report.

4 Recommendation

The Board is asked to note and discuss the 2023 Director of Public Health Annual Report.

4.1 List of appendices

The full report will be provided separately as an appendix.

NHS Highland
na Gàidhealtachd

The Annual Report of the Director of Public Health

2023

Medication and Public Health – Do the Right Thing

Acknowledgements and list of contributors

Thanks are due to the following colleagues for their contributions to this year's report:

Alison McGrory
Barry Collard
Carolyn Hunter-Rowe
Cathy Steer
Eilidh Moir
Elisabeth Smart
Ewen Mackay
Jenny Wares
Karen MacKay
Karen Stockdale
Katy Allanson
Lydia Niemi
Nicola Schinaia
Noelle O'Neill
Padraig Lyons
Pip Farman
Rory Munro
Samantha Campbell
Sandra MacAllister
Sara Huc
Sharon Pfleger
Susan Birse
Tracy Beauchamp

Thanks also go to Medical Illustration, NHS Highland for their help with the design and production of the report.

Contents

Introduction

"Medication and Public Health" is the subject that I chose for the Public Health Report this year. We cannot solve public health challenges simply by prescribing medication for them. However, there are areas of public health where medication is a crucial if we want to deliver the most effective overall approach. Medication has transformed how we deal with infections, and it is hard to imagine the time before antibiotics. Yet we are now faced with the spectre of antibiotic resistance and the environmental impact of medication.

Our overall health is affected both in good ways and in bad ways by medication. I did originally think of tying this into an overall theme for the report of the good, the bad and the ugly. The idea was to pick up on the title of the 1966 spaghetti Western and look at different aspects of medication and public health, some good, some bad and some ugly. However, I was reluctantly persuaded that this was style over substance. I have though chosen the title of another film, one I saw when I was spending a couple of months as a student in Chicago – Do the Right Thing. The film focuses on varying perceptions from different groups of people; audiences sometimes had different responses depending on their background and experiences. When we look at medication and its different effects on public health we come from different backgrounds and experiences.

We will have varying perceptions about the power of medication to change lives or the influence of powerful pharmaceutical companies. We will also all want to do the right thing and I hope that this report will help to give further information and insight to help us judge what are the right things to do for the people of Highland and Argyll and Bute.

Dr Tim Allison MD MRCP FFPH
Director of Public Health and Health Policy, NHS Highland
Stiùriche na Slàinte Phoblach, Bòrd Slàinte na Gàidhealtachd

Structure of this Report

The report presents information about the health of the population of NHS Highland then gives examples of how medication affects public health. There are many ways in which medication affects public health. Some of these effects, such as antibiotic resistance, are of great significant and have received considerable attention.

The areas selected for this report are not intended to provide a comprehensive picture of the relationship between medication and public health but rather serve as examples of wider themes.

The Environment: How medication can make our environment sicker

Hepatitis C: How medication is transforming treatment and prevention

Social Prescribing: How an alternative to medication can work

Prescriptions for Pain: How medication can have long-lasting effects on public health

Case Study: How medication and other measures can work together to improve health

Summary and Key Findings

Demography and health inequalities

Information on NHS Highland's population is essential for planning health and care services across the life course.

An ageing population is increasing the demand on health and care services as more people are living with one or more long-term health conditions and with increasingly complex needs.

Population data from Scotland's Census 2022 will provide a detailed picture of the characteristics of our people and communities, including information on: ethnic group, armed forces veterans, sexual orientation and trans status or history; health, disability and unpaid care.

Improving the health of our population requires a fundamental shift towards prevention and mitigating the underlying issues that can impact on health, such as poverty and deprivation.

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There is growing evidence of the negative effects of medicines on our environment. When medicines are excreted from our body or flushed down toilets or sinks, they can end up in our water environment and soils. They can have negative effects on aquatic organisms and end up in the crops we eat. NHS Highland is at the forefront of research and action to reduce the impact of the medicines we use on the environment and is a co-founder of the One Health Breakthrough Partnership (https://ohbp.org/).

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There is promising evidence that social prescribing provides a positive return on investment from between £2.30 and £7.08 for every £1 invested.

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Leadership and support for the continued implementation of the Medicines Assisted Treatment Standards, and in particular the use of Opioid Substitution Therapy, is vital in assisting individuals with problematic drug use to turn their lives around.

Recommendations

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Alcohol and Drug Partnership members should continue to support the delivery of the Medicines Assisted Treatment standards and the increased choices offered to individuals through the Opioid Substitution Therapy programme.

Progress on recommendations from the 2022 report

Last year's report focused on the importance of prevention and the need to give more attention to activities that promote good health in addition to those that tackle poor health. Since the publication of the report there have been the following developments:

- The overall approach to prevention has been reviewed within NHS Highland and new arrangements are being put in place designed to increase preventative activity and links in patient pathways.
- The Highland Community Planning Partnership Board has highlighted prevention and health inequalities work and how to build on existing work.
- The new Living Well programme has been launched in Argyll and Bute, supporting people to improve their physical mental emotional and social wellbeing.
- NHS Highland has developed its plan as an anchor institution, helping to address the wider determinants of health.
- Infant feeding activity in Highland and Argyll and Bute has developed well and received positive external assessment.
- Work to address the harmful effects of tobacco and alcohol has progressed steadily, but plans are in place for significant development.
- Immunisation rates have been largely in line with past trends, but the steady slow decline in uptake needs to be tackled and uptake increased.

Chapter 1:

Demography and health inequalities

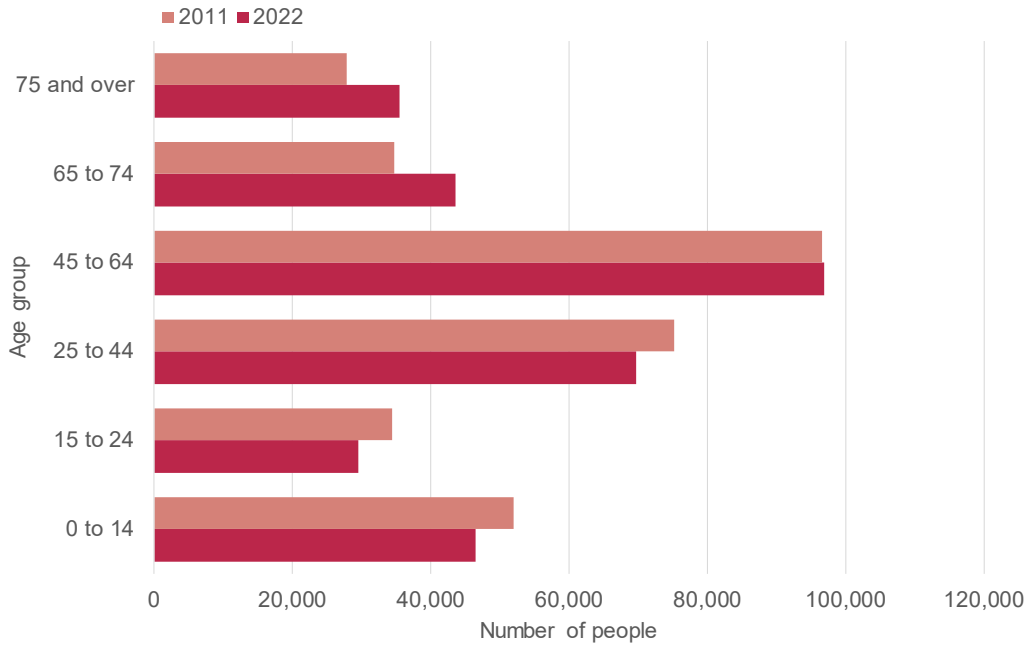
Chapter 1: Demography and health inequalities

Demographic trends

Demographic changes in the population of NHS Highland are having a significant and increasing impact on the provision of health and care services in the region. At the recent Scotland's Census 2022, the population of NHS Highland was estimated to be 321,500 people. This was an increase of 1,200 people (0.4%) since the previous census in 2011. Population growth was seen in the Highland council area (up 1.4%) but Argyll and Bute council area saw a decrease (down 2.4%).

The population is continuing to age, with many more people in the older age groups than previously recorded. Figure 1.1 shows the changing number of people living in NHS Highland by age group between 2011 and 2022. There are now over 79,000 people aged 65 and over (24.6%) compared with 46,400 people under 15 (14.4%). Increasingly the population structure includes a smaller and older workforce and fewer children and young people. The proportion of people in older age groups varies across council areas. Argyll and Bute council area had a higher proportion of people aged 65 and over (27.2%) compared with the Highland council area (23.7%).

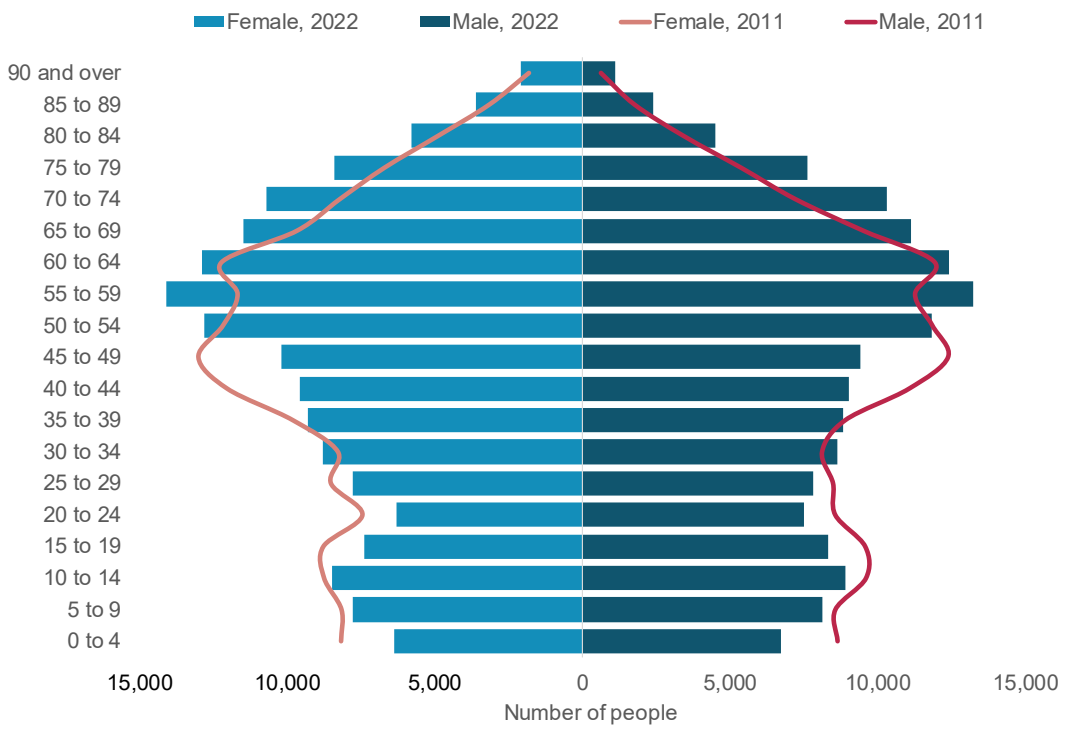
Figure 1.1 - Number of people resident in NHS Highland by age group, 2011 and 2022



Source: National Records of Scotland, Scotland's Census [1,2]

This is also seen in the changing shape of the population pyramid shown in Figure 1.2. The bars show the population of NHS Highland by five-year age groups and sex from the 2022 census and the lines show population data from the 2011 census.

Figure 1.2 - The structure of NHS Highland's population by age group and sex in 2011 and 2022



Source: National Records of Scotland, Scotland's Census [1,2]

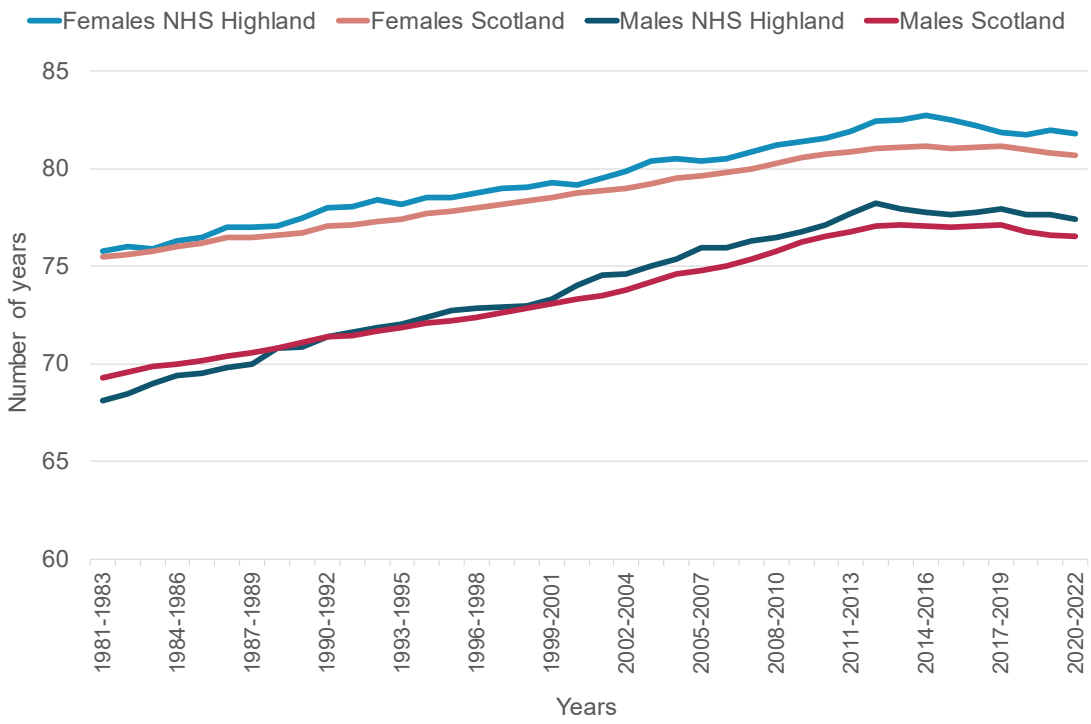
Information showing the rise in the population of older people in NHS Highland is not new and has been set out in previous years[3]. However, the extent of the increase is still considerable.

Information on NHS Highland's population is essential for planning health and care services across the life course. Population data from Scotland's Census 2022 will provide a detailed picture of the characteristics of our people and communities, including information on: ethnic group, armed forces veterans, sexual orientation and trans status or history; health, disability and unpaid care.

Life expectancy

People are living longer lives than in previous generations. Life expectancy in NHS Highland has increased over time for both males and females, with only minor variation from year to year. However, following the pattern in Scotland, average life expectancy has stopped improving. Recent trends show life expectancy in NHS Highland has decreased for both males and females as shown in Figure 1.3.

Figure 1.3 - Life expectancy at birth, NHS Highland and Scotland, from 1981-1983 to 2020-2023

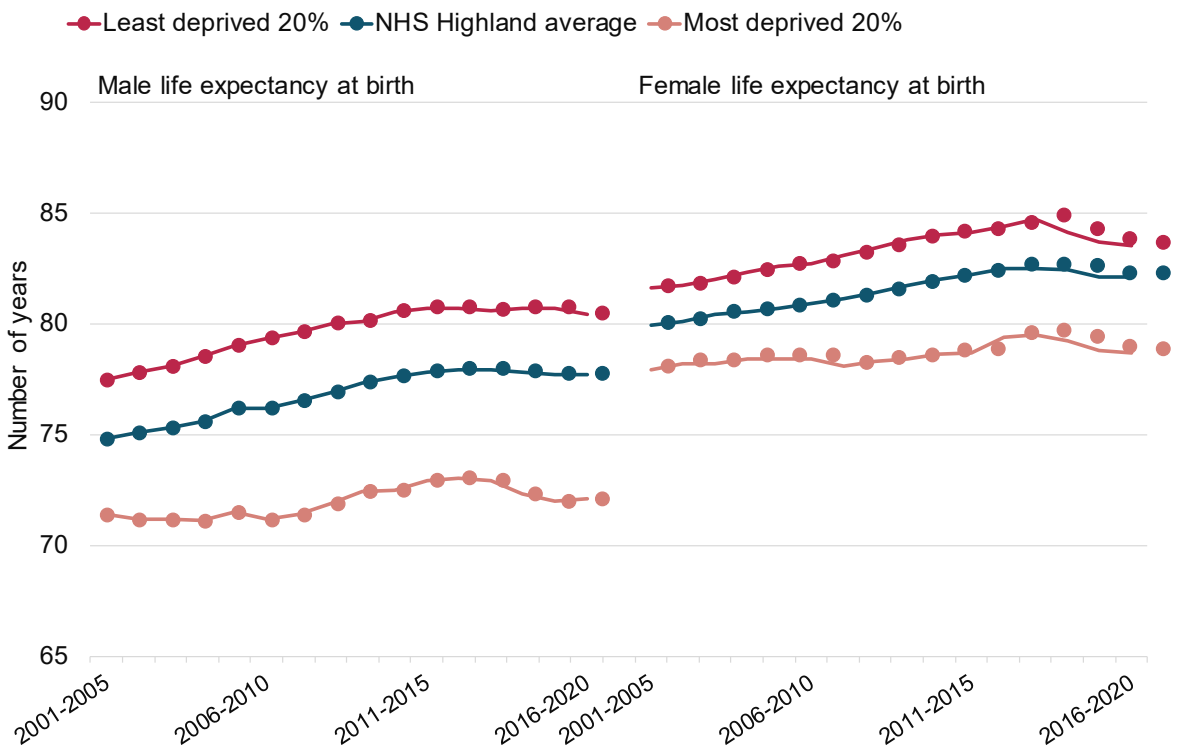


Source: National Records of Scotland, Life expectancy in Scotland[4], Scottish Public Health Observatory, Online Profiles Tool[5]

Notes: y-axis scale does not start at zero

Gaps in life expectancy between the most and least deprived areas of NHS Highland highlight significant health inequalities. People in our poorest neighbourhoods are dying younger than their peers. In 2016-2020, the gap in life expectancy between the most deprived and least deprived areas of NHS Highland was 8.3 years for males and 4.8 years for females. Gaps in life expectancy have increased over time for both sexes and highlight widening inequalities in society (Figure 1.4).

Figure 1.4 - Life expectancy at birth by deprivation quintile in NHS Highland between 2001-2005 and 2016-2020

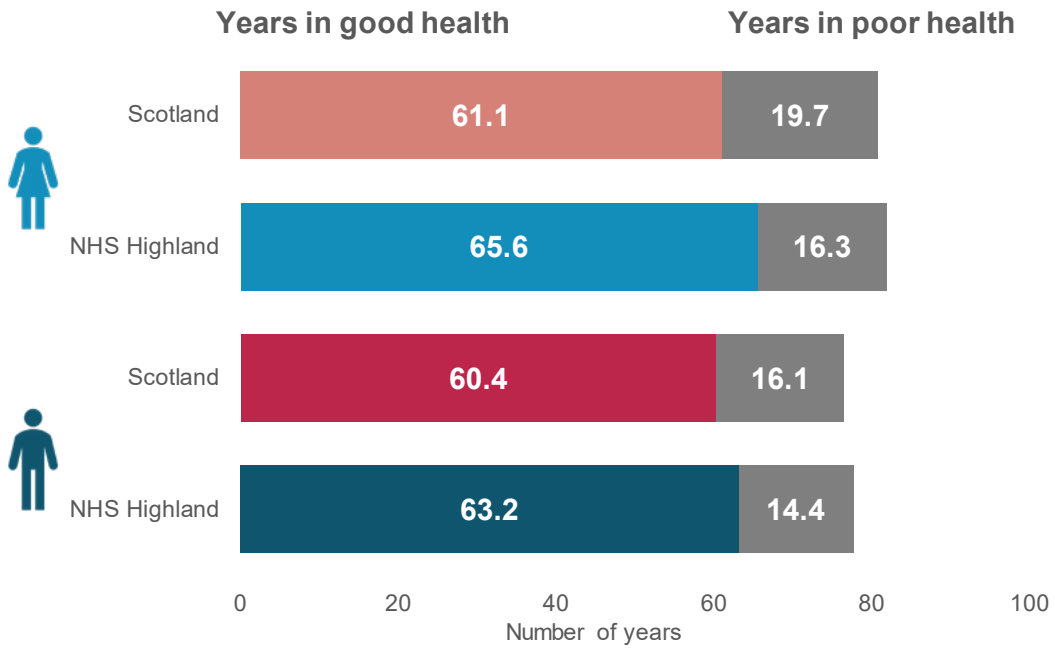


Source: National Records of Scotland, Life expectancy in Scotland[4], Scottish Public Health Observatory, Online Profiles Tool[5]

Health status

Despite overall improvements in life expectancy, healthy life expectancy has been decreasing in Scotland in the last decade[6]. Figure 1.5 shows the difference in the average number of years lived in good health compared to the average number of years lived in poor for the NHS Highland and Scotland population. It is now estimated that in NHS Highland the average proportion of life spent in poor health is 18.6% (14.4 years) for males and 19.9% (16.3 years) for females. Inequalities in healthy life expectancy between more wealthy and poorer areas are also particularly stark.

Figure 1.5 - Estimated number of years spent in good health and poor health in NHS Highland and Scotland in 2019-2021

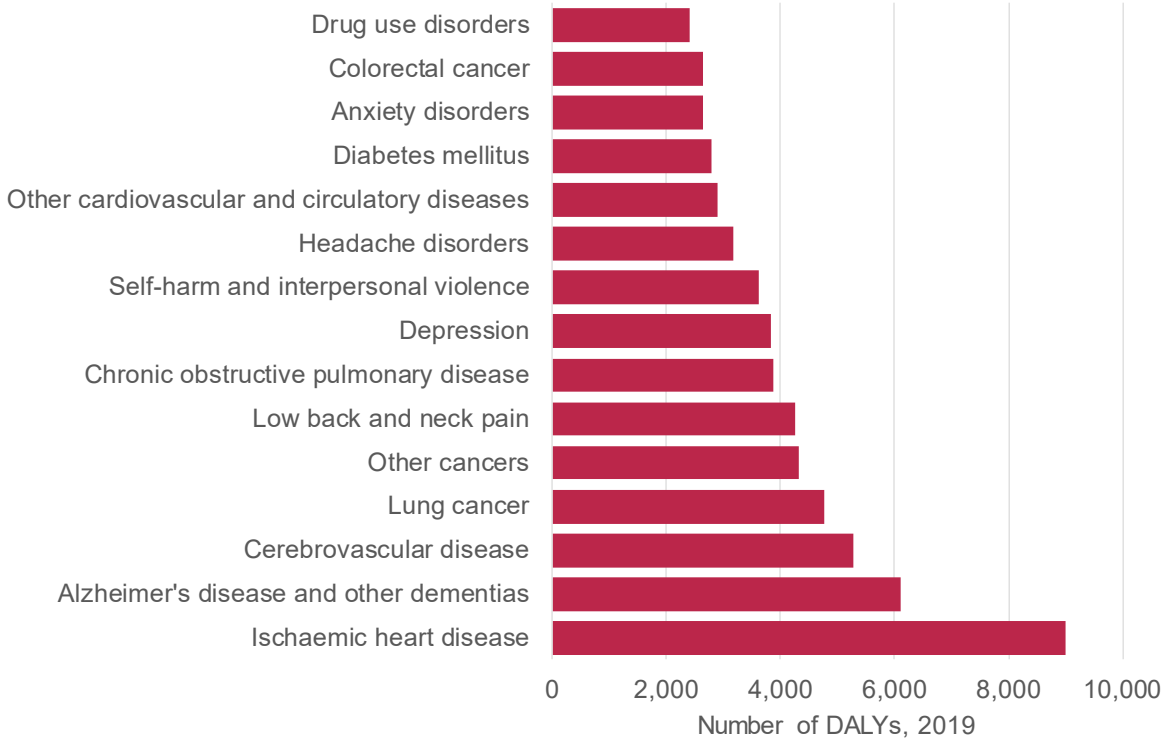


Source: National Records of Scotland, Healthy Life Expectancy (HLE) in Scotland 2019-20216

The leading causes of poor health in NHS Highland are summarised in Figure 1.6. Disability adjusted life years (DALYs) are a measure of the number of years of healthy life lost to physical and mental ill-health, disability and early death[7]. These estimates show the proportionate impact of different causes of ill health and mortality on population health. This can help inform priorities for disease prevention and planning for health and care services.

Cardiovascular diseases (such as ischaemic heart disease and cerebrovascular disease) make the biggest contribution to health loss, followed by Alzheimer's disease and other dementias. Cancer is also an important cause of ill health and mortality. These conditions are linked to risk factors including smoking, poor diet, and physical inactivity. In addition, mental health conditions such as anxiety and depression and injuries associated with self-harm and interpersonal violence substantially contribute to poor health in the NHS Highland population.

Figure 1.6 - Leading 15 causes of population health loss in NHS Highland in 2019



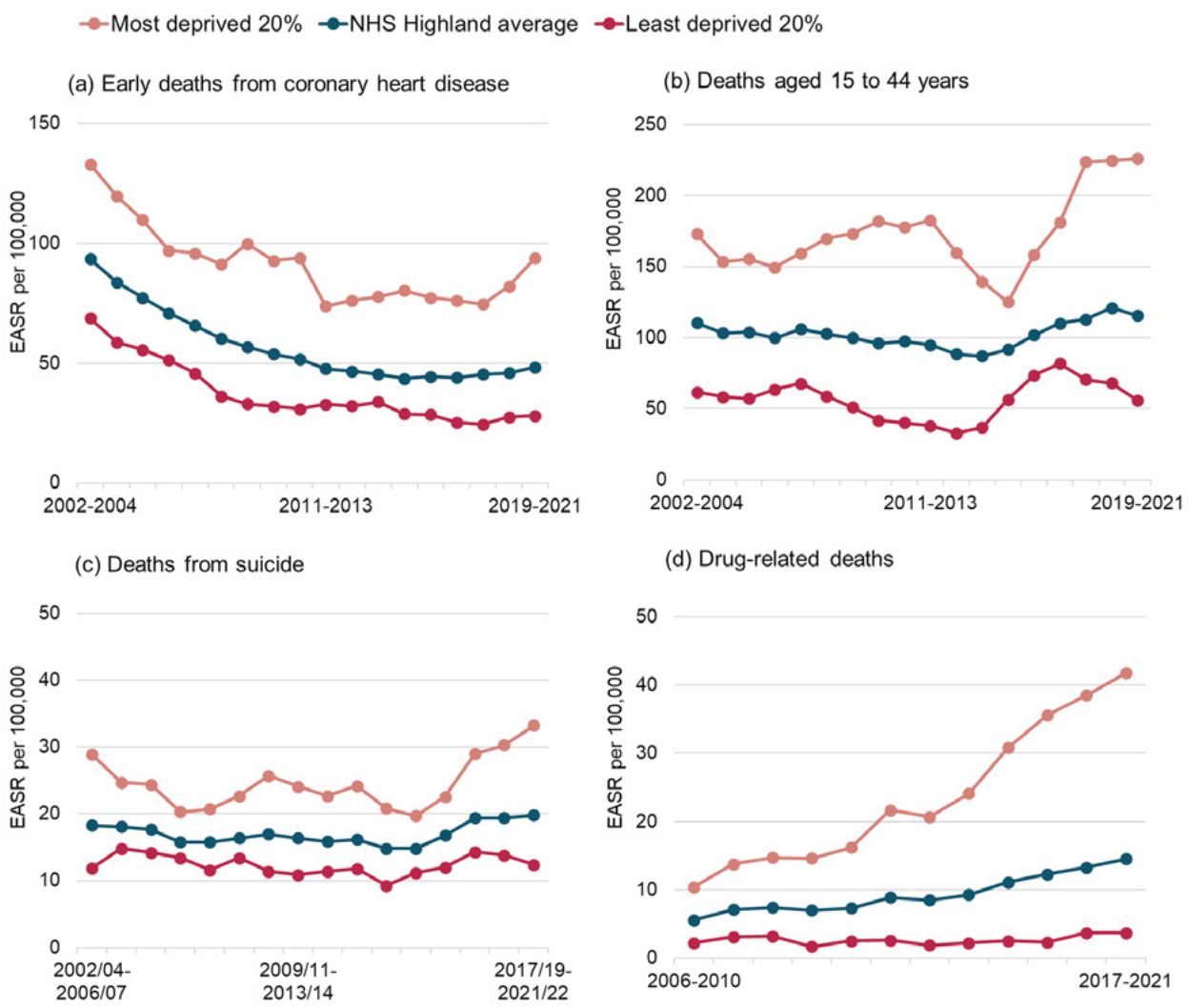
Source: Scottish Burden of Disease Study, Public Health Scotland[8]
Notes: Number of Disability adjusted life years (DALYs), all ages, both sexes

Health inequalities

Health inequalities are the "systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position"[9]. In NHS Highland, as in other areas, the levels of health experienced by different groups of people are not equal.

The level of health inequalities across NHS Highland can be calculated and shown by summarising health outcomes in five groups based on levels of area deprivation. Figure 1.7 highlights the difference between the 20% most deprived and 20% least deprived areas of NHS Highland for four health outcomes: early deaths from coronary heart disease, deaths in people aged 15 to 44 years, deaths from suicide and drug related deaths. The gap in death rates between the most deprived and least deprived neighbourhoods has widened, highlighting the extent of growing health inequalities in NHS Highland.

Figure 1.7 - Trends in health inequalities for selected health outcomes in NHS Highland



Source: Scottish Public Health Observatory, Public Health Scotland
Notes: Based on Scottish Index of Multiple Deprivation (SIMD) 2020 local quintiles
EASR: European age-sex standardised rate, directly standardised to the 2013 European Standard Population

Health inequalities are largely a consequence of differences in people's living conditions and experiences through life. Inequalities in power, money and resources at a local and national level can make people's daily lives more challenging and more vulnerable to poor health[10].

Evidence shows factors driving these health outcomes include long-term health implications of economic recession, austerity policies, a stagnation of living standards and people experiencing multiple disadvantage[11,12]. The rising cost-of-living will disproportionately affect low-income populations, disabled people, older people, minority ethnic people and rural populations with long term effects on children[11].

Summary

The health concerns facing our region are common in Scotland and in other countries. An ageing population is increasing demand on health and care services as more people are living with one or more long-term health conditions and with increasingly complex needs. Research has shown that by 2043, the level of illness in Scotland is expected to increase by over 20%, with cancers, cardiovascular disease and neurological conditions contributing the most to poor health[13].

The causes of ill-health are complex and longstanding economic and social inequalities are impacting on the health of individuals and communities in NHS Highland. As previously reported, improving the health of our population requires a fundamental shift towards prevention and mitigating the underlying issues that can impact on health, such as poverty and deprivation[14].

Chapter 2:

The Environment: How medication can make our environment sicker

Chapter 2: The Environment: How medication can make our environment sicker

Medicines are used extensively in everyday life, whether prescribed or bought over-the-counter. This is mainly due to an ageing population, new technological advances and a "pill for every ill" culture where people tend to turn to a medicine first to make them better.

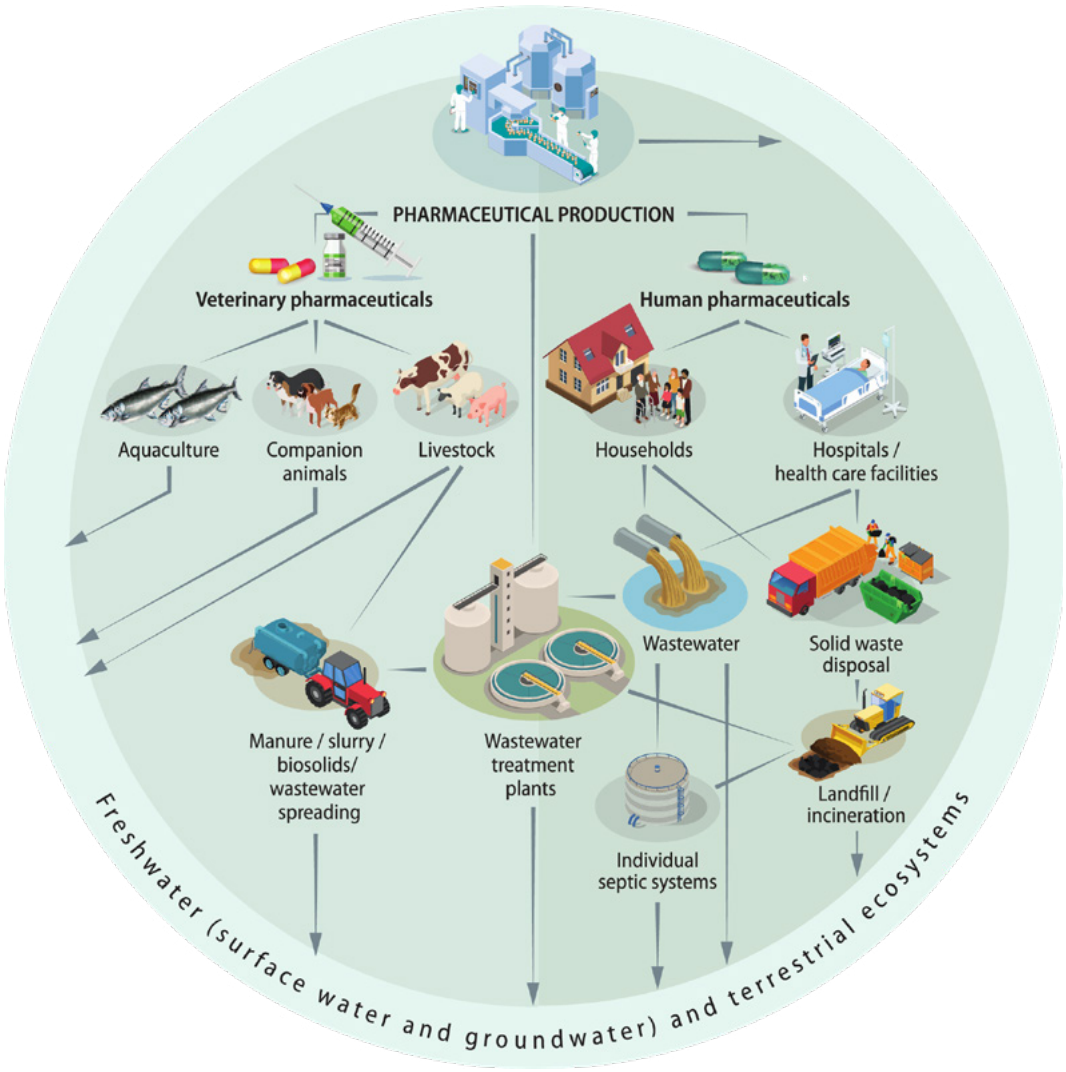
However, medicines can have negative effects on the environment. They account for 25% of the NHS total carbon footprint and contribute to pollution of the environment and are now classed as emerging environmental contaminants[15]. This section of the report focuses on pharmaceuticals in the environment (PiE) and groundbreaking work taking place in NHS Highland.

How do medicines enter the environment?

There are three ways in which human medicines can enter the environment.

1. **Pharmaceutical manufacturing processes** including industrial wastewater discharge and solid waste disposal.
2. **Incorrect disposal by users** - many people flush medicines down the toilet or pour them down the sink thinking this is the safest thing to do but this means that unmetabolised, active medicines are directly entering the wastewater system[16]. Putting them in household waste means they enter landfill and can leach into the soil eventually ending up in groundwater, surface water bodies and in crops.
3. **Excretion by users** - between 30 to 100% of an oral dose of medicine will be excreted as the parent pharmaceutical or a metabolite in urine or faeces into toilets and enter wastewater treatment plants or septic tanks. Pharmaceuticals are present in hospital and domestic wastewater. Excretion by patients via discharge of treated or untreated wastewater from domestic households is the main route for human pharmaceuticals entering the aquatic environment.

Figure 2.1 - Major pathways of release of human and veterinary medicines into the environment



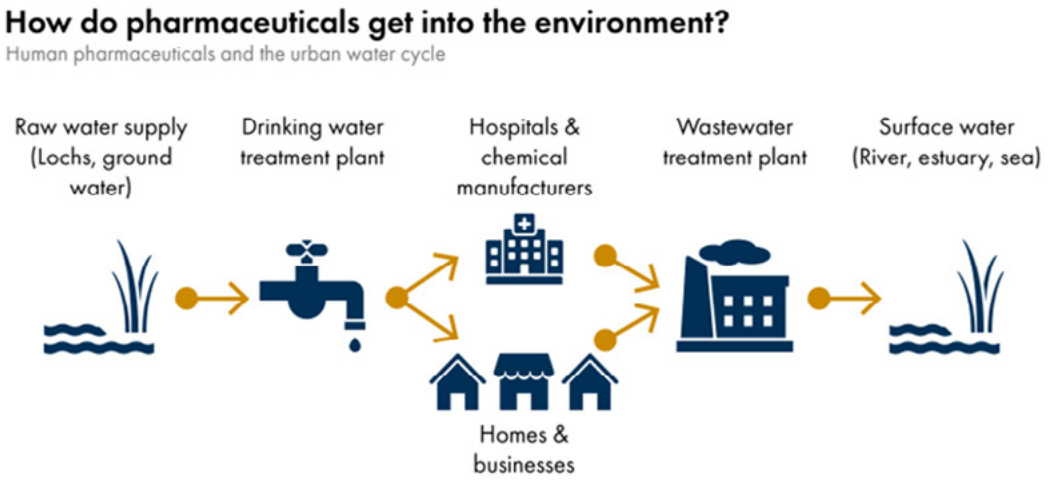
Source: OECD (2019) [17]

Why is PiE an issue?

Wastewater treatment plants (WWTPs) were never designed to remove small, complex chemical molecules[18]. They were designed to remove biological solids, pathogens, organic and inorganic material rather than removal of modern chemicals at low concentrations[19].

Therefore, depending on several variables such as the pharmaceutical or the amount of rain, pharmaceuticals will be present in the effluent (the treated wastewater coming out of the WWTP) in unchanged form or as transformation products and be pumped into rivers and oceans. WWTPs are thought to be the main source of human pharmaceuticals entering the environment, although landfill sites, septic tanks and manufacturing sites also contribute[20].

Figure 2.2 - How do pharmaceuticals get into the environment



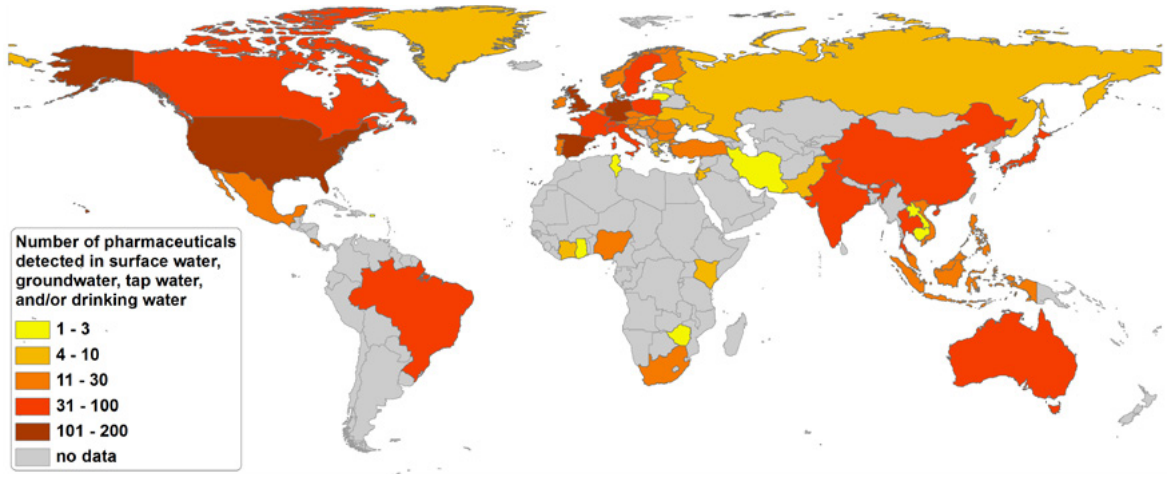
Source: Niemi (2020)[15]

1. Active pharmaceutical ingredients (APIs) are designed to interact with a living system and have a biological effect at extremely low doses. They can do this across a range of organisms[20] such as fish, frogs, duckweed, for example, and then unintentional harmful effects may occur.
2. Pharmaceuticals are designed to be stable (persistent) to reach and interact with their target molecules[21]. Persistent substances which can withstand natural degradation increase the potential for long-term effects in the environment[22]. Even if a pharmaceutical is degradable, a high volume of use means that it is "pseudo persistent" as it is continuously entering the environment. Examples of such pharmaceuticals include paracetamol and ibuprofen because the rate at which they are used and enter the environment is greater than the environmental degradation rate[23].
3. Pharmaceuticals can be bioaccumulative which means that they are incorporated into living tissue without being properly excreted or degraded, remaining within the organism. This has implications for the human food chain.
4. Pharmaceuticals can be toxic to humans or ecosystems and their transformation products can be more toxic than the parent compound[24].

Why should we care about pharmaceuticals in the environment?

Pharmaceuticals have a direct pathway into the environment via wastewater processes. More than 630 pharmaceuticals have been found in rivers, lochs, seas and estuaries across the world with antibiotics, anti-inflammatories and painkillers topping the list[25].

Figure 2.3 - The number of pharmaceuticals detected in surface water, groundwater or drinking water globally



Source: aus der Beek et al. (2016)[25]

The most recent and largest study of pharmaceutical pollution of the world's rivers across all continents found that over 25% of rivers tested pose a threat to environmental and/or human health. The river Clyde in Glasgow rated 26th highest out of 137 river catchments for concentration of pharmaceuticals.

There is growing evidence of the negative effects on ecological and human health. Behavioural changes in aquatic species have been reported such as: altered salmon migration in the presence of anti-anxiety medicines[26]; impaired development of frogs exposed to anti-depressants[27]; population collapse in fish exposed to estrogen hormones[28]; near extinction of vulture populations in India resulting in 47,000 human deaths from rabies, since vulture loss led to an in increase in feral dogs and their bites[29].

Future projections on pharmaceuticals in the environment

Pharmaceutical consumption has grown rapidly over the last decade due to aging populations, epidemiological changes, technological advances and changes in clinical practice[30]. This trend is expected to continue.

In addition, climate change is likely to affect the amounts and types of medicines used and released to water bodies. Non-communicable diseases such as cardiovascular disease and mental illness, respiratory, water-borne and vector-borne disease are expected to become more common[31,32]. This will lead to an increase in associated medicine usage and increased pollution of the environment.

Many other aspects of climate change will also affect the fate and transport of medicines in the environment, for example heavy rainfall will trigger storm overflows bypassing WWTPs, while lower rainfall and increased water scarcity will reduce the dilution of pharmaceuticals.

It is therefore essential that public health interventions such as health improvement and social prescribing are employed to ensure as healthy and resilient a population as possible as climate change begins to increase its impact on human health. Healthy humans depend on a healthy planet.

What is NHS Highland doing to reduce the impact of PiE?

NHS Highland is a founding member of the One Health Breakthrough Partnership (https://ohbp.org), a collaboration between the Scottish Environment Protection Agency (SEPA), Scottish Water, Scotland's Centre of Expertise for Waters (CREW) and the Environmental Research Institute (part of UHI). Formed in 2017, the OHBP has brought together key regional and national stakeholders across the environment, healthcare, and water sectors with a commitment to generate positive One Health outcomes and create a 'non-toxic' environment. The OHBP mission is closely aligned with the Scottish Government's Hydro Nation agenda, recognising that Scotland has internationally significant and high-quality water resources, which are of vital importance to its economy and the health of its population.

OHBP recognises One Health to be an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It works across organisational and disciplinary boundaries, collectively and collaboratively, to ensure optimal outcomes for the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems).

To date, the focus of work has been on sustainable medicines and addressing anti-microbial resistance. Impacts and achievements so far include:

- achieving a world first in Water Stewardship at Caithness General Hospital (https://a4ws.org/download/aws-case-study-caithness-general-hospital/)
- developing an action plan to substitute environmentally harmful medicines with less toxic ones
- engaging >6000 clinicians across the world on the environmental impact of pharmaceuticals
- developing a database of pharmaceuticals in the water environment (2021) and visualisation tool to compare environmental data with prescribing data in Scotland – the first of its kind in the world (https://ohbp.org/2022/06/13/pharmaceuticals-in-the-water-environment-new-data-tool-launched-by-sepa/)
- publications in international, peer-reviewed scientific journals e.g. First, do no harm: time for a systems approach to address the problem of health-care-derived pharmaceutical pollution - The Lancet Planetary Health (https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(22)00309-6/fulltext)

- launching a website in Aug 2021, viewed in >30 countries (https://ohbp.org), Twitter/ X @ OneHealthBP and a Twitter conference #OHBP2023
- developing and evaluating a free to use public education video on antibiotics and the environment: https://www.youtube.com/watch?v=VBJztG31jRs
- promoting public awareness e.g. BBC Radio Brainwaves programme, BBC Alba television programme
- contributing to an international online course 'Water, Soil, and Health" with experts from Grenada, Jamaica, Kenya, and Scotland on sustainable environmental change
- promotion at national and international conferences (e.g., COP26, Planetary Health Alliance and NHS Scotland sustainability conference)
- helped developed a Policy Brief for the House of Lords (https://ohbp.org/2023/07/28/new-policy-recommendations-launched-for-eco-directed-and-sustainable-prescribing-of-pharmaceuticals-at-uk-parliament/)
- won several awards including VIBES (https://vibes.org.uk/)

Summary and potential for action

The presence of pharmaceuticals in the environment has been gaining recognition over the past decade. Whilst evidence on human and environmental health is still being developed, drinking water regulators and providers, governments, healthcare professionals and the public are raising concerns. The German Environment Agency (UBA) estimate that 10% of pharmaceutical products indicate potential environmental risk with hormones, antibiotics, painkillers, antidepressants and anti-cancer medicines being of greatest concern[33].

Scotland has a vested interest in the Hydro Nation and One Health agendas, which are multi-sector strategies to effectively manage the water environment and improve public health (respectively). These concepts recognise that human health and environmental health are closely interconnected, and that water quality is a central and significant factor to the wellbeing of both.

Many parts of the private and public sectors across Scotland and the UK may be affected by pharmaceutical pollution and have an interest in addressing this issue. This includes pharmaceutical manufacturers and the healthcare sector, the food and drink sector (including agriculture and fisheries), and public organisations including water regulators, environmental protection bodies, healthcare, researchers/academics, and policymakers. The OHBP is providing leadership in this area driving research, innovation and policy change.

Whilst more evidence is developed there are many things that healthcare professionals and the public can do to reduce the impact of pharmaceuticals on the environment.

How the public can help

- Stay healthy with exercise and a balanced diet.
- Accept invitations for screening and vaccinations to prevent ill health.
- Use good respiratory hygiene to prevent spread of viruses such as coughs, colds and flu.
- Ask your prescriber about the risks and benefits of medicines and whether there is any alternative.
- Only order what you need for repeat medicines and do not stockpile.
- Ask your prescriber or community pharmacist how to get the best out of your medicine.
- If you use an inhaler ask your pharmacist to check your technique.
- Return any unused, unwanted or out of date medicines to your community pharmacy or GP practice for safe disposal.

How healthcare professionals can help

- Ask the patient what matters most to them. It may not be getting a medicine.
- Explain the risks and benefits of a medicine, whether there is an alternative and why it might be best to do nothing.
- Consider social prescribing rather than a pharmacological intervention.
- Always prescribe the lowest dose and smallest quantity when starting a new medicine to avoid waste should side effects occur.
- Plan in a medicines review to check whether the expected clinical outcomes are being achieved.
- Advise patients to return unwanted medicines to their community pharmacy or GP practice for safe disposal.
- Learn more about PiE.

Chapter 3:

Hepatitis C: How medication is transforming treatment and prevention

Chapter 3: Hepatitis C: How medication is transforming treatment and prevention

Background

Hepatitis C virus (HCV) is a blood borne virus (BBV), spread through contact with blood or body fluids from an infected individual, which can lead to cirrhosis of the liver and hepatocellular carcinoma. HCV is a significant issue across the world with around 1.5 million new infections and 290,000 deaths each year globally according to data for 2019[34].

The Scottish Government's Hepatitis C Action Plan and the subsequent Sexual Health and Blood Borne Virus (SHBBV) Strategic Framework provided a world leading structure for the prevention, diagnosis, treatment and care of HCV. The management of HCV has progressed enormously over recent years with current treatment options providing the potential to cure more than 90% of those infected with HCV. This has led to the global ambition to eliminate viral hepatitis as a public health threat through effective treatment and prevention of transmission by 2030. Within Scotland, the Scottish Government has made a commitment to treat more people with hepatitis C with the aim of eliminating HCV infection and HCV related severe disease and death as a major public health concern in Scotland by 2024. This is an ambitious target which seeks to achieve elimination six years ahead of the target set by the World Health Organization.

The latest surveillance data has identified that there are just over 4,000 individuals who are estimated to be diagnosed and living with chronic HCV infection in Scotland. A breakdown by NHS Board of residence is shown in the table below[35].

NHS Board data on the prevalent number of people diagnosed with hepatitis C virus (HCV) in Scotland and last known to have chronic infection, up to August 2023

NHS Board of Residence	Estimated number diagnosed and living with chronic HCV	Distribution by NHS Board
NHS Ayrshire & Arran	376	9.3%
NHS Borders	69	1.7%
NHS Dumfries & Galloway	73	1.8%
NHS Fife	279	6.9%
NHS Forth Valley	257	6.4%
NHS Grampian	460	11.4%
NHS Greater Glasgow & Clyde	1055	26.1%
NHS Highland	102	2.5%
NHS Lanarkshire	495	12.3%
NHS Lothian	641	15.9%
Island health boards (Orkney, Shetland and Western Isles)	20	0.5%
NHS Tayside	209	5.2%
Total	**4036**	**100%**

Development of new Direct Acting Antiviral (DAA) therapies

One aspect which has revolutionised the management of HCV has been the development of Direct Acting Antiviral (DAA) therapies. These pharmaceutical developments have significantly increased the efficacy of antiviral treatments which eradicate HCV infection as detailed in the table.

The efficacy of antiviral treatments over time[36]

Year	Treatment	Sustained Viral Response % (Genotype 1)*
1994	Interferon	7-11
1998	Interferon + Ribavirin	28-31
2001	Pegylated Interferon + Ribavirin	42-46 (note 70-80% for G3)
2011	Pegylated Interferon + Ribavirin + First Generation Direct Acting Antivirals (DAAs)	67-75
2014/15	Interferon-free Direct Acting Antiviral Therapy (especially for genotype 1 but increasingly for other genotypes)	93-100

*Clinical trial data

Whilst the early Direct Acting Antivirals (DAAs) were particularly focussed on one type of the virus, genotype 1, these treatments are now increasingly covering all types. In addition to the increased efficacy, the new all-oral DAA regimes provided a safe treatment with far fewer side-effects and of relatively short duration compared with the interferon-based therapies. This development has played a significant role in the increase in treatment initiatives and also the ability across Scotland to achieve HCV elimination.

Despite the ever-expanding treatment options, a significant proportion of HCV cases remain undiagnosed. The high proportion of undiagnosed cases, combined with the increasing range of HCV therapeutics underlies the need for effective approaches to awareness raising, HCV case-finding, re-engagement and scale-up of treatment and care. A national Short-Life Working Group (SLWG) was convened in 2018 to review approaches to each of these aspects of HCV prevention and treatment. As a result of this, 18 recommendations were developed in order to support the aim of eliminating HCV-related disease as a major public health concern.

The COVID-19 pandemic had a significant impact on the ability of boards to progress action towards elimination as planned. This arose due to a number of factors including more limited capacity for professionals to support this agenda due to the need to respond to the pandemic but also a change in the way that some services were provided. However, there has been a renewed emphasis on this elimination commitment in addition to refreshed HCV treatment targets for NHS Boards.

NHS Highland's Blood Borne Virus Managed Clinical Network (BBV MCN) is committed towards the ambition of eliminating HCV in Scotland. A local elimination strategy details the range of activities pertaining to case-finding, testing, awareness raising and access to care that are being undertaken in support of this aim.

Effective detection of those who have been infected with HCV combined with the provision of accessible treatment options enables more of our patients to be treated as early as possible and prior to progression to advanced liver disease which improves health outcomes. In addition to the health benefits for the patients, eliminating HCV will also result in cost-savings to the NHS in the longer term. Effective treatment also has wider public health benefits due to the reduction in onward transmission of hepatitis C. Scotland's commitment to eliminate HCV is an exciting opportunity and one to which NHS Highland's BBV MCN is fully committed.

This is an excellent example of where new medication has the potential to improve public health. The availability of effective treatment that can be taken over a short period of time with few side effects should encourage more people to come forward for testing for Hepatitis C and provide a major step towards elimination of the virus.

Chapter 4:

Social prescribing: How an alternative to medication can work

Chapter 4: Social prescribing: How an alternative to medication can work

Introduction

Social determinants such as poverty, isolation, employment and housing have a substantial effect on people's health[38],[39]. It is estimated that 20% of people visit a GP with non-medical needs[40] and up to one fifth of GPs' time is spent on issues related to social needs rather than issues best solved by medical interventions such as medication. In areas of high deprivation, many GPs report that they spend significant amounts of time dealing with the consequences of poor housing, debt, relationships, and loneliness[41].

Supporting people with wider social and environmental challenges is therefore important to improve their health and reduce demand on health services. Furthermore, it has been shown that the effectiveness of some medication can be reduced if people are facing adversity in their everyday lives, for example depression medication has been shown to be less effective if a person has employment or housing issues[42].

Inappropriate pharmaceutical prescribing, particularly for older people and those experiencing inequality was highlighted as a contributory factor for increased drug reactions and hospitalisation in up to 1 in 5 people in the over 65-year age group[43]. Social prescribing is increasingly being recognised as one potential solution for a proportion of people who attend health care services with non-medical needs.

What is social prescribing?

There are many definitions of social prescribing currently used but the core common principles of Social Prescribing are to support person-centred care and shared decision making, and to encourage a non-clinical approach to address aspects of health and wellbeing[37].

In 2022, the Scottish Social Prescribing Network was invited by the Global Social Prescribing Alliance to take part in a research study to find an internationally accepted definition of social prescribing. This definition was agreed on by 48 experts from 26 different countries, including Scotland, and has recently been accepted by the BMJ.

Social prescribing is "a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and wellbeing and to strengthen community connections."

Source: Muhl et al. (2023)[44]

Social prescribing can take place within clinical and community settings but will have a focus on the social determinants of health. The overall aim of social prescribing is to improve health and wellbeing and can be more than just signposting. For maximum impact, it is likely to involve a link worker who will work with people to co-create a social prescription based on individual need. The link worker will help to remove barriers to individuals accessing support.

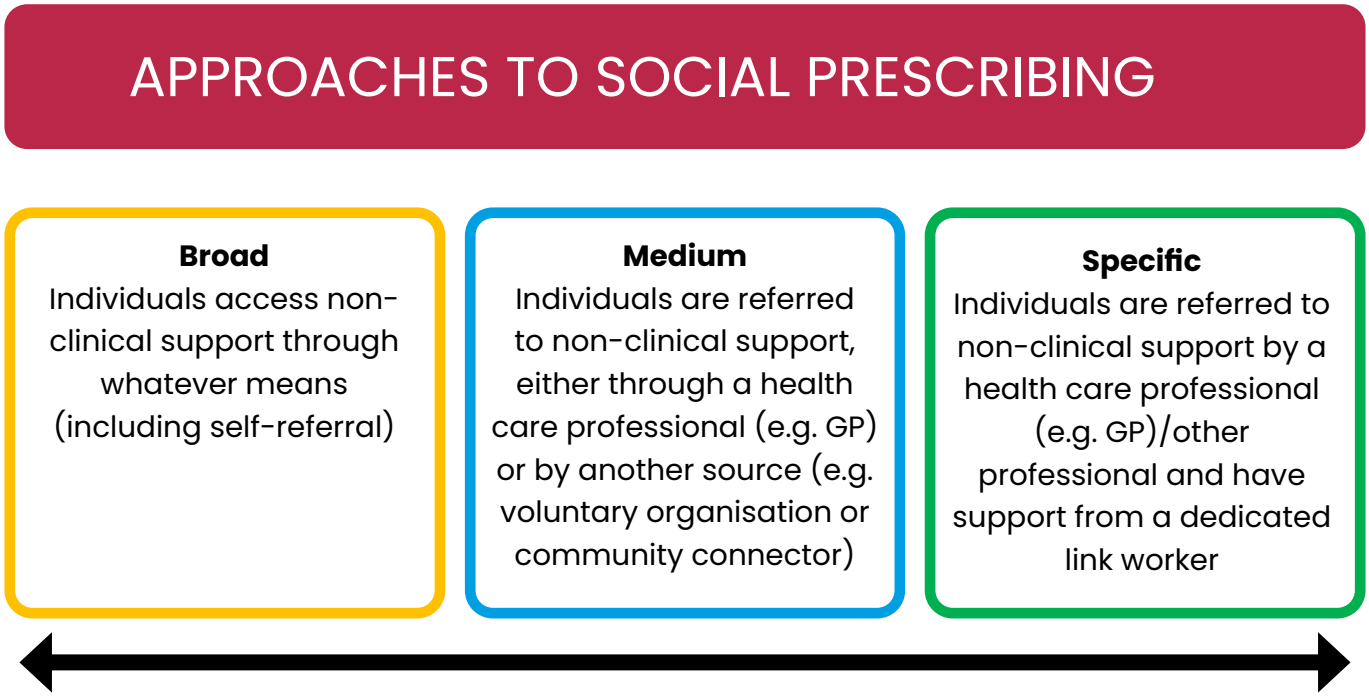
Use of medicines and social prescribing

Realistic Medicine advocates a shared decision-making approach which supports people and families using healthcare services to discuss their treatment through a personalised approach to care. This approach provides opportunities to develop social prescribing through focusing on non-clinical, non-pharmacological interventions which can improve health and wellbeing through reducing medication use and environmental harms[45].

Social prescribing effective medication in a number of areas of mental health[45]

More research is needed to demonstrate that social prescribing is effective at reducing medicine prescribing but there is a growing recognition that a social prescription can be as effective as medication in several areas including managing mental health and wellbeing[45]. The Royal College of Psychiatrists and the Royal College of Occupational Therapists have published a joint position statement advocating for social prescribing.

Figure 4.1 – Spectrum of definitions of social prescribing



Source: Adapted with permission from Lejac (2021)[37]

Example of broad, medium, and specific social prescribing approaches are described below

Broad social prescribing can be where a conversation identifies the need for non-medical support and an individual is told about support services or where an individual recognises, they need help and is able to access it for themselves.

Medium social prescribing can be where a health professional or a support worker recognises an individual needs support and actively directs them or signposts them to services or an organisation that could help. For example, a referral to an exercise programme where there is a single issue and support is targeted primarily to that issue. This may also involve additional signposting if appropriate but is not part of the planned intervention.

Specific - involves a referral to a dedicated link worker who will work with individuals to identify what is important to them, co-produce a social prescription and support them to access the right non-medical services or community support. The link worker will also help remove barriers to accessing services or support and is likely to work with an individual over an extended period of time.

Evidence

Evidence suggests that on an individual level social prescribing can have a positive impact on health and wellbeing and complement medication prescribing to manage a wide range of health conditions. The following table outlines some of the impacts that social prescribing can have on individuals and health services:

Impact of social prescribing approaches on the individual
Increased confidence and reduced social isolation[43,46]
Physical activity referrals from a link worker can result in the following: • Improvements in physical health such as the lowering of BMI and blood pressure[47] • Improvements in mental health such as a reduction in anxiety and depression and increased sense of wellbeing[47]. Reduction in use of health services[47].
Improvement in quality of life and mental well-being through addressing practical issues such as housing, care and finances[48,49].
Improved glycaemic control for certain age groups with type 2 diabetes[50].
Referral to activities such as the Arts, cultural activities including attending museums and music related activities has demonstrated: • Increased social interaction and decreased stress[51]. • Improvements in employment and enhancement of skills, and economic development[51].
Nature-based interventions can positively impact health and wellbeing through: • reducing social isolation and fostering a connection to nature[52]. • reducing postoperative complications and has been shown to reduce cardiovascular risk[53].

Impact of social prescribing approaches on health and care services
A 14% decrease in admissions to emergency inpatient services[54].
Reduction in the number of hospital admissions and outpatient appointments. One study found a 75% decrease in non-elective inpatient episodes among those who had accessed support through Social Prescribing[55].
Reduced demand for GP appointments by an average of 28% (range 2% to 70%) and A&E referrals by an average of 24%[56].
A 40% reduction in GP appointments for participants at a 3-month follow-up, compared to those who did not use a Social Prescribing service[57].

Opportunities and Challenges

There are opportunities to develop and embed social prescribing approaches in health and care services as an alternative to or alongside medicines prescriptions.

Two recent events to explore how social prescribing could be developed in Highland identified a number of local enablers and barriers to embedding this approach in health and social care services. These included:

Key Enablers	Enablers identified from the Highland events 2023
Capacity of primary healthcare services and a shift in ethos towards person-centred care[43]	Social prescribing to be recognised across Highland as an integral part of Health and Social Care where clinicians are encouraged and supported to move away from a 'medicalised' model of health.
Link worker practice and developing trust through co-produced services[47,58]	Local multi-agency working in Highland with a shared understanding of Social Prescribing best practice to promote more consistent and coordinated practice across all sectors.
Peer training and providing support to use new technologies[58]	Standardised training to upskill staff and consider the remote and rural nature of Highland, especially when developing digital and technological solutions.

Key Barriers	Barriers identified from the Highland events 2023
Resources[43]	For statutory and community organisations there is a lack of long-term, consistent funding and link worker capacity' across Highland.
Awareness[43]	Lack of awareness of what social prescribing is amongst those delivering, supporting, and accessing it. Particularly in smaller communities. Issues such as stigma relating to financial problems, particularly in smaller communities.
Knowledge[43]	Shared knowledge of local assets, organisations and connections across Highland requiring development of a Directory of Community Services.

Social Return on Investment

Social return on investment (SROI) is a method of assigning monetary values to social value as well as traditional assets and offers one way of evaluating social prescribing initiatives. It is recognised that this is an area that would benefit from more research but a range of studies that explored SROI for Social Prescribing initiatives found positive financial returns on investment:

- **For every £1 invested the social return on investment ranged from £2.30 to £7.08**[59]

Currently, the University of the Highland's and Islands is undertaking an evaluation of the Highland Community Link Worker Programme including exploring SROI in the context of delivering a Community Link Worker service in remote and rural areas. This will provide valuable information to inform future development of Link Worker services across Highland and Argyll and Bute.

A study exploring the economic benefits following a social prescribing intervention for patients who were frequent attenders and frequent non-attenders at primary care found a cost saving for frequent attenders of £78.37 and a reduction in health care usage suggesting that social prescribing interventions be targeted at this group for maximum cost benefit[60].

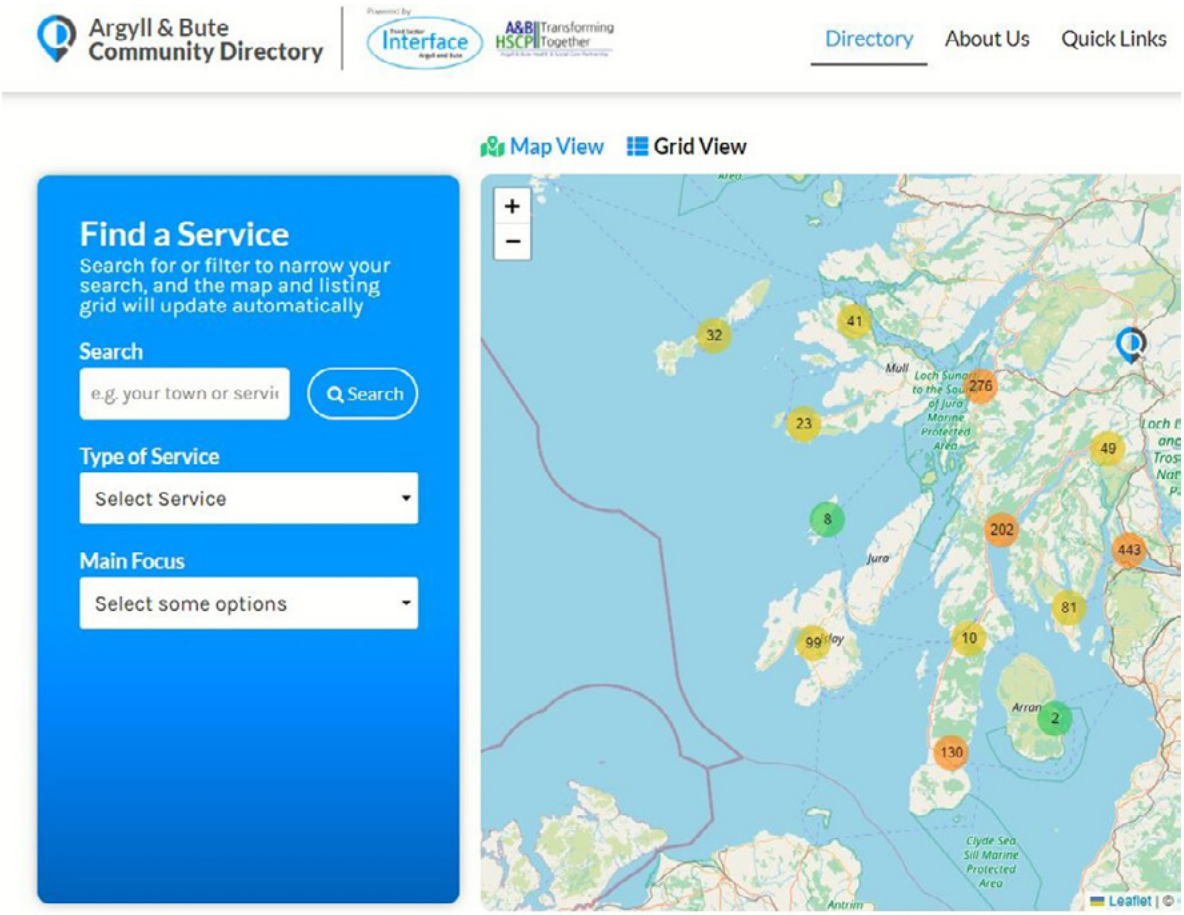
Examples of social prescribing initiatives in NHS Highland

Third Sector Interface (TSI) Community Directory

Argyll and Bute Health and Social Care Partnership (HSCP) supported development of the Third Sector Interface (TSI) Community Directory. The directory is a website which provides details of many of the third sector organisations that provide community-based support throughout Argyll and Bute – available at www.abcd.scot. The directory is a single source of regularly updated service information for referring agencies, or those making a self-referral.

The Public Health Team have collaborated with the TSI to develop the content of the site. The directory is widely promoted to HSCP staff, particularly allied health professionals, to support active signposting to community resources that can support individuals with their health and wellbeing.

Figure 4.2 – Argyll & Bute Third Sector Interface (TSI) Community Directory



Active Health Project

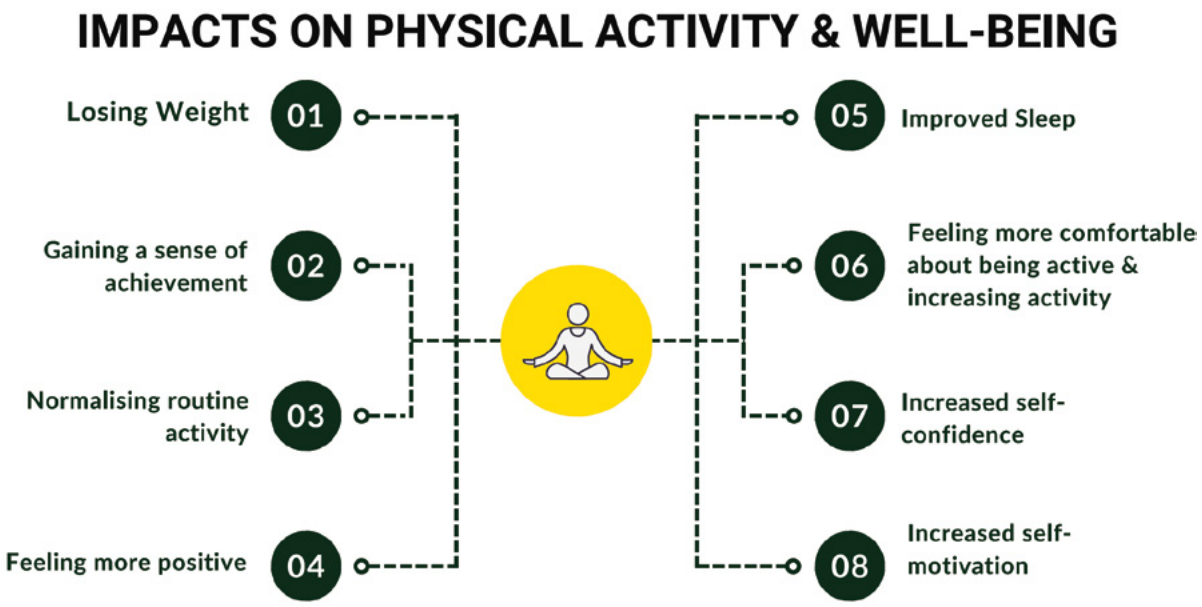
The Active Health project was set up in April 2019, funded by NHS Highland and Paths for All.

Active Health is a free and confidential service for people (aged 16+) living in the Highland area who would like to become more active to help their physical and/or mental health.

The project engages individuals in one-on-one conversations and additional follow-up discussions to assist them in developing a healthier and more active lifestyle. The service offers support to anyone registered with a GP practice in Highland who would benefit from being more physically active. Individuals can be referred by their GP, other health professional or self-refer.

From March 2019 to Sept 2023 there were 1042 people referred to the project with 772 people engaging (74%) with the service.

Figure 4.3 – Impacts of the Active Health Project on physical activity and well-being



Source: Active Health Link Workers Study, UHI Research Team, UHI

Prescribe Heritage Highland

Building on the Prescribe Culture initiative developed by Edinburgh University Museums, Prescribe Heritage Highland is a pilot project that aims to support health and wellbeing through heritage-based activities offered by local museums and heritage facilities.

A partnership between High Life Highland, University of Highland and Islands, Edinburgh University, NHS Highland and Museums Heritage Highland, Prescribe Heritage Highland aimed to explore whether, and how, the approach developed in Edinburgh could be scaled up in rural areas. Five local museums devised a programme of hands-on activities delivered over six weeks for participants to attend. Referrals came from a range of sources including health care professionals and 3rd sector support workers. Currently the project is seeking funds to expand and develop the initiative.

For more information on the pilot project, click the following link https://vimeo.com/868658211/02bd10c902?share=copy

Community Link Workers

NHS Highland has commissioned third sector organisations in Highland and Argyll and Bute to deliver inequalities focussed Community Link Worker Services in Primary Care as part of the national programme of work on Primary Care modernisation.

The aim of the service is to support people to live well through strengthening connections between community resources and primary care and developing pathways to community and third sector services and activities. Community Link Workers provide a person-centred service that is responsive to the needs and interests of patients registered with GP Practices in socio-economically deprived areas of NHS Highland. They work with people who face multiple and complex challenges: mental health, social isolation, loneliness, poor housing conditions, unhealthy relationships, poor physical health, financial worries, long term conditions, bereavement and more.

Community Link Worker's follow a social prescribing model and are embedded in the work of GP practices. They aim to address socio-economic and personal circumstances that affect health and wellbeing to improve the outcomes for patients and reduce pressure on GPs time.

Watch Video

Scan QR Code for video about Highland Community Link Workers or click 'Watch Video' button **https://vimeo.com/863137735/191292a64c?share=copy%20**

Chapter 5:

Prescriptions for Pain: How medication can have long-lasting effects on public health

Chapter 5: Prescriptions for Pain: How medication can have long-lasting effects on public health

Be analgesic and opioid aware

This section is about the use of medication for pain - analgesics and opioids. There is little doubt that analgesics and opioid use can bring great benefits to individual but there are serious disadvantages as well. Analgesics are widely available, for example paracetamol, by prescription or over the counter. Opioids and synthetic opioids are regulated and available by prescription or lower strength through a pharmacy. The latter has an illegal market. Tackling drug related deaths is a Scottish national mission[61], so this chapter will also describe analgesics and opioids within the context of drug related deaths.

What are analgesics and opioids?[62]

An analgesic is a medicine that relieves pain. Analgesics are widely available through pharmacy over the counter and by prescription. There are three main types of analgesic: non-opioid analgesics, opioid analgesics and compound analgesics that combine the previous two forms. Most non-opioid analgesics work by reducing inflammation at the site of pain and opioid analgesics work by stimulating opioid receptors on neurons, which inhibit the release of chemicals (neurotransmitters) that transmit pain signals.

Opioids have analgesic and sedative effects, and medicines such as morphine, codeine and fentanyl are commonly used for the management of pain. The term 'opioids' includes compounds that are extracted from the poppy plant as well as semi-synthetic and synthetic compounds with similar properties. In the UK opioids are controlled and available on prescription because of the possible side effects including physical and psychological dependence. Opioids can be obtained illegally and increasingly from internet suppliers.

Prescribing and use of illegal drugs

There is a large body of evidence, including randomised controlled trials and systematic reviews, that concluded opioids may reduce pain for some patients in the short and medium term (less than 12 weeks). Opioid use in acute pain and for pain at the end of life is well established. There is, however, a lack of consistent good quality evidence to support a strong clinical recommendation for the long-term use of opioids for patients with chronic pain[63]. Opioid dependence is one of a number of side effects although estimates of prevalence vary. Sign guideline 13: Management of Chronic Pain[64], cites from a systematic review opioid dependence ranged from 3% to 26% who were using opioids for chronic pain. The guideline also includes alternatives such as supported self-management, psychological based interventions and physical therapies. This is an area where social prescribing can play a significant role.

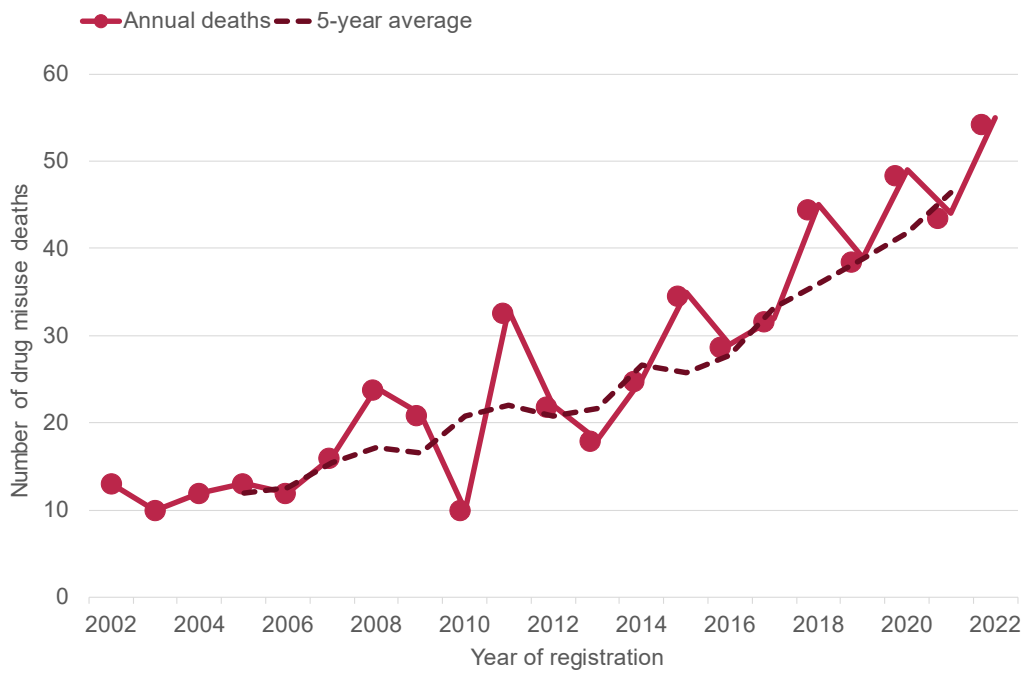
It is difficult to estimate how many people take opioids and analgesics that are not prescribed by a doctor. Estimates of prevalence can be derived from surveys, police seizure records or drug testing in prisons. Intelligence gathered from surveys suggests that most people obtain prescribed drugs from a friend or relative, from drug dealers and buy online.

All of these sources carry risks and include not knowing the strength of the substance or what the chemicals ingredients are. In 2018-20, 9.7% of respondents to the Scottish Crime and Justice Survey (aged 16 years and over) had used illicit drugs compared with 7.4% in 2017-18[65]. The report does not separate out opioids and analgesics. The Scottish Drug Misuse Database (SDMB) recorded for NHS Highland in 2020/21, 230 individuals and of these 82% reported illicit drug use[66]. The Scottish percentage for the same time period was 75%.

Drug Deaths in Highland

Across Scotland, reducing drug related deaths was declared as a national mission in 2018. There were 55 drug-related deaths registered in NHS Highland in 2022[67]. This was the highest number ever recorded and an increase of 11 deaths from 2021. Of these deaths, 42 were recorded in the Highland council area and 13 in the Argyll and Bute council area. The five-year average number of deaths shows an increasing trend and has more than doubled over the last ten years.

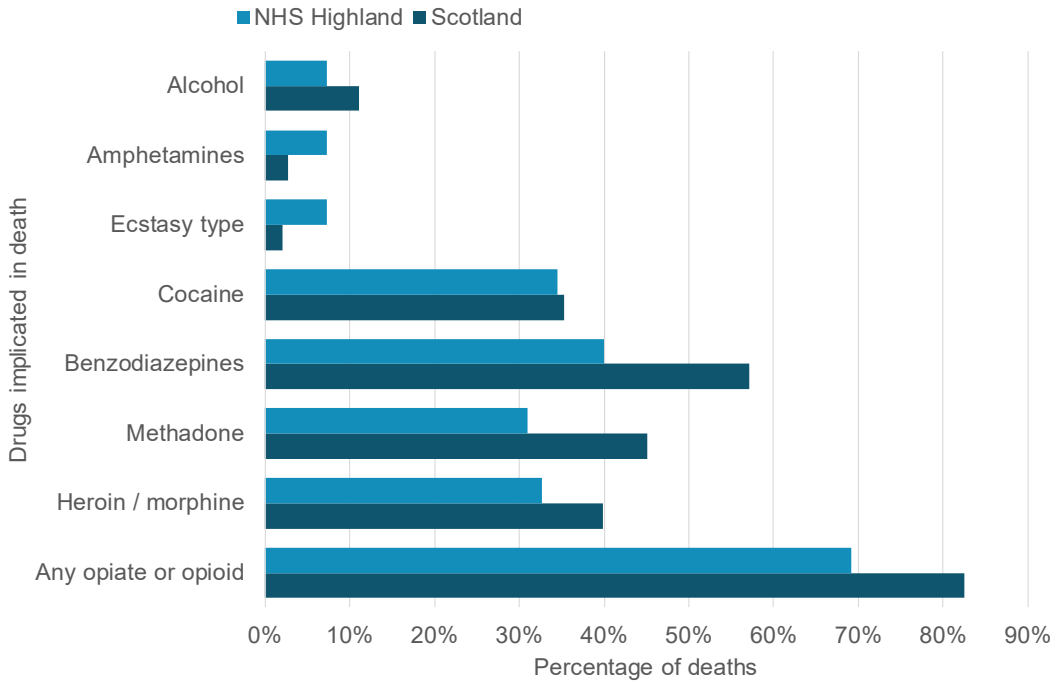
Figure 5.1 - Number of drug related deaths registered in NHS Highland between 2002 and 2022



Source: National Records of Scotland, Drug related deaths in Scotland 2022; Scottish Public Health Observatory

Information from the drug death review process is available and toxicology reports show what drugs had been taken at the time of death.

Figure 5.2 - Drugs implicated in drug related deaths registered in NHS Highland and Scotland in 2018 – 2022



Source: National Records of Scotland, Drug related deaths in Scotland 2022

The drugs implicated in drug related deaths in NHS Highland and Scotland between 2018 and 2022 are shown in Figure 5.2. Opioids or opiates were recorded in 69% of deaths in NHS Highland, followed by benzodiazepines in 40% of deaths and cocaine in 35% of deaths. Most drug related deaths are of people who took more than one substance.

The benefits of prescribing – Opioid Substitution Therapy

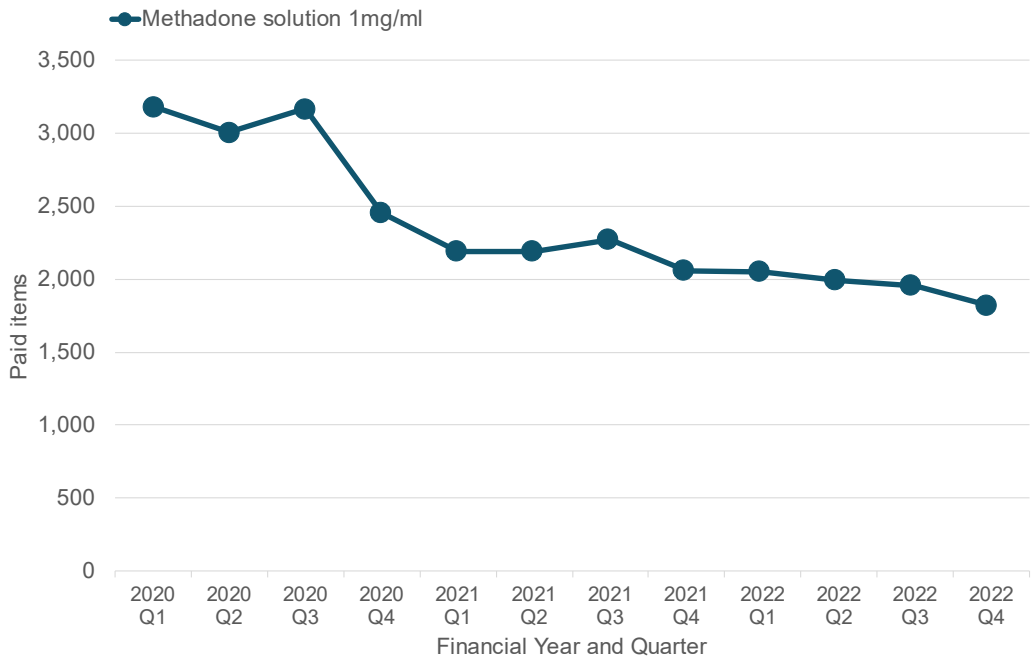
People who experience problematic opioid use may benefit from being prescribed Opioid Substitution Therapy (OST). The aims of OST are to decrease or stop the use of illicit opioids, as well as reduce the risk of other serious consequences of drug use. As mentioned earlier, drug related deaths became a national mission and the Scottish Government's key policy was the implementation of the Medicines Assisted Treatment (MAT)[68] Standards. These standards include the increased choice of treatments such as opioid substitution therapy, earlier access and increased support.

Data on OST prescriptions dispensed in the community are recorded in the Prescribing Information System (PIS)[69]. Current OST prescribed in Scotland include:

- methadone hydrochloride,
- buprenorphine,
- buprenorphine,
- naloxone and
- long-acting buprenorphine (including Buvidal© slow-release formulations)

Opioid Substitution Therapy (OST) can be a lifeline for individuals who have problematic drug use (such as heroin). Methadone has been commonly prescribed and is a synthetic opioid agonist; it is taken daily and comes as a powder, liquid or tablet. The treatment focuses on maintenance and harm reduction and enables individuals to manage and stabilise their lives, for example, successfully engage in work. The impact of OST can extend to families and children who often experience the negative impacts of someone with problematic drug use in the family. Figure 5.3 shows the number of paid methadone items dispensed within NHS Highland between 2020 and 2022 and shows a downward trend.

Figure 5.3 - Number of methadone paid items dispensed in NHS Highland between 2020 and 2022



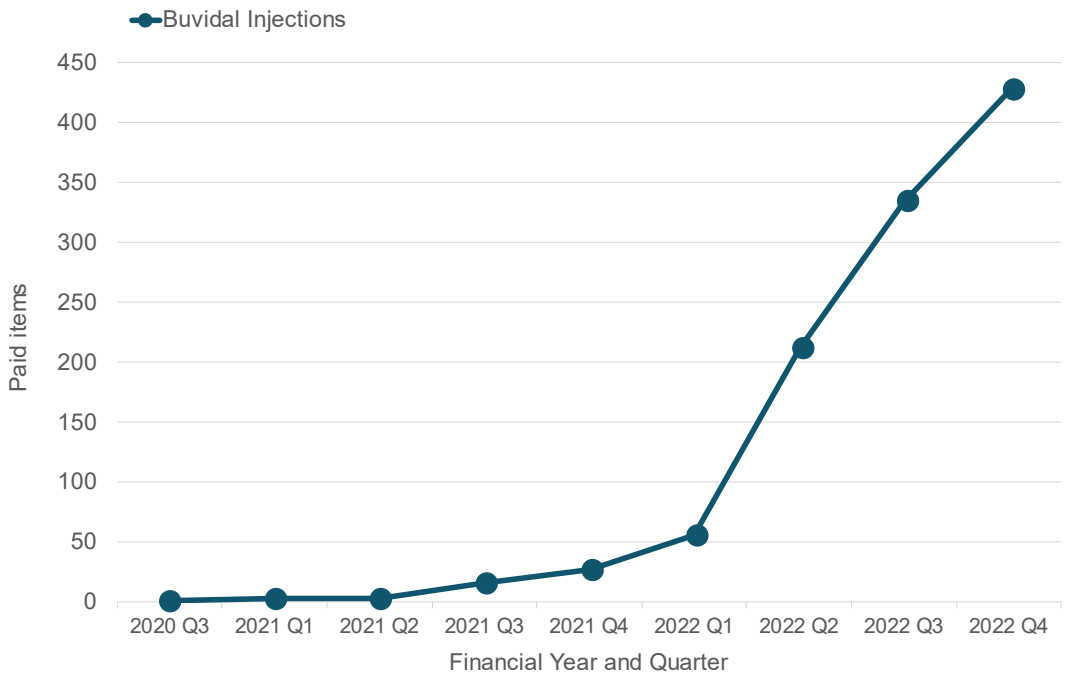
Source: Prescribing Information System

In contrast the number of prescriptions of Buvidal has increased. Buvidal, an OST, is a medicine used to treat dependence on opioid drugs such as hereon or morphine. It is long-acting buprenorphine and isn't suitable for all individuals with problematic drug use but for those who meet the prescribing criteria it can be transformational. Buvidal, is a subcutaneous injection administered weekly or monthly by a health care worker.

The benefits include reduced visits to a pharmacy and anecdotally individuals describe the process as liberating. Figure 5.4 shows the number of Buvidal injections paid items dispensed within NHS Highland between 2020 and 2022. The sharp rise in paid items dispensed in 2021 and 2022 is due to the implementation of the Medicines Assisted Treatment[68] programme because it includes a wider choice of medication. Within a prison setting the change from prescribing methadone to Buvidal cuts down on daily visits to the dispensing pharmacy and avoids the need for prisoner escorts. This potentially saves prison officer time as well as being of value to the person in the care of the prison.

A recent budget[70] analysis of the introduction of buprenorphine over a year in a defined population concluded a decrease in costs for care of those with an opioid use disorder. Cost savings were attributed to the indirect costs of lower crime rate, reduced supervision, avoidance of other infections and reduced hospital admissions.

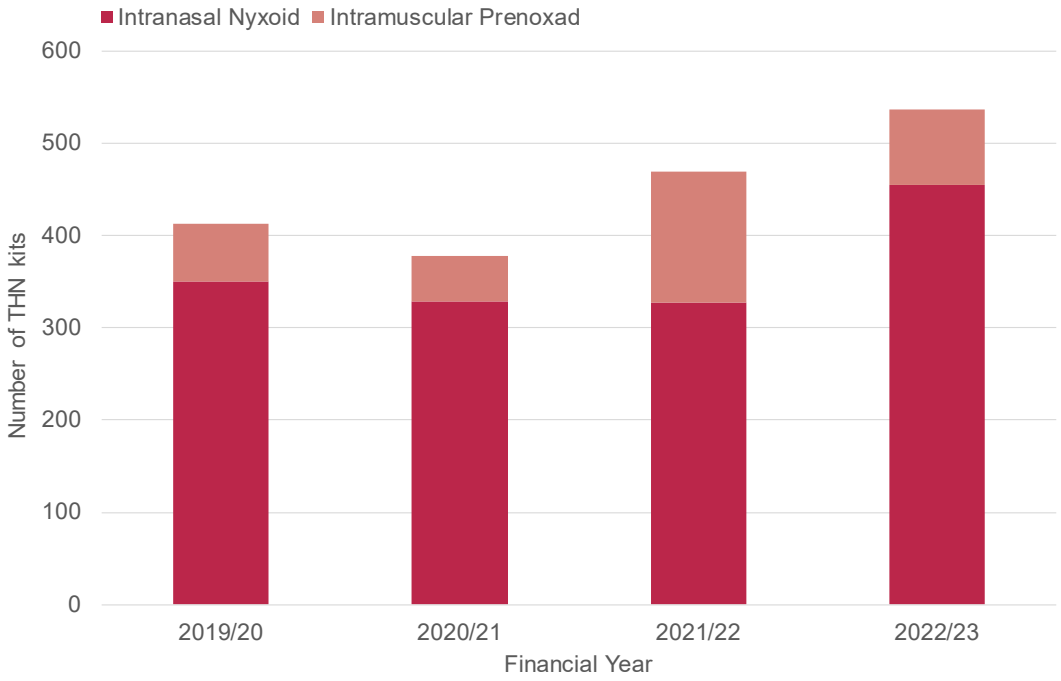
Figure 5.4 - Number of buvidal injection paid items dispensed in NHS Highland between 2020 and 2022



Source: Prescribing Information System

Naloxone is another opioid antagonist. It is a medication used to reverse or reduce the effects of opioids and used to counter decreased breathing in opioid overdose. Effects begin within two minutes when given intravenously, five minutes when injected into a muscle, and ten minutes as a nasal spray. Throughout Highland, naloxone kits along with training, have been made available to individuals, friends and family where a risk harm has been identified. Figure 5.5 shows the numbers of kits have increased each year since 2019[71]. In the calendar year 2022, 518 kits were issued by services based in the community and 11 kits were issued by HMP Inverness.

Figure 5.5 - Number of Take Home Naloxone (THN) kits issued by type of kit in Highland between 2019-2020 and 2022-2023



Source: National Naloxone Programme Scotland, Public Health Scotland

From a population-based approach the interface of substance use (both legal and illegal) and medication presents a complex picture There is analgesic and opioid medication that is prescribed for pain, which can result in dependence and where long-term use may have limited benefit. This medication also has the potential to be used illicitly. Drug related deaths is a significant challenge across Scotland. However, medication in the form of opiate substitution therapy may offer great help in reducing the serious consequences of illicit drug use.

Chapter 6:

Case study – How medication and other measures can work together to improve health

Chapter 6: Case study – How medication and other measures can work together to improve health

Introduction to case study

Risk factors leading to heart disease (more technically cardiovascular disease) are often lifestyle based, such as eating unhealthy food and lacking physical activity. There is also consistent evidence that the social determinants of health including economic, social, environmental and psychosocial factors play a significant role in the development of cardiovascular disease risk factors[72]. It is recognised that people with established heart disease are very likely to require medication to manage their condition. However, there are other approaches that might be beneficial to an individual's health and wellbeing that can be used alongside medication prescribing and that has potential to reduce the use of medication and health care services. In this chapter, we explore how a pharmacological (traditional) approach to managing such conditions can work alongside a social prescribing approach.

What is cardiovascular disease?

Cardiovascular diseases (CVDs) are a group of conditions affecting the heart or circulatory system. They include coronary heart disease, cerebrovascular disease (stroke), atrial fibrillation and peripheral arterial disease. Cardiovascular risk factors include high blood cholesterol, high blood pressure, diabetes and psychosocial factors such as anxiety, depression and social isolation. Other known risk factors include smoking, physical inactivity, alcohol consumption and poor diet[73]. Research indicates a strong relationship between social deprivation and cardiovascular disease risks[74]. The risk of CVD is greater in men and in people aged over 50 years. Risk increases with age, with those aged 85 years and over at particularly high risk. Treatment of CVD involves reducing modifiable risk factors and drug management.

Cardiovascular diseases are among the most common causes of health loss in NHS Highland, contributing to ill health and early deaths[75]. The scale of cardiovascular disease in NHS Highland is summarised below.

The scale of cardiovascular disease in NHS Highland

- Cardiovascular disease in one of the leading causes of death and disability, accounting for 1,070 deaths (26%) in 2022[76].
- Overall, it is estimated that around 18% of men and 16% of women are living with a cardiovascular condition[77].
- In the past ten years, more than 12,000 people have been newly diagnosed with coronary heart disease[78] and around 8,500 people have been newly diagnosed with cerebrovascular disease[79].
- There were around 5,700 hospital admissions related to coronary heart disease or cerebrovascular disease in 2021-2022.
- More than 32,000 people in NHS Highland are recorded on general practice disease registers with atrial fibrillation, coronary heart disease, heart failure and stroke or transient ischaemic attack (TIA)[80].
- The number of patients prescribed drugs for the cardiovascular system, and cost of prescribing, has increased over the last ten years. Common medications include statins and antihypertensive drug treatment.

Description of example case studies

Case study 1 - Bill

Bill is a 59-year-old man with a family history of cardiovascular disease as his father had died from a heart attack aged 65 and his brother had suffered a heart attack aged 55. Bill was diagnosed with type 2 diabetes when he was 46 years old, high cholesterol when he was 49 years old and high blood pressure when he was 52 years old. He has been on oral glucose lowering medicines since he was diagnosed with diabetes. Bill smokes 30 cigarettes per day and has smoked since he was 15 years old. Bill is overweight and takes little exercise. He reports suffering regularly from breathlessness and fatigue.

He lives with his wife who has multiple health conditions and he is her main carer. He is currently unemployed, finding it difficult to get work that he can do given his various health conditions and his caring responsibilities. He meets up with friends once a week at the local social club and drinks alcohol socially but admits that he worries about money and thinks it will be difficult to keep this going given rising costs of energy and everyday essential items.

Case study 2 - Isobel

Isobel is a 58-year-old woman who was diagnosed with angina when she was aged 56. She has a history of anxiety and depression that was diagnosed in early adulthood and has been on medication to deal with this since she was in her early 20's. Isobel works part time as a secretary in a local builder's firm.

She lives alone and does not venture out much apart from going to work. Isobel admits to a lonely lifestyle and regularly uses alcohol to cope with her low mood. Isobel is overweight and takes little exercise outside of her short walk to work. She regularly attends her GP for support with her anxiety and depression which has worsened in recent months as well as regularly having her angina medication reviewed. Isobel has been struggling to stay at work recently, feeling overwhelmed by her circumstances. She is sometimes not sure if the physical symptoms she experiences relate to her angina or anxiety and she is finding that she has started taking her angina medication more regularly but is not sure if it is making a difference.

A medicinal approach to supporting people like Bill or Isobel

Medication prescribed could include the following:

- aspirin 75mg daily,
- atorvastatin 40mg daily,
- ramipril 10mg daily,
- bisoprolol 2.5mg daily,
- metformin 500mg twice a day,
- omeprazole 20mg daily.

This is a large number of drugs, that need to be taken more than once every day. They are aimed at controlling high blood pressure, elevated blood glucose (leading to type 2 diabetes), raised blood lipids (like cholesterol), as well as a drug to protect the stomach lining from being harmed by these drugs. Like other licensed medication, these have been rigorously tested and evaluated for evidence of effectiveness in tackling the symptoms of heart disease and helping to prevent worsening disease.

If for either person angina is the main clinical feature, the following could be prescribed:

- aspirin 75mg daily,
- bisoprolol 5mg daily,
- clopidogrel 50mg daily,
- ramipril 10mg daily,
- atorvastatin 40mg daily,
- nicorandil 10mg daily,
- Glyceryl trinitrate (GTN) spray (Isosorbide mononitrate 20mg twice a day for an acute attack).

This approach with medication has been shown to improve health and lengthen life, so it is important that people take the medication when it is prescribed for them. However, it cannot reverse changes that have already happened to the body. It also has a major impact on an individual's life, for example, repeat monitoring visits to the GP and the need for regular medicine reviews.

Use of a social prescribing approach alongside medication management to support people with cardiovascular disease

Social prescribing is a means of enabling health and care professionals to refer people to a range of local, non-clinical services. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

Case study 1 – Bill

During a recent visit to his GP practice, Bill's GP noticed that he was more down than usual and that his physical health although relatively stable, was not improving despite being given lifestyle advise about healthy eating, physical activity and stopping smoking. Bill's GP noted that he had gained additional weight and that his diabetes medication needed to be increased to control his blood glucose levels. Bill's GP offered to refer him to the practice Community Link Worker.

The Link Worker arranged to meet Bill, discussed how he had been feeling and helped him to identify what was important to him and what changes he would like to make to improve his wellbeing. The Link Worker helped Bill to identify how he could improve his health and wellbeing, what barriers there might be and how he could overcome these. Bill identified that he was struggling with his caring responsibilities, feeling increasingly that he was unable to leave his wife on her own and was becoming more and more concerned about money as he was unable to get work that would allow him to still look after his wife. Bill stated that he would like to stop smoking but wasn't ready to. He felt that he would benefit from being more active but was concerned about how that would affect his caring commitments.

The Link Worker was able to identify a carers organisation, an online carer peer support group and a disability activities group in the area. The Link Worker was able to link Bill with the carers' organisation, complete a carer's assessment and get a carer support plan in place. They were able to identify some befriending volunteers to help free up some of Bill's time to leave the house. The Link Worker also arranged for the local disabilities' activity group leader to contact Bill and talk about activities that were available at the local community centre.

The Link Worker identified the Money Advice service that was offered by Bill's GP practice, the local authority benefits advice service and the local Citizens Advice Bureau as options to support Bill explore his financial worries. Bill was a regular attendee at his GP practice and identified the practice-based service as the best option for him. The Link Worker made an appointment for Bill with the service and at Bill's request attended the appointment to support him. The Money Advice adviser was able to complete a financial assessment and identify several benefits that Bill was entitled to that he had not claimed. As a result, Bill was able to claim benefits to boost the household income and help him reduce his anxiety about his financial situation.

Bill had identified improving his levels of physical activity as important. The Link Worker was able to identify a range of community-based options for physical activity including a local walking group, a conservation group at the local nature reserve and a walking football team at the local football club. The Link Worker spent time going over the options with Bill and worked with him to create a social prescription. Bill identified the walking football club as a good option. The Link Worker contacted the coach and arranged for Bill to attend a session and accompanied him to his first session to help him overcome his anxiety about being in a new social situation.

One year on and Bill's life looks very different. Bill regularly attends the walking football club, and the weekly wheelchair bowling club with his wife where he has also taken on a volunteering role to support the running of the club. He is feeling more connected to his community and befriending volunteers allow Bill time to attend activities and have time to himself without worrying about leaving his wife alone. Bill has managed to lose around 10% of his body weight because of being more active and having more energy to prepare meals with fresh ingredients for himself and his wife. He has been able to reduce the dose of his diabetes medication and his blood pressure is more stable allowing him to reduce the medication required to control this.

Bill reports that he feels better able to manage his health conditions and as a result has reduced the frequency of visits to his GP practice. He praises social prescribing as an approach to improving health and wellbeing by helping people like him to identify the issues that are affecting their health and wellbeing and supporting them to make positive changes.

Case study 2 – Isobel

During a visit to her GP practice for a routine review of medication, Isobel spoke to the practice nurse about her low mood and opened up about her use of alcohol as a means of coping with feeling anxious. Recognising that Isobel needed more than just medication to help her maintain or improve her health, the practice nurse referred her to the Community Link Worker.

The Link Worker contacted Isobel and spent time with her to unpick her situation and identify the things that were important to her. The Link Worker was able to help Isobel systematically look at the issues that were affecting her health and wellbeing and make a holistic assessment of her situation. This meant looking beyond the initial condition that Isobel was referred for and helping her to identify things that she could do for her wellbeing.

The Link Worker encouraged Isobel to think about what was affecting her wellbeing starting from where Isobel felt she was at the time and helped her to identify options for things that could support her to improve her health and wellbeing. The Link Worker was able to identify a range of community-based options including an art group in the local community centre, a local health walks group, a gardening club, a singing group, a book club and a beginners yoga class.

The Link Worker gave information about the options to Isobel and spent time with her to create the social prescription by helping Isobel to identify the options that best fitted her circumstances. The Link Worker supported Isobel to identify what might get in the way of making any changes to her circumstances and helped her to identify how she could move forward.
In Isobel's case, she was keen to have opportunities that would get her out of the house regularly to do something that she had an interest in. Isobel had enjoyed art at school but had not put brush to canvas since leaving school.

Isobel was also keen to increase her levels of physical activity but was concerned that her low levels of fitness would get in the way. The local art group and health walks group were identified as a good fit for Isabel. The Link Worker and Isobel had identified lack of confidence as something that might get in the way of Isobel being able to make changes to her circumstances and the Link Worker arranged to accompany Isobel to her first art session and introduced her to the tutor. The Link Worker also arranged for the local health walk leader to meet Isobel to go over the options that would best suit Isabel's level of fitness. The Link Worker met with Isobel several times to review progress and continued to help Isobel identify any barriers to change and supported her to overcome them. One year on and Isobel still regularly attends the local art group. She met some like-minded people at the art group and regularly meets up with them for coffee and outings to the cinema. Isobel was also able to identify a weekly walking group that suited her level of fitness and has gradually built up her confidence and fitness to a point where she is now able to walk longer distances and has been successful in reducing her weight. Isobel has reported that she feels less lonely, and the art and walking groups have helped her to focus on something other than her health conditions. As a result, she has felt less anxious, her mood has improved, and she no longer feels like she is struggling to attend work. She has managed to reduce the use of her angina medication as her symptoms have improved and she now recognises that her symptoms were probably related to her anxiety.

Isobel now reports that she feels like a functioning member of her community with improved connections and is better able to cope with the stresses of everyday life. She has reduced her use of alcohol and is getting a better quality of sleep. She reports that she does not feel the need to visit her GP as often as she did and the medication she was prescribed for anxiety and depression has reduced as Isobel feels that improved social connections, regular exercise and getting outdoors has helped her to better manage her condition rather than allowing it to manage her.

Final Remarks

Personalised care using socially prescribed interventions can be used to support the health of people with cardiovascular disease[81]. Medication remains an essential part of heart disease management, but additional approaches can work in combination to give considerable synergy and benefits.

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Notes:

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Any feedback on the report would be welcome.
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PUBLIC HEALTH

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NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**30 January 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, with you, for you" to ensure we are aligned to the direction it sets out for us as an organisation. It will also be refreshed in line with our risk appetite approach and alignment to transformation programmes moving forward. There will also be an approach to give the high level mitigating actions by the next Board meeting for assurance.

The NHS Highland Executive Directors' Group (EDG) maintains the NHS Highland Risk Register and reviews on a monthly basis. The content of the NHS Highland Risk Register will be informed by the input from the EDG, Senior Leadership Teams, Governance Committees and NHS Highland Board.

All risks in the NHS Highland Risk Register have been mapped to the Governance Committees of NHS Highland and they are responsible for oversight and scrutiny of the management of the risks. An overview is presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate risk management processes in place.

For this Board meeting this summary paper presents a summary of the risks identified as belonging to the NHS Highland risk register housed on Datix.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate Governance and was highlighted in the 2022 publication of the "Blueprint for Good Governance." The Audit Committee provides assurance to the Board that risk management arrangements are in place and risks are managed effectively.

Each of the Governance Committees is asked to review their risks and to identify any additional risks that should be on their own governance committee risk register. Review of these risk registers will be undertaken on a bi-monthly basis or as determined by the individual committees.

It has been agreed that the Head of Strategy & Transformation will manage the NHS Highland risk register along with the Board Medical Director to ensure alignment across the strategy, transformation and operational areas across the organisation.

2.3 Assessment

The following section is presented to the Board for consideration of the updates to the risks contained within the NHS Highland Risk Register. The following risks are aligned to the governance committees in which they fall within and consideration has been given to the strategic objective and outcome to ensure strategic alignment.

A further risk is actively under consideration by Clinical Governance Committee. It is anticipated this risk will be listed in the March 2024 Risk SBAR.

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. Work has been completed to establish international recruitment and although an important element of our overall approach this will not supply the large volumes of registered staff we require. We have tested innovative ways of reaching the wider UK job marker through the national treatment centre campaigns. There is more we can do this area but this will not address the underlying UK and Scottish wide shortage of workforce, particularly registered professional staff. Our planned actions which will be overseen by a new workforce oversight.

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 –**Next update March 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 23**	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 - **Next update March 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 – **Next update March 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 **Next update March 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**	Action not due - Work ongoing

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 harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.

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 for recruitment processes to minimise time from recruitment approval to positions filled **September 2023**	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes**– next update March 2024**

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

Risk Narrative

There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.

A wide range of work has been undertaken over the last few years and the outputs have been captured as controls in this update to the risk. Further work is also underway way to consider our approach to staff engagement building on previous work noted in the update.

The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group will oversee the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.

The committee and the board will receive a further update of this progress and future plans for our leadership and culture programme

Mitigating Action	**Due Date**
Development and launch of refreshed leadership and management development programme **– 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 – next update March 2024
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching – **October 2023**	
Further development of staff engagement approach including board wide 'living our values' project – **December 2023**	Staff engagement approach presented and approved by COG in December 2023 – detailed

	plan to return in February 2024 – **next update March 2024**
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers **– September 2023**	Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes**– next update March 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.	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**	
The Scottish Government appointed the Scottish Health Competent Authority to act as the regulatory body with responsibility for ensuring all NHS Scotland health boards are operating in a manner that provides adequate levels of cyber security. NHS Highland is currently undergoing a SHCA commissioned cyber security audit to assess its level of compliance with the Scottish Public Sector Cyber Resilience Framework. The finalised audit report is scheduled to be delivered to NHSH senior leadership by 31 December 2023. The report will identify any areas of concern and opportunities to improve NHS Highlands cyber security posture. This specific action was delivered in Dec 2023. NHS Highland has now received the finalised report, and this will be discussed with the SIRO and the Information Assurance Group. As a very high-level summary the report states that NHS Highland is a strongly performing board with a clear commitment to the NIS audit programme and has an overall compliance status of 73%. Work is now in planning for improving the NIS position over the next few months and NHS Highland continues to work with the Cyber Centre of Excellence (CCoE) to improve our cyber defences. It is worth noting that two NHS Suppliers have been the subject of a cyber-attack in the last few weeks (no direct impact to NHS Highland) and a Phishing attack took place across Health on Friday (19th Jan). NHS Highland has 2 devices impacted. All issues now resolved and CCoE recommended actions implemented.		This specific action was delivered in Dec 2023. NHS Highland has now received the finalised report, and this will be discussed with the SIRO and the Information Assurance Group.	

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

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 re -design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Mitigating Action	**Due Date**
Strategic commissioning framework launched focusing on 5 pillars of transformation	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.	January 2024
Transformation assurance structure implemented to monitor progress against deliverables and aims identified across 5 pillars of transformation.	March 2024

Risk Number	1181	Theme	Financial Position
Risk Level	High	Score	16
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 and in place
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.
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 and in place

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
Ongoing hospital developments in Skye and Aviemore. Planning ongoing regarding redesign for Belford and North Coast	March 2024
Ongoing with annual plan being submitted to the SG	March 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 handback Programme Board in place	Established and meeting bi-monthly
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
Working with Scottish Futures Trust	Ongoing
Programme Management commissioned from independent intelligence	
Programme structure in place	
Issues identified at programme board will be escalated to the appropriate committees.	Ad-hoc

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 slightly lower than the national average. Care home uptake for COVID vaccination remains higher than the national average as does vaccination uptake for health and social care staff. Rates for some groups are 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.			
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	

Board Level Risks

Risk Number	877	**Theme**	Engagement & Service Design
Risk Level	High	**Score**	12
Strategic Objectives		Our Population – Anchor Well	
Governance Committee		Board Level Risk	
Risk Narrative			
There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland. Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3- year strategic plan. Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3-year strategic plan.			
Mitigating Action		**Due Date**	

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

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 2024**
Title:	**Implementing the Blueprint for Good Governance Improvement Plan**
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

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report provides the Board with a six-month update on progress on delivery of the actions included in the Board's Blueprint for Good Governance Improvement Plan.

It identifies the next steps and future activities, and provides assurance as to progress against the plan.

2.2 Background

From January to May 2023, the Board was engaged in a self-assessment of its governance against the terms of DL (2022)38, NHS Health Boards and Special Health Boards Blueprint for Good Governance, published in December 2022. The self-assessment involved a detailed survey against the Blueprint functions, and a series of Board development sessions culminating in the agreement of the Board's Improvement Plan in July 2023. The Improvement Plan is a key element of implementing the arrangements of the NHS Scotland Blueprint for Good Governance.

It was agreed in July that governance committees would have informal oversight of progress in delivering the improvement actions while the ownership of the Plan sits with the Board. There has been informal oversight of progress during the November and December 2023 cycle of governance committee meetings. This report provides the Board with its first six monthly progress update on the whole Improvement Plan.

2.3 Assessment

The primary implementation phase of the Improvement Plan spans from July 2023 to July 2024, and it is noted that some actions will be ongoing beyond this timescale. The key themes emerging from the self-assessment exercise were as follows: Performance, Finance and Best Value, Risk, Culture, Quality, Board Members development, SBAR development, and Engagement. These themes have formed the structure of the Improvement Plan.

The plan contains 17 actions in total of which 12 were allocated a target timeframe of 31 December 2023, with the remainder being expected to be initiated by July 2024. Eight of the actions with a December 2023 target have been graded as complete, and significant progress has been made against the remaining four.

Appendix A to this report is the full Improvement Plan which records all progress information, as well as the intended outcomes of all the improvement actions. A colour coded system assists with assessment of progress.

The following information shows the objectives and specific actions included in the Plan with commentary detailing progress made over the last six months.

Performance

	Objective	Specific Action
1	Performance reporting to triangulate with other NHS Highland data, including patient experience, using trajectories, trends, and benchmarking with other Boards & systems,	Data in IPQR to include wider in-house data to assist with triangulation and to refer to any live critical issues facing NHS Highland. IPQR also to include description of trends, trajectories, and benchmark with other Boards.
2	IPQR to make explicit linkage with quality of care and outcomes.	Incorporate patient experience into IPQR with explicit reference to care and outcomes.

Action 1
All data now has national benchmarking and a clearer description of progress made and work still to complete with timescales. All areas have trajectories where agreed, and once integrated service planning is complete this will improve further. Benchmarking is available on all pages of the integrated Performance and Quality Report. This action is now **Complete**.

Action 2
This action has a July 2024 timeframe. The Head of Strategy and Transformation has agreed a test of change to be used for the March FRP Committee IPQR relating to cancer and radiology where care opinion and QPIs are embedded. This pilot will be reviewed to expand to other areas once the test of change has been approved.

Finance and Best Value

	Objective	Specific Action
3	Creation of a framework for business change/service redesign to evidence the value of expenditure with links to ADP & finance.	Review proforma for approval of business cases, evolve a checklist to ensure good decisions and best value for the wider organisation. Best Value to be based on Realistic Medicine definition.

4	Advisory Boards to inform and be part of the decision-making process for business change	ACF and APF will hold discussions at their meetings in early 2024 on processes for business change and engagement with the Advisory Boards.

Action 3
Work is ongoing and the intention is to align the financial planning, performance, and workforce planning for 24/25 budget setting.

Action 4
Both Area Clinical and Area Partnership Forums will hold discussions at meetings in early 2024 on how we provide assurance to APF and ACF that there is staffside and professional representation built into the strategic change programmes. This action has now been marked as **Complete**.

Risk

	Objective	Specific Action
5	Board to reset its Risk Appetite	Board to refine the risk framework and the risk appetite statement in consultation with clinicians - to be brought back to a Board Development Session within 2023-24.
6	Audit Committee to include oversight of the risk process within its ToR	This is already in place.
7	Translation of revised risk appetite into workable processes for colleagues	Review and revise organisational controls in line with revised risk appetite.
8	Upskilling workforce in risk management knowledge and methodology	Devise and cascade organisational training to support and empower colleagues to take appropriate decisions flowing from the revised risk appetite.

Action 5
The Board's risk system and appetite were discussed at Board briefing sessions in April and September 2023 and the Board agreed its risk appetite statement on 28 November 2023. The next phase will entail using the risk appetite within the strategic and operational parts of the organisation, will occur throughout 2024. This action has now been marked as **Complete**.

Action 6
The Audit Committee Terms of Reference specifically includes oversight of the risk process. The ToR is included in the Board's Code of Corporate Governance which undergoes an annual review and will be presented to the Board again in March 2024. This Action is now **Complete**.

Actions 7 and 8
Translation of the risk appetite into workable processes and upskilling the workforce in risk management will take place going forward in 2024. Future updates will include progress on these significant areas of work.

Culture

	Objective	Specific Action
9	Clear thread of organisational culture/ethos between front line teams and the Board. Ensure a broader systemic overview of the organisation's ethos incorporating quality, safety and practitioner outcomes with links to the performance framework. Clarity of how this is reflected in the work of governance committees with distinct reference within SBARs.	Fulfilment of the intentions of the ADP for People and Culture.
10	Reframe and transition of the organisational culture/ethos with	Paper to Staff Governance Committee in September 2023 initiating the following:

	emphasis on learning and development throughout the performance framework.	• Focus on developing confidence and capability of management colleagues through a review of the leadership and management programmes. • Head of OD to draft a localised proposal on an established nationwide approach to assist colleagues to address staffing matters outwith formal processes and build a proposal over next 3-5 years. • Training in compassionate leadership and embrace 'Civility' work undertaken by Director of Medical Education, with colleague engagement and input. • Reestablishment and refresh of Partnership working to maximise the reach of the Area Partnership Forum in terms of employee engagement. • Revision of People Processes • Culture Oversight Group reinstatement
11	Ensure engagement and communication with staff fits within the governance structure	Clarify where staff engagement sits within People and Culture. Clarify permanent ongoing resource and expectations. Establish appropriate process for reporting. Compliance with Staff Governance Standard through Staff Governance Committee and in collaboration with Area Partnership Forum on a yearly basis.

Action 9
A refreshed leadership and culture framework has been discussed with the Cultural Oversight Group, including proposals to strengthen our approach to leadership development and a learning system to support wider engagement with staff and leaders in practising compassionate care. This has also progressed through the Area Partnership Forum, Staff Governance Committee and an update provided to the Board.

The Medical and Nurse Directors are progressing discussions with stakeholders in relation to the externally commissioned review of our approach to quality. This will develop consensus on next steps for evolving our approach to quality.

Action 10
Cultural Oversight Group Terms of Reference have been reviewed and the group has been re-established and refreshed.

A refreshed Leadership and Culture Framework has been discussed with the Cultural Oversight Group, including proposals to strengthen our approach to leadership development and a learning system to support wider engagement with staff and leaders in practising compassionate care. This has also progressed through the Area Partnership Forum, Staff Governance Committee and an update provided to the Board.

A programme of improvement has been established focussed on key people processes starting with recruitment. Further workstreams will be added relating to payroll and job evaluation.

Significant work has already been undertaken to enhance awareness and understanding of partnership working.

Action 11
Proposal are being developed on our approach to staff engagement building on work already undertaken to establish new methods such as listening and learning panels.

In terms of future activity, a paper has been considered by the Culture Oversight Group proposing a 'deep dive' over the course of 2024.

Quality of Care

	Objective	Specific Action
12	Establish and agree a plan to implement a Quality Framework arising from recent work undertaken with Amanda Croft.	Establish a clear definition, understanding and organisational prioritisation of quality that is underpinned by patient and colleague experience, and National Guidelines.
13	Ensure that patient feedback is consistently collected, effectively shared, responded to and utilised across all areas of the Board.	Ensure systems and processes are developed to improve in the collection, reporting and use of patient experience feedback across the Board

Action 12
The outcome of the Quality review has been presented and discussed at the Area Clinical Forum, the Area Medical Committee, NMAHP Advisory Group, Psychology Leads group, and the Area Pharmacy Committee as part of the development of a consensus on a Quality Framework.

Action 13
The approaches to collect, report and use patient experience feedback, both internally and externally, is currently being explored so that recommendations can be made to establish a consistent patient feedback approach.

Board Members development

	Objective	Specific Action
14	Training for members to enhance skills in challenge and scrutiny, particularly relating to how the board works effectively in the strategic areas.	Non-Executive training plan to be developed to address training needs identified from Non-Executive appraisals and succession plan. A workshop to be held to understand the current skill-sets and skills gap, particularly relating to scrutiny and challenge. Further training to be arranged to meet any skills gaps.

Action 14
Discussions held with NHS NES colleagues to deliver bespoke training for Board members using current reports and scenario workshops. A detailed programme for the training is being prepared with a view to it being undertaken at the March 2024 Board Development Session. This session will also include colleagues from NHS England National Team for Intensive Support 'Making Data Count'. An updated succession plan for Non Executives was created to support the Board appointments in December 2023 and will be supplemented going forward with personal development needs arising from appraisals. This action is now **complete**.

SBAR development

	Objective	Specific Action
15	Improvements to SBAR contents with clear evidence of assurance being offered to improve the Board's assurance and scrutiny role.	Report writers to record how to lift assurance to substantial within SBAR format. Further training and guidance to report authors.
16	Improvements to use of assurance maturity matrix within Committee and Board meetings	Committee Chairs to use the assurance matrix to retain better oversight of business that has less than substantial assurance. Chairs to ensure Committees take an active and deliberate focus on the level of assurance during agenda preparation and during Committee meetings.

Action 15
There have been significant improvements noted in SBAR reporting with authors now being expected to provide commentary on the measures necessary to lift assurance levels. Report writer training and resource materials have been updated and refresher training sessions will be offered to regular report writers before the end of the financial year. This action has been marked as **Complete**.

Action 16

Committee Chairs have refreshed their awareness of applying the assurance matrix and on that basis the action is marked as **Complete**.

Engagement

	Objective	Specific Action
17	Embedding patient and community representation and feedback within the performance framework and governance structure	• Pilot increased publicity of Care Opinion • Pilot in Community services and decision made on whether to expand Care Opinion to Community services • Report on learnings from pilots to HHSCC and CGC in November as part of Community Engagement reporting and capture Highland HSCP assessment of the Engagement Framework's progress as part of this. • Continue Highland 100 panel recruitment - ongoing to end of 2023/24 - and send out first survey by December 2023

Action 17

Pilots have been progressing well with a measurable increase in stories being received and responded to. There have been additional services seeking to join the pilot.

On embedding patient and community representation, the Care Opinion pilot is complete, and work is currently taking place on the final report. Management of Care Opinion will revert to the Feedback Team.

Work is ongoing between Strategy and Transformation, and Communications and Engagement teams to embed engagement and feedback into planning and redesign protocols.

A report on the engagement framework was considered at both Highland Health and Social Care and Clinical Governance Committees in November.

The Highland 100 panel contact details are being collated and the first survey is due to go out in January 2024.

This action has been marked as **complete** as the only remaining elements are to finalise and circulate the Care Opinion pilot report and to send out the first Highland 100 survey, both of which are in hand.

Future evaluation against the Blueprint for Good Governance

The Blueprint sets out three levels of Board governance evaluation according to the following:

- Appraisal of Board Members' individual performance
- Self-assessment of the Board's effectiveness
- External review of the organisation's governance arrangement

Board Self-Assessment

The Blueprint for Good Governance states that NHS Boards should review their effectiveness and identify any new and emerging issues and concerns on an annual basis. Recent advice from NHS NES is that the full self-evaluation survey should be undertaken every two years, with reviews against Improvement Plans being undertaken in alternate years.

The findings of Committee Self Assessments undertaken in November and December 2023 will, if appropriate, be included in the Plan and a further progress update reported to the Board on 30 July 2024. Governance Committees will maintain informal oversight of further progress during the May 2024 cycle of meetings.

In addition to the timetabled activities described above, ongoing consideration is given to the effectiveness of governance arrangements by the Executive team, Board Chair, Vice Chair and Committee Chairs. Recognising increasing pressures on the organisation and staff, and the need to efficiently scrutinise large quantities of information, the concept of 'Frugal Governance' offers an approach which supports the reduction of duplication and more efficient use of committee time. Following agreement at the January Committee Chairs meeting, further research will be carried out to identify which elements of frugal governance could be applied in NHS Highland to further enable delivery of our Governance Improvements Plan and uphold the standards as described in the Blueprint for Good Governance.

External Review

To enhance and validate the Boards' self-assessment, an external evaluation of all NHS Boards' corporate governance arrangements will be undertaken in due course. Details of this will be shared with the Board once known.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

A substantial level of assurance is proposed on two counts: the Improvement Plan's progress sits within a robust framework of control to ensure that its improvement actions and objectives can be achieved, and significant progress has been evidenced against the agreed actions.

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, the proposals will enable a more diverse range of skills and experience to be developed within the membership of the Board.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Board members.

3.9 Route to the Meeting

The subject of this report has built on the report presented to the Board in July 2023 and elements of the appendix have been considered by Governance Committees during November and December 2023 to oversee progress. The report has been

considered by the Board Chair, Vice Chair, Chief Executive, Deputy Chief Executive, and the Board Secretary.

4 Recommendation

The Board is asked to:

(a) take substantial assurance from the report and Appendix A,
(b) **note** that informal oversight of progress of delivery of the improvement plan will be undertaken by the Chairs Group and Governance Committees in May 2024, and
(c) **note** that a further progress update will be submitted to the Board in July 2024.

4.1 List of appendices

- Appendix A – Excel Blueprint for Good Governance Improvement Plan 2023

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 2024**
Title:	**Review of Committee Memberships**
Responsible Executive/Non-Executive:	**Sarah Compton Bishop, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report outlines proposals for changes to Governance Committee memberships.

2.2 Background

At the meeting in July 2023, the Board revised the membership of its Governance Committees to maximise the contribution and experience of Board members and to address upcoming Board vacancies.

Three new non-Executive Board members were appointed to the Board on 1 December 2023. This report invites the Board to agree further changes to Committee Non-Executive memberships, ensuring an equitable spread and directing skills and experience effectively. It is proposed that the changes take place with immediate effect.

2.3 Assessment

The following provides a description of the changes:

Argyll and Bute Integration Joint Board

- Sarah Compton Bishop and Gaener Rodger to cease membership.
- Karen Leach and Emily Woolard to become members.

Staff Governance Committee

- Sarah Compton Bishop to cease membership.
- Steve Walsh to become a member.

Audit Committee

The Chair of the Audit Committee will conclude her Board membership at the end of September 2024. In addition, the Committee's membership co-option arrangement will finish at the end of March 2024. This was established for a one-year period in April 2021 and extended for a further two years. Scottish Government agreement was required for the extension as well as a suspension of the Board's Standing Orders.

It is important to maintain skills on the Committee and plan for the forthcoming reduction in its membership. It is proposed therefore that Emily Woolard should attend meetings as a shadow member and that she should take up full membership from October 2024 when the non-Executive vacancy will require to be filled.

Appendix 1 to this report highlights the changes to Committee memberships and **Appendix 2** illustrates the spread of non-Executive appointments across all governance committees.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The provision of robust governance arrangements is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

A risk assessment has not been carried out for this paper.

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper. However, it is hoped that the proposals will enable a more diverse range of skills and experience are directed to our Governance Committees.

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with all the Non-Executive Board members involved.

3.9 Route to the Meeting

The subject of this report has been shared with the relevant Non-Executive Board members.

4 Recommendation

The Board is asked to **agree** the changes to Committee memberships with immediate effect.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Committee memberships – changes shown highlighted.
- Appendix 2 table illustrating the spread of non-Executive memberships across all governance committees

Memberships of Committees July 2023 **Appendix 1**

Committee	Current Membership
HHSCC **Five non-Executives** ***including*** **The Highland Council nominated appointee to the Board**	• Gerry O'Brien - Chair • Philip MacRae - V Chair • Ann Clark • Joanne McCoy • Muriel Cockburn
Argyll and Bute Integration Joint Board **Four non-Executives**	• Graham Bell – Vice Chair / Chair • ~~Sarah Compton Bishop~~ • Susan Ringwood • ~~Gaener Rodger~~ • Karen Leach • Emily Woolard
Audit Committee **Five non-Executives** **One Co-opted member in post until end April 2024**	• Gaener Rodger – Chair • Susan Ringwood -V Chair • Alasdair Christie • Alex Anderson • Garret Corner • Stuart Sands Co-opted Member • Emily Woolard shadow member
Finance, Performance and Resources Committee **Five non-Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Ann Clark • Garrett Corner • Gerry O'Brien
Clinical Governance Committee **Four non-Executives** ***And*** **Chair ACF**	• Alasdair Christie – Chair • Joanne McCoy – V Chair • Gaener Rodger • Muriel Cockburn • Catriona Sinclair, ACF Chair
Staff Governance Committee **Four non-Executives** ***And*** **Employee Director**	• Ann Clark – Interim Chair • Philip MacRae – V Chair • ~~Sarah Compton Bishop~~ • Bert Donald • Steve Walsh • Elspeth Caithness (Employee Director)
Endowment Funds Committee **Five non-Executives**	• Philip Macrae - Chair • Elspeth Caithness (Employee Director) • Gaener Rodger • Joanne McCoy • Alasdair Christie
Remuneration Committee **Five non-Executives** ***including*** **Board Chair, Vice Chair and Employee Director**	• Ann Clark - Chair • Bert Donald - V Chair • Sarah Compton Bishop • Elspeth Caithness (Employee Director) • Gerry O'Brien

Pharmacy Practices Committee **At least two trained Non-Executives**	• Ann Clark (Chair) • Gaener Rodger • Susan Ringwood • Joanne McCoy

Highland Health and Social Care Partnership Joint Monitoring Committee

• Four Non-Executive Directors	• Sarah Compton Bishop (Co-Chair) • Ann Clark • Gerry O'Brien • Alex Anderson
• **Director of Finance** • **A registered medical practitioner** whose name is included in the list of primary medical services performers prepared by the Health Board**;** • **A registered nurse** who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; • **A registered medical practitioner** employed by the Health Board **and not providing primary medical services;** • **Staff representative** • **Chief Executive** • **Chief Officer**	• Heledd Cooper • Tim Allison • Louise Bussell (Nurse Director) • Tim Allison • Elspeth Caithness • Pam Dudek • Pam Cremin

Memberships of other Groups etc.

The Highland Council Health, Social Care and Wellbeing Committee	• Tim Allison • Louise Bussell

Membership of Committees of Argyll and Bute IJB

Board members also sit on several Groups and Committees associated with the IJB. Board members' commitments in that regard are shown in detail in Appendix 2 *

Highland Community Planning Partnership Core membership as described in the ToR: One Non-Executive Board Member, Chief Executive, Director of Public Health **Public Protection Chief Officers Group** Chief Executive of NHS Highland Director of Nursing	• Ann Clark • Pamela Dudek • Tim Allison • Pam Dudek • Louise Bussell

Mid Ross Local Community Partnership	• Philip MacRae
Badenoch & Strathspey Local Cty Partnership	• Boyd Peters
Argyll and Bute Community Planning Board	• Fiona Davies as CO IJB • Alison McGrory, Public Health • Graham Bell
A&B Public Protection Chief Officers Group	• Fiona Davies • Liz Higgins Assoc Nurse Director • Jillian Torrens, Head Adult Services • John Owen Public Health

Operational Groups

Caithness Redesign Project Board	• Alex Anderson • Ann Clark
Lochaber Redesign Project Board	• Gerry O'Brien • Graham Bell

The Board has previously agreed the following additional payments:

Position	**Additional payment**
Board Vice Chair	4 extra days per month
Chair Highland Health & Social Care Committee Chair/Vice Chair of Argyll and Bute IJB	3 extra days per month 3 extra days per month
Chairs of the following Governance Committees: • Audit • Clinical Governance • Staff Governance • Finance, Resources and Performance	1 extra day per month each

Where a Non-Executive Director undertakes more than one role, only one additional payment would be made, however the payment would be at the higher rate if there was any discrepancy.

Appendix 2

Membership Chart January 2024

	HHSCC	HHSCP JMC	ARGYLL AND BUTE IJB	AUDIT	FINANCE RESOURCES PERFORMANCE	CLINICAL GOV	STAFF GOV	REM COMM	PHARMACY PRACTICES	ENDOWMENTS COMMITTEE
Alex Anderson		✓		✓	✓ Chair					
Graham Bell			✓ Vice Chair / Chair from April 2023		✓ V Chair					
Elspeth Caithness							✓	✓		✓
Alasdair Christie				✓		✓ Chair				✓
Ann Clark	✓	✓			✓		✓ Chair	✓ Chair	✓ Chair	
Muriel Cockburn	✓					✓				
Sarah Compton-Bishop		✓ Co-Chair						✓		
Garret Corner				✓	✓					
Bert Donald							✓	✓ V Chair		
Karen Leach			✓							
Philip MacRae	✓ V Chair						✓ V Chair			✓ Chair
Joanne McCoy	✓					✓ V Chair			✓	✓
Gerry O'Brien	✓ Chair	✓			✓			✓		
Susan Ringwood			✓	✓					✓	
Gaener Rodger			✓	✓ Chair		✓			✓	✓
Catriona Sinclair						✓				
Steve Walsh							✓			
Emily Woolard			✓							

*** For information – Argyll and Bute IJB holds development sessions on alternate months to their formal business meetings, and Board Non-Executives hold the following positions on IJB Committees:**

	Audit and Risk Committee	**Strategic Planning Group**	**Clinical & Care Governance Committee**	**Finance and Policy Committee**	**Argyll and Bute Community Planning Partnership**
Graham Bell			Chair	Member	Representative of the IJB
Susan Ringwood	Vice Chair				
Karen Leach					
Emily Woolard					

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**8 December 2023 at 1.30 pm**

Present	Alexander Anderson, Non-Executive Director Tim Allison, Director of Public Health and Policy Graham Bell, Non-Executive Director (In the Chair) Ann Clark, Non-Executive Director Heledd Cooper, Director of Finance G Corner, Non-Executive Director Pamela Dudek, Chief Executive Jo McBain, Deputy Director (Allied Health Professions) Gerry O'Brien, Non-Executive Director David Park, Deputy Chief Executive Alan Wilson, Director of Estates, Facilities and Capital Planning
In Attendance	Natalie Booth, Board Committee Administrator Lorraine Cowie, Head of Strategy and Transformation Ruth Daly, Board Secretary Brian Mitchell, Board Committee Administrator Katherine Sutton, Chief Officer (Acute) E Ward, Deputy Director of Finance (from 2.40pm)

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from L Bussell, F Davies, E Ward and A Wilson.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous Meeting held on 3 November 2023, Rolling Action Plan and Committee Work Plan

The Minute of the Meeting held on 3 November 2023, and associated documentation, was **Approved.**

2 FINANCE

2.1 NHS Highland Financial Position – Month 7 2023 and Update on Savings Plans

The Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 7, advising the Year-to-Date (YTD) Revenue over spend amounted

to £43.504m, with the forecast overspend set to increase to £55.975m as at 31 March 2024. Additional agency spend within the Highland Health and Social Care Partnership, and Acute Service areas were noted. The year end forecast was £12.697m better than presented within the financial plan and reflected additional Scottish Government funding relating to Sustainability & NRAC Parity, plus additional New Medicines Funding. Regular discussions were ongoing with Scottish Government, who had reinforced their requirement for NHSH to meet its stated Financial Plan. This also assumed delivery of the actions contained within the Financial Recovery Plan. The relevant key risks and associated mitigations were outlined. Members were then taken through the underlying financial data relating to Summary Funding and Expenditure. Specific detailed updates were also provided in relation to the Highland Health and Social Care Partnership area; impact of additional spend within Adult Social Care; Acute Services; Support Services; Argyll & Bute; progress against the Cost Improvement Plan Programme; 3 Horizons/savings tracker activity; Supplementary Staffing; overall forecast position; Financial Recovery Plan progress; sustainability and value; and Capital Spend. The circulated report proposed the Committee take **Limited Assurance,** for the reasons stated.

The following points were raised and discussed:

- Additional Cost Associated with Supplementary Staffing. Advised figures showed overall cost and did not outline cost premium element, estimated to be around 40%. Noted aspects relating to additional bed capacity, National Treatment Centre and Safe Staffing models were contributory elements. Agreed to provide further detail to next meeting.
- Budget Setting. Advised variable across service areas. There was no additional financial resource available for any surge capacity requirements in year. Looking to introduce more integrated planning model, including appropriate risk management elements.
- Staffing Levels in Excess of Referenced Establishment. Advised can be result of additional bed capacity requirement, ongoing historic business case activity, fixed term contracts or activity creep. Some of the elements were non-recurrent and historic in nature.
- Joint Monitoring Committee Discussions. Sought update on key financial discussion points and NHSH line. Advised likely discussion on in-year overspend, potential savings plans, increased service pressures and impact of high-cost care packages. Highlighted extreme fragility within external Adult Social Care provider market, impacting relevant providers. Issues relating to sustainability payments and increased care package levels referenced. Further detailed discussion would be required in relation to the next and future years.
- NHS Highland Care Provision. Highlighted as small proportion of overall care provided in area. Stated relevant cost pressures related mainly to private providers. Noted national benchmark data relating to ASC activity and costs did not highlight any outlying elements, although NHSH did have a higher-than-average level of care home places.
- Additional Measures. Sought update on potential cost improvement measures and when any impact may be felt. Advised letter received from Scottish Government (16 box grid) the previous week. Conversation required on application of relevant methodology. EDG discussion to be held next week, with swift action required thereafter.
- National Context. Advised NHSH not among those NHS Boards having been escalated to Levels 2/3 at this time, with a holding financial position recognised. Further national level discussion with NHSH had been scheduled for early January 2024.
- Savings Targets. Queried movement on Community and Primary Care Services. Advised activity related to driving down existing levels of overspend whilst implementing a service redesign and change approach rather than service reduction. Workforce modelling and maximisation of IT services activity also involved. Confirmed strategic programme approach to be implemented and will involve Mental Health Service aspects.

After discussion, the Committee:

- **Noted** the circulated report and additional verbal updates provided.
- **Agreed** further detail relating to Supplementary Staffing costs be provided to next meeting.
- **Agreed** to take **Limited** assurance regarding the reported financial position.

2.2 Draft Budget Setting Guidance 2024/2025

The Director of Finance spoke to the circulated report, presenting the final version of the Budget Setting Guidance which gave an overview of the expectation of budget setting, the draft timeline involved and process to be undertaken. NHSH undertook an annual budget setting process which aligned to financial planning guidance and also aligned to the Annual Delivery Plan. The Guidance provided information on how the budget setting process was to be undertaken and the expectations placed on all parties involved in the process. The Guidance had been reviewed and amended by the Committee and EDG and would be circulated to managers. The report proposed the Committee take **Substantial Assurance.**

The Committee:

- **Noted** the circulated report and final Budget Setting Guidance 2024/25, Cost Improvement Programme Quality Impact Assessment Template and 2024/25 Budget Setting Timetable.
- **Agreed** to take **Substantial** assurance.

2.3 3 HORIZONS PLAN

L Cowie gave a short presentation to members, providing an update in relation to Strategic, Annual Delivery and Financial Planning activity in terms of delivering relevant Objectives and based on four strategic commissioning priorities for Horizon 3. It was stated the transformation priorities represented a shift in NHSH operation and would enable a focus on Objectives at all three Horizons to help frame and achieve long term goals. It would also enable effective addressing of the challenges being faced and formal assessment of the impact. An update in relation to the timeline for the strategic way forward was outlined, noting that communication and engagement with key clinical and care professional as well as managers would be key elements throughout to ensure appropriate levels of accountability and responsibility. Transformation workstreams were in the process of being developed and would be discussed by the EDG in early January 2024. The creation of baselines, as part of an Integrated Service Planning Model would commence in January 2024, with Transformation Workstreams commencing and the Performance Framework being redrafted in February 2024. Arrangements for governance and reporting of the Annual Delivery and Financial Plan, both at national and local level were further outlined, ahead of discussion at EDG the following week.

The following was discussed:

- Draft Financial Plan. Confirmed as required by 29 January 2024. Final Plan required by 11 March 2024. Government feedback due to be received by 12 April 2024. Noted two key financial asks as relating to delivery of 3% recurrent savings and a reduced outturn for 2024/25. Advised will be number of iterations involved, highlighting the importance of the relevant engagement process involved.
- National Ten-Year Health and Social Care Plan. Advised work led by Public Health Scotland had commenced, based primarily on prevention activity and aspects around the principles of Realistic Medicine. The Clinical Strategy would be refreshed. The national perspective would likely be more impactful for NHSH, than the regional level.
- Sustainability and Fragile Services. Advised national paper to be discussed, looking to detail where issues require to be addressed and where sustainable services already exist. Noted networking and target operating models were being actively discussed.

After discussion, the Committee:

- **Noted** the circulated report and presentation content.
- **Noted** further detail of the planning process would be provided to the next meeting.

3 ENVIRONMENTAL AND SUSTAINABILITY REPORTING

The Director of Estates explained the Environmental and Sustainability Report had been presented in depth at the last Board Development session. Submission of the Climate Change report for NHS Highland was within the required deadline. An Environment & Sustainability Board had been set up to work with internal and external partners to reduce Carbon emissions and to work more efficiently and sustainably. The Net Carbon Zero route map provided a high-level indication of the current position and the issues faced. Funding would be reviewed to progress towards the Scottish Government Net Carbon Zero targets. Sites that had begun to progress toward Net Carbon Zero solutions included, New Craigs, Lawson Memorial Hospital and Portree Hospital. The Papilio EV Charger – solar powered EV charger had been installed at Raigmore Hospital.

The various NSAT related subgroups (e.g. Green Theatres, Active Travel, Green Spaces, etc) are beginning to work closely with the E&S team to develop, progress and deliver projects. Green Theatres had requested ventilation to be implemented but it had not been signed off nationally. The ventilation installation would be paused to enable time to review implementation methods and it had been signed off nationally. Strong discussion was had at the last Environment & Sustainability Board meeting and had resulted in Procurement and Facilities to progress toward a one national contract for waste to enable good practice across the Board. Further funding applications would be submitted to Scottish Government to assist with funding resource to enable further progress toward the Scottish Government Net Carbon Zero targets.

In discussion:

- Members questioned the report being presented to the committee for awareness and not assurance. The Director of Estates noted that this was the first report produced for the Governance of Environmental Sustainability and would offer limited assurance.
- Members noted good progression towards the Scottish Government Net Carbon Zero targets had with by reshaping the existing resources within estates and facilities.
- The heating at Raigmore was identified as a key issue for NHS Highland to comply with the Net Carbon Zero targets.
- New Craigs had the potential to become one of the first Net Zero Hospitals. The Director of Estates advised that they had been working with Scottish Government to procure through national contracts for energy.
- The Director Estates advised that NHS Highland would partner with UHI to enable students to do an environmental management system.
- Members noted the importance in the NHS Highland staff actively being involved in activity to work toward the target. The Director of Estates explained positive case studies would be provided through communications to increase staff participation in reaching the Net Carbon Zero targets.
- The Director of Estates highlighted that Net Zero Hospital would be able to generate and store their own energy in response to being asked if power generation was an option for the Health Board.
- The Director of Public Health highlighted positive health implications are the result of sustainable solutions but would need necessary funding.
- The Committee Chair noted the current Director of Estates would be leaving the Health Board and thanked them for their contribution to the committee.

After discussion, the Committee:

- **Noted** the report on how NHS Highland is was progressing toward Scottish Government Net Carbon Zero targets.
- **Agreed** to take **Moderate** assurance.

4 REPORTING ON PERFORMANCE ISSUES BY EXCEPTION

After discussion, the Committee agreed this item had been covered in earlier discussion.

5 PROPOSED MEETING SCHEDULE FOR 2024

After discussion, the Committee noted the meeting schedule for 2024.

6 AOCB

There were no matters discussed in relation to this Item.

7 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 5 January 2024 at 9.30am was **Noted.**

The meeting closed at 2.50pm

	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	**11 January 2024 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair) from 2.45pm)
Zahid Ahmad, Area Dental Committee
Elspeth Caithness, Employee Director
Linda Currie, NMAHP Advisory Committee
Grant Franklin, Area Medical Committee
Patricia Hannam, Area Pharmaceutical Committee
Alan Miles, GP Sub Committee
Willem Nel, Area Medical Committee
Gillian Valentine, NMAHP Advisory Committee

In Attendance

Muriel Cockburn, Non-Executive Director
Garret Corner, Non-Executive Director
Tim Allison, Director of Public Health
Boyd Peters, Medical Director (from 3.15pm)
Nathan Ware, Governance & Corporate Records Manager
Lorraine Cowie, Head of Strategy & Transformation, Item 4.4

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Kara McNaught and Olivia Elwell.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 2 November 2023

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 HOSPITAL SUB COMMITTEE – TERMS OF REFERENCE UPDATE

G Franklin confirmed the 'Hospital Sub-Committee' name is a statutory name and therefore the Forum cannot implement the proposed change to 'Secondary Care Committee'. He mentioned that the committee is in the process of modernising the structure and function of the committee to ensure the right areas are represented. G Franklin confirmed that the revised Terms of Reference will be brought to the Area Clinical Forum in due course.

The Forum **noted** the update.

4.2 PROPOSED JOINT DEVELOPMENT SESSION WITH NHS HIGHLAND BOARD

The Chair had spoken with the Chair of the Board, Chief Executive and Board Secretary as part of the Blueprint for Good Governance Improvement Plan, she confirmed that a development session was planned for 23 April 2024 to discuss improving the collaborative working approach between the Board and Area Clinical Forum. She confirmed that invites will be issued in advance to a selection of forum members.

The Forum **noted** the update.

4.3 TACKLING HEALTH INEQUALITIES – DIRECTOR OF PUBLIC HEALTH UPDATE

The Director of Public Health spoke to the circulated presentation.

During discussion the following points were raised:

- A Miles noted the content linked in with the discussions held at the Scottish Local Medical Committees conference in which the Cabinet Secretary for NHS Recovery, Health and Social Care spoke on the subject; he also confirmed it was heartening to see the topic is being taken seriously and he fully supported it from a General Practice point of view.
- G Franklin queried the slide that covered illnesses relating to inequalities didn't identify obesity and wondered if this wasn't considered an illness. The Director of Public Health confirmed that obesity would be considered a significant risk factor for things such as ischemic heart disease rather than a disease itself but appreciated it was important to frame this in the right way.
- L Currie queried how we would invest in prevention based on the current financial position; the Director of Public Health mentioned the biggest barrier was mindset which needed to shift away from feeling additional funding is required and concentrate on an evidence-based approach, especially around smoking cessation, and effective alcohol treatment alongside effective programmes for those with obesity. In turn those areas would demonstrate the value in actively including prevention in the full patient pathway.
- G Corner noted that education was also key at an early age to contribute towards the prevention of falls etc; he also referenced the evidence around structured exercise programmes enabling a positive impact on patient's mental health.
- G Valentine mentioned a structured exercise programme was implemented in her previous Board that linked in with leisure centres and included cooking classes to help the population which she is hoping to replicate in NHS Highland.
- F Jamieson advised that she had plans to explore an optometry education event for teachers and would bring the suggestion to the Area Optometric Committee to discuss the logistics of moving forward.
- The Director of Public Health suggested it would be important to identify how best to collate feedback around the success of any trial event so it could be shared wider throughout the organisation to encourage take up in future.

The Forum **noted** the update.

4.4 STRATEGY AND TRANSFORMATION – STRATEGIC COMMISSIONING WITHIN NHS HIGHLAND

The Head of Strategy and Transformation spoke to her presentation. She confirmed that NHS Highland had received the formal commission from Scottish Government for the Annual Delivery Plan (ADP) which would help drive planning for the year.
The Head of Strategy and Transformation drew attention to NHS Highland's Planning Framework and the associated 'recipe for success' which would involve listening to the ideas of staff, working and learning together more closely with staff which would include closer links with the Area Clinical Forum and other areas and developing our technology and estate. All of which would result in a transformed health and care service.
She also confirmed that there were key principles we should follow which were:

- Clear Direction – Set clear direction on our change/transformation programmes.
- Value Based Care – Value and efficiency in the delivery of services, eg: Reduce waste.
- Empowered – Ensure teams feel empowered and support to take forward service change.
- Improving Quality – We consider quality and outcomes in all that we do.
- Always Learning – All leaders in our system have access to support and training in change and transformation.
- Technology – Digital Technology becomes core to everything we do.

The Head of Strategy and Transformation explained it was important to get all clinical leaders involved but would also need a different approach to how we plan for repeated increases in use of our services. She also mentioned that an Integrated Service Planning process was crucial to going back to basics and understanding the pressures being faced and how we have the right skill mix and targets in place to meet our obligations in line with our Strategy.

The Head of Strategy and Transformation confirmed that there were plans for her team to hold café style events across the organisation to help staff understand strategic planning and where we're going as an organisation. She also confirmed that it is not sustainable to continue to move into continuous crisis situations as that is not a healthy environment for our staff.

The Head of Strategy and Transformation confirmed that everything discussed in the meeting would be included within NHS Highland's ADP.

During discussion the following points were raised:

- G Franklin advised he was concerned as there had been talk previously around services that are clinically led and managerially enabled; but he wasn't convinced many people at the top of the organisation are invested in that direction as a model; he felt when clinicians try to lead on a particular project it is difficult to access the support to make things happen unless the clinical and managerial priorities are aligned.
- The Head of Strategy and Transformation advised it's important to have a team approach to the available resources and create visibility and transparency on what is or isn't being spent. She also mentioned it was important to work together on the wider issue of utilising the available funding appropriately and is committed to working with individual teams on how best to move this forward.
- M Cockburn queried how we plan to pull the different avenues of prevention together as part of the strategic direction, she referenced NHS Ayrshire and Arran's advertising campaign around walking on ice which was an effort to prevent visits to hospital due to falls.
- The Director of Public Health confirmed that his public health report last year covered prevention with several recommendations through implementation we'd be

able to improve this area. He explained that it is important to include prevention within the entire patient pathway; he also mentioned that a reduction in smoking or alcohol consumption significantly reduces cardiovascular illnesses which in turn would alleviate some pressure on systems.

- Z Ahmad queried what progress had been made in engaging with Dentistry, the Head of Strategy and Transformation confirmed that Dentistry has been included and would form part of the work being undertaken to review the ADP, covering areas such as the service plans required to move forward in Dentistry.
- L Currie suggested some additional work may be required to help people understand how the strategic direction affects those on the ground in their day-to-day role. The Head of Strategy and Transformation confirmed it was important to set the right message in a way that those at the front line know what they need to do.
- A Miles raised concern at the current GP contract being reviewed in NHS Highland as they appear to shift a large proportion of the financial risk onto practices and allocate work that had previously been dealt with in secondary care which appeared to go against the direction noted by Scottish Government and the 'team' approach that was referenced. The Head of Strategy and Transformation agreed that wider mapping needed to take place to ensure the issues A Miles raised did not happen in the future which is part of the work her team are planning.
- W Nel referenced the population based care and noted he was worried that it wouldn't adequately cover the Health Inequalities in Highland due to our unique geography with a large proportion of patients living in a rural area; the Head of Strategy and Transformation explained that there is a policy being worked on by Scottish Government which will confirm remote and rural locations are serviced differently to high population areas but in the interim as an organisation NHS Highland needs to be clear on what services we can deliver locally.

The Head of Strategy and Transformation asked that the Forum members brought the information around the strategic direction to their own committees and encourage others to ask questions if they are not sure about something noted.

The Forum **noted** the update.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 29 November 2023

Z Ahmad made reference to a request for additional dental equipment which may need to come to the Forum. The Medical Director confirmed if it were an equipment request to provide services it would need to go through the Asset Management Group or the Medical Devices Committee; he suggested Z Ahmad get in touch with Peter Cook to discuss further.

5.2 Adult Social Work and Social Care Advisory Committee – 9 November 2023

There were no additional comments.

5.3 Area Pharmaceutical Committee – 11 December 2023

There were no additional comments.

5.4 Area Medical Committee – 5 December 2023

A Miles referenced the comments around the Culture Programme Board and advised he attended the first meeting of this Programme Board however he felt it was extremely tense and unpleasant but equally hoped that was not normal for the meeting and he would continue to attend and provide updates to the Forum.

5.5 Area Optometric Committee – 2 October 2023

F Jamieson queried how CarePortal was coming along; the Chair advised that it was progressing however there were some challenges faced that eHealth are currently working through.

5.6 Area Nursing, Midwifery, and AHP Advisory Committee – 23 November 2023

L Currie confirmed work continued to increase membership, but attendance had been improving overall; she advised the Director of People and Culture was at the meeting providing an update on the culture work that continues.

5.7 Psychological Services Committee – No meeting took place.
5.8 Area Healthcare Sciences Forum – no meeting took place.

The Forum **noted** the each of the circulated committee minutes and feedback**.**

6 ASSET MANAGEMENT GROUP - Minute of meeting held on 20 December 2023

The Chair asked Forum members to consider if they would be willing to nominate themselves to replace Alex Javed as a member of the group to share the responsibility with Stephen McNally.

The Forum **noted** the circulated minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE – Minute of the meeting held on 1 November 2023

There were no additional comments.

The Forum **noted** the circulated minutes.

8 Dates of Future Meetings

14 March 2024
2 May 2024
4 July 2024
29 August 2024

9 FUTURE AGENDA ITEMS

- Refresh of General Dental Services Contract – March 2024. (John Lyon)
- Digital Health & Care Record Update: Iain Ross – March 2024
- Emergency Care Summary (ECS) Update: Donald Peterkin – March 2024
- Processes for business change – Advisory Board engagement - March 2024
- Invite to F Davies (Incoming NHSH Chief Executive) to Address Forum – May 2024
- Leadership and Culture Framework update – May 2024. (Gareth Adkins)
- Discussion Over Physician Associates – TBC
- NHS Highland Financial Position and Impact – TBC (May be covered within Business Change update noted for March 2024)
- Hospital Sub-Committee ToR Refresh - TBC

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held on 14 March 2023 at **1.30pm on Teams.**

The meeting closed at 4pm

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	**Tuesday 16 January 2024 at 10.00am**

Present:

Ann Clark, (Chair)
Elspeth Caithness, (Employee Director)
Bert Donald, (Whistleblowing Champion)
Sarah Compton-Bishop (Non-Executive) until 13:00 pm
Steve Walsh (Non-Executive)
Kate Dumigan (Staffside Representative)
Philip MacRae (Vice Chair)
Dawn Macdonald, (Unison Staff side representative) until 12:13 pm

In Attendance.

Gareth Adkins, (Director of People and Culture)
Gaye Boyd, (Deputy Director of People)
Fiona Davies, (Chief Officer, A & B HSCP)
David Park, (Deputy Chief Executive)
Katherine Sutton, (Chief Officer, Acute) from 10:45 am
Ruth Daly, (Board Secretary)
Helen Freeman, (Director of Medical Education) from 11:19 am until 12:32 pm
Richard MacDonald (Interim Director of Estates, Facilities and Capital Planning)
Louise Bussell, (Nurse Director)
Simon Steer (Director of Adult Social Care) from 10:05 am until 12:00 pm
Arlene Johnstone (Head of Mental Health Services)
Geraldine Collier (People Partner) from 10:44 am until 11:19 am
Karen Doonan (Board Committee Administrator)
Natalie Booth (Board Governance Assistant)
Lianne Swann (Corporate Records Assistant)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from Committee members, Pam Dudek with David Park deputising; Heledd Cooper, and Pamela Cremin with Arlene Johnstone deputising.

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 8 November 2023

The minutes were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

The Director of People and Culture highlighted;

- Action no 106 – there is a short life working group (SLWG) that has been set up and is continuing to meet. A further update will be given around July
- Action no 119 – this will be discussed later on in todays agenda

The Chair queried Action no 108 and asked if there was any further update on this item specifically on relation to timeline for reporting. It was noted that this was still in process. The Director of People and Culture stated that there was still work ongoing regarding the workforce plan for the Maternity Business Case and that he would have a discussion offline with the Employee Director.

Action: Director of People and Culture to discuss offline with the Employee Director

D Macdonald queried whether there was staff side involvement in the action plan that was to be created for the whistleblowing item. The Director of People and Culture confirmed it was not an HR process that was involved and stated that there would be an action plan that staff side were welcome to discuss further.

The Committee **Agreed** to close actions proposed for closure and otherwise **Noted** the updates.

2.3 COMMITTEE WORKPLAN

The Chair noted that there was a meeting scheduled for February for the workplan to be reviewed and the workplan may change as a result. Committee members were welcome to suggest any further items to be put on the workplan. S Compton-Bishop highlighted to committee that there was a review of all committee workplans that was currently underway to streamline the work that is done and to try to prevent duplication of work by committees.

D Macdonald highlighted the Oban staffing item under “hot topics”, this had shown an area where there appears to be issued. The Chair highlighted that any actions outstanding in relation to ‘hot topics’ had been added to the Action Plan and that in future any immediate concerns should be raised under “matters arising” on future agendas. The Nursing Director highlighted the role of local partnership forums and that issues should be being raised initially within these groups, discussed and escalated if needed..

The Chair asked committee members if they had any other suggestions for workplan items to contact herself or the Director of People and Culture directly.

3 MATTERS ARISING NOT ON THE AGENDA

3.1 Oban Medical Staffing Plan

The Director of People and Culture outlined that the action plan was created in response to the issues that were raised, and the urgent issues have now been addressed. B Donald outlined his visit to Oban and his meeting with some of the medical staff there. He highlighted the issues around accommodation and the delays around the recruiting of staff. He queried whether the solutions were sustainable and if there was a substantial cost involved. Discussions were had around the question of if this was not sustainable if there was another model that could be looked at. It was noted that this issue was across the remote and rural areas and not just in Oban.

The Director of People and Culture explained that there was a national approach in place to address staffing shortages. He highlighted in particular the staffing groups that involved professional registration and explained that in those areas there may need to be a different approach taken to workforce planning and recruitment.

- There is a group being created for professional leads to come together to discuss this further. Scottish Government have issued a letter detailing how medical professional roles could be expanded in Scotland. This was being looked at and staff side need to be involved in these discussions.
- Emergency practitioner roles – this is being explored within NHS Highland and there has been some work around rural emergency practitioner roles.

The Chair asked for assurance that risks identified within the plan were being monitored. The Chief Officer for A & B HSCP confirmed

- Lorne & Islands hospital is in the scheme of delegation for the Integrated Joint Board (IJB). All staffing issues and monitoring will go through the IJB including any health & safety issues.
- Regarding accommodation there have been changes to the management structure within estates and planning and Keiran Ferguson appointed to the new post. Various options were being worked to address shortages of accommodation, including looking at taking on local leases in Oban. There was a missed opportunity to look at options across the entirety of NHS Highland, but this has now been addressed. There are differences in A & B regarding how the Council works regarding social housing.
- Changes within Lorne & Islands hospital model is the highest cost within the budget for last year. There is a query of whether this model is sustainable due to the costs. Scottish Government has not made any changes to the Rural General Hospital model in several years, and this is an issue as it limits the options available to NHS Highland.
- A substantial amount of the medical cover is undertaken by Glasgow, and this is often hidden due to the complex nature of the model. Any changes to the model would have to consider the medical cover that is supplied by Glasgow. Attempts have been made to improve the connections between A & B with Glasgow.
- Attempts have been made to improve the executive connection between A & B and Glasgow. A link director is now in place and this has proved beneficial to increase and strengthen the specialist connection.

In answering B Donald's query regarding frustration around delays in recruiting of staff the Director of People and Culture highlighted:

- Job train was a system that was implemented during the pandemic and is a nation-wide system which has self-service focus
- There are various processes within Job train that are not efficient and there is a need to look at them and see how they can be altered to create a more efficient system
- There is a working group that has been set up to work with managers to look at the system
- There is an improvement group that has been set up to look at the data to establish pinch points within the processes, this would identify where the delays are taking place so that they can be addressed

The committee **reviewed** the report and agreed to take **moderate** assurance.

4 SPOTLIGHT SESSION – Argyll and Bute HSCP

The Chief Officer Argyll and Bute introduced the presentation and explained an overview of staff governance performance in Argyll and Bute would be discussed. The presentation highlighted the following key points:

- Workforce Systems Teams continued to assess data quality based on agreed data quality principles and address data quality issues at source to ensure that workforce data is of high

quality, reliable, and valuable to HSCP, and its stakeholders. Work continues to develop integrated (NHS and Council) data sets.

- The Argyll and Bute HCSP senior leadership team include both Council and NHS employees under the line management of the Chief Officer Argyll and Bute. Employees from both organisations work jointly to utilise capacity and resources.
- Staff governance activity and reporting is reported to the Integrated Joint Board. Workforce planning, and culture and wellbeing is reported bi-annually, and workforce data is reported quarterly.
- There had been a small increase in workforce over the last 12 months, with a significant increase in nursing and midwifery workforce. The figures include nurse staff that had been transferred to Board employment as part of contract changes for GPs.
- Workforce in Argyll and Bute was predominantly female and part time. Senior Leadership numbers were lower than other areas of the Board with Leadership capacity weighted toward direct management of integrated teams and services.
- There are 40 employees under 25 employed by the NHS within the Argyll and Bute HSCP with measures being taken to increase that figure.
- Council and NHS Workforce data is reported and presented differently which can be challenging for decision making but are both presented to the Integrated Joint Board for scrutiny.
- NHS sickness absence in Argyll and Bute is lower than the NHS Highland Board average. Sickness absence in the council is recorded as working days lost whereas NHS record percentages.
- Support should be provided to management to enable them to report sickness absence codes effectively as 32 per-cent of recorded sickness did not provide a reason.
- There had been a review of the employee relations data reporting to provide understanding of cases being opened and closed.
- There had been a five per-cent increase in mandatory training (NHS) completion rates since June 2023. The Chief Officer Argyll and Bute commended those involved in increasing those numbers.
- Appraisal completion was 28 per-cent across the partnership. Focus for the HSCP would be to ensuring personal development plans are in place for employees.
- iMatter completion rates had increased for the second year in a row. Employee engagement index is consistent. It increased marginally by 1 from last year, even with increased responses (77-78). The Board wide employee index was 76.

D MacDonald queried data relating to the redeployment register not being presented as part of the spotlight session. She emphasised that it would be good to have visibility of the data to understand progress and highlight any improvement required.

In response, the following points were raised:

- The Chief Officer Argyll and Bute acknowledged that the length of time some had spent on the redeployment register is unacceptable and needs to be resolved.
- The Director of People and Culture explained that redeployment data was not part of the standard data pack expected from services. He assured the committee that the organisation would review the data with the Chief Officers to focus on finding a solution for longer term issues.

The Whistleblowing Champion queried if further whistleblowing data was recorded other than the report provided to the Integrated Joint Board. Noting the managerial focus, approach taken to improve statutory and mandatory (Statman) completion, he asked if a similar approach could be taken to improve appraisal completion rates.

In response, the following points were raised:

- Chief Officer Argyll and Bute advised the capacity of our local managers to focus on and prioritise issues is limited. There are pressures in the system which has an impact on time managers have to focus on routine items. We have been in a fortunate position in Argyll and Bute due to the winter planning we've put in place minimising the impact on capacity which in turn may have enabled managers to feel they've more headspace to work with staff on issues such as Statman training. A critical success factor will be maintaining a calmer operational system so staff can make routine decisions rather than reactive decisions.
- The Director of People and Culture noted that having the correct managerial structure was key to ensure there was capacity to undertake fundamental people processes. He highlighted that it was a Board requirement to ensure completion of Statman training and appraisals is complete. Board requirements are cascaded through the organisation structure and employees have a responsibility to participate.

The Committee Chair noted Argyll and Bute had a management structure that had a higher number of lower-level management and what seemed like capacity to make routine decisions. She questioned if that model could be considered to wider parts of the organisation. The Director of People and Culture explained that the Chief Officers of Acute and Highland HSCP had been reviewing their management structures to ensure efficiency and fitness for purpose. One model would not be applicable across the organisation.

The Committee **Noted** the update.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 IPQR Report & SGC Metrics

The Director of People and Culture noted that the SGC Metrics included data covering all geographic areas of NHS Highland. Sickness absence remained above the national Scottish average. Committee discussion could help identify actions to improve recorded absence reasons. Regular divisional metric updates to Staff Governance would be beneficial to prompt discussion and highlight required focus areas. Recruitment challenges experienced with 'time to fill' having remained. Improvement work would continue in attempt to reduce average time to fill positions. The Statman short life working group had taken a stepped approach to improve Statman training compliance. Further work would be undertaken to increase appraisal completion rate.

The Committee Chair highlighted discussion about adding benchmarking and trajectory information to the Board IPQR. She asked to what extent benchmarking information was available for SGC metrics and trajectories set for improvement areas.

The Director of People and Culture made the following points in response:

- Benchmarking data should be reviewed when available. Holding a development session to discuss benchmarking data and how to use it within quality management would be beneficial.
- We should review annual metric reports to understand past performance and plan for the next 12 months. This would enable improvements to be made in the required areas.
- Explained it would be beneficial for further discussion to be had about general data reporting.

The Committee Chair noted the points raised by the Director of People and Culture and suggested further conversation occur at the workplan session in February 2024.

The Board Chair queried the Board's response to sickness absence figures and how the organisation was supporting staff. The Director of People and Culture noted streams of work in the organisation to support staff with their health which included the Health and Wellbeing

strategy. More focused action was required to improve the recording of absences so that better assurance could be given that appropriate support was being provided.

D MacDonald advised occupational health would have detailed data relating to sickness absence reasons. A Johnstone highlighted that it would be interesting to understand if there was a link between stress and anxiety sickness absences and those going through HR process. The Director of People and Culture noted occupational health data would be beneficial but confidential factors do need to be considered. It was important to note that short term absences do not often get referred to occupational health. He clarified that workplace stress could be linked to stress and anxiety absences but there could also be external factors for individuals resulting in stress and anxiety.

Action: Discuss options for a development session to discuss benchmarking data and how to use it within quality management.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.2 Annual Medical Education Report

The Director of Medical Education spoke to her presentation which covered key points from the circulated Medical Education Annual Report 2023 including the role of the Medical Education Team; national report findings; Good Medical Practice standards; trainee feedback; quality assurance; activities and achievements of the team; and the priorities for 2024.

The role of the Medical Education Team was to support development, delivery, innovation and quality assurance of medical education across NHSH and the key remit was to ensure General Medical Council (GMC) standards were met. 600 medical students, 220 doctors in training and several clinical development fellows were hosted in 2023 and 190 trainers were supported.
National reports which influenced medical education delivery in NHSH found that 38% of Doctors described themselves as struggling; 57% described their work as emotionally exhausting; 40% felt burnt out; Doctors in training satisfaction with work decreased from 85% to 50%; and trainers had described more negative experiences than non-trainers. There was also found to be an increase in less than full time working; changing career choices; increase in choosing specialist and associate specialist roles; increased international graduates joining the register (52% in 2021); only 30% of FY2 Doctors were choosing to apply direct to specialty training; and there had been a decrease in applications to medical school for the third year running.

New Good Medical Practice standards would be launched by GMC on 30th January and would address many of the issues around workplace culture and inclusion and in particular issues around sexual misconduct in healthcare. The presentation also covered the GMC standards for medical education training.

Feedback had been sought from a variety of routes from trainees including the Scottish Training Survey; GMC National Training Survey; a monthly trainee forum; the iMatter pulse survey; through 6 Chief Residents who were trainees keen to develop leadership skills; and through local feedback sessions held with trainees. Key themes arising were Workload and Staffing; Wellbeing Needs; IT infrastructure; Rota Management; and experiences with pay, bank and onboarding.

Quality Assurance was addressed through work with the Scotland Deanery and the Equality Team. Output from the Deanery's Quality Review Panel came out in December and showed that there had been no sites on GMC enhanced monitoring; the previous Oban Action Plan Review Monitoring (APRM) had been closed; one triggered visit to Raigmore Emergency Medicine had no requirements; one triggered visit to Raigmore General Internal Medicine had an ongoing APRM; there had been a triggered visit to Belford hospital for 2024; there was a quality engagement meeting at Raigmore Trauma & Orthapaedics; and there had been several Fact Finding Meetings at Newcraigs, Raigmore, Acute Care Common Stem and Paediatrics.

Activities and achievements of the team included new bootcamps and a new faculty training course; award winning research on implicit bias; national and international presentations; receipt of the Environmental Sustainability Award at Annual Scottish Medical Education Conference 2023; an active trainer development programme; continued contributions to culture work; development of a discretionary fund and outreach activities; expansion of trainee establishment; and recognition for contributing to University of Aberdeen Medical School ranking 1st in UK Guardian student survey. There had also been several Good Practice Letters for both postgraduate and undergraduate training.

Our priorities will be undergraduate expansion, with significant expansion ongoing in Scotland therefore we need to look at how we can contribute to that; accommodation provision is a huge barrier for us and we're working with our Estates colleagues to look at what the potential is along with how we innovate and the delivery of our training.

This will help create additional capacity, promote remote and rural pathways and enable us to work with our schools in addition to a lot of ongoing work in the postgraduate sector around quality improvement, particularly the induction process that we've taken over from colleagues in the medical treatment team which will involve how we support trainee wellbeing, promote workforce establishment and working with NES including a piece of work around our foundation training experience. We will also work on how we support our trainers, with a focus on sustainability and embedding that into the medical education we deliver.

There will be a conference themed on sustainable healthcare in 2024 with a variety of speakers such as Sir Michael Marmot and Dean Parveen Kumar; the plan also involves continued focus on EDI and supporting international colleagues.

The Director of Medical Education confirmed that Medical Associate professions will be regulated by the GMC towards the end of this year and some work will be needed to ensure we support all our learners and colleagues in the workplace and continue to develop training around professions and leadership, particularly in the context of the new good medical practice standards.

During discussion, Committee members raised the following issues:

- The Nurse Director asked whether there had been any comparisons made between the current dip in job satisfaction and the pre-pandemic numbers. The Director of Medical Education responded that there had been a change in the way GMC collected data which made it difficult to look back that far and while there may have been a false dip following the height of the pandemic when people may have felt more valued, there was strong evidence that morale had dropped, trainees were not in a happy place and that there was a drop in satisfaction more globally.
- The Chief Officer (Acute) suggested that there needed to be consideration given to supporting the changing needs of the new generation coming into the workforce and that there was a need to consider mental health more generally across the population and to look beyond the NHS to learn from other employment sectors' approach.
- B Donald asked whether the request for support from the Board to progress opportunities to explore Additional Cost of Teaching (ACT) funding for additional accommodation infrastructure had been taken forward and the Director of Medical Education responded that several discussions had taken place with the Interim Director of Estates, Facilities and Capital Planning and there was confidence this would be progressed. The Interim Director of Estates, Facilities and Capital Planning further added that there was an opportunity for funding to provide additional accommodation at Raigmore and this was being taken forward as a project which would be governed through the existing asset management structure. A site had been identified through discussions with Highland Council and funding discussions had taken place with Finance to move funding from revenue to capital. There had also been discussions to explore possibilities with partners around housing with both Highland and Argyl and Bute Councils and The Director of Medical Education had been asked to produce a plan of where the requirements would be so that this could be supported.
- B Donald asked what was being done or what could be done to remedy falling short of the BMA facilities charter's wellbeing standards, particularly around the provision of hot food

and the Director of Medical Education responded that a pilot for having facilities open out of hours was due to go ahead but there had been resourcing challenges and while this could potentially be resourced by medical education, these facilities would be available to all staff and so opinions were sought around whether there would be support to progress this. The Employee Director agreed that all staff could benefit from out-of-hours facilities. The Director of People and Culture was supportive of a pilot programme as it would help gauge uptake.

- The Board Chair asked, in relation to the report's findings around equality and inclusion and international students whether the intolerable discriminatory behaviour which had been identified both within the community and the workforce was being tackled and what would be done to further eliminate it. The Director of People and Culture reassured that there was a zero-tolerance policy on discriminatory behaviour but that there was a need to understand if there was anything thematic which required addressing. Regarding issues with the local population being discriminatory, there was a need for this to be addressed. A Diversity and inclusion group was being set up to look at a Diversity and Inclusion Strategy for staff which would come back through the governance structure for approval with an action plan created to tackle the issues. One of the challenges identified within the medical community had been the potential creation of a culture of fear to speak up, owing to the close relationships between trainees and the consultant body. The Chief Officer, Acute noted that it was encouraging to see, within the report, that people were starting to speak up, so things were headed in the right direction.
- P MacRae asked whether Doctor apprenticeships was something that was happening in this area, was it realistic for this area, could this become a potential pathway to becoming a Doctor. In relation to this, the Chair asked how the education of other professional groups was dealt with. The Director of Medical Education responded that the apprenticeship model was being trialled in England and while it had been explored during the expansion of medical student places, it was controversial. There were challenges involved including the risk of creating something that was perceived as a two-tier system between the classic university model and the apprenticeship model. There would be the additional cost to the board of employing the apprentices. Whether it would work in this board was uncertain and unlike more traditional apprenticeship routes, there would be a need for a university to sign off apprentices with a medical degree. While it was being explored, the expectation was that the two-tier element would be problematic and that it would be preferable to look at ways to deliver medical education differently within an undergraduate degree so that the equity of opportunities was addressed. The Director of People and Culture advised that the Learning and Development group was being revitalised and an employability framework was to be developed with a view to taking stock of what was already in place and where it could be expanded. It was noted that the NHS in England had been offering various types of apprenticeships, not exclusively in medicine, and that this could also be explored here, although the policy direction from Scottish Government would also need to be considered.
- The Employee Director was keen to take this report to the APF for discussion to explore ways of improving partnership working with medical staff and asked for suggestions around how to include BMA colleagues in those discussions.
- Chief Officer, Argyll and Bute, asked whether there had been any engagement with councils around educational attainment and the impact this has further down the line for accessibility to medical education. The Director of Medical Education advised that they had been looking at exam results across the region to understand what the attainment was although this was likely to make very slow progress. Another area that was being considered was contextualised entry or a gateway programme. The latter had already been in place with Aberdeen University and allowed recruitment to medicine whilst acknowledging the regional attainment challenges.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.3 Strategic Risk Review

The Director of People and Culture highlighted that the level two corporate risks had been reviewed and further work was required to make changes to the risk register. Two risks had been added to the level 2 corporate risk register following a health and safety workshop. Providing assurance and reporting on health and safety would be refreshed and it was noted that the risk-register highlighted controls and mitigations.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.4 Health and Wellbeing Group Update

The Director of People and Culture explained the Health and Wellbeing group update paper that had been circulated to the committee outlines the focus of a Health and Wellbeing Strategy to be developed for NHS Highland by the 2024/2025 financial year. The Argyll and Bute People partner had taken the lead officer position for the Health and Wellbeing group.

The Deputy Director of People highlighted wellbeing work in various pockets of the board has been ongoing and employee supports continue to evolve though normal business as usual activity. Feedback from project wingman had been incorporated into deliverables and future priorities.

In discussion,

- Project Wingman evaluation findings would be incorporated into the Health and Wellbeing strategy, but the strategy would be aimed to provide guidance on what support and help is available to employees, from the organisation.
- The Committee Chair commented that fundamentals such as new employee inductions, accommodation and employee assistance programme are important to support the Health and Wellbeing of employees.
- Chief Officer Argyll and Bute highlighted the importance of psychological safety at work and that it was critical for employees to feel able to share risks they are dealing with in the workplace with the organisation.
- In response to the Chief Officer Argyll and Bute the Director of People and Culture agreed that psychological safety in workplace was critical but would require wider discussions out with the Health and Wellbeing strategy remit. However, it was noted that the Health and Wellbeing strategy supported psychological safety in the workplace through encouraging employees to part take in self-care.

The committee **reviewed** the report and agreed to take **moderate** assurance.

5.5 Staff Governance Committee Self-Assessment Outcome

The Committee Chair noted the committee self-assessment review had been completed taking into consideration the Board's response to the Lucy Letby situation as committed to in the response to the Cabinet Secretary.

In response to the Board Chair suggesting that frugal governance discussions should investigate whether information and data within papers was sufficient and easy to understand. The Director of People and Culture noted:

- The need to develop an approach to enable the triangulation of data to move away from single item data sets.
- Discussions between the Medical Director, Nurse Director and Director of People and Culture had occurred on the creation of a quality assurance framework that allows data triangulation.
- Clinical professionals and staff side should be involved in quality assurance framework discussions, so it is representative of all service areas.

The Committee Chair highlighted the bold areas in the table were potential areas of improvement and welcomed feedback from the committee to identify specific actions.

It was noted that there is an interrelationship between committees in terms of attendees and discussion items, therefore governance structures are not always clear. Members agreed that to ensure efficiency and effectiveness in committee governance, it would be beneficial for guidance to be provided on the purpose of each committee and the assurance elements. Having the guidance would ensure members and attendees understood in which forum it was appropriate to raise points. Chief Officer Argyll and Bute commented she was keen to ensure the governance for each committee was defined to increase efficiency and avoid duplications.

P Macrae reflected that he felt the committee self-assessment exercise had captured the required areas of improvement.

Action:Committee Chair to discuss points raised with Director of People and Culture and Ruth Daly and propose any necessary actions in a paper for the next meeting. .

The committee **reviewed** the report and agreed to take **moderate** assurance.

6. Items for Information and Noting

6.1 Area Partnership Forum minutes of meeting held on 08 December 2023

The committee did not raise any points on this item.

The committee **noted** the minutes of the Area Partnership Forum meeting held on 8 December

6.2 Health and Safety Committee minutes of meeting held on 12 December 2023

The Director of People and Culture noted that the Health and Safety Committee did not meet in December 2023. There had been a workshop to review improvements and an agenda planning was due to be held in the upcoming week to discuss the content of the February meeting.

The committee **noted** the update

7. Any other Competent Business

The committee did not raise any points on this item.

8. Date and Time of Next Meeting

The next meeting is scheduled for Wednesday 5 March at 10 am via TEAMS. The Development Session is to be held on 17 January at 10.00 am via Teams.

9. 2024 Meeting Schedule

The Committee noted the meeting Schedule for 2024:

5 March, 7 May, 9 July, 3 September, and 5 November.

Meeting Ended 13:05 pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held BY MS TEAMS on WEDNESDAY, 29 NOVEMBER 2023

Present: Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Sarah Compton-Bishop, NHS Highland
Graham Bell, NHS Highland (Vice-Chair)
Susan Ringwood, NHS Highland
Gaener Rodger, NHS Highland

Attending: Fiona Broderick, Argyll and Bute HSCP
Geraldine Collier, Argyll and Bute HSCP
Linda Currie, NHS Highland
Fiona Davies, Argyll and Bute HSCP
David Gibson, Argyll and Bute HSCP
James Gow, Argyll and Bute HSCP
Dr Rebecca Helliwell, Argyll and Bute HSCP
Elizabeth Higgins, NHS Highland
Kenny Mathieson, Public Representative
Julie Hodges, Independent Sector Representative
Alison McGrory, Argyll and Bute HSCP
Angus MacTaggart, Argyll and Bute HSCP
Kirstie Reid, NHS Highland
Takki Sulaiman, Argyll and Bute Third Sector Interface
Fiona Thomson, NHS Highland
Karl McLeish, Argyll and Bute HSCP
Caroline Cherry, Argyll and Bute HSCP
Charlotte Craig, Argyll and Bute HSCP
David Ritchie, Argyll and Bute HSCP
Evan Beswick, NHS Highland
Jillian Torrens, Argyll and Bute HSCP
James Crichton, Argyll and Bute HSCP
Kristin Gillies, Argyll and Bute HSCP
Shona Barton, Argyll and Bute Council

1. APOLOGIES FOR ABSENCE

There were no apologies for absence intimated.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Integration Joint Board held on 27 September 2023 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Finance and Policy Committee held on 29 September 2023**

The Minutes of the Argyll and Bute HSCP Finance and Policy Committee held on 29 September 2023 were noted.

(b) **Argyll and Bute HSCP Clinical and Care Governance Committee held on 5 October 2023**

The Minutes of the Argyll and Bute HSCP Clinical and Care Governance Committee held on 5 October 2023 were noted.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report from the Chief Officer which included information on the following headlines: Cowal GP Relocation Project; Challenging Weather Conditions; Scottish Health Awards; Patient Safety Commissioner Bill.

Decision

The Integration Joint Board noted the content of the report by the Chief Officer.

(Ref: Report by Chief Officer dated 29 November 2023, submitted)

6. FINANCE

(a) **Budget Monitoring - 7 Months to 31 October 2023**

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at the end of month seven. The report also provided information in respect of the year to date position which showed a small forecast overspend, progress with the savings plan and reserves spend.

Decision

The Integration Joint Board –

1. Noted that there is a relatively small forecast revenue overspend of £847k as at the end of month 7;

2. Noted that savings of £6.8m have been delivered, 76% of target;

3. Noted that reserves of £6m have been committed to date; and

4. Noted that additional formula funding has been allocated to Health Boards to improve financial sustainability and that NHS Highland intend to recover this funding from the IJB (£2.3m).

(Ref: Report by Head of Finance and Transformation dated 29 November 2023, submitted)

(b) **Audited Annual Accounts 2022/23**

The Board gave consideration to the Annual Report and Audited Annual Accounts for 2022/23.

The Integration Joint Board –

1. Noted that Mazars have completed their audit of the annual accounts for 2022-23 and have issued an unqualified Independent Auditor's Report;

2. Considered the 2022/23 Annual Audit Report prepared by Mazars and management responses to the recommendations;

3. Approved the draft letter of Management Representation; and

4. Approved the Audited Accounts for signature and publication.

(Ref: Report by the Head of Finance and Transformation dated 29 November 2023, submitted)

7. INTERNAL AUDIT CONTRACT

The Board gave consideration to a report which outlined the options for securing an internal audit service from 1 April 2024 and recommended an extension of the existing arrangement for three years.

Decision

The Integration Joint Board –

1. Considered the contents of the report and noted that the Audit & Risk Committee endorsed the recommendation to extend the current Internal Audit Contract; and

2. Approved the extension of the Internal Audit Contract with the Argyll & Bute Council Internal Audit Service for a period of 3 years from 1 April 2024 to 31 March 2027.

(Ref: Report by the Chair of the Audit & Risk Committee dated 29 November 2023, submitted)

8. WORKFORCE REPORT QUARTER 2 (2023/24)

The Board gave consideration to the workforce report which is part of the staff governance suite of reports and focuses on work force data for financial quarter 2 (1 July to 30 September 23).

Decision

The Integration Joint Board -

1. Noted the content of the quarterly workforce report.

2. Asked questions on issues that were interest or concern; and

3. Discussed the overall direction of travel, including future topics that they would like further information on.

(Ref: Report by People Partner, A&B HSCP dated 29 November 2023, submitted)

9. ARGYLL AND BUTE WINTER PLAN 2022-23

The Board gave consideration to a summary of the overall winter plan for the Argyll and Bute Health and Social Care Partnership (HSCP) which spanned the period from 30 November 2023 to 1 April 2024.

Decision

The Integration Board considered and noted the winter plan for Argyll and Bute HSCP.

(Ref: Report by Head of Service, Health and Community Care and Unscheduled Care Programme Lead dated 29 November 2023, submitted)

10. PUBLIC HEALTH HIGHLIGHTS FROM 2022-2023

The Board considered a report which outlined public health activity in Argyll and Bute to prevent ill-health and improve health and wellbeing outcomes for the population. The detail of the report also covered the Public Health Team Annual Report for 2022-2023.

Decision

The Integration Joint Board –

1. Noted the report on Public Health Team activity in 2022-2023;

2. Noted the wider prevention activity including the merger of the Public Health Living Well Board and the Prevention Board; and

3. Endorsed the role of the IJB in providing leadership to prevent health and social care problems from arising.

(Ref: Report by Associate Director of Public Health dated 29 November 2023, submitted)

11. SERVICE SPOTLIGHT ACUTE AND COMPLEX CARE

The Board gave consideration to the neurodiversity strategy together with a report which gave an update on some key areas of priority within Complex Care including Mental Health, Learning Disabilities, Neurodiversity and Adult Support and Protection.

Decision

The Integration Board, discussed, considered and noted the service spotlight report.

(Ref: Report by Head of Adult Services Acute and Complex Care dated 29 November 2023, submitted)

(a) **NEURODIVERSITY STRATEGY**

The Integration Joint Board heard a presentation on the Neurodiversity Strategy which was noted.

12. IJB DATES 2024-2025

The Board gave consideration to the proposed dates for the annual programme of meetings to meet the requirements of the Scheme of Integration and support good financial management.

Decision

The Integration Joint Board approved the planned dates as outlined in the programme.

(Ref: Report by Business Improvement Manager dated 29 November 2023, submitted)

13. CLIMATE CHANGE REPORTING 2022-23

The Board gave consideration to a report which advised of the proposed submission and a brief overview of how the HSCP is responding to Climate Change and Sustainability agenda in partnership with Argyll and Bute Council and NHS Highland.

Decision

The Integration Joint Board –

1. Noted that the IJB is required to submit a Climate Change Duties Report by 30 November 2023;

2. Approved the proposed submission attached as Appendix 1 to the report; and

3. Endorsed the partnership approach taken by the HSCP in respect of its Climate Change Duties.

(Ref: Report by Head of Finance and Transformation dated 29 November 2023, submitted)

14. SG CALL FOR EVIDENCE - REMOTE AND RURAL HEALTHCARE RESPONSE

The Board gave consideration to a call for evidence remote and rural health and social care note of the submission on behalf of the IJB.

Decision

The Integration Joint Board noted the submission.

(Ref: Report by Business Improvement Manager dated 29 November 2023, submitted)

15. DIRECTIONS LOG UPDATE - 6 MONTHLY REPORT

The Board gave consideration to the directions log update 6 monthly report.

Decision

The Integration Joint Board noted the submission.

(Ref: Update by the Business Improvement Manager dated 29 November 2023, submitted)

16. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 31 January 2024.

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk
DRAFT MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMs	**05 January 2024 at 9.30 am**

Present
Alexander Anderson, Non-Executive Director (In the Chair)
Tim Allison, Director of Public Health and Policy
Graham Bell, Non-Executive Director
Louise Bussell, Board Nurse Director
Ann Clark, Vice Board Chair
Heledd Cooper, Director of Finance
Garret Corner, Non-Executive Director
Sarah Compton-Bishop, Board Chair, Ex Officio
Pamela Dudek, Chief Executive
Gerry O'Brien, Non-Executive Director
David Park, Deputy Chief Executive
Dr Boyd Peters, Board Medical Director (to 10.20am)

In Attendance
Natalie Booth, Board Committee Administrator
Rhiannon Boydell, Strategy and Transformation
Lorraine Cowie, Head of Strategy and Transformation
Ruth Daly, Board Secretary
Eric Green, Head of Estates
Karen Leach, Non-Executive Director, observer
Richard MacDonald, Interim Director of Estates, Facilities and Capital Planning
Brian Mitchell, Board Committee Administrator
Simon Steer, Director of Adult Social Care
Steve Walsh, Non-Executive Director, observer
Elaine Ward, Deputy Director of Finance
Emily Woolard, Non-Executive Director, observer

1 STANDING ITEMS

1.1 Welcome and Apologies

There were no apologies from Committee members. It was noted that P Cremin and F Davies would not be in attendance at the meeting.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous Meeting held on 8 December 2023, Rolling Action Plan and Committee Work Plan

The Minute of the Meeting held on 8 December 2023 was **Approved.** The Committee Rolling Acton Plan and associated Work Plan would be updated after each meeting.

The Committee otherwise:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

2 FINANCE

2.1 NHS Highland Financial Position Report – Month 8 2023 and Update on Savings Plans

The Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 8, advising the Year-to-Date (YTD) Revenue over spend amounted to £46.948m, with the forecast overspend set to increase to £55.975m as at 31 March 2024. The year end forecast continued to be £12.697m 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 provided for the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; progress against the Cost Improvement Plan Programme; 3 Horizons/Savings Tracker activity; Supplementary Staffing; subjective analysis; overall forecast position; sustainability and value; and Capital Spend. The Director proposed the Committee take Limited Assurance, for the reasons stated.

The following was discussed:

- Scottish Government Feedback. Advised discussion held and direction received Savings Plan had to be delivered in year. Financial controls were in place, staff communications issued and certain spend categories had been closed, with an appeal process established. Also looking to shut down administrative overspend, with a focus on non-recurrent spend.
- Reducing Overall Spend to Meet Budget. Stated supplementary staffing was largest variable spend area, with any action to reduce overall spend likely to involve challenging discussions and decisions. Any associated public messaging would also be challenging.
- Cost Premium Detail of Supplementary Staffing. Relevant detail provided to members as to spend profile against actual establishment and associated premium cost element. Noted cap established for supplementary nursing charge rates but not for medical/dental staff. Scottish Government Group established to consider this further on a national level.
- Level of Agency/Supplementary Staffing. Advised mostly related to existing system pressures and increased bed numbers. Number of Delayed Discharges was increasing, and sickness absence also noted as a contributory factor. Noted a number of newly qualified staff members had successfully been recruited.
- Non-Delivery of Planned Savings. Members provided with risk rated Cost Improvement Plan position statement as at end November 2023. Detail shared post meeting.

2.2 2024/2025 Position

The Director of Finance, as part of the reporting in relation to the previous item, went on to advise as to the NHS Highland financial position for 2024/2025, both in terms of Revenue and Capital resource elements, as had been formally indicated by Scottish Government in December 2023. NHS Highland would be within 0.6% NRAC parity. Whilst further allocations may be expected in year, a 3% savings target had again been set centrally, as had maximum brokerage levels for all NHS Boards. It was confirmed work was ongoing in relation to development of the NHS Highland Financial Plan 2024/25-2026/27, due for submission to Scottish Government by 29 January 2024 ahead of the final submission being due on 11 March 2024. Work in relation to the Adult Social Care element of the Financial Plan was being taken forward with Highland Council. In terms of Capital, funding would allow all major projects under

construction to complete, along with support for the national ambulance and radiotherapy equipment replacement programmes. There would be a focus on backlog maintenance.

There was discussion of the following:

- Bridging the Financial Gap. Advised will involve substantial consideration of variable costs, with focus on associated impact and mitigating actions. Some aspects would be considered and taken forward on a regional basis. Discussions at very early stage.
- Capital Spend Discussions with Individual Boards. Advised to take place but yet to be scheduled. Some Capital resource moved to Revenue at national level. Maintenance backlog position likely to deteriorate. Regular conversations with Scottish Government would continue.
- High Level Specialist Expensive Clinical Interventions. Advised discussions held in late 2023 in light of growing number of cases. NHS Boards unable to absorb relevant costs.
- Highland Council Discussion on Adult Social Care 2024/25. Confirmed detailed discussions were continuing at this time, including in relation to digitisation aspects.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.

3 Major Project Summary Report

There had been circulated a report providing the Committee with an update on three major Capital construction projects, relating to the Raigmore Maternity Upgrade; and Lochaber and Caithness Redesign Projects. The updates provided an Executive Summary; project status update; project programme; key project deliverables completed; key project deliverables to be completed in next period; live project issues and escalations; key project risks; and updates on change control and expenditure elements. All projects were likely to be subject to change. It was proposed the Committee take Moderate Assurance.

The following was discussed:

- Key Project Risks for Maternity Upgrade. Advised mainly related to operational matters, with decant arrangements challenging. Construction work not at risk and remained deliverable. Decant design scope agreed but subject to change based on prevailing operational position. There had been excellent engagement by and with relevant stakeholders.
- Additional Resource Allocations. Noted national position to impact all projects not only new builds. Only four national projects proceeding. Further national discussion to be held. Advised initial discussion held in relation to Capital Receipts being returned to NHS Boards. May lead to further consideration of existing estate portfolio.
- Backlog Maintenance Allocation. Advised diminishing budget does not match existing infrastructure requirements.
- Anticipated Pressure Areas. Advised increasing Oncology demand and other service pressures to likely to require investment alongside current maintenance of Belford and Caithness General Hospitals. Noted position will also impact on digital infrastructure plans.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.

4 Minute of Meeting of Asset Management Group on 20 December 2023

After discussion, the Committee **Noted** the circulated Minute.

5 Integrated Performance and Quality Report

L Cowie spoke to the circulated report which provided the Committee with a bi-monthly update on NHSH performance and quality based on the latest available information, a summary of which would also be provided to the NHS Board. The document had had been revised to review ADP targets/trajectories as well as the national targets set by Scottish Government. This was more in line with the Blueprint for Good Governance recommendations. Moving forward relevant patient/population feedback would also be incorporated. Members were then provided with specific updates on performance relating to vaccination activity; Child and Adolescent Mental Health Services; Neurodevelopmental Assessment Service (NDAS); Emergency Department Access; Delayed Discharges; TTG; Diagnostics (Radiology and Endoscopy); Cancer Care; and Psychology Waiting Times. It was proposed the Committee take Moderate Assurance.

The following areas were discussed:

- NDAS. Questioned timescale for agreement of relevant improvement plan, and how meeting the National Specification would improve outcomes for patients. Advised plan well developed and to be made available in due course.
- Taking Learning from Areas of Improvement. Advised improvements within Radiology had been based on team building activity and agreement of relevant expectations based on actual data. Improvement in Cancer Services was more challenging given the associated whole system impact, with a Performance Oversight Board established, and similar action taken in relation to service expectations and leadership.
- Waiting Times versus Patient Numbers. Increase in Cancer referrals noted, impacting on areas such as Diagnostics. Further detail available in relation to individual services. Advised integrated service planning activity to be taken forward through January 2024.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Agreed** to take **Moderate** assurance.

6 Vaccination Activity Escalation Update

The Director of Public Health provided a performance update for Covid-19 and Flu Vaccinations. The data published in the IPQR remained relevant as there had not been a significant change in data with the program for Covid and Flu Vaccinations ending. The Boards Covid-19 Vaccination rates remained higher and Flu Vaccination rates remained lower than the Scottish National average. The circulated Vaccination Activity Escalation increased awareness of issues raised with Scottish Government on the quality-of-service provision for the Highland HSCP area.

Issues raised had included timeliness, communication, and access to the services. Concerns about the vaccination programme had resulted in an escalation of performance monitoring by Scottish Government to level 2. Monthly meetings would continue to be held with Scottish Government to increase public confidence in the vaccination programme. The service model in Highland HSCP would be reviewed and become district focused. Decision making processes and governance has been reviewed to add additional measures at operational level and communications strengthened at both operational and strategic level. Wider issues had been identified and NHS Highland would continue to work with Scottish Government to mitigate national issues.

In discussion:

- Members highlighted concerns raised about the telephone vaccine appointment booking system within Argyll and Bute as people had been sent to the incorrect vaccine centre. The Director of Public Health explained that rural geographical locations can impact accessibility to centres along with the late implementation of the vaccine transformation program. The Board Chair noted that it would be useful for the Chief Officer of Argyll and Bute to be made aware of the highlighted concerns.
- The Board Chair questioned what measurable actions would be required to deescalated and have assurance on public confidence in the vaccine program. The Director of Public Health explained that measures will be put in place and improvements made that will give the Board, Scottish Government and Public Health Scotland assurance around service delivery, increased uptake and improving areas of complaints and issues raised.
- The Chief Executive noted that a centralised delivery model did not suffice to encourage uptake of vaccinations. It is important to have the right culture and attitude for the district teams delivering the service.
- Members noted the vaccine uptake had been higher in rural areas with less DNAs than urban areas. The Director of Public Health presented a map of Highland as example of Covid-19 vaccination uptake from December 2023.
- It was noted that the level-two escalation was for the whole vaccination program and not just for Covid-19 and Flu vaccines. The Director of Public Health highlighted the importance of all vaccinations offered, especially childhood vaccinations as those provide immunity from disease throughout their life course.

The Committee:

- **noted** issues raised in the circulated paper.
- **Agreed** to take **limited assurance.**

7 Commissioning Framework (Charters etc)

The Chair confirmed that the Commissioning Framework would be deferred to the meeting in February.

After discussion, the Committee:

- **Agreed** the Commissioning Framework would be deferred to the meeting in February.

8 Risk Register – Level 1 Risks

The Head of Strategy and Transformation noted the paper was to provide assurance that the risks currently held on the overall NHS Highland Board risk register had been actively managed through the appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the individual risks. It was noted that the due to timelines for submission of papers and dates for mitigating actions there would be a higher detailed paper given to the February meeting.

In discussion:

- The Vice Chair questioned if the registers had risks below the level in relation to capacity to deal with a major incident. The Deputy Chief Executive explained that the major incident plan was being revised and once complete would be something we can bring back to committee and share what the assessment looks like.
- Members commented on how well the multi-agency working had responded to incidents of severe weather and noted that it had not reached major incident level.

The Committee:

- **Noted** that a higher detailed paper would be presented at the February meeting.
- **Agreed** to take **substantial assurance.**

9 Remaining Meeting Schedule for 2024

9 February
1 March
12 April
3 May
14 June
5 July
9 August
6 September
11 October
1 November
13 December

After discussion, the Committee:

- **Noted** the remaining meeting schedule for 2024.

10 Committee Self-Evaluation Findings and Discussion

There were no matters discussed in relation to this Item.

11 DATE OF NEXT MEETING

The date of the next meeting of the Committee on Friday 9 February 2024 at 9.30am was **Noted.**

The meeting closed at 11.30am

Agenda Item 3

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**30 January 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 and quality based on the latest information available.

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

2.1 Situation

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

From March 2024 the IPQR will include Argyll and Bute Integrated Performance Management Framework (IPMF) metrics included to ensure a whole system performance and quality position.

As a test we will also incorporate a test of change as agreed through the Blueprint for Good Governance bringing patient experience into two areas; Cancer and Radiology.

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

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 SLTs and Governance Committees. It allows consideration of the intelligence presented as a whole system.

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Through the relevant Governance Committees.

4 Recommendation

The Board is asked:

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

4.1 List of appendices

The following appendices are included with this report:

- Integrated Performance and Quality Report – January 2024

NHS Highland

Together We Care
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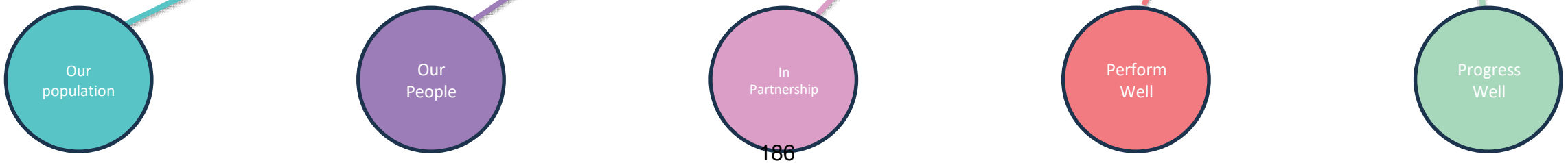
Integrated Performance & Quality Report

NHS Highland Board
30th January 2024



Contents

Executive Summary of Performance

Area	Current Performance	ADP Trajectory Met	Performance Rating	National Target	National Target Met/Not Met
CAMHS	76.0%	New target being agreed	Variation	90%	Not met >10%
Emergency Access	79.9%	Not met	Stable	95%	Not met >10%
Treatment Time Guarantee	65.5%	ADP and long waits not met	Decreasing	100%	Not met >10%
Outpatients	44.0%	ADP trajectory met but long waits not met	Variation	100%	Not met >10%
Diagnostics - Radiology	75.9%	Met	Stable	80% (Mar 24)	Not met <10%
Diagnostics – Endoscopy	80.7%	Met	Stable	80% (Mar 24)	Met
31 Day Cancer Target	93.1%	Not Met	Variation	95%	Not Met <10%
62 Day Cancer Target	61.1%	Not Met	Variation	95%	Not Met >10%
Psychological Therapies	80.8%	New target being agreed	Decreasing but new target being agreed	90%	Not met <10%
Delayed Discharges	213 at Census	Not met	Decreasing	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

The above is a summary of performance where national target or ADP trajectories are agreed and do not cover the full content of this Integrated Performance and Quality Report

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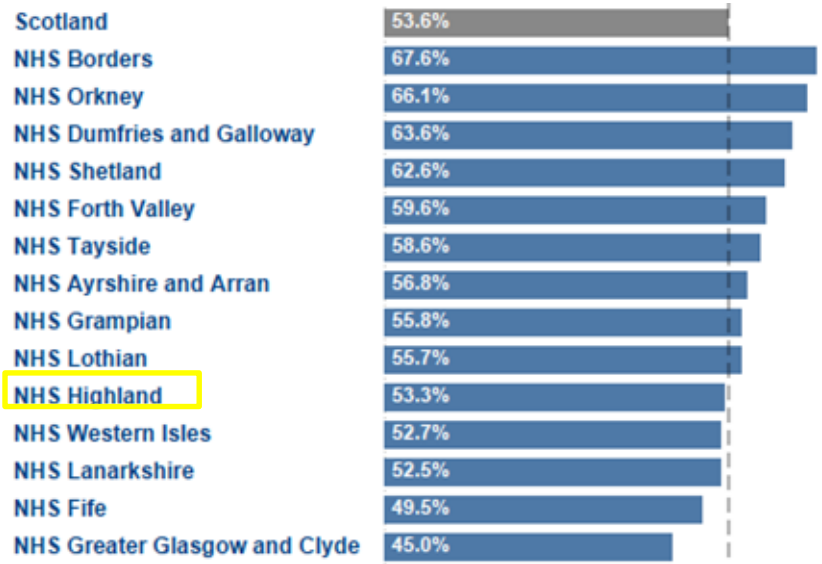
Exec Lead
Dr. Tim Allison, Director of Public Health

Vaccination Performance

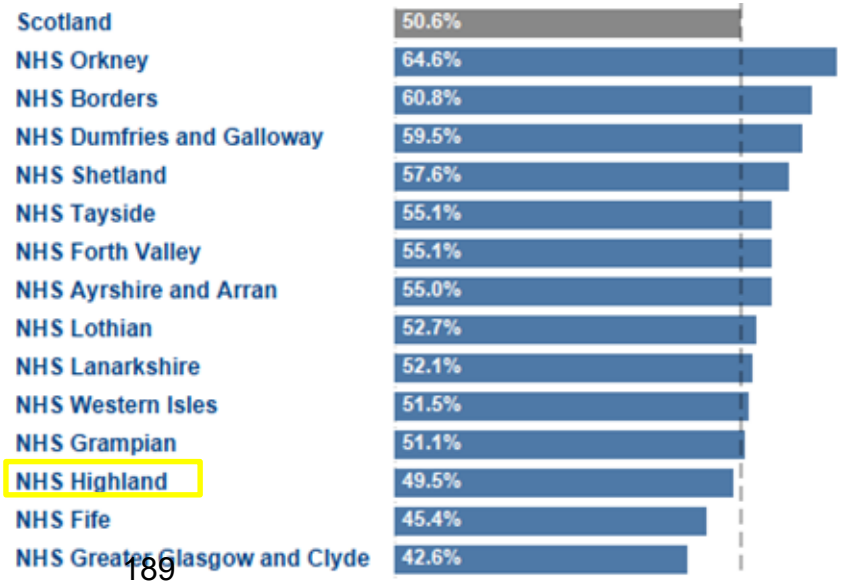
Progress Made	Next Steps	Timescale
• The autumn/winter COVID and 'Flu vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness. • Overall COVID & 'Flu uptake has been reasonable, 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 designing a service based on district teams. • Preparations need to be made for new vaccine programmes.	• Ongoing

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	53.3% / 49.5%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	53.6% / 50.6%
National Target	**Below Average**
National Target Achievement	n/a

Covid Vaccine Uptake 10/12/23



Adult Influenza Vaccine Uptake 10/12/23



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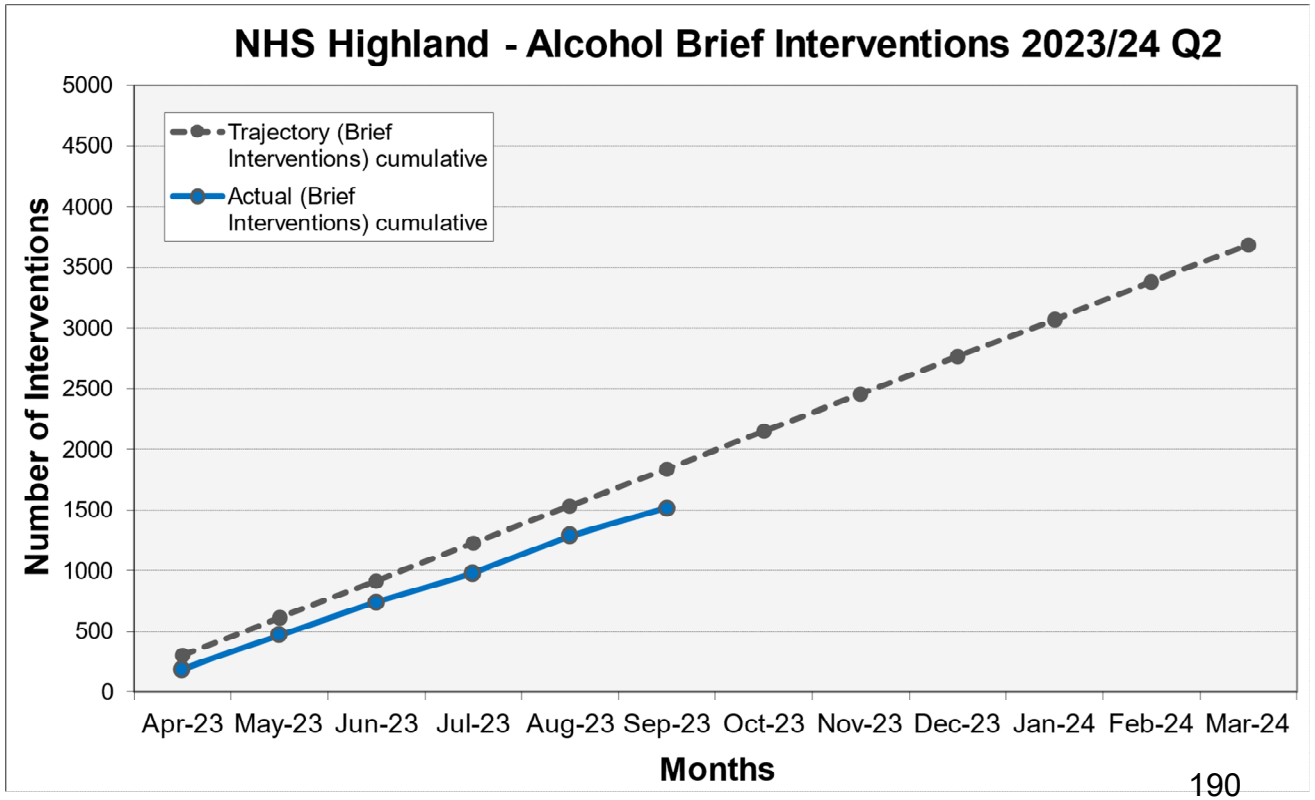
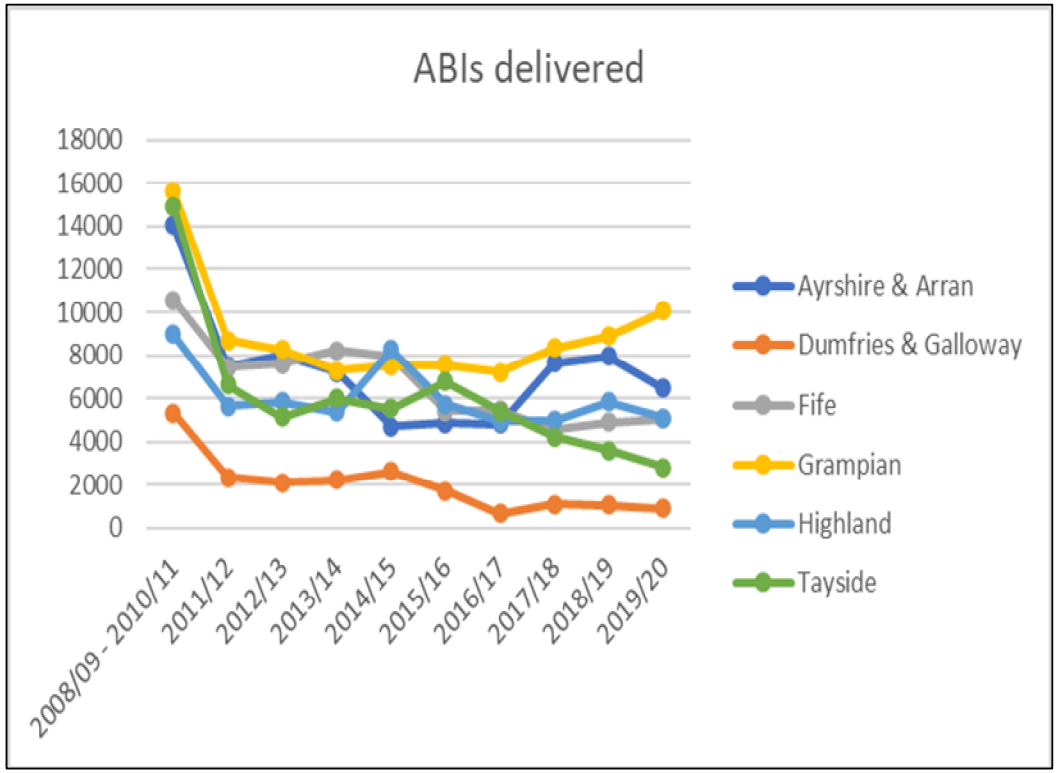
Exec Lead
Dr. Tim Allison, Director of Public Health

Alcohol Brief Interventions

Progress Made	Next Steps	Timescale
•ABI training calendar available on Turas for 2023/2024 with courses being well attended; 141 participants in 22 deliveries to date. Wider Settings reporting form live since November and being used.	• Progress with updating the LES. Continue to apply communications plan by re-engaging with teams that delivered ABIs in the past, to support increased delivery. Begin further evaluation of training to determine practical application.	• Review end February 2024.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	n/a
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Variation
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a





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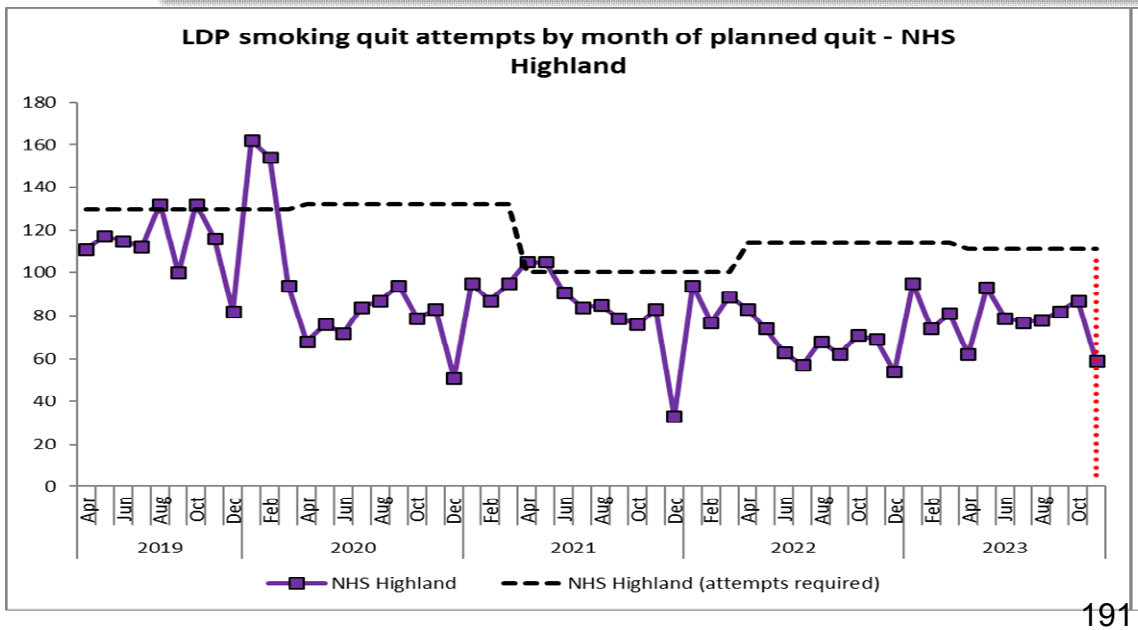
Exec Lead
Dr. Tim Allison, Director of Public Health

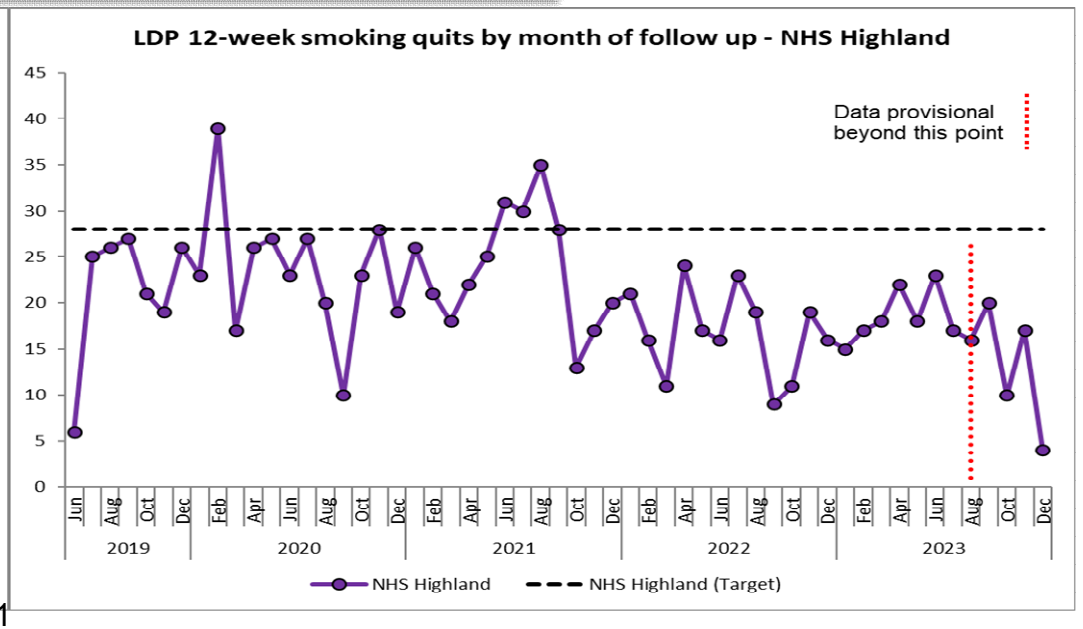
Alcohol Brief Interventions

Progress Made	Next Steps	Timescale
•Standard Operating Procedures (SOPs) for both Community Pharmacy and shared-care (shared-care between Community Pharmacy and Specialist Smoking Cessation Adviser) to improve the quality of data and outcomes have now been agreed by Pharmacy Committee so work can now be progressed. •All training for new advisers has now been completed and all advisers have now been assigned Community Pharmacies and GPs. This will improve relationships, referrals and data quality • Monthly meetings continue with Community Pharmacy colleagues	• Delivery of training and SOP's to community pharmacists. • Increase adviser capacity within Raigmore Hospital • Some venues have now been secured, face to face sessions to commence within these venues	• Review end of March 2024

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

Latest Performance	Total Numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below Target
Performance Guide	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a





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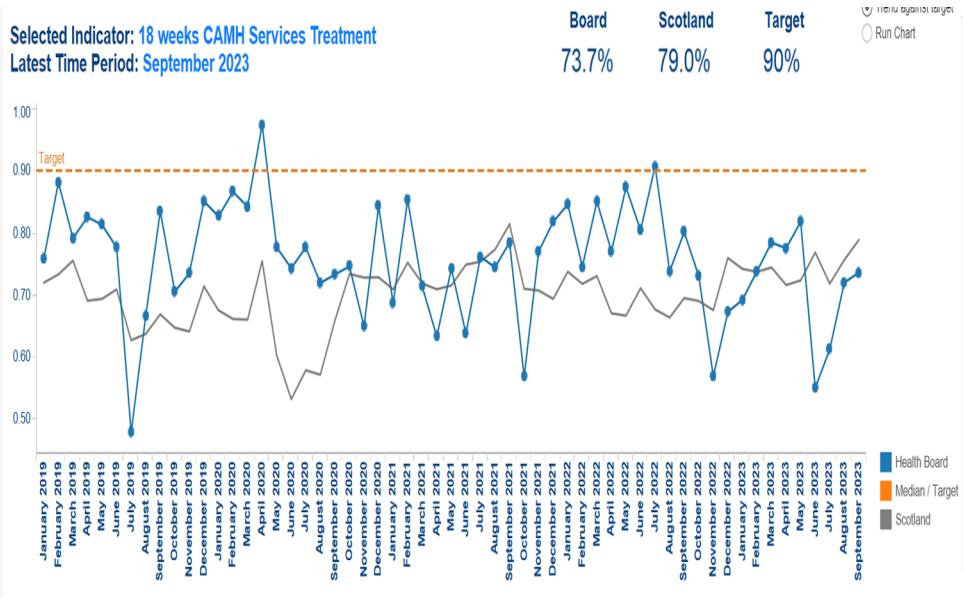
Exec Lead
Katherine Sutton
Chief Officer, Acute

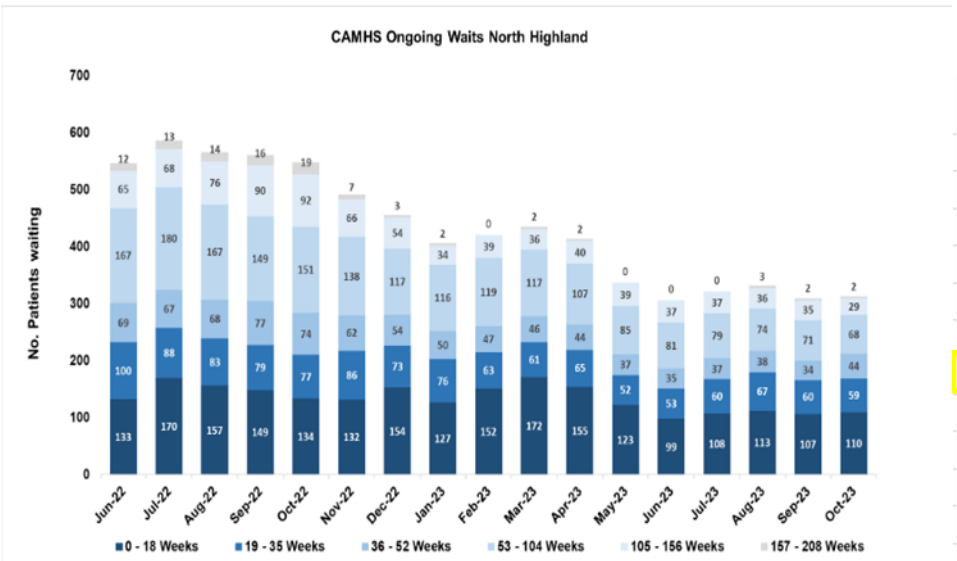
Child & Adolescent Mental Health Services

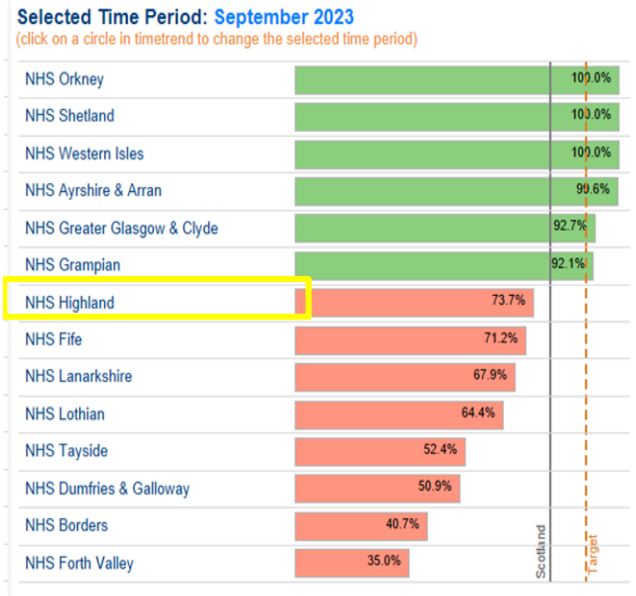
Progress Made	Next Steps	Timescale
• Workforce/Finance Plan nearing completion to support allocation of Mental Health Outcome Framework (MHOF) • Unscheduled Care Nursing Team now actively managing all urgent presentations • Nursing staff deployed into core locality team for the first time in several years • First group based intervention programme to be delivered by nursing staff from November • Waiting list data validation nearing completion and trajectories set • First AHP employed into service (dietician)	• 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	• As of October 2023, there were a total of 490 children and young people are waiting to be seen of which 266 have waited over 18 weeks and 224 under 18.

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

Latest Performance	73.7%
ADP Trajectory Agreed	To be agreed
ADP Trajectory	n/a
Performance Rating	Treatment time not met but stable long waits
National Benchmarking	Lower than Scottish Average <5%
National Target	90%
National Target Achievement	Not Met >10%







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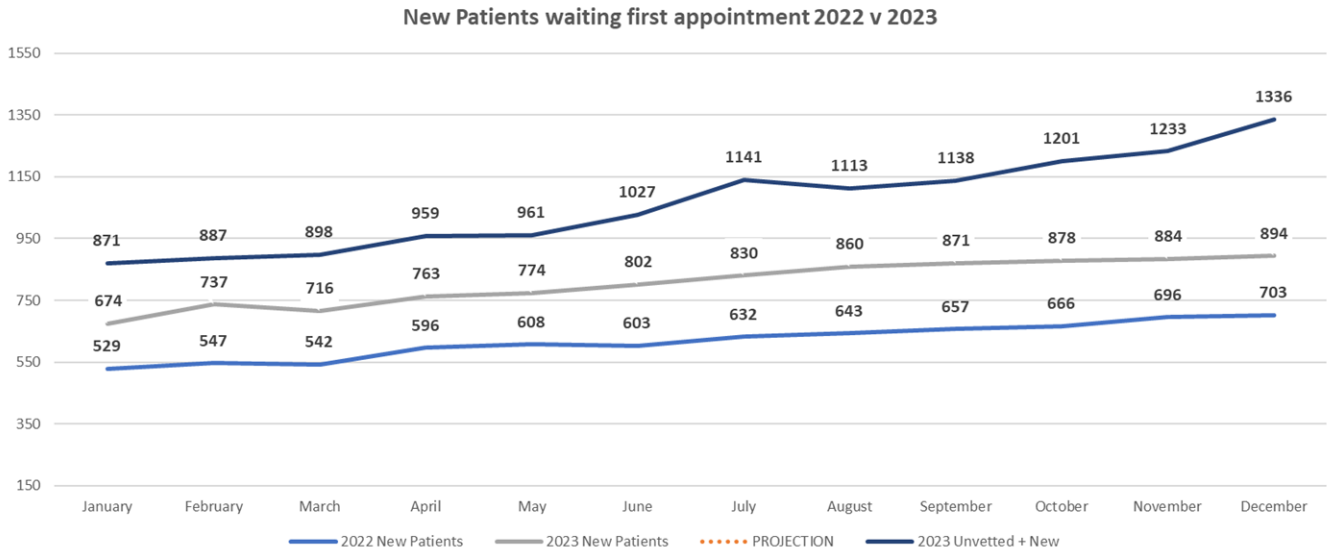
Exec Lead
Katherine Sutton
Chief Officer, Acute

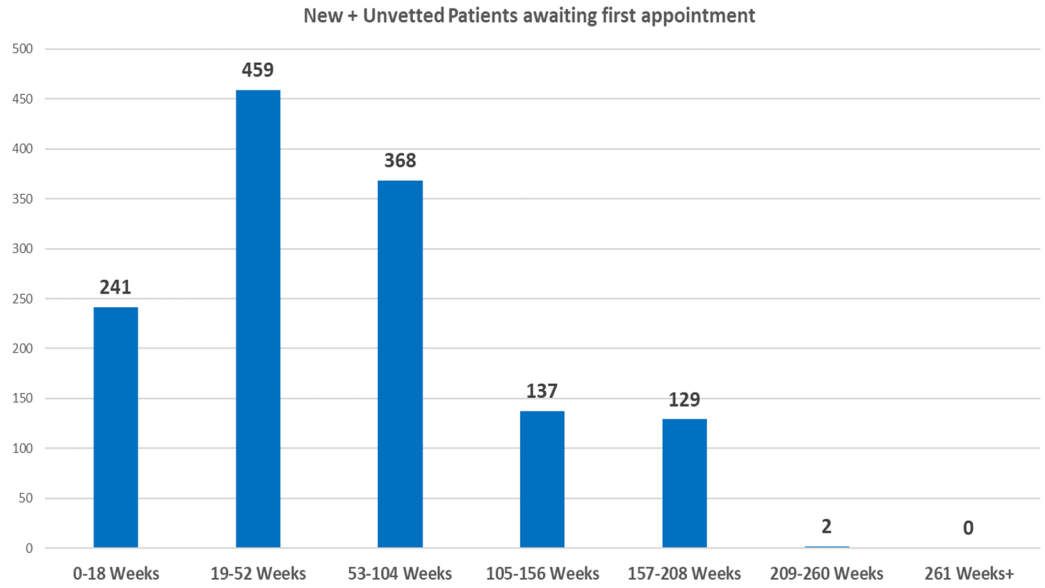
Neurodevelopmental Assessment Service

Progress Made	Next Steps	Timescale
Recognising the solution has to come from a whole system response to ensure local compliance to the National Neurodevelopmental Services Specification. The pre-assessment component which is not functioning as required has been the subject of an integrated workshop across Education, Highland Council Child Health services and Womens and Childrens Directorate including Paediatric / CAMHS / NDAS services. This meeting took place on Monday 18th December 2023. A report has been developed which includes findings and recommendations to meet the service specification and has key partners support to progressing towards a resolved and improved position.	• 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	Work will be progressed at pace with key partner involvement in the new year.

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

Latest Performance	n/a
ADP Trajectory Agreed	No
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

Progress Made

- Direct access to AEC form ED
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Extended Phased Flow in progress
- SAS Safe handover at Hospital in place with 50% reduction in waits >60mins
- Direct admitting rights to ED in place
- Care home support from FNC commenced
- FNC/OOH integration
- Opening of Raigmore Discharge Lounge

Next Steps

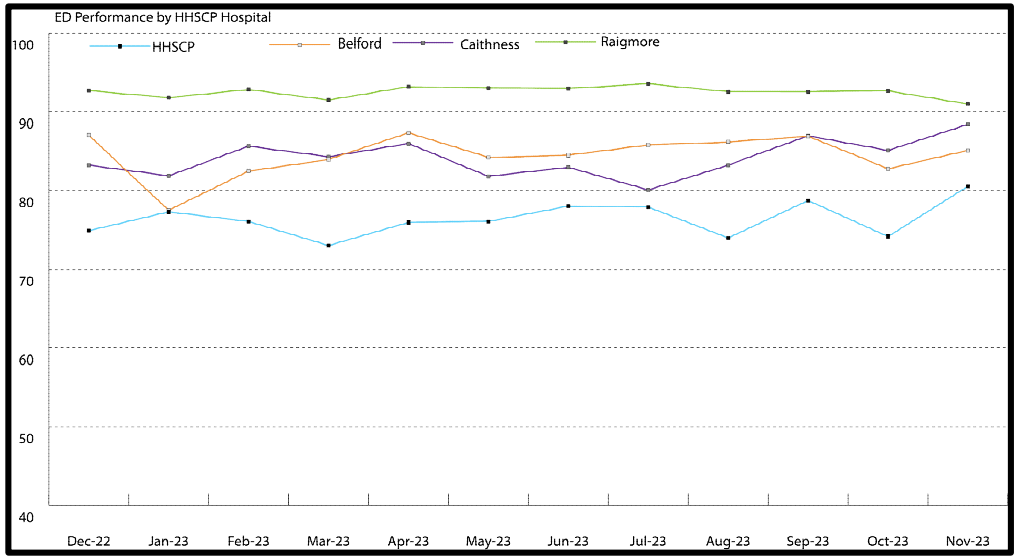
- OOHs Safe Transfer Kaizen completed, outcomes and recommendations to ASLT
- 24/7 Patient Flow in Raigmore for Winter period
- Optimise use of Discharge Lounge to 5 days per week as staff onboarded (metric = % discharges processed through the lounge)
- Further development of Level 4 & 5 OPEL action cards
- Development of system wide OPEL

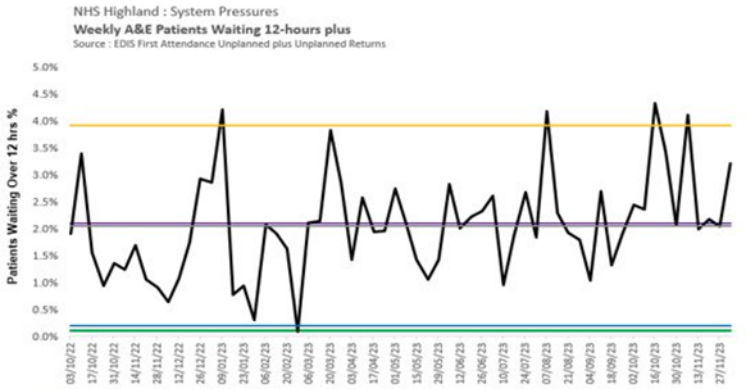
Timescale (by 31st Jan)

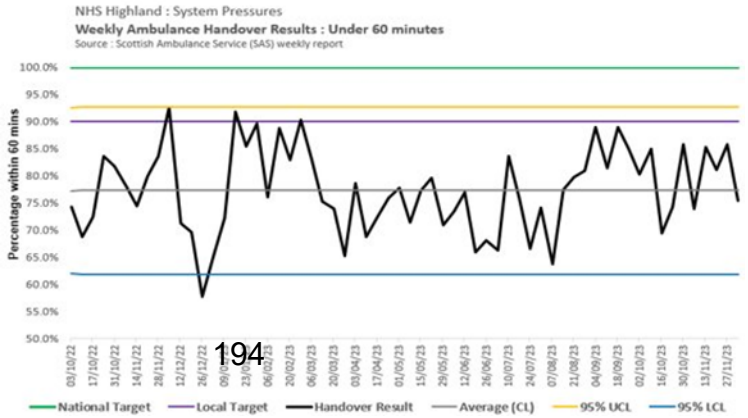
- Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95% (currently 91%) (ongoing)
- Extended test (4 weeks) to be agreed for Safe Transfer Hospital
- 24/7 patient Flow cover
- 7/7/ Discharge Lounge

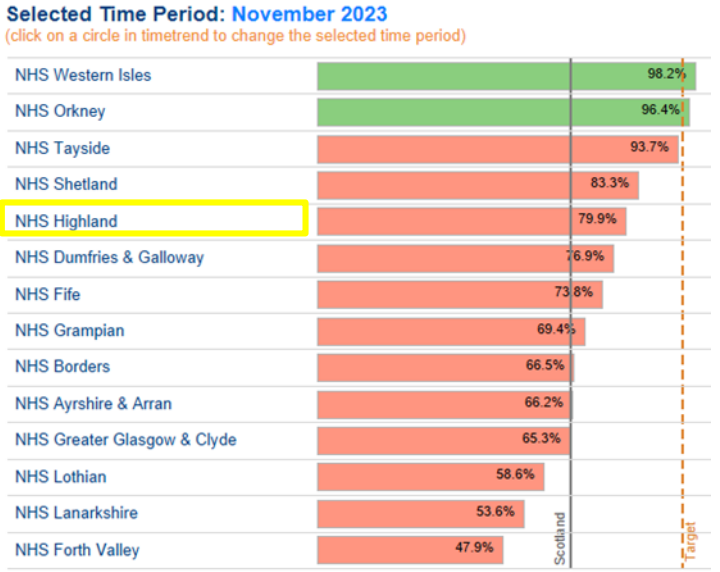
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Latest Performance	79.9%
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%









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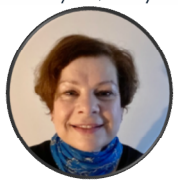


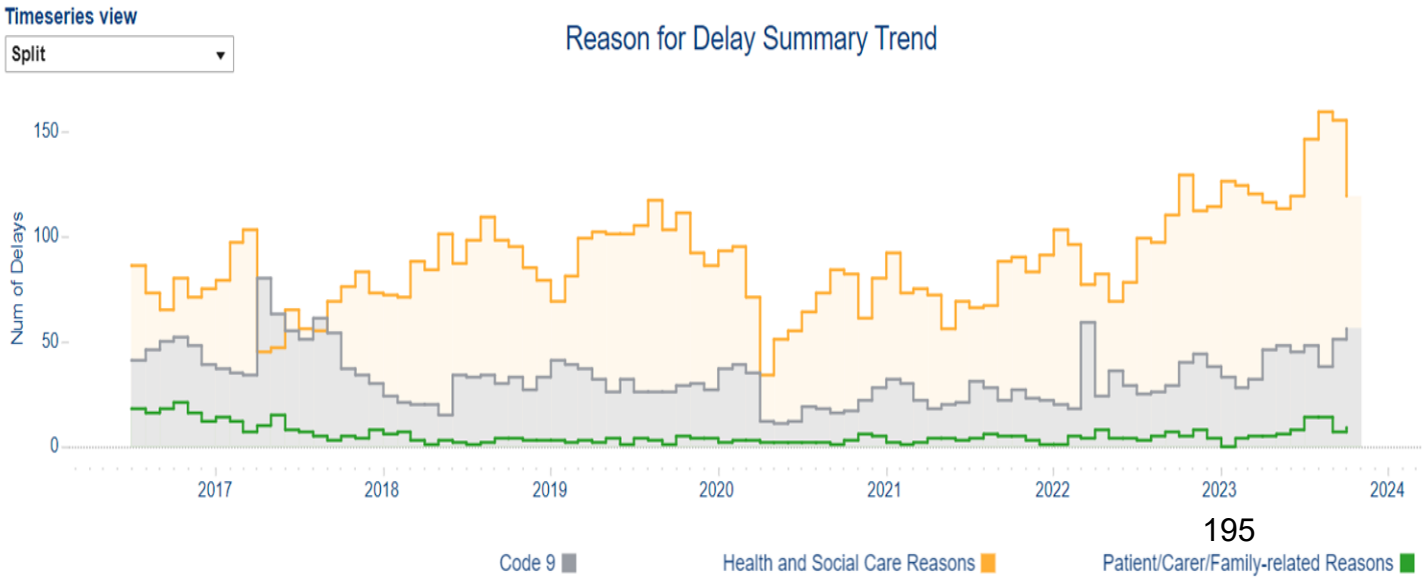
Exec Lead
Pam Cremin
Chief Officer, HHSCP

Delayed Discharges

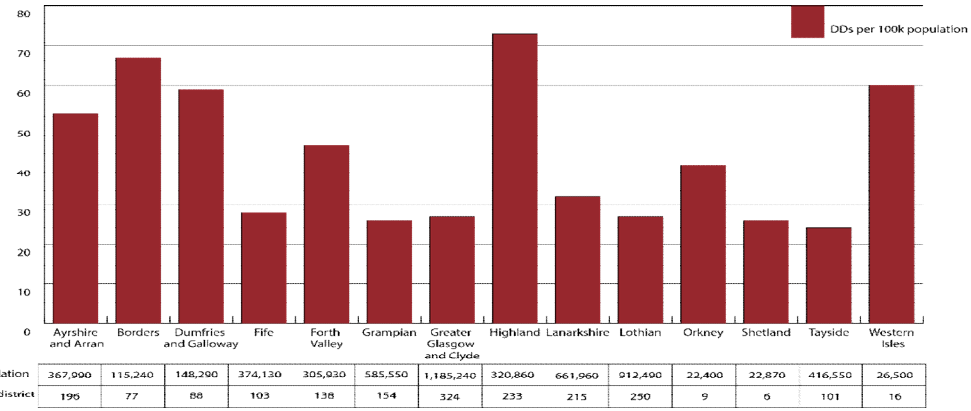
Progress Made	Next Steps	Timescale
• Review of care at home provision to ensure targeted and most efficient use of limited resource, including Emergency Response Service – ongoing. • No. of intermediate care beds within AAE extended to 3 week beginning 18/12/23; to be increased to 6 mid Jan '24 • Mackenzie Centre Day Service extended to 7 day opening • Ongoing development of wrap around care – CAH, day care, intermediate care beds • Pilot of single- handed care: B&S area initially • Enhanced working practices between community staff and colleagues in ED with agreed pathway in pilot sites for referral to community • Enhanced support to care homes from the Collaborative Care Home Support Team	• 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	• Mid January '24 • Mid January '24 • Week commencing 11 January '24 • Late January '24

PERFORMANCE OVERVIEW Strategic Objective: In Partnership Outcome Area: Care Well	
Latest Performance End October	213 at Census Point 6213 bed days lost
Target	95 DDs
Target Achievement	Not Met
Performance Rating	Decreasing
Performance Benchmarking	Highest in Scotland for DDs

Delayed Discharges in NHS Highland



Delayed Discharge - Benchmarking



	Ayrshire and Arran	Borders	Dumfries and Galloway	Fife	Forth Valley	Grampian	Greater Glasgow and Clyde	Highland	Lanarkshire	Lothian	Orkney	Shetland	Tayside	Western Isles
District Population	367,990	115,240	148,290	374,130	305,930	585,550	1,185,240	320,860	661,960	912,490	22,400	22,870	416,550	26,500
Total DDs per district	196	77	88	103	138	154	324	233	215	250	9	6	101	16

We had 26,193 useable beds days in October therefore have lost 21% of bed days due to DDs

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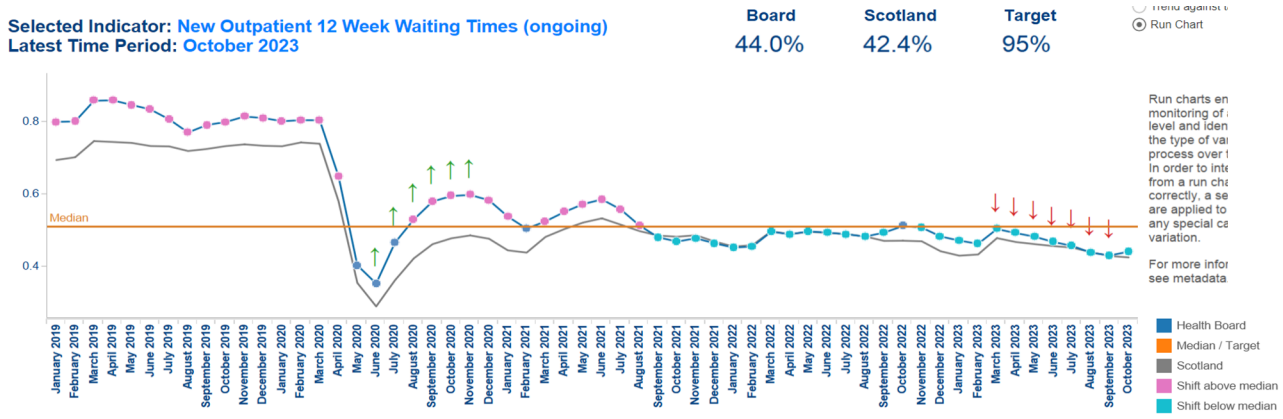
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (NOP Seen/12 week target)

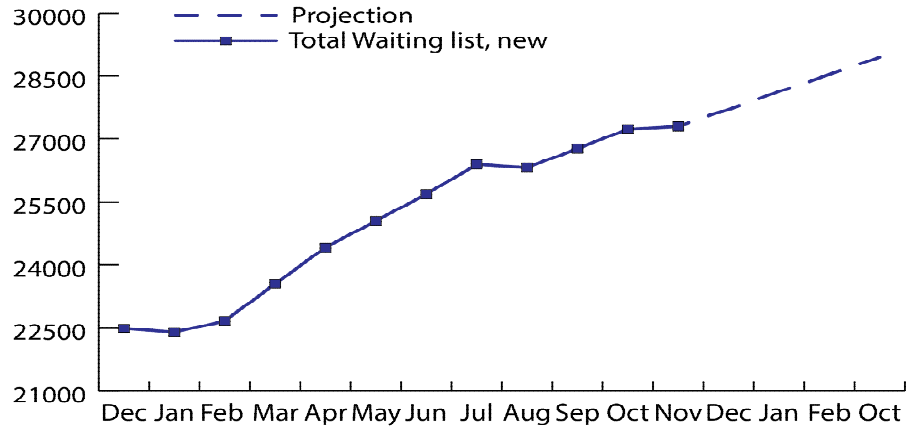
Progress Made	Next Steps	Timescale
• Cumulative activity ahead of schedule • ACRT/PIR best practice processes developed • Patient Hub waiting list validation roll out on going • Specialties identified to improve Near Me use • Clinic timetable drafted • Outpatient workstream in place and working towards the above aims.	• 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/PIR – Mar24 • Patient Hub – Mar24 **It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted**

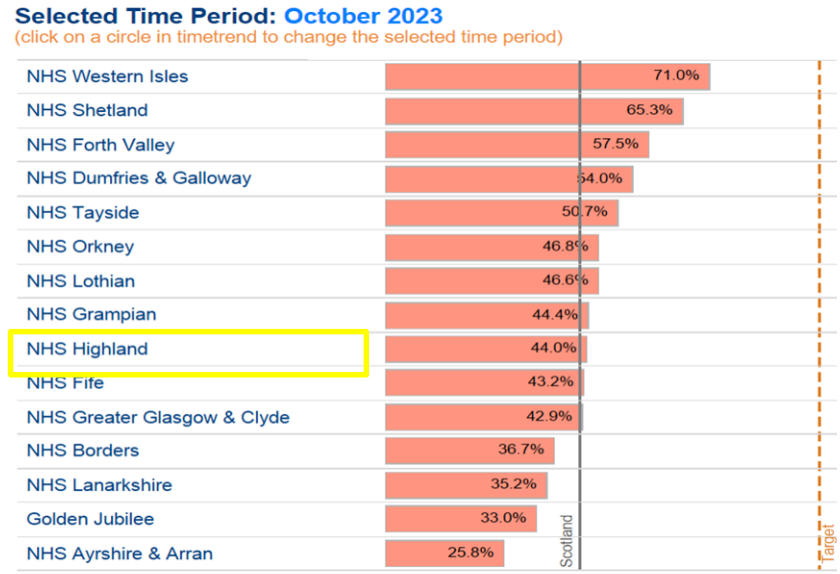
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	44.0%
ADP Trajectory Agreed	Yes
ADP Trajectory (NOP Seen)	Met
Performance Rating 12 Week Waiting Time	Decreasing
National Benchmarking	Higher than Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%



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





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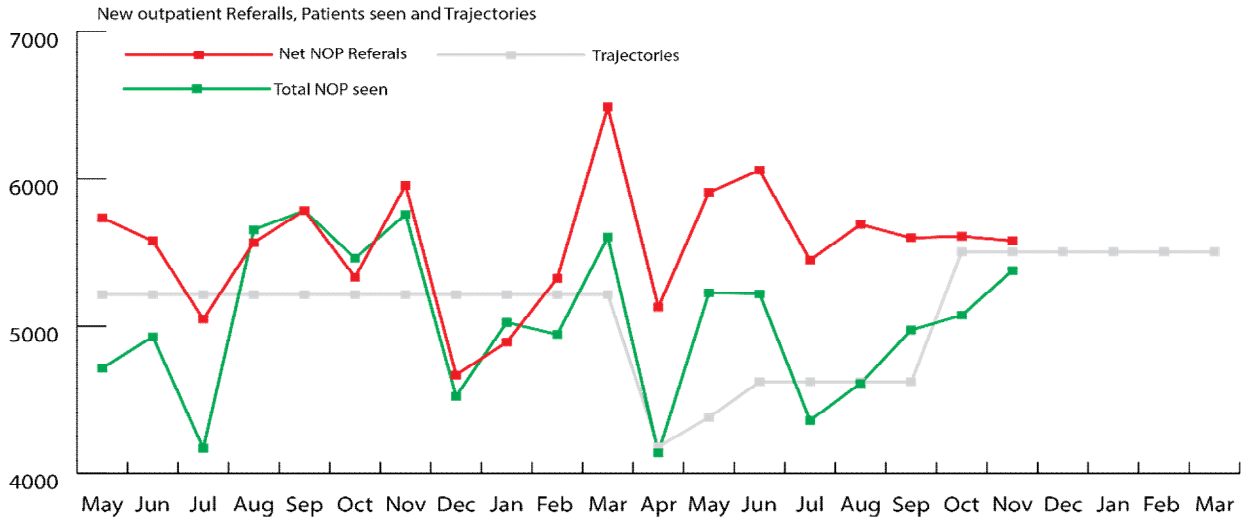
Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients (ADP/Long Waits Target)

Progress Made	Next Steps	Timescale
• 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.	• 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/PIR – Mar24 • Patient Hub – Mar24

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

Latest Performance	65%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating (ADP/Long Waits)	Decreasing as long waits will not be met
National Benchmarking	Higher than Scottish Average <5%



Yearly Trajectory	YTD Performance	Patients Seen-Nov	Overall
60,070	38,050 (65%)	38,982 (66%)	1% behind 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

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Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee (TTG 12 week target)

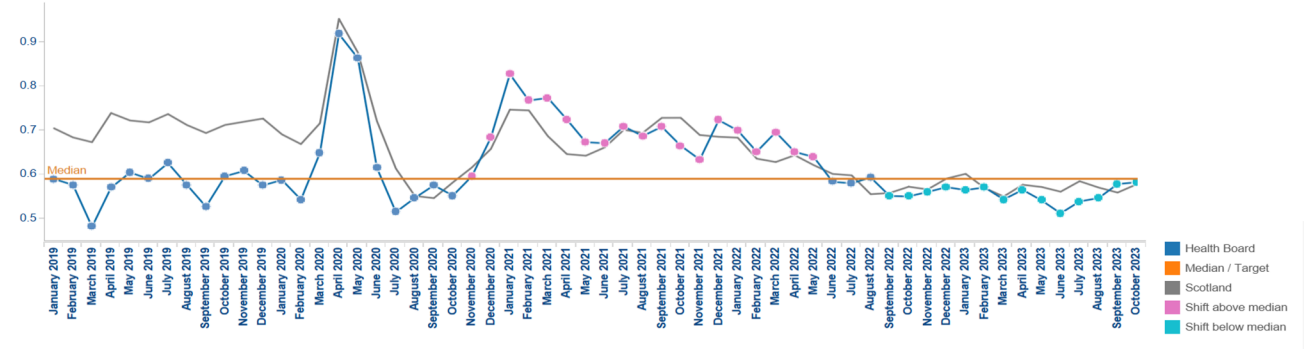
Progress Made	Next Steps	Timescale
• Cumulative activity target slightly behind at Nov 2024. • Patient Hub live in certain specialties and being rolled out. • Ongoing development of theatre scheduling tool (InFix). • Group established review and improved theatre efficiency across all NHSH sites. • New theatre system (Aqua) implemented • Launch of new access policy • Training established	• 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 out Mar24 • It should be noted due to increased waiting list in outpatients there is a challenge ahead with total TTG waits and modelling on this is about to be commenced to gain more accurate projections

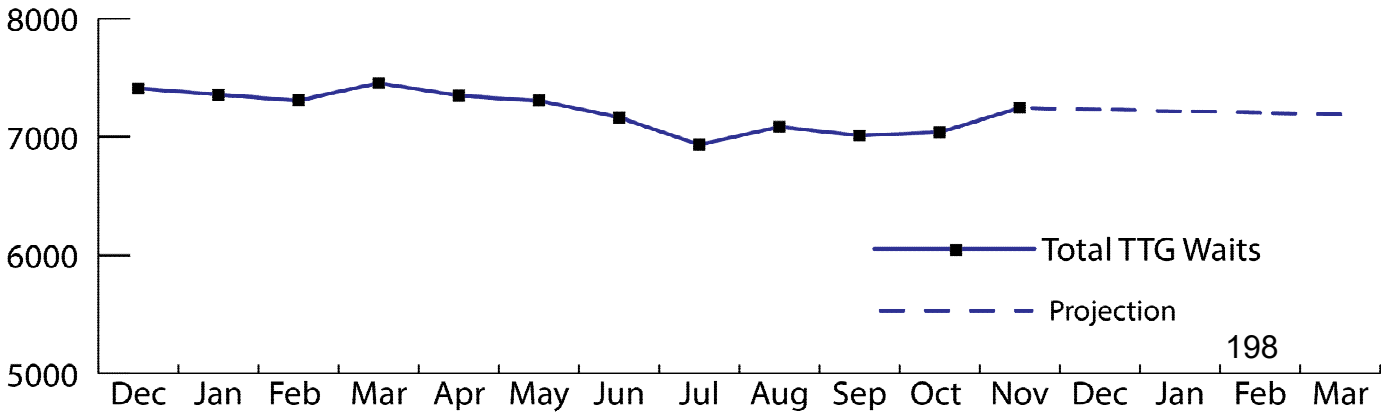
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	58.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not met
Performance Rating 12 week waiting time	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	100%
National Target Achievement	Not Met >10%

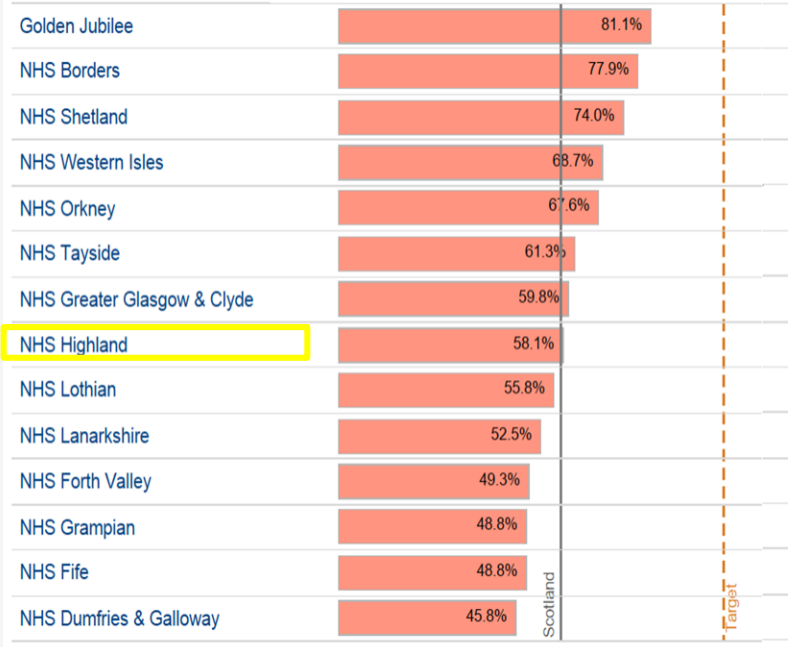
Selected Indicator: Inpatient or Day Case 12 Week Waiting Times (completed)
Latest Time Period: October 2023

Board	Scotland	Target
58.1%	57.7%	100%





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



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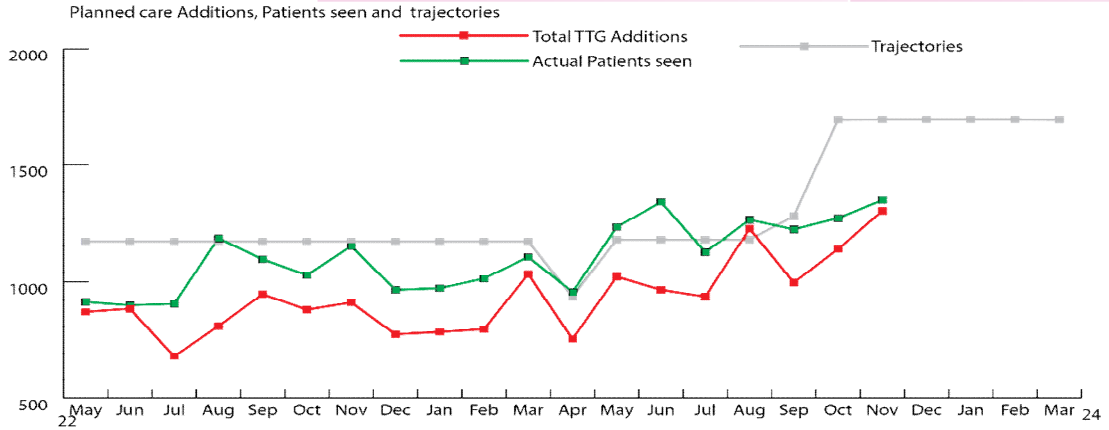
Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee (TTG Seen/TTG Target)

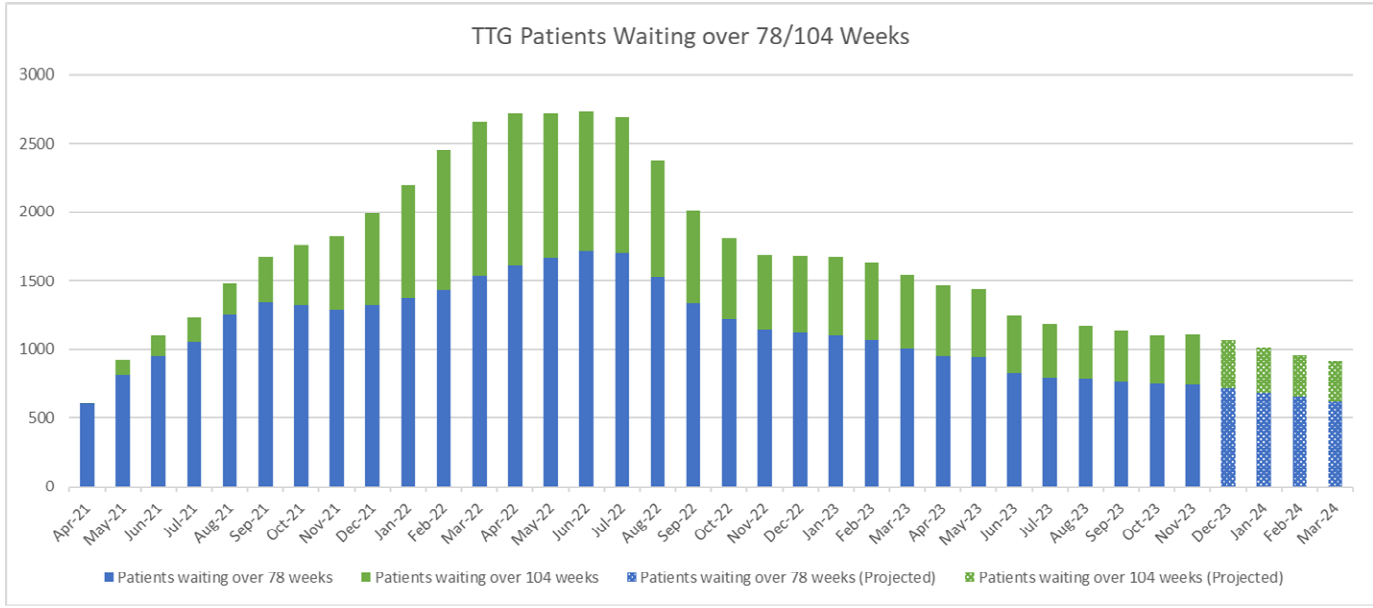
Progress Made	Next Steps	Timescale
• Cumulative activity target slightly behind at Nov 2024. • Patient Hub live in certain specialties and being rolled out. • Ongoing development of theatre scheduling tool (InFix). • Group established review and improved theatre efficiency across all NHSH sites. • New theatre system (Aqua) implemented • Launch of new access policy • Training established	• 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 out Mar24 **It should be noted we will not meet the original trajectories set. Revised figures have been submitted to SG.**

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

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



Yearly Trajectory	YTD Performance	Patients Seen-Nov	Overall
17,111	10,328 (63%)	9771 (57%)	9% behind target



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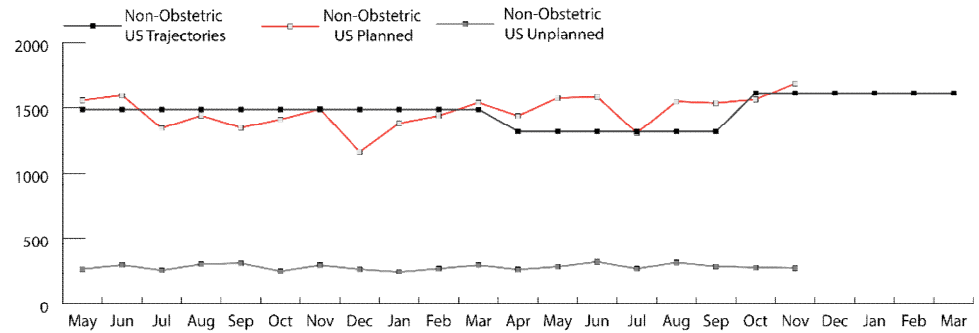
Exec Lead
Katherine Sutton
Chief Officer, Acute

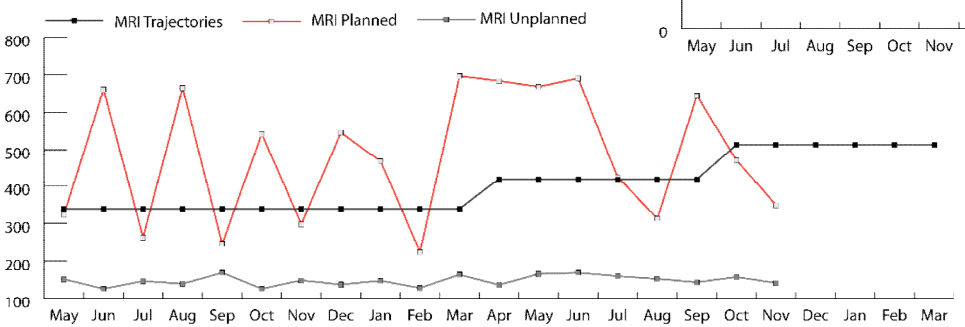
Diagnostics - Radiology

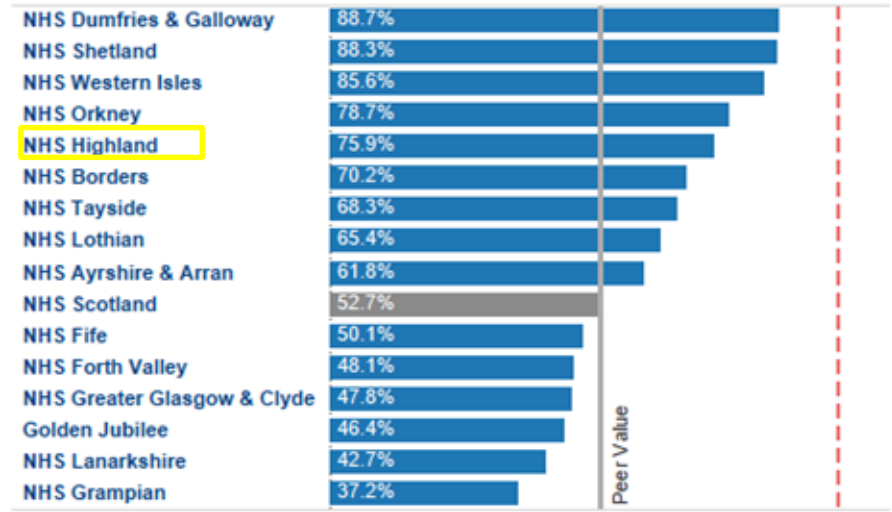
Progress Made	Next Steps	Timescale
• Radiology outsourcing has robust process • Reporting radiographers taking lead on all MSK and Chest X-Rays for efficiency purposes • Conventional radiology has just opened additional days in Nairn to support demand • MRI Focus Group in place and investment made in AI to improve productivity once implemented • Balanced scorecard approach adopted	• 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	• 20% of our capacity is provided by the mobile unit and this may not be provided in 2025 onwards unless SG funding is confirmed

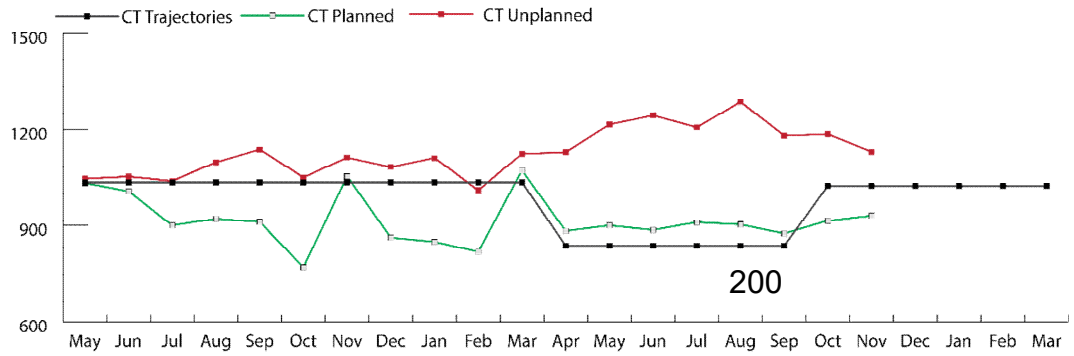
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

Latest Performance	75.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 68.6%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%









Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
34,632	21,932	23.767 (68.6%)	8% over target

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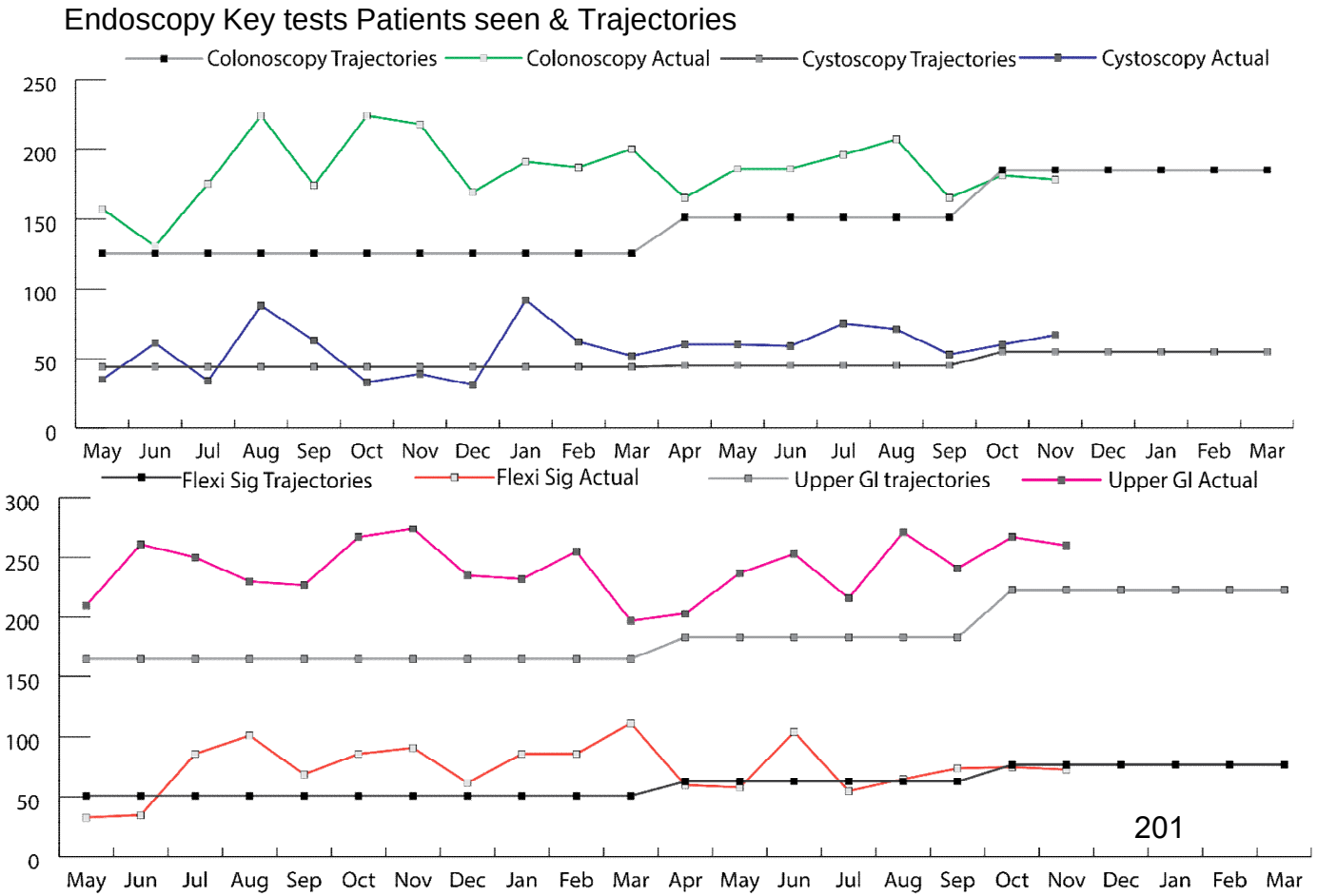
Diagnostics - Endoscopy

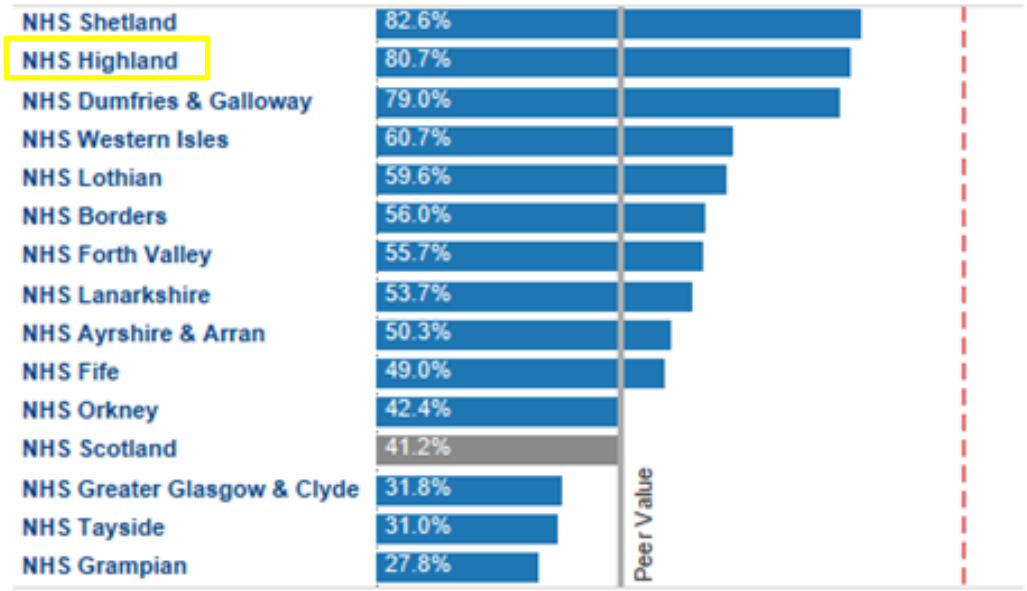
Progress Made	Next Steps	Timescale
• JAG Accreditation applied for	• Jag Accreditation visit being planned	• Feb 2024

Exec Lead
Katherine Sutton
Chief Officer, Acute

Yearly Trajectory	YTD Target	Patients Seen-Nov	Overall
5,892	4,272	4,490 (76.2%)	6.2% over target

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	80.7%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 56.2%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%





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Exec Lead
Katherine Sutton
Chief Officer, Acute

31 Day Cancer Waiting Times

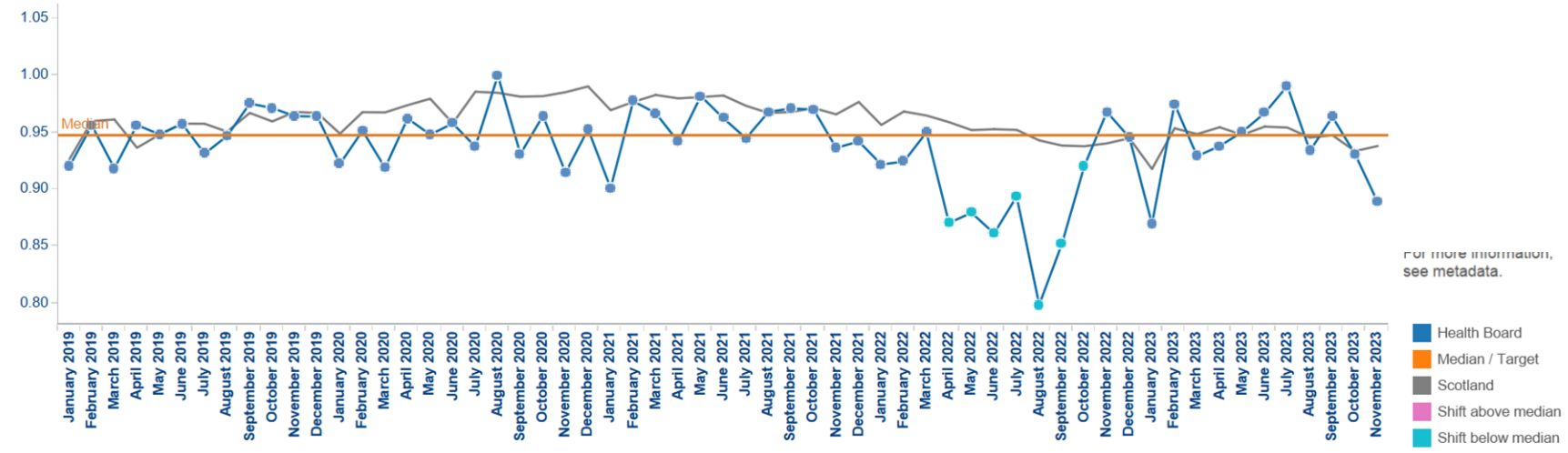
Progress Made	Next Steps	Timescale
• Continued prioritisation of cancer across the system • SACT & Radiotherapy Transformation Plan in progress • Continued application of the Framework for Effective Cancer Management • 2 x Consultant Pathologists appointed • Urology and colorectal remain a challenge	• 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 • Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones	• Will be reviewed in line with cancer strategy and trajectories agreed with SG • Jan 24 • Jan 24

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

Latest Performance	93.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Not Met
Performance Rating	Decreasing
National Benchmarking	Below Average
National Target	95%
National Target Achievement	Not Met

Selected Indicator: Cancer 31 Day Waiting Times
Latest Time Period: November 2023

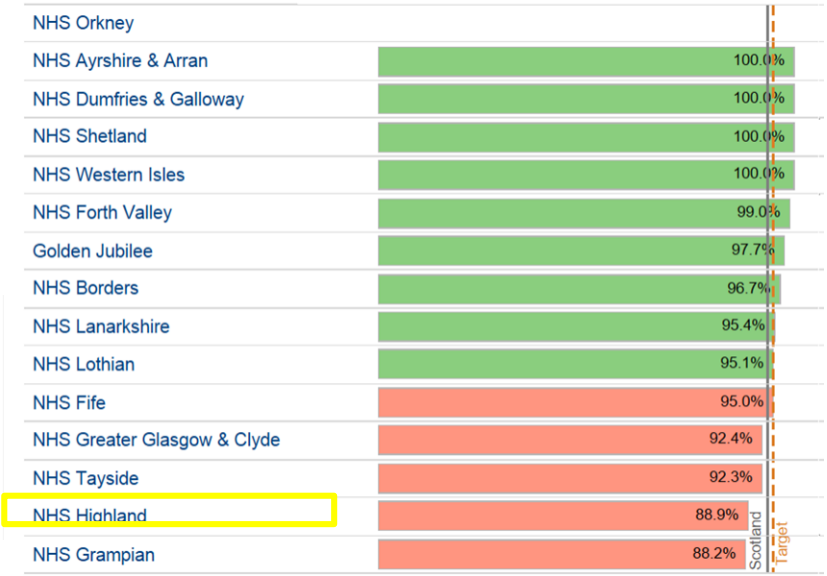
Board	Scotland	Target
88.9%	93.8%	95%



For more information, see metadata.

Health Board
Median / Target
Scotland
Shift above median
Shift below median

31 Day Benchmarking with Other Board



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Exec Lead
Katherine Sutton
Chief Officer, Acute

62 Day Cancer Waiting Times

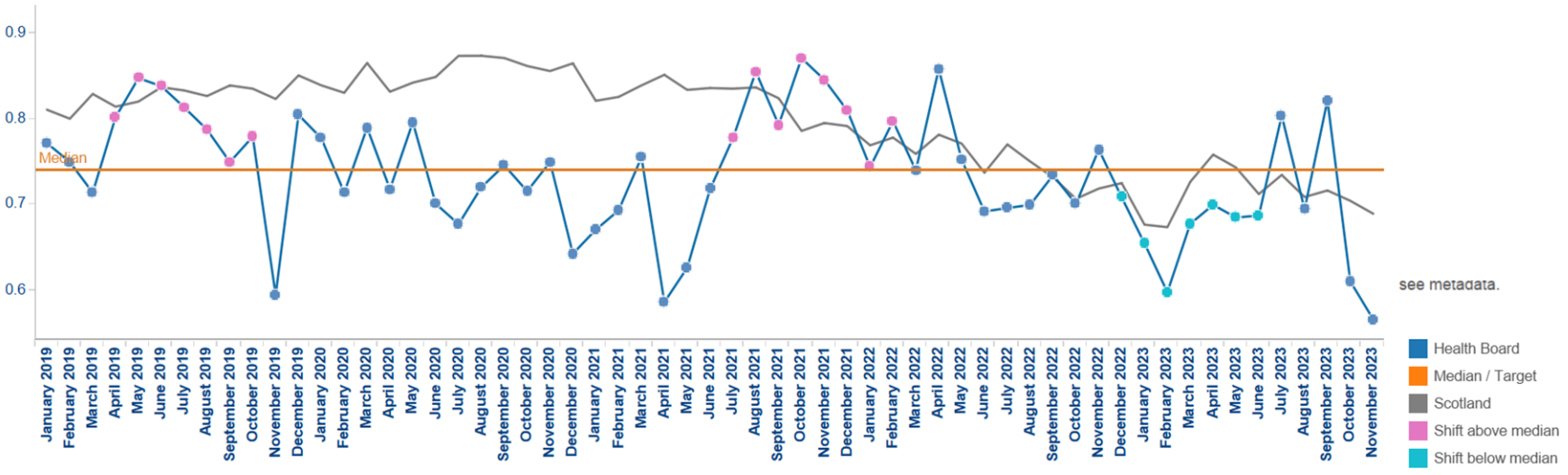
Progress Made	Next Steps	Timescale
• Continued prioritisation of cancer across the system • SACT & Radiotherapy Transformation Plan in progress • Continued application of the Framework for Effective Cancer Management • 2 x Consultant Pathologists appointed • Urology and colorectal remain a challenge	• 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 • Programme of recovery with regards to urology and colorectal which will have specific improvement plans developed and target milestones	• Will be reviewed in line with cancer strategy and trajectories agreed with SG • Jan 24 • Jan 24

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

Latest Performance	61.1%
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: November 2023

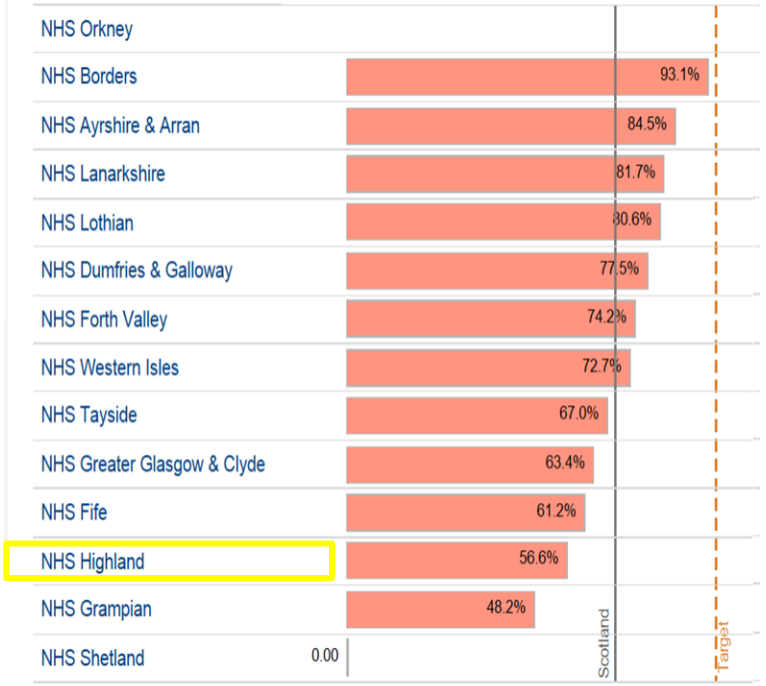
Board	Scotland	Target
56.6%	69.0%	95%



see metadata.

Health Board
Median / Target
Scotland
Shift above median
Shift below median

62 Day Benchmarking with Other Boards



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Exec Lead
Pamela Cremin
Chief Officer, HHSCP

Psychology Waiting Times

Progress Made

- STEPPS training complete
- Waiting list review complete
- Appointed Senior Service Manager (Start date Dec 23)
- Met with SG 24th Oct –they are fully aware of all issues and baseline staffing
- Reduction in waits that are >52 weeks.
- In line with the mental health outcomes framework.
- Focus has been on the long waits therefore performance (RTT 18 weeks is variable).

Next Steps

- 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

Timescale

- Ongoing
- Ongoing
- Jan 2024-April 2024
- Nov 2024

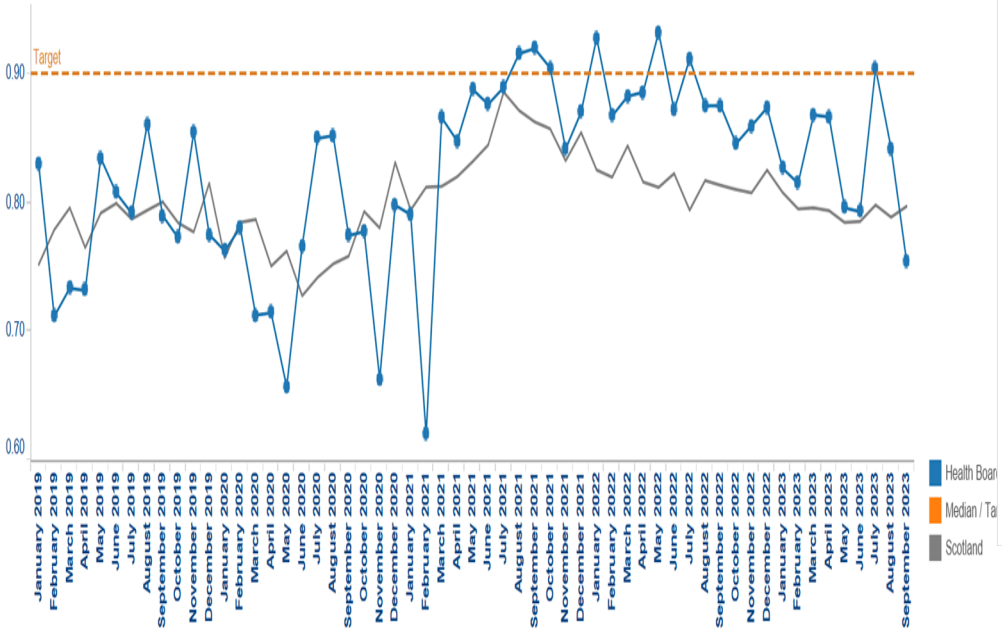
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Treat Well

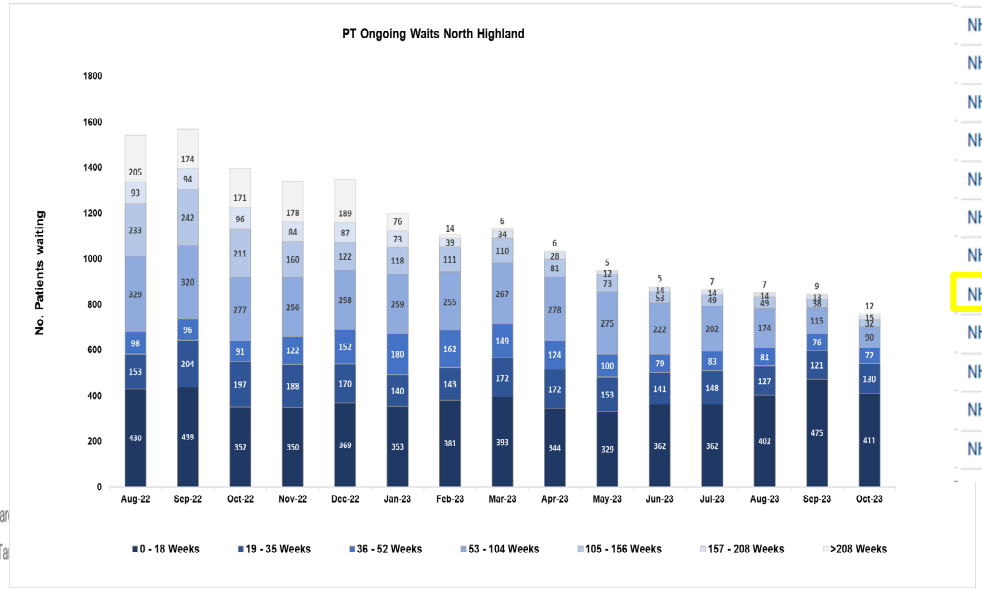
Latest Performance	75.4%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	Below Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: 18 weeks All Ages Psychological Therapy Treatment
Latest Time Period: September 2023

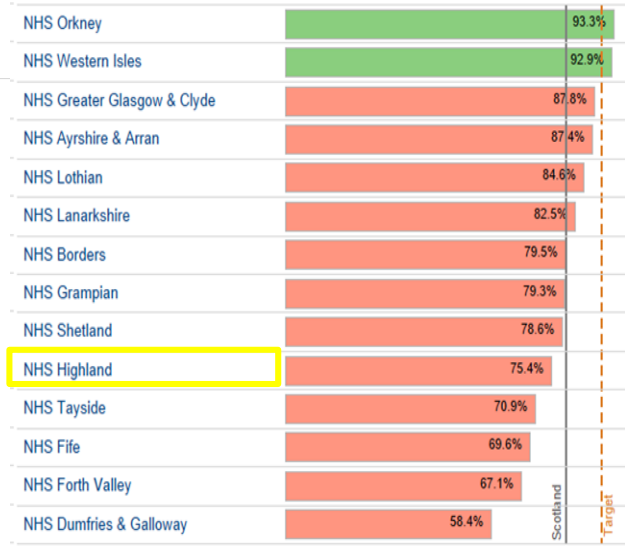
Board	Scotland	Target
75.4%	79.7%	90%

Run Chart





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



Together We Care
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Integrated Performance & Quality Report

Objective 3 **Our People**

Gareth Adkins
Director of People & Culture

Sickness absence in NHS Highland remains above the national Scottish average. Absence has been above 6% for the last 6 months and there are high levels of absence across our HSCP who have remained about 7.9% since August.

As per previous years peaks in absences related to Cold, cough, flu – influenza are above 15% across short terms absences.

30% of our absences remain reported with an Unknown or not specified cause.

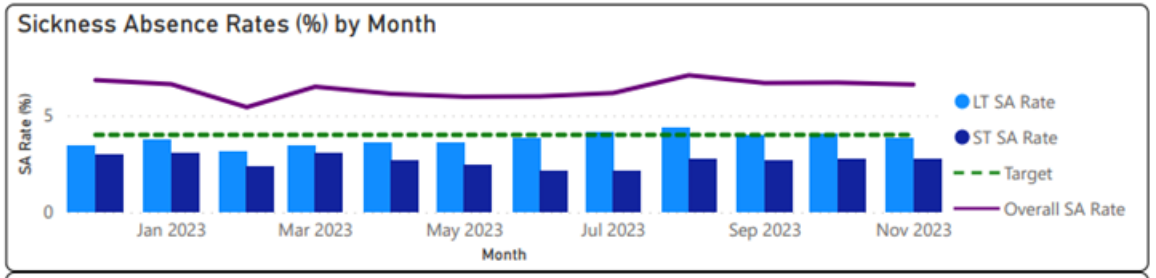
Anxiety/stress/depression/other psychiatric illnesses remains highly recorded across long term absences.

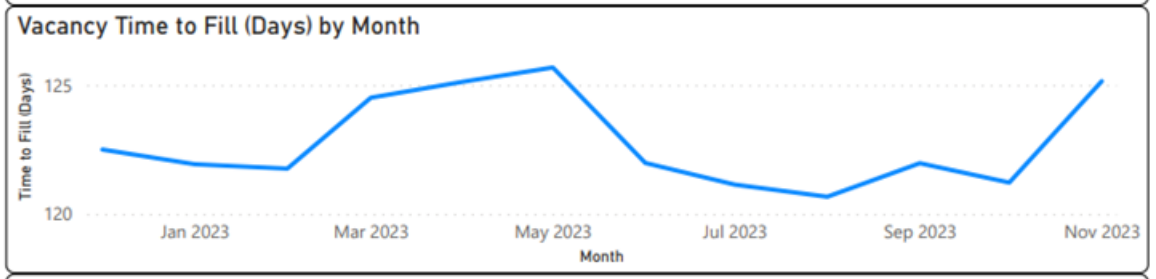
High levels of posts remain in process within our Job Train system. With over 1855 posts as at the 30th November. Vacancy Time to Fill peaks this month as we see 391 posts out to advert and around 300 sitting at the interview stage. We see peaks in N&M posts in line with Newly Qualified intakes. Across the Board the average time to fill peaks between 120 and 125 days with time to fill high in professional positions and high bands.

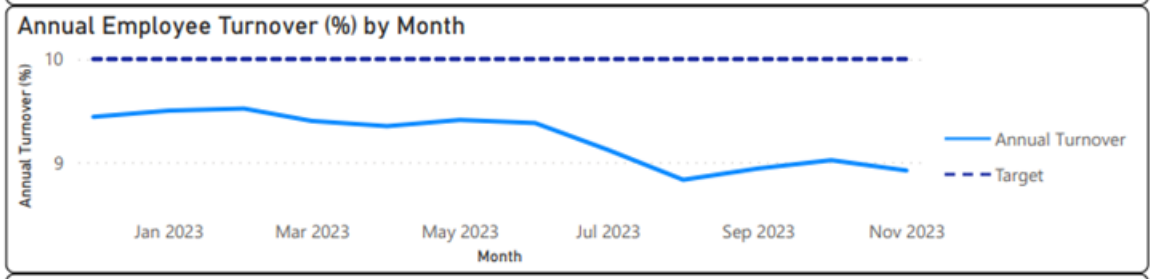
We continue to see high levels of leavers related to retirement (30%) and voluntary resignation (28%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 21% of our leavers. Further encouragement is required to capture leaving reasons.

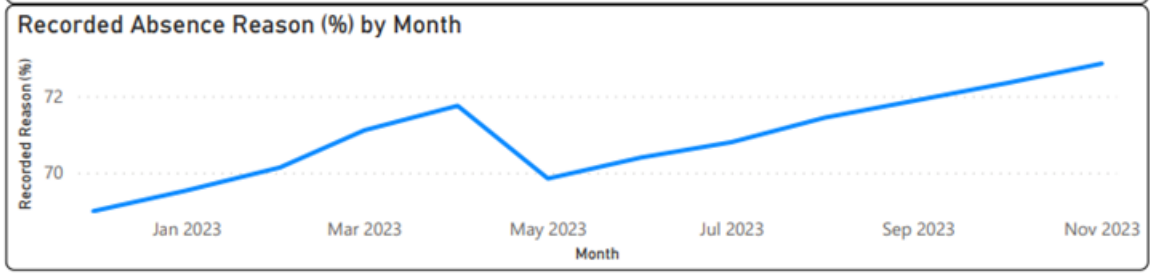
Organisational Metrics Nov 2023

Sickness Absence Rate (%)	6.60
Long Term SA Rate (%)	3.82
Short Term SA Rate (%)	2.72
Recorded Absence Reason (%)	72.85
Vacancy Time to Fill (Days)	125.15
Annual Employee Turnover (%)	8.92









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Integrated Performance & Quality Report

Objective 3 **Our People**

Gareth Adkins
Director of People & Culture

There has been a steady increase in completion rates for Core Mandatory eLearning although at 68.6% this is still some distance from the target of 95%.

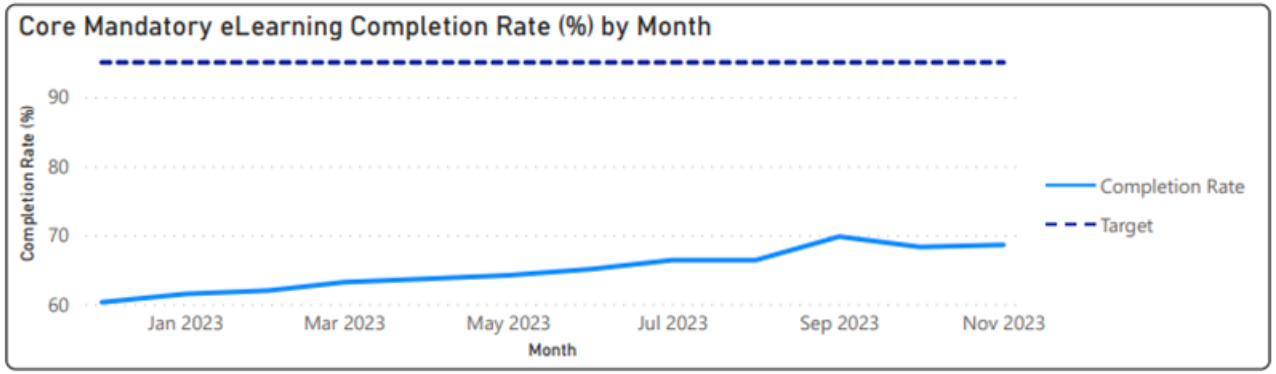
A StatMan Oversight Group has been established to oversee and monitor progress of the agreed audit actions from 2022 to make overall improvements in compliance with Statutory and Mandatory Training. From January – June 2024 we will have a focus on improving completion rates for all StatMan training and part of this will be improved reporting for supervisors.

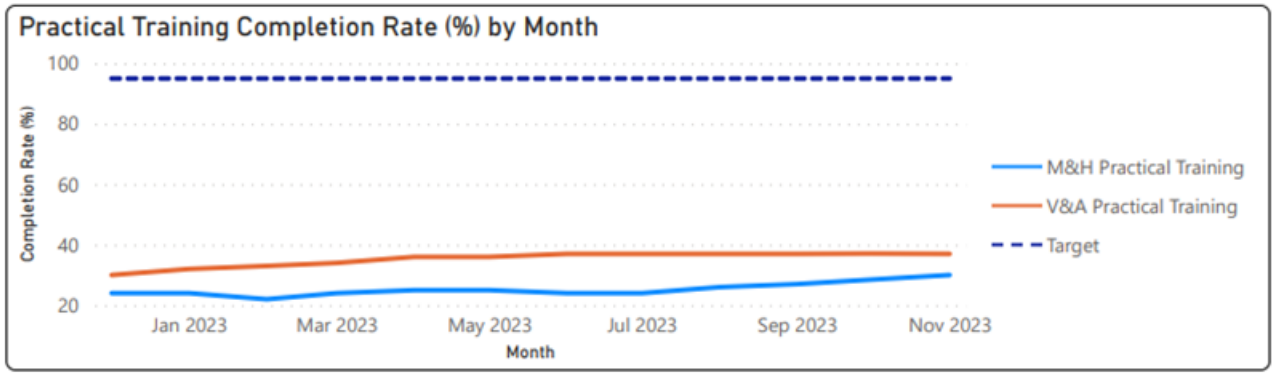
The Oversight Group is considering ways to ensure improved compliance rates, including fixed start dates to allow employees to complete all StatMan before being released to their workbase.

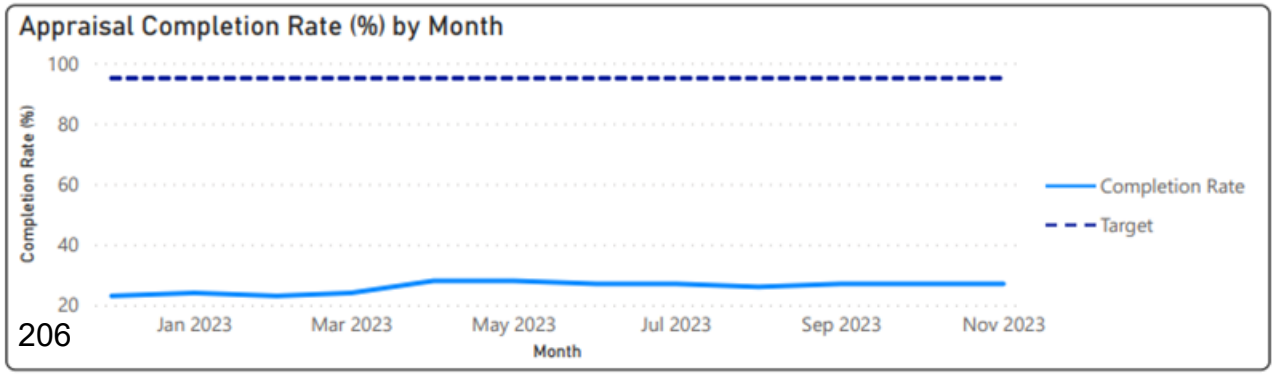
The Appraisal completion rate is notably well below target at 27% and there will be renewed focus on this from January 2024 with the roll-out of revised PDP&R training for Reviewers and digital learning module for all colleagues.

Training Metrics Nov 2023

Mandatory eLearning Completion (%)	68.6
V&A Practical Training Completion Rate (%)	37.0
M&H Practical Training Completion Rate (%)	30.0
Appraisal Completion Rate (%)	27.0







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Exec Lead
Boyd Peters
Board Medical Director

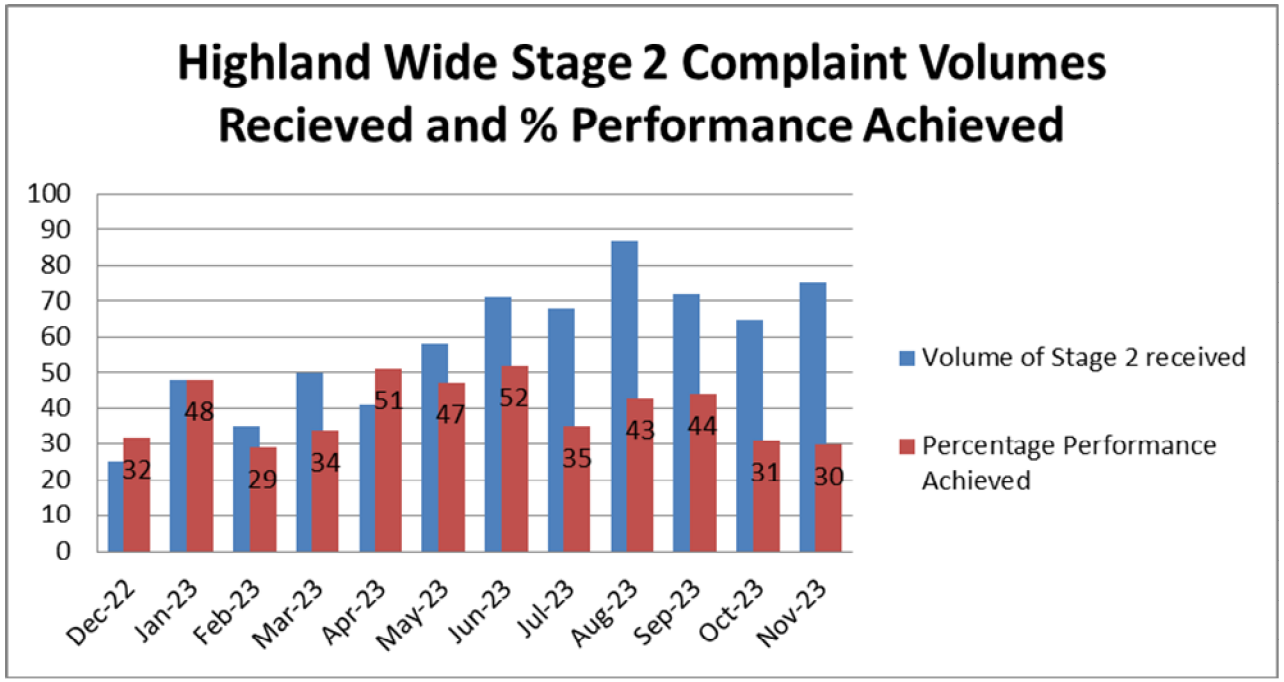
Complaint Activity: Last 13 months

Progress Made	Next Steps	Timescale
• Progress made with QPS Dashboard • Identifying actions taken to improve and quantifying the measures of success • Continuous work to support improvements in performance – Working in Partnership with ACUTE	• Phase 2 and 3 of the QPS Dashboard Project • Refine the processing of Actions • Applied focus for Service Areas on delivering responses in target – Sharing more info on progress and allocating of cases in service areas	• March 2023

PERFORMANCE OVERVIEW
Strategic Objective:
Outcome Area:

Latest Performance (Target 60%)	NOV 30%

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
- Higher volume of complex cases touching multiple areas

Factors which influenced complaint volumes has been:

- Dental related complaints and MSP interest in service delivery
- Cancer Services relating to service provision of Oncology appointments
- Adult services relating to continuity of care and lack of care services
- In A&B concerns regarding the movement of Haematology care to GG&C

Top 3 Complaint themes

- Care and treatment - Relating to delays in diagnosis, mis-diagnosis, level of nursing care and issues with treatments.
- Communication – Information pre-treatment, contact with consultants, discharges and cancelled appointments
- Staff Attitudes & Behaviour – Manner in addressing patients & ward visitors, nursing issues and community carers engagement with clients

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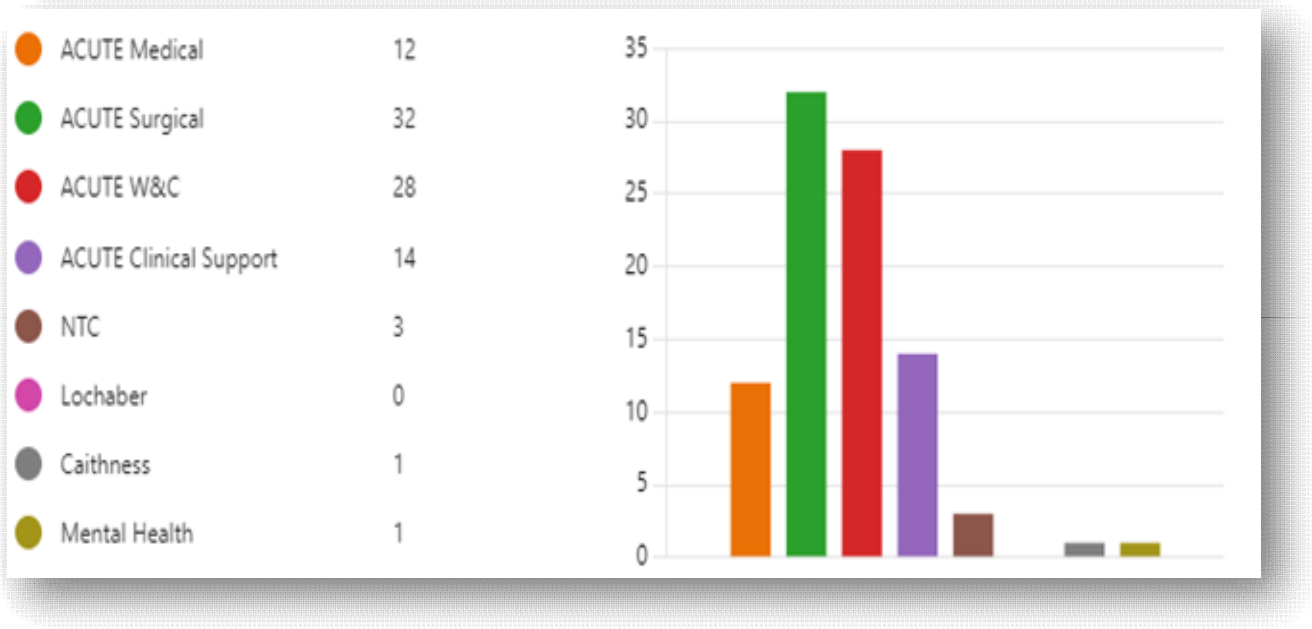
Complaints - Quality Assurance Activity

Progress Made	Next Steps	Timescale
• Quality Assurance Form to be rolled out in A&B and HHSCP • Actions agreed are logged on Datix to allow monitoring	• Analysis of Further Correspondence to assist improvement work • Enhanced reporting to Nurse & Medical Directors	• End of February 2024

Quality Assurance Form Outcomes (ACUTE & MH) – 91 completed since Sept 2023

The Quality Assurance (QA) form was introduced to begin the process of gathering qualitative measures to ensure continuous improvements are being developed in complaint handling practices. The outcome of the 91 cases which had a completed QA form are as follows:



- 25% of complainants received a contact prior to the completion of their complaint
- 95% of cases were checked for accuracies in content and format
- 33% of cases identified learning points to share with complainants
- 36% explained how learning would be shared within their departments
- The above will be fed back to the listed teams

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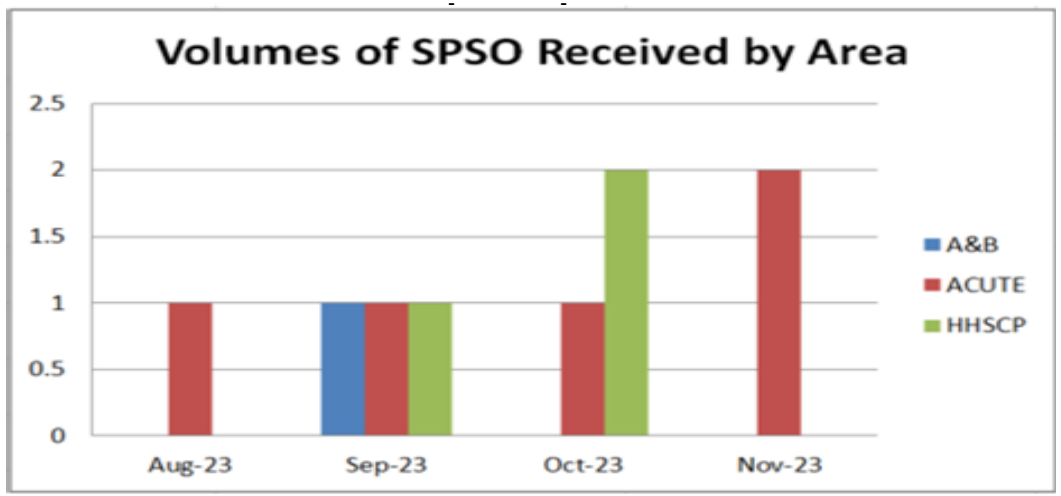
Exec Lead
Boyd Peters
Job Title

SPSO Activity

Progress Made	Next Steps	Timescale
• SPSO Process and Flow has been revised to inc Professional Leads • Policy/Process changes to be discussed at QPS Level • Outcomes from SPSO Conference issued in New Year • SPSO brief to use new secure link technology	• SPSO Briefing to be issued on conference outcomes • SPSO Response Training for service areas	• End of January 2024

In last 4 month period total of 9 SPSO Cases have been



As of December 2023, NHSH have a total of 26 SPSO Active complaints. Out of 26,

- **19** are Initial Enquiries with a view to early resolution
- **4** are Formal Investigations
- **3** are open but awaiting actions to be completed on final decisions received.

Deeper look into: Care & Treatment and Attitude & Behaviour

Care and Treatment

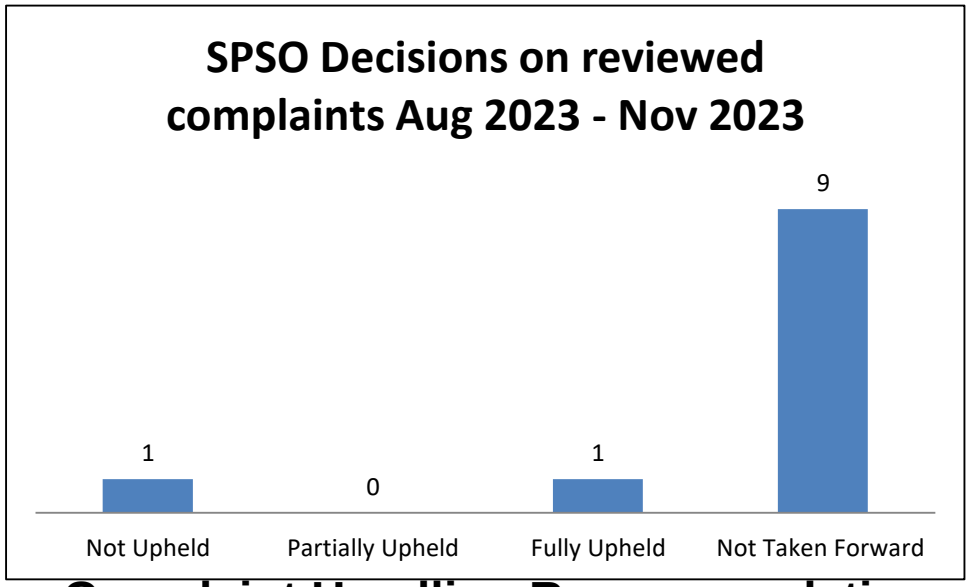
- The level of observations to identify a decline in patient clinical position
- Movement of patients to other wards and care units, the lack of continuity of care
- Foot lesions not identified
- Failure to provide full care resulting in risk to patient
- Lack of diagnosis, no scans taken when there was opportunity to do so
- Mental Health services – lack of care and support

Attitude & Behaviour:

- Attitude of midwife to patient and visitor
- Behaviour of salaried GP - lack of consideration and compassion
- Behaviour of nursing staff in relation to reassuring the wellbeing of patients

SPSO Activity		
Progress Made	**Next Steps**	**Timescale**
• SPSO Actions Logged and captured in Datix with evidence based info attached	• SPSO responses and training for Operational Units	• End of February 2024

In the last 4 months a total of 11 SPSO cases have been responded to with 1 case being fully upheld requiring action.



The fully upheld case related to care and treatment in the medical assessment unit specifically relating to:

- triage and assessment
- delays in receiving treatment
- coordination of treatment

Actions Taken were:

- All patients triaged at the point of admission using Acute Triage Scoring system
- Streaming Bay developed to initiate Assess to Admit model
- Reduced outdoor waits and access block
- Levelled out work in progress through the admissions unit

Complaint Handling Recommendations:

- To ensure hold letters are tailored where possible to set expectations
- To ensure complainants are contacted at point of investigation to reduce delays and assure robust responses.

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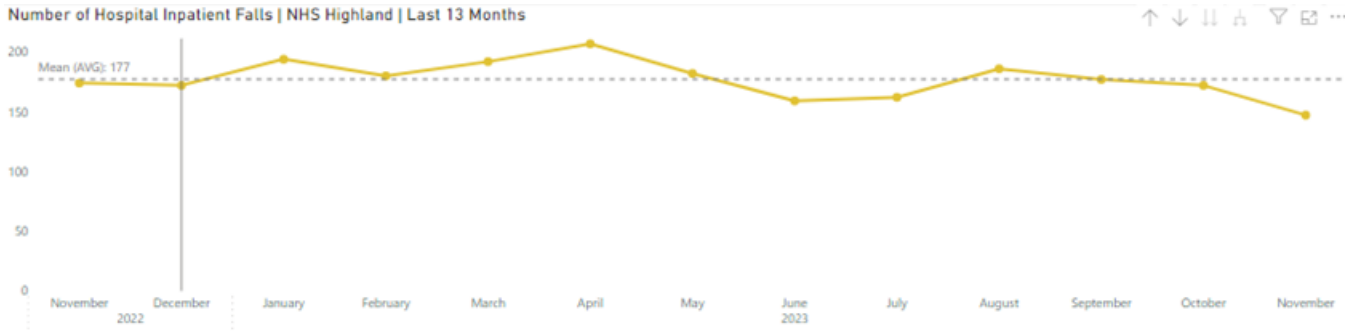
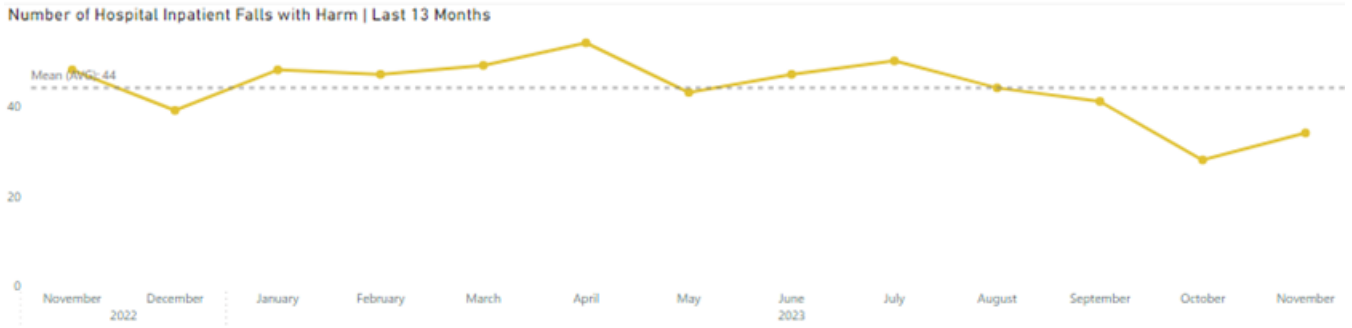
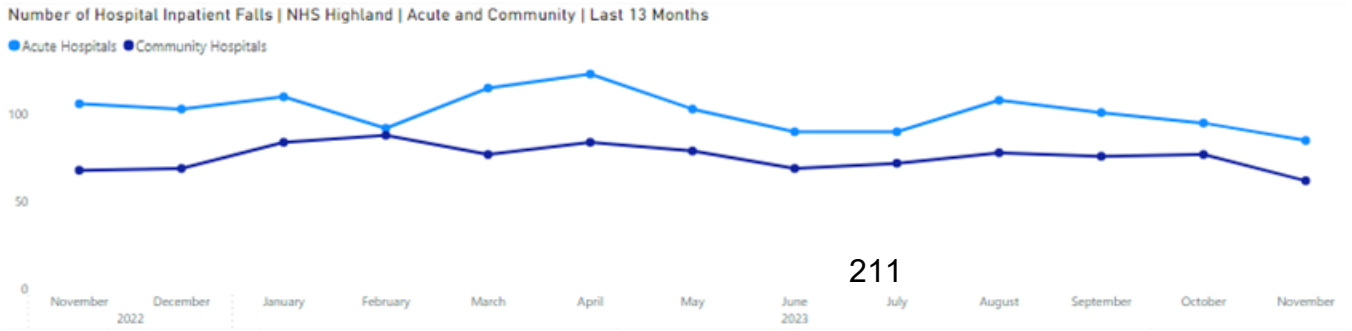
Exec Lead
Louise Bussell

Clinical Governance | Hospital Inpatient Falls

Progress Made	Next Steps	Timescale
• Reduction in falls with harm sustained since July 2023 • Rosebank ward 50% reduction in falls • New Craigs hospital have achieved 20% reduction in all falls and 30% reduction in falls with harm • Key message of the month re falls launched	• Distribution of Falls information leaflet across all sites • Review of post fall bundle • Review of Falls policy – draft shared with HSE	• 31/01/2024 • 16/02/2024 • 19/02/2024







PERFORMANCE OVERVIEW Strategic Objective: Outcome Area:	
Latest Performance	
ADP Trajectory Agreed	
ADP Trajectory	
Performance Rating	
National Benchmarking	
National Target	
National Target Achievement	

27 December 2023
Data Correct as of

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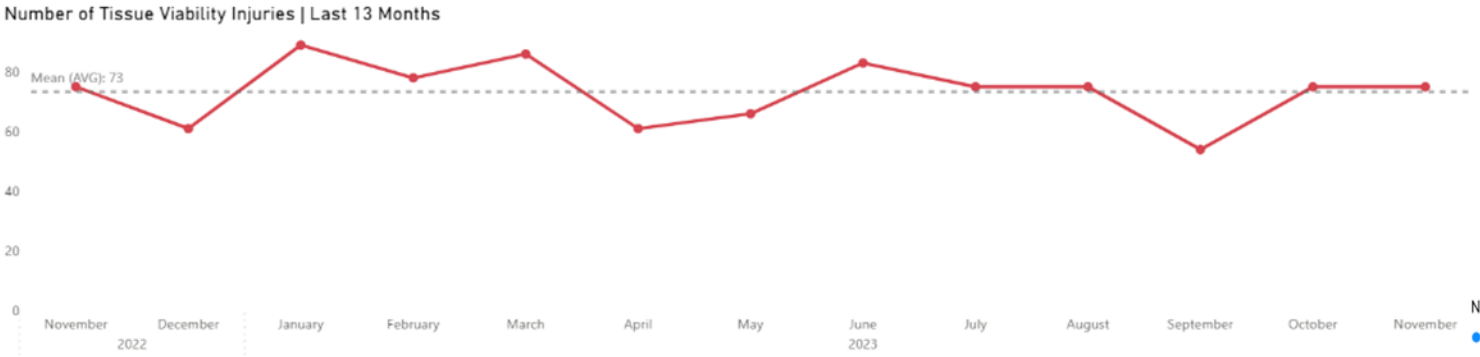
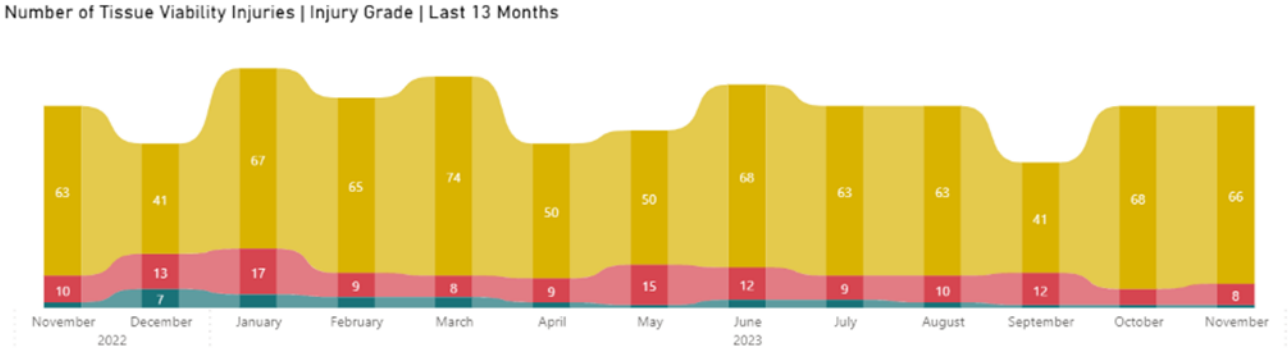
Exec Lead
Louise Bussell

Clinical Governance | Tissue Viability (grade 2, 3 & 4 only)

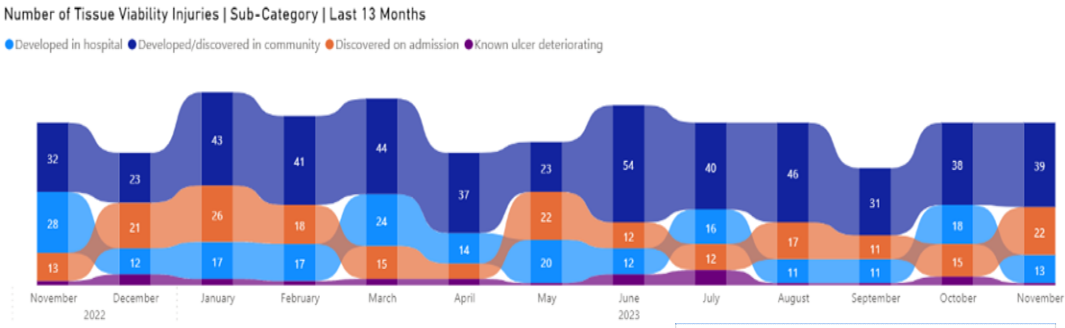
Progress Made	Next Steps	Timescale
• Target aim to reduce pressure ulcers agreed • Initial discussions with SAS to review transfer of patients to and from hospital and pressure relieving equipment to reduce pressure damage • aSSKINg model (assess risk, skin assessment and skin care, surface, keep moving, incontinence and moisture, nutrition and hydration and giving information or seeking help)for community teams presented to Health improvement Scotland	• Reduction of hospital acquired PUs by 20% • Further meetings and possible pilot areas to be identified • To trial in community nursing teams to see whether this would be more appropriate to use in community settings rather than daily care plan as used in inpatient areas for assessment	• June 2024 • June 2024 • April 2024

PERFORMANCE OVERVIEW Strategic Objective: Outcome Area:	
Latest Performance	
ADP Trajectory Agreed	
ADP Trajectory	
Performance Rating	
National Benchmarking	
National Target	
National Target Achievement	





Pressure ulcer Grade 2	779
Pressure ulcer Grade 3	138
Pressure ulcer Grade 4	36



Developed in hospital	213
Developed/discovered in community	491
Discovered on admission	211
Known ulcer deteriorating	38

27 December 2023
Data Correct as of

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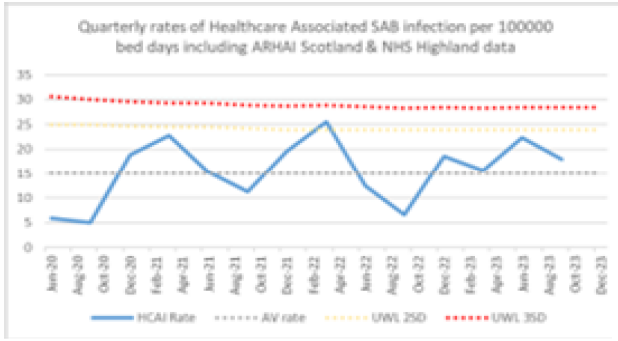
Exec Lead
Louise Bussell

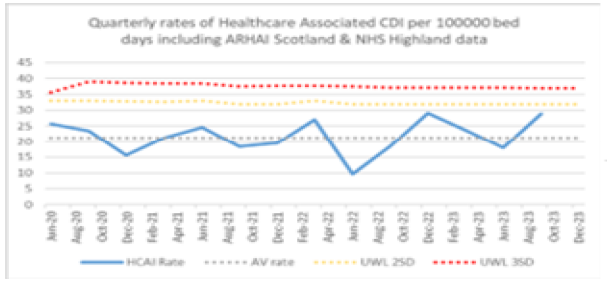
Clinical Governance | Infection Control (SABS, CDIFF and E.COLI)

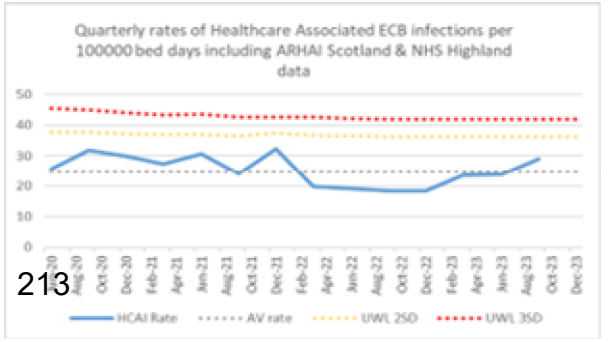
Progress Made	Next Steps	Timescale
• The current reduction aims are: Clostridioides difficile healthcare associated infection rate of 15.6 per 100,000 total occupied bed days by 2024. Staphylococcus aureus bacteraemia rate of 15.3; and E.Coli bacteraemia rate of 17.1. • Local data for July – Dec 2023 identifies a rise in CDI cases has occurred. Early identification of the cases enables control measures to be adopted quickly and reduce onward transmission. ARHAI Scotland are aware of the position	• The Infection Prevention and Control team actively monitor each patient with a reported episode of infection, for learning points and to prevent future occurrences. Information is disseminated to the wider clinical teams. • IPC annual work plan continues to be monitored. A detailed report is submitted to the Clinical Governance Committee for assurance	• Review end of year position April 2024 • Validated position will be known July 2024

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

Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2 (NHS Highland un validated data)	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	18	n/a	n/a
SCOTLAND	18.3	n/a	n/a	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	29	n/a	n/a
SCOTLAND	16.1	n/a	n/a	n/a
E.COLI				
NHS HIGHLAND	23.8	29	n/a	n/a
SCOTLAND	37.6	n/a	n/a	n/a

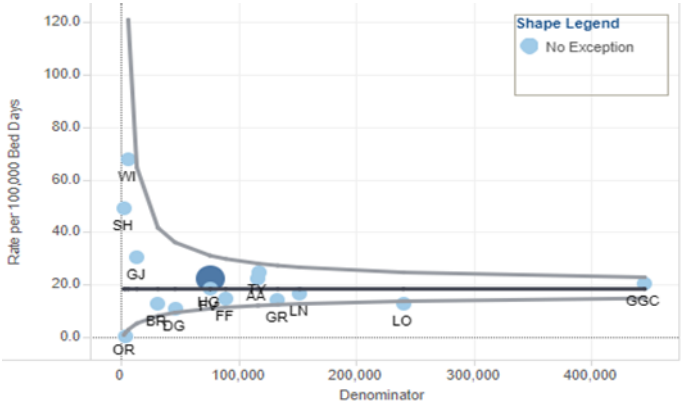




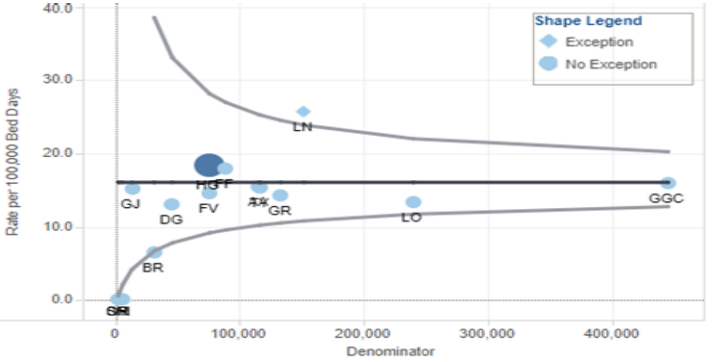


NHS Highland Quarter ending June 2023
Discovery data

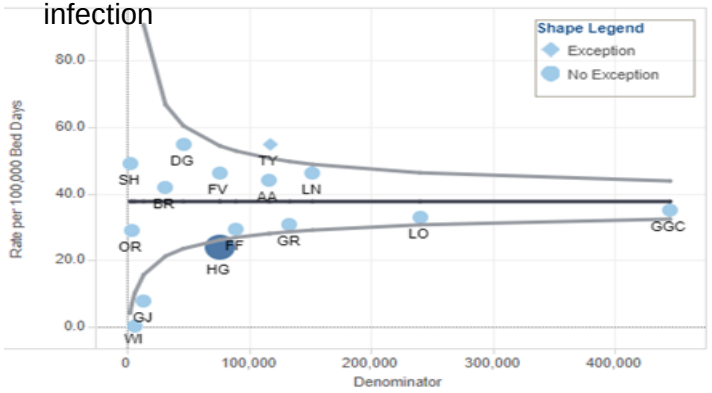
Staphylococcus aureus bacteraemias - Healthcare associated infection



Clostridioides difficile infection – Healthcare associated infection



E.coli bacteraemia- Healthcare associated infection



Appendix: IPQR Contents

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

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
9	ED 4 hr wait performance by HHSCP Hospital	Monthly	November 2023	March 2024
9	Weekly A&E patients waiting 12 hrs plus	Monthly	New graph	March 2024
9	Weekly ambulance Handover results	Monthly	New graph	March 2024
9	Board Comparison % meeting Waiting time standard	Monthly	November 2023	March 2024
10	Delayed Discharges in NHS Highland	Monthly	New graph	March 2024
10	Delayed Discharge Benchmarking	Monthly	New graph	March 2024
11	New outpatients 12 week waiting times	Monthly	New graph	March 2024
11	New Outpatient total waiting list & Projection	Monthly	January 2024	March 2024
11	Board Comparison % Met waiting time standard	Monthly	New graph	March 2024
12	New Outpatients Referrals, Patients seen and Trajectories	Monthly	January 2024	March 2024
12	OP Patients waiting over 52 weeks	Monthly	January 2024	March 2024
13	Inpatient or day case 12 Week waiting times	Monthly	New graph	March 2024
13	Total TTG Waits & Projection	Monthly	January 2024	March 2024
13	Board Comparison % Met waiting time standard	Monthly	New graph	March 2024
14	Planned Care Additions, Patients seen and trajectories	Monthly	January 2024	March 2024
14	TTG Patients waiting over 78/104 weeks	Monthly	January 2024	March 2024

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
15	Radiology Key tests Planned & Unplanned activity & Trajectories (3 Graphs)	Monthly	January 2024	March 2024
15	Board Comparison % met Waiting time standard	Monthly	January 2024	March 2024
16	Endoscopy Key tests Patients seen and Trajectories (2 Graphs)	Monthly	January 2024	March 2024
16	Board Comparison % met waiting time standard	Monthly	New graph	March 2024
17	31 Day Cancer waiting times	Monthly	January 2024	March 2024
17	Board Comparison % Met waiting time standard	Monthly	January 2024	March 2024
18	62 Day Cancer waiting times	Monthly	January 2024	March 2024
18	Board Comparison % Met waiting time standard	Monthly	January 2024	March 2024
19	PT 18 week treatment target	Monthly	New Graph	March 2024
19	PT Ongoing waits	Monthly	January 2024	March 2024
19	Board comparison % Met Waiting time standard	Monthly	January 2024	March 2024

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 17 January 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 (until 2.30pm)
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Pam Cremin, Chief Officer
Cllr, Ron Gunn, Highland Council (until 2pm)
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative (until 3pm)
Kaye Oliver, Staffside Representative
Sara Sears, Nurse Lead (shared role)
Simon Steer, Director of Adult Social Care
Michelle Stevenson, Public/Patient Member Representative
Diane Van Ruitenbeek, Public/Patient Representative
Neil Wright, Lead Doctor (GP)

In Attendance:
Rhiannon Boydell, Head of Service, Community Directorate
Louise Bussell, Nurse Director
Sarah Compton Bishop, Chair, NHS Highland Board
Ruth Daly, Board Secretary
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
Fiona Malcolm, Head of Integration, Highland Council (until 3pm)
Stephen Chase, Committee Administrator

Apologies:
Kate Dumigan, Claire Copeland, Cllr Chris Birt, Cllr David Fraser.

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.

The Chair welcomed new member, D Van Ruitenbeek as Public Patient Representative who gave a brief introduction to her background to the Committee.

The Chair informed the Committee that item 3.1 would be taken ahead of item 2.1 after which the meeting ran as set out in the agenda.

1.2 Assurance Report from Meeting held on 1 November 2023 and Action Plan

The draft minute from the meeting of the Committee held on 1 November 2023 was approved by the Committee as an accurate record.

Regarding the Rolling Actions, the committee agreed to close the Staff Experience item, the Terms of Reference item due to its inclusion at the present meeting, and the TEC item would be incorporated into the Chief Officer's overview with particular reference to the analogue switch off. All other items were to be closed as they would be considered in the 2024-25 Work Plan discussions between the Chair and the Chief Officer.

The Committee
- **APPROVED** the Assurance Report
- **NOTED** the Action Plan.

1.3 Matters Arising From Last Meeting

There were none.

The Committee:
- **NOTED** the updates.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report which had been circulated in advance of the meeting noted that NHS Highland had 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 had been ongoing within the Board and nationally to consider options and schemes to close the gap. Scottish Government had provided additional funding and the Board was looking to deliver a financial deficit of no more than £55.800m. The report summarised the position at Month 8, and provided a forecast through to the end of the financial year highlighting the current and ongoing service pressures.

For the period to end November 2023 (Month 8) an overspend of £11.149m was reported within the Health & Social Care Partnership. This overspend was forecast to increase to £14.984m by the end of the financial year.

The report offered limited assurance due to work to progress savings delivery and address the ongoing utilisation of locums and agency staff. A robust recovery plan was in development in order to increase the level of assurance with oversight and support from Scottish Government in line with their "tailored support".

F Gordon spoke to the report and noted that there were a number of drivers

During discussion that followed focus was given to the following areas,

1. The level of confidence of the partnership's ability to take transformational action was addressed and it was noted that at month 9 there had been no increase in the position and that in fact there had been observed a decrease and that measures had been having an effect.
2. The Chief Officer noted a number of the challenges to transformation plans, which included the difficulty of achieving Adult Social Care savings due to the impact there could be on quality and patient safety, however there had been areas identified in the

move to Horizon 2 around financial efficiency plans and service redesign which include a reduction in the reliance on locums, reductions in prescribing costs, and opportunities to take schemes forward with the 22 Board-run GP practices.

3. The Chief Officer also noted that the Joint Strategic Plan between NHS Highland and the Highland Council, provided an opportunity to address community engagement and links in, with Community Planning Partnerships regarding the impact of large-scale redesign of services and to consider better use of Technology Enabled Care and strategic commissioning.
4. It was confirmed that funding for independent GP contractors was covered under GMs. N Wright commented that in numerical terms independent contractors were value for money when compared with the pressures of Board-managed practices.
5. It was noted regarding the Adult Social Care position, that there had been a conscious decision following dialogue with the Highland Council not to take forward some proposals in order to avoid severe impact on the system, which meant that instead of slippage there had been unachieved savings which would be carried forward into the next year. It was noted that discussion was ongoing with regard to an acceptance by Highland Council of the ASC position. The Chief Officer commented that she had been in regular dialogue with Highland Council's Corporate Management Team.
6. The Director of ASC provided assurance to the Committee that pressures for the next year had been identified to a reasonable level of accuracy and the extent to which those were funded or not funded, and that possibilities for a range of transformational schemes and clarity around the potential impact were also under examination with Highland Council colleagues.

The Committee:

- **NOTED** the report and accepted **limited** assurance.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Quality Review Framework

The Nurse Director presented an overview of the approach taken to review quality within NHS Highland. The Chief Nursing Officer for Scotland had been appointed to assist with the quality review. It was noted that forty-three leaders across NHS Highland from different professional backgrounds had been interviewed. Professions had included those from Clinical, Operational, Social Care and Executive Directors. The interview had highlighted the key question: what can I do to make patient quality and safety better in NHS Highland? A report had been provided to the Board with suggested recommendations to help guide the Board to make necessary improvements to quality.

The key themes that the report emphasised had included Approach to quality; Leadership and Direction; Experience and Engagement; Data; Systems and Processes; People; Language; Learning Organisation; Culture. Suggested recommendations include acknowledging good practices and positive attitudes expressed; ensuring there is a clear definition of quality to be used in the context of health and social care; agree a definition for Clinical Governance. Explore local, unit and organisation wide – sharing of learning and good practice.

The Quality Commissioning report was presented to professional advisories for feedback with it going to the Social Work Advisory Committee on 1 February 2024. Feedback received had included the correct language to ensure it was adapted to health and social care. Importance of a learning culture was emphasised and how leaders need to influence this. There would be a plan completed taking into consideration the recommendations and comments received. The plan would be presented to the Area Clinical Forum and a review undertaken on the whole pathway by linking in with Primary Care.

In discussion,

- Challenges around implementing consistency of quality were acknowledged regarding training with a large workforce, and around supporting staff expected to work alone in remote locations.
- The importance of clear Care Governance was noted in terms of evidencing suitable processes and safety systems were in place, and communicating appropriate escalation routes, especially with regard to Care Home Collaboratives, and independent and Third Sector colleagues.
- Management of public assurance was raised in terms of emphasising that agency staff have suitable access to training and support. The Nurse Director noted the challenges for agency staff when having to move location between shifts but noted that there was generally a good level of consistency of staffing and locations.
- Consideration towards gathering independent staff experience was raised and access to the staff survey was mooted.

The Committee:	
– **NOTED** the report and the current position in terms of compliance with legislation policy and the Board's objectives.	

3.2 HSCP IQPR

R Boydell spoke to the circulated report and noted that the position had remained relatively static across the year. There had been no improvement in Care at Home, Care Homes, Adult Support and Protection, or delayed discharges this month due to ongoing sustained challenges. However, carer breaks had been accessed and utilised and would continue into Q4, which would be reported next time. There was continued growth in SDS direct payments and great improvement in waiting times for psychological therapies over the year. Performance of Drug and Alcohol Recovery service had also improved greatly over the year and was better than national average. Strategy and Transformation team's non-reportable data would be brought to the next meeting.

During discussion, the following issues were raised:

1. M Cockburn noted the significant collaboration with third sector partners in relation to Drug and Alcohol services and asked whether this was sustainable as there were concerns about the level of challenges in Highland.
2. The Chief Officer commented that the position was more positive and sustainable than graph showed and there had been improvement, particularly around implementing some of the Medical Assisted Treatment (MAT) Standards which had enabled access for people across the service, not just the MAT part of it.
3. The Head of Service (Health and Social Care) gave assurance that the service was moving in the right direction from a health and social care perspective. The service was doing particularly well around MAT standards; work within the custody suite had been Nationally and possibly Internationally recognised; and a national campaign regarding the uptake of naloxone was being discussed, which would see all staff across all services carrying the drug and would be relatively easy to implement within our services.
4. It was noted that the Drug and Alcohol Recovery service was one small piece of the fuller Alcohol and Drugs Partnership whose governance route was through the Community Planning Partnership and the full picture would be seen later in the year through the ADP annual report.
5. M Stevenson cited an example of delayed discharge from her recent stay in hospital, where a patient had been in since April and was showing clear signs of distress which was in turn distressing other patients, and asked why this was happening and how those affected were being supported.

6. The Chief Officer recognised that several patients were in the wrong places whilst awaiting care and that the effects of this reached further than the patients whose discharges were delayed. While work was being done to remedy this and staff were passionate about promoting a good care experience, different factors affected discharge delays such as capacity, staffing and legislative procedures.
7. The Nurse Director suggested that it might be helpful to differentiate the reasons behind different delayed discharges in future reports and highlighted that while there was an issue with lack of availability of services, for some it was a case of there being nowhere appropriate for them to go due to complex needs, particularly those with mental health care requirements and solutions were being sought.
8. A Clark suggested a future discussion around the relationship between the Quality agenda and the IPQR data that was brought to the committee.
9. Several challenges were raised around the provision of Care at Home Services and these had been addressed as follows:
    - Work had been done with partners to look at block contracting and bringing people more into the multi-disciplinary team. While there were some financial challenges around that, these shouldn't be a barrier.
    - A specific board had been set up to measure and better understand the vast amount of work that had been done on Care at Home.
    - The cost of agency staff and issues with staffing outside of Inverness were being addressed through a joint strategic plan, project charter and several workstreams. However, increasing oncosts on top of our financial settlement made this increasingly challenging, particularly as there was overspending as a board on agency staff and an increased demand from the population.
    - The Director of Adult Social Care advised that the current Care at Home position was largely unchanged with 2600 hours short and the work being done was to stem the flow as opposed to expanding the service.
    - The hope was to build a Care at Home Collaborative with the Third Sector with the ability to be flexible within contracts without the need for bureaucratic processes.
    - A review had been initiated to look at flexibility and a joint staff member was in post to promote recruitment.
    - The reserves programme had been successful in recruiting over 70 people.
    - The way runs as opposed to zones were structured was being considered in partnership with the sector.
    - The biggest issue was where services were handed back due to providers inability to continue. It was important to look at support as well as care at home.
    - There were significant concerns around the financial position for next year, which was yet to be confirmed but would likely mean having to operate within a smaller financial envelope when there was an already depressed level of care provision across Care at Home, Care Homes and Support Work. Work was being done on increasing alliance on digital solutions and reducing the use of inefficient systems, such as double handling.
10. A Clark suggested that the delivery of mental health support to young people and young adults through more remote means might be explored given the increased acceptance and familiarity with information technology and it was agreed this would be picked up at a future meeting.

The Committee:
- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

[The Committee took a rest break from 2.30pm to 2.40pm]

3.3 Joint Strategy

The report circulated ahead of the meeting provided an update on the development of the HHSCP Joint Strategic Plan which had been developed and overseen by the Strategic Planning Group, had been subject to extensive engagement to its conclusion. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the Partnership to have in place a Strategic Plan which sets out the arrangements for the carrying out of the integration functions for the Partnership area over the period of the plan and which also sets out how these arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes. The same Act also directs that a Strategic Planning Group is required to be established to support the development of a Joint Strategic Plan. That group had been established and had supported the Partnership to prepare a draft joint strategic plan which was approved by the Joint Monitoring Committee as an outline document for the process of wide and inclusive engagement over a 3-month period up to 30th September 2023. The plan was updated following the engagement process and reviewed further by the Strategic Planning Group on 6th November and 4th December 2023. The finalised Joint Strategic Plan was presented and agreed at the Joint Monitoring Committee on 15th December 2023.

The Chief Officer spoke to the report and noted that there had been good feedback on issues such as affordability and equitable service provision from stakeholders, and noted that the plan covered both health and social care. The Chief Officer also noted that the Joint Monitoring Committee would meet in March to articulate the engagement work and determine the role as a partner within Community Planning.

In discussion, the following areas were considered,

- The level of work to get to the current stage was acknowledged by the members.
- It was suggested that it may be useful for the committee to receive a paper on locality and community planning in relation to the responsibilities the Committee had in relation to the Community Empowerment Act and the Joint Strategy, and that it could be useful for the Committee to hear the thoughts of the Collaborative Care Home Programme Board on the next steps in relation to care home planning.
- With regard to the implementation of district planning groups it was noted that there was a need to take account of the complexity involved especially concerning support given to small organisations, and to have good engagement with district managers to best communicate the role and remit of the strategic planning group.
- It was noted that engagement was underway with a number of providers around collaborative commissioning with a view to finding sustainability in the Third Sector.
- The need to engage differently on the consultation with different groups was commented upon, for example using digital methods or via the Handy Person network or Fire Service dependent on age group and available local arrangements. However, the need for consistency of messaging was emphasised.
- The Chair noted that he would consider in conversation with the Chief Officer, where in the Committee work plan issues such as community empowerment and the further implementation of the Joint Strategy could be reviewed.
- It was noted that the Joint Strategy was available via the HHSCP section of the NHSH website but that consideration would be given in collaboration with the Comms Team about an official launch.

The Committee:

- **NOTED** the report and
- **ACCEPTED substantial** assurance.

3.4 Community Services Risk Register

The Chief Officer explained that the report had been submitted to provide a summary of Community Services Risks across adult health and care services and was brought to the committee for assurance of action and to note the mitigations put in place. The report notes that the Community Directorate holds risk registers in operational areas of Community Services, Primary Care Services, Out of Hours, and Mental Health and Learning Disability services. A monthly Community Risk Register Monitoring Meeting was held to monitor all risks and ensure mitigation action was recorded and to review and update risks.

Two very high risks relating to workforce including access to NHS dental care. There are nine high risks relating to, workforce; information technology; compliance; protection; engagement; reputational; and service delivery. NHS Highland had been able to recruit to a specialist workforce that are keen to move to the area, but availability of suitable housing had been highlighted as a risk. Work had been done in partnership with the Highland Council to mitigate against those risks. The Statutory and Mandatory short life working group had been focused on achieving required levels of compliance with statutory and mandatory training.

Five medium risks were highlighted and had included; Engagement, risk to service redesign due to lack of standardised engagement; Service Delivery, risk to achieving service redesign within financial parameters; Service Delivery, risk of not being sufficiently able to respond to the outcome of the National Care Service consultation; Compliance, risk of low morale in health due to perceived inequalities in pay banding between health and social work professions; and Reputational, risk of vulnerability/harm to staff, services and public due to
lack of clear governance arrangements in Social Work.

Chief Officer HSCP noted that moderate assurance was being provided with the report as all risks were being mitigated and were regularly reviewed through governance process.

During discussion,

- N Wright highlighted that independent GP contractors had received an email on 29 December 2023 regarding changes to be made to Enhanced Services effective from 1 April 2024 with responses required by 1 February 2024. A number of independent contractors had expressed concern as the proposed changes indicated that some service contracts would be removed with an adverse impact on certain communities. The delay in adding these risks to the Risk Register via DATIX was commented upon. N Wright explained that there would be risk to population health with a reduction of health services though the risk to Secondary Care, with further pressures added by increased referrals from Primary Care. In addition there were financial, reputational and a relationship risk between the Health Board and independent GP contractors.
- The Committee Chair thanked N Wright for raising the concern at the committee and asked the Chief Officer to take away the concern to engage through the correct process. The Chief Officer advised that an update on the matter would be given through the Chief Officer Report at the next meeting of the committee. It was commented that concern had been raised at the recent meeting of the Area Clinical Forum. A briefing was recommended from the Chief Officer to the Chair to provide assurance on behalf of the committee that appropriate action had been taken prior to the February deadline date.

- Discussion had been had around the progress of the development of a Social Care Governance framework using principles from the Vincent Framework guidance. Work would continue to develop the framework with the input from social care practitioners and professionals.
- DATIX had been used to highlight and monitor issues and the Quality and Patient Safety Committee has seen improvements that enable large quantities of data to be accessed. Proposals had been submitted to the Chief Social Work Officer and Chief Executives of the Board and Council about Clinical and Care Governance. Governance and escalation issues were still to be resolved but noted progress would be made over the upcoming months. A higher number of DATIX reports had been submitted due to increased awareness of the tool and assurance was given that reports were followed up appropriately

by management. The Nurse Director highlighted the importance of all staff being able to submit DATIX reports.
- The Director of Adult Social Care noted that appropriate Social Work and Social Care governance was in place for the next financial year to allow questions in term of equity and allocation of resource efficiency.

Action: Chief Officer to engage with the concerns raised regarding the Enhanced Services and to provide an actions taken update at the 6 March 2024 meeting.

Action: Chief Officer to provide assurance briefing to HHSCC Chair noting actions taken to address the Enhanced Service concerns prior to the deadline 1 February 2024.

The Committee: - **NOTED** the report and - **ACCEPTED moderate** assurance.

3.5 Chief Officer's Report

The Chief Officer spoke to the circulated report and included a summarised progress update of the major redesign projects which included Caithness Hospital and Lochaber Community Hospital. The report noted the impact of Storm Gerrit over the Christmas and New Year period and that community, operational teams, and multi-agency partners had responded well to the challenges. Appreciation was expressed for staff who had worked very hard and at times over their standard hours to ensure services and systems were safe and operational.

The Chair advised in response to a question that the proposed changes to the vaccinations programme would feature on a future agenda. The Chief Officer advised she would be attending the Vaccination Programme Board after the committee meeting.

Action: Chief Officer to provide Committee with a report detailing implications on services due to the proposed changes to the vaccinations programme.

The Committee: – **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Annual Review of Committee Terms of Reference

The Board Secretary noted that following the proposed changes to the committee's Terms of Reference (ToR) to incorporate reference to the Joint Management Committee and its role, that this had been completed.

An amendment to the numbering was noted by the Board Secretary for completion following the meeting.

In discussion, it was suggested that.
- Clarification be made in the ToR regarding Adult Social Care governance arrangements and that this would also need to be carried out for the Clinical Governance Committee's ToR.
- The Chair noted that he would discuss the continued relevance of reference in the ToR to a Commissioning Subgroup outwith the meeting with the Chief Officer.

- The Nurse Director noted that she would discuss with the Chief Officer and Board Secretary how best to agree the naming conventions of lead executives in the document.

The Committee – **Agreed** the Terms of Reference in its current form for the purpose of approving governance processes with the Board.

4.2 Committee Work Plan

The Chair noted that the draft work plan for 2024-25 would be presented to the committee at the next meeting with the Annual Assurance Statement.

The Committee – **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5 AOCB

There was none.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 6 March 2024** at **1pm** on a virtual basis.

The Meeting closed at 4 pm

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/
MINUTE	**18 January 2024 – 9.00am (via MS Teams)**

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
Joanne McCoy, Non-Executive Board Director
Boyd Peters, Medical Director
Dr Gaener Rodger, Non-Executive Board Director

In attendance Gareth Adkins, Director of People and Culture (Item 9.3)
Rob Cargill, Deputy Medical Director
Ann Clark, Board Vice Chair
Claire Copeland, Deputy Medical Director
Pamela Cremin, Chief Officer Highland Health and Social Care Partnership
Caron Cruickshank, Divisional General Manager (Maternity Unit)
Ruth Daly, Board Secretary
Lucy Dornan, Lead Nurse
Tracey Gervaise, Head of Operations, Woman and Child
Elizabeth Higgins, Associate Nurse Director
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Elizabeth Sage, Consultant Respiratory Physician
Simon Steer, Director of Adult Social Care
Katherine Sutton, Chief Officer Acute Services
Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

There were no apologies from committee members.

It was noted that Stephanie Govenden, Rebecca Helliwell and Fiona Davies would not be in attendance at the meeting.

1.2 DECLARATIONS OF INTEREST

The Chair 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.

1.3 MINUTE OF MEETING ON 2 NOVEMBER 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 2 November 2023 and Committee Action Plan was **Approved.** The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee:

- **Approved** the draft Minute.
- **Approved** updated Committee Action and Work Plans.

1.4 MATTERS ARISING

1.4.1 Neuro Developmental Assessment Service (NDAS)

The Head of Operations confirmed that she presented the detail contained within the report that went to Clinical Governance Committee in November to the Integrated Children's Services planning board meeting on 6 December 2023; there had also been a multi-agency meeting on 18 December 2023 which had representation from CAMHS, Child Health and Education and Learning with discussions covering pre-assessment, the NDAS referral system and the waiting list.

She advised there was a lack of awareness around neurodiversity at a workforce, family and community level with clear needs to improve workforce skills and competency around neurodiversity along with child planning.

The Head of Operations confirmed that there was agreement at the national meeting on 18 December 2023 that the programme of work required to progress the service must be led and owned by all strategic partners with Education and Learning providing key input and support. She also referenced continued work around engagement and communication with Integrated Children's Services staff with an FAQ due for distribution in due course and a review of the NDAS referral process was underway with key learning being taken from Drummond School in Inverness.

During discussion, the following points were raised:

- In response to the recruitment challenges, the Head of Operations confirmed an Assistant Clinical Psychologist post had been shortlisted and interviews were due to take place; she also confirmed that time-limited funding for two neuro-divergent practitioners had come to an end and they'd left post, however discussions had taken place to encourage a collaborative approach to strategic direction and she had asked the interim Head of Psychology to provide this to the NDAS team. The Head of Operations acknowledged there was an expectation our partners worked utilised this collaborative approach across the team, specifically the clinical lead for CAMHS and the Paediatric Allied Health Professions lead.
- The Medical Director noted that it would be helpful to include some additional data within the report in future such as a breakdown of incidents or concerns within DATIX and where those on the waiting list were presenting to other departments so the wider picture could be understood; The Head of Operations agreed and suggested data was provided from community paediatric services; she also suggested securing some data from local authority colleagues to determine what support is being provided in schools. The Head of Operations confirmed she would reach out to the aforementioned colleagues in due course.

The Committee:

- **Noted** the verbal update.
- **Agreed** a formal update be submitted to the next meeting.

2 SERVICE UPDATES

2.1 SCI Gateway Referral Update Process

The Deputy Medical Director spoke to the circulated report and confirmed that an update to the electronic system nationally wasn't deployed successfully resulting in an incident in August 2023. The team identified the scale of the issue and implemented robust incident management processes to resolve the issue and no harm was caused to any patients because of the fault. She also mentioned that some key learning points had been taken on board as part of the incident.

The Head of eHealth reiterated significant learning had been achieved as a result of the incident both nationally and locally; he also confirmed a post event incident team had been put in place who have assured if any future incidents occurred the required remediation work would begin instantly to minimise the impact on services.

Board Member J McCoy asked that a report detailing the reviews that have taken place as a result of this incident come back the next meeting.

The Committee:

- **Noted** the content of the report.
- **Agreed** a formal update on the reviews that have taken place in response to the incident be provided to the March 2024 meeting.
- **Agreed** to take **Substantial** assurance.

2.2 Staff Availability and Recruitment Process

The Chair noted that this item would be included on the May Committee agenda.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Policy for Controlled Documents

Members were advised it had been previously identified there were a number of NHS Highland Policies, Guidelines and Standard Operating Procedures (SOPs) that were out of date and in need of review. It was advised the associated Policy for Policies document had subsequently been updated and all relevant documents would now include fixed review dates and have defined routes for ratification of documents established. These control mechanisms were applicable across the whole of NHS Highland.

The Committee so Noted.

3.2 Review of Vascular Services in NHS Highland

There had been circulated report advising as to a formal review of NHS Highland Vascular Services, conducted by Professor Peter Stonebridge following concern as to the sustainability of the Service in light of recent staffing changes. Members were advised there were co-dependencies between Vascular and other surgical specialties, including Obstetrics and Gynaecology, as well as medical specialties such as Renal and Stroke Medicine. Vascular surgical practice linked closely with Interventional Radiology, with specialist centres ("arterial centres") usually hosting both services and case management decisions led by Multi-Disciplinary Meetings involving teams from each specialty. The circulated report by Professor Stonebridge provided detailed informed analysis of the existing situation and considered what NHS Highland should do in response. Dr Peters advised there had been discussion at regional and national level in relation to Vascular Services, with a national review

expected at a future point. It was clear that change was required, and discussions were also underway in relation to relevant patient pathways etc. The National Advisor on Vascular Surgery had been furnished with a copy of the circulated report. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Waiting for National Review. Advised work being taken forward in NHS Highland separately and out with discussion on wider, national concerns/issues.
- Potential Impact on Patients. Emphasised patients need to be able to contribute to future discussion on any associated pathway redesign. Advised scoping activity identified up to 20 emergency cases and up to 200 arterial procedures may be referred out with Highland per calendar year, with relevant patients required to travel for treatment. A number of associated services and services would likely be maintained in Highland.
- Impact on Third Sector Patient Support. Confirmed will be considered as part of any agreed action. Emphasised a sustainable service that met relevant Standards required a volume of patients and level of staffing not available to NHS Highland hence the need for change. Larger NHS Boards in Scotland were experiencing similar issues.
- Communications Plan for Future Action. Advised will be considered as important aspect of any future plans.

The Committee:

- **Noted** the detail of the circulated report.
- **Agreed** a further progress update be scheduled for the July 2024 meeting.
- **Agreed** to take **Limited** assurance.

3.3 Joint Inspection for Adult Support and Protection

L Bussell advised a Joint Inspection was due to take place in March 2024, the relevant scoping work for which was being led by the Director of Midwifery in line with the Public Protection Accountability and Assurance Framework. It was stated arrangements in Highland were operating with a number of health service gaps, lower than required staffing levels and concerns relating to existing roles etc. The absence of an appropriate Lead Nurse role was reported. Dedicated planning and performance resource had been allocated to this area of activity and matters relating to Statutory and Mandatory training were also under active consideration. Initial scoping work had confirmed improvements were required. S Steer advised an initial coordination meeting had been held with Inspectors, with another to take place in February 2024, where a formal position statement would be submitted and considered. He emphasised a number of improvement initiatives had been taken forward at a time of an unprecedented level of service pressure. He emphasised the Inspection also considered relevant Social Work and Social Care as well as clinical and medical leadership components.

On the point being raised in discussion as to the involvement of the Third Sector, members were advised the Inspection would focus on governance, process, and procedures and as such they would be within scope. No formal Statutory Responsibilities were delegated to Third Sector bodies. The volume of work involved in such an Inspection was recognised, as was the potential impact on services hence initial scoping included the identification of relevant staff and resource requirements.

The Committee otherwise Noted the reported position.

3.4 Audiology Services – National Review Update

The Head of Audiology spoke to the circulated report which detailed the NHS Highland position in relation to the recently published National Review of Audiology Services. This had been based on a Scottish Government exercise seeking assurances from all NHS Boards they had, or were working towards, having the correct safeguards and systems in place to mitigate the risks highlighted and

were recruiting to a national standard and training new and current staff members to the standards recommended. There were 55 recommendations in total. In seeking to bring the Committee further up to date, A Graham advised a National Implementation Group was being established, with a Programme Manager now appointed to work with that Group.

It was reported NHS Highland had already developed and begun to implement a Service Improvement Plan for Audiology Services, as indicated. When the National Review Report had been published the relevant recommendations had been incorporated and staff continued to work through the plan. The plan would ensure relevant service improvement and clinical governance within the service and in turn provide improved levels of care to all NHSH and Western Isles patients. It was reported a Head of Service, along with other members of staff, had been recruited to work alongside an existing locum Audiologist who is trained in ABR (Auditory Brainstem Response) testing. NHSH were working with NHS Grampian to ensure peer review of ABR testing. Existing team members had been scheduled to attend national training in ABR as well as new team members. This would ensure increased patient care and quality of service. A Paediatrics Audiologist Lead had also been appointed. Issues relating to training and equipment were being taken forward as indicated. The report proposed the Committee take **Moderate** assurance.

There was discussion of the following:

- Argyll and Bute Services. Confirmed Audiology Services in area, with relevant links established to ensure whole system NHSH approach and reporting arrangements. Links also established with NHS Greater Glasgow and Clyde and NHS Western Isles as appropriate.
- Community Audiology. Advised separate national group considering current position. This activity was being progressed in parallel with that already reported.
- Additional Recruitment. Advised looking to recruit to provide peripheral clinic activity within the Caithness area.

The Committee:

- **Noted** the detail of the circulated report.
- **Noted** a further detailed progress update would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

3.5 Update on Cancer Services

D MacRae spoke to the circulated report advising as to the work of the Cancer Service, recent successes and improvements, and the significant issues and risks regarding the safe and effective staffing of the Oncology Service due to an inability to recruit or retain staff both currently and in the longer term. It was noted the Cancer Delivery Group and Cancer Strategy Board provide oversight and governance on all aspects of Cancer Services from primary care and referral to Secondary Care and treatment and living with Cancer. The Delivery Group provided a focus on operational aspects and was prioritising improvements to Systemic Anti-Cancer Treatment (SACT) an Oncology Services as well as the expansion and redevelopment of the Cancer Centre Accommodation to provide additional accommodation for OP Clinics and the SACT Treatment Unit. The Group also had specific oversight of performance against the national 31 and 62 day Cancer Waiting Times Standard and compliance with the Scottish Government Health Department (SGHD) Framework for Effective Cancer Management, with work overseen by the Cancer Strategy Board under the Chairmanship of the Board Medical Director. The Delivery Group and Strategy Board served two main functions in both overseeing the operational issues relating to cancer performance and quality by ensuring the service complied with Cancer Waiting Times Standards and National Quality Performance Indicators, and also by providing strategic direction on development of Cancer Services, ensuring the aims and objectives of the Annual Development Plan and the SGHD Cancer Strategy were agreed and fulfilled.

The circulated report went on to provide detail relating to performance against Cancer Waiting Times, noting this was broadly in line with the national average although below target at a time of increasing

patient numbers being referred, diagnosed then treated. Patient referrals had increased by 110% since 2019, and by 15% in the previous 12 months. These increases were occurring at a time when the number of available clinical staff to assess and treat patients was reducing. It was noted Breast, Prostate, and Colorectal/GI tumour types accounted for about 70 per cent of cancers detected and subject to the Cancer Waiting Times Standards. Improvements were being targeted within these areas, as detailed and would make a significant improvement in performance. The national Framework for Effective Cancer Management continued to be utilised in order to ensure processes and systems were as efficient as they could be and lessons were learned from every patient experience that did not meet the Standard (Breach Analysis). Priorities also included working with Primary Colleagues to ensure all referrals complied with good practice guidelines and variation between practices was minimised. Work was also underway to maximise the efficiency of Multi-Disciplinary Team meetings. Further detailed updates were provided in relation to both Cancer Centre Accommodation and overall wider Oncology/SACT staffing levels, the latter considered the biggest risk to future provision of the Oncology Service and the viability of the Highland Cancer Centre. It was emphasised the status quo could not be maintained. The report proposed the Committee take **Limited** assurance.

The following was discussed:

- Scottish Government Discussion. Questioned if Prof Stonebridge style report required to highlight fragility of services in Highland. The requirement for regional and national discussions was acknowledged. Advised no clear expert candidate to conduct such a review and stated relevant issues had been, and continued to be, highlighted to Scottish Government over number of years through various routes. The need for a local Highland Strategy was emphasised.
- Public Messaging and Expectation Management. Encouraged patient and third sector involvement in an open and transparent approach. Advised existing delivery Standards were reasonable and cautioned against creating unnecessary public anxiety.
- Cumulative Impact and National Support. Concern expressed as to cumulative impact on existing local clinical model of issues and service pressures being reported across service areas including Cancer. Questioned level of national support available given potential requirement for more collaborative working arrangements. Advised NHS Highland not in a unique position. Noted Head of Strategy and Transformation leading on national work relating to fragile services. NHS Scotland aware of issues and concerns across NHS Boards, with further consideration being given to the way in which Boards work together across boundaries. Wider, whole system fragility issues require to be discussed at NHS Highland Board level.

After discussion, the Committee:

- **Noted** the work of the Cancer Strategy Board; the concerns expressed regarding service fragility and the need for change solutions based on achievable, reliable and sustainable service delivery on local, regional and national bases.
- **Noted** the improvement measures being undertaken in relation to improving compliance with Cancer Waiting Times Standard, and the wider Cancer Service Estate.
- **Agreed** to recommend an NHS Board Development Session be arranged to consider all relevant service issues raised across discussion areas highlighted in this meeting.
- **Agreed** to take **Limited** 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

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints, SPSO activity, Hospital Inpatient Falls, Infection Control and Tissue Viability. 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 was successfully move to the new PowerBi platform in December 2023. Open training sessions have been set up along with resources to support staff use the dashboard. It was stated complaints performance against the 20-day working target remained a concern, with 26 cases open with the SPSO. There had been a sustained reduction in falls with harm, and the NHSH Tissue Viability Leadership Group had agreed to aim to reduce hospital acquired Pressure Ulcers incidents by 21% by June 2024. The IPC annual work plan continued to be monitored. The report proposed the Committee take **Moderate Assurance.**

M Bell then provided members with a demonstration of the new Qlikview Dashboard, advising this was being developed and introduced in a phased approach. Members were encouraged to access the live Dashboard out with the meeting. Relevant links were to be provided to Committee members following the meeting. Relevant User Guides and FAQ documents were also available.

The Committee

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Noted** the Qlikview Dashboard presentation content.

The Committee adjourned at 10.55am and reconvened at 11.05am

6 ANNUAL DELIVERY PLAN 2023/24

L Bussell gave a short presentation to members outlining the position in relation to Strategic Planning/Annual Delivery Planning activity. She advised as to relevant national recovery activity drivers and timeline for strategic way forward including development of relevant Charters, commencement of transformation workstreams and redrafting of the relevant Performance Framework. Detail of Annual Delivery and Financial Plan governance and reporting arrangements was provided, advising the Draft Financial Plan was due for submission on 29 January 2024; Three Year Delivery plan submission due by 7 March 2024; and the Final Financial Plan due by 11 March 2024. Formal confirmation to NHS Boards regarding contentment with Plans was expected to be received by 12 April 2024. Further detail on the associated expectations and contributory elements relating to Plans was also provided.

The Committee

- **Noted** the presentation content.
- **Noted** the presentation content would be circulated to members following the meeting.

7 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

7.1 Argyll and Bute

L Dornan spoke to the circulated report providing an update in relation to the introduction of the new Clinical and Care Governance Framework for the Argyll and Bute area, the meeting structure for which had been implemented. The focus of the next stage would be in relation to monitoring and improving quality. Further detailed updates were provided in relation to Adverse Events; Children, Families and Justice staff vacancies and service gaps; Acute and Complex Care activity; Primary Care; Health and Community Care; and Corporate Services/Planning activity. There had been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 6 December 2023. The report proposed the Committee take **Moderate Assurance.**

The following areas were discussed:

- Sexual Health Service. Questioned what being done to address position. Advised this was subject to ongoing discussion with NHS Greater Glasgow and Clyde. Board Medical Director to attend next Argyll and Bute Clinical and Care Governance Committee meeting.
- Acute and Complex Care Issue Concerns. Advised had been interaction with Healthcare Improvement Scotland following concerns being raised. Satisfactory conclusion of discussions in December 2023.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to provide more detail in relation to Sexual Health Service issues to the next meeting.
- **Agreed** an update on Acute and Complex Care concerns be brought to the next meeting.
- **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. Performance data was provided in relation to Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Issues. Further detail was also provided in relation to relevant Statutory and Mandatory training activity. It was noted all areas were reporting on issues relating to recruitment and retention; there had been two new SPSO cases received; with a review and refresh of the complaints process underway as indicated. 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 was being reviewed on a monthly basis. Current issues were highlighted as relating to the Vaccination Programme and were being escalated via the Vaccination Programme Board and professional nursing line. In terms of positive news, it was noted a letter of commendation had been received from the Undergraduate Review Panel, recognising the quality of educational experience for medical students in psychiatry, representing a fantastic collaborative effort from all disciplines involved. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 5 December 2023. In response to the matter raised at the previous meeting, an update was provided in relation to medication errors it was advised a multi-professional short life working group had been established to review medicines management policies for care services. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Medication Errors and HEPMA. Noted Short Life Working Group looking into incidents within Care Homes, with no major harm implications identified. Advised increase in reported errors expected at point of HEPMA implementation as the system would routinely identify these where they occur. Most incidents relate to administration errors as opposed to prescribing concerns.
- Feedback to Staff Around QPS. Sought clarity on whether matters discussed were more widespread or confined mainly to the Community Directorate. Advised issues identified mainly relate to staff training and access, with early improvement expected following recent discussion. QPS pilot introduced in Skye area and will provide valuable learning for other areas. Confirmed monthly staff training in place, including functionality aspects. Noted continually assessing how to improve wider DATIX use and adverse incident reporting. The value for staff in seeing meaningful change as a result of reporting incidents was also emphasised.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Noted** a detailed report on Complaints performance would be brought to the next meeting.
- **Noted** invites to an SAER shared learning event would be issued to Committee members.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

7.3.1 Exception Report

R Cargill spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there remained baseline variability, with no significant temporal trends identified. Updates were provided in relation to Hospital Acquired Infection activity; access concerns relating to Raigmore and Caithness General Hospitals, and associated service pressures. It was reported formal reporting and escalation continued to be taken through the relevant clinical governance structures, with onwards reporting to the Clinical Governance Committee of risks associated with clinical quality and safety. it was noted workforce constraints within Cancer services were continuing, with further service review and stabilisation activity ongoing. Further updates were provided in relation to quality and patient care, workforce and financial matters. There had also been circulated summary slides from the Scottish Arthroplasty Project Annual Report, as well as the Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 21 November 2023. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the report content and associated Appendices.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

7.3.2 Clinical Risk and Impact on Professionals

R Cargill spoke to the circulated report, seeking to articulate and provide assurance around clinical risk and its impact on clinical professionals, following formal notification to Executive Medical and Nurse Directors as to acute hospital capacity pressures in Raigmore Hospital and the associated impact on clinical quality and safety. The report outlined the key concerns that had been highlighted by staff and raised through relevant internal clinical governance structures. It was noted similar concerns across all Secondary Care sites had been raised to the Chief Officer (Acute) by the Chair of the Hospital Sub Committee of the Area Medical Committee. It was reported senior level meetings had been held, with Chief Officers Acute and HHSCP further meeting to agree a number of measures linked to the Winter Plan to address relevant capacity concerns. This work was reported through a weekly Winter SLWG, ensuring the Urgent and Unscheduled Care Priorities for winter were being

implemented. A meeting had been held with the Chair and Representatives from the Hospital Sub-Committee to address concerns and share the relevant action plan. Follow up meetings had also taken place. Further activity included the holding of Clinical briefing sessions for all hospital staff at times of sustained pressure (ie OPEL Black); daily review of all DATIX cases and discussion through a weekly clinical governance check in. Concerns relating to Emergency Department access delays had been highlighted to the weekly check via an SBAR update and were currently under review. There had been a review of the existing hospital configuration to reduce the number of patients boarding out of Speciality. Surge capacity beds had been initiated to maintain front door access; however, these had no funding attached and were reliant on supplementary staffing. Associated medical care was provided by existing clinical teams. It was noted when supplementary staff was not available this required existing nursing staff to be taken from other wards. It was advised there was significant risk associated with these additional beds from a staffing, safety, and quality perspective. The Report proposed the Committee take **Moderate** assurance.

The following points were discussed:

- Surge Capacity Impact. Advised this represented a short-term solution with associated financial, performance and service quality impacts. Can result in service reduction elsewhere in system. Wider impact on staff members recognised, with a number of quality and safety concerns noted.
- Success of Winter Planning/System-Wide Integrated SLT Approaches. A mixed position was recorded in relation to Acute services, with increased recognition and understanding of the capacity pressures and issues being faced as well as the associated impact. Increased community capacity was welcome, as was joint pathway and process improvement activity. Emphasised the increasing number of patients in Acute areas impacted by delayed discharge due to capacity issues.
- Impact of Surge Planning. Advised had been areas of success however the action taken did not always address the underlying position issue. A dynamic and continuing situation was noted.
- Evaluation of Success. Agreed effective evaluation of the success or otherwise of the Winter Plan 2023/24 would help inform future Plans. Advised similar learning approach adopted for the 2023/24 Plan and would be repeated. Progress against relevant Winter Plan actions was shown, noting optimising patient flow remained a key issue to address. Noted Highland Health and Social Care Committee had also recently considered matters relating to actions around addressing Care at Home/Care Sector capacity issues.

After discussion, the Committee:

- **Noted** the report content.
- **Agreed** success of the Winter Plan 2023/24 be evaluated in a Committee Development Session.
- **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 planned discussion around review of the Group Terms of Reference. It was noted NHS Highland had been requested to provide the national hub for reviewing and learning from child deaths with a local policy for any death of a child up to the age of 18 which occurs in the community, with discussion ongoing across both partnership areas. A status update had also been provided in relation to the NDAS Service, with assurance provided in relation to future plans and governance arrangements. It was noted referrals continued to be made in very high numbers, with families increasingly provided with support in seeking private assessment and waiting list review. There had also been circulated Child Death Review Report (November 2023) and Minute of Meeting of the Infant Children and Young People's Clinical Governance Group held on 5 December 2023. The report proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the report content.

- **Agreed** to take **Moderate** assurance.

8 INFECTION PREVENTION AND CONTROL REPORT

The Nurse Director asked if there were any questions or comments in relation to the circulated report. The Chair expressed concern that a target in the report could be perceived as unachievable as there were no clear actions that could have been taken in order to prevent the issue encountered. The Nurse Director explained the content within the report may seem direct however there would always be occasions where some issues could not be resolved, depending on the circumstances involved but it was important colleagues understood the context and that is what this report was outlining.

The Chair queried the issues around staffing and proactive prevention of infection. It was noted that the level of infection prevention and additional staff in place during Covid had reduced, there was a transition period taking place to manage this. The Nurse Director explained that there is a post out to advert at the moment and they are working with the Director of Public Health to ensure the model of care home provision can be appropriately addressed and developed further. This has enabled some changes being implemented quickly as a result.

After discussion, the Committee:

- **Noted** the reported position.
- **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 Public Protection Reporting

The Nursing Director advised there would be further discussion within social care and progress would continue improve Public Protection reporting.

9.2 Hospital Transfusion Committee – Minute of Meeting on 7 November 2023

The Committee **noted** the circulated draft Minute.

9.3 Health and Safety Committee

The Director of People and Culture highlighted substantial discussions in the Staff Governance Committee on work required to strengthen the governance and assurance around Health and Safety. There were no major concerns in relation to activity within the organisation in the management of Health and Safety issues. It was noted that improvements could be made to the assurance and reporting to enable consistency across all areas of the organisation. A workshop was held in December 2023 with senior managements leads from across the organisation in attendance that focused on the governance structure. There was no Health and Safety Committee held in December 2023 due to improvements being made. A more detailed update would be provided to the Clinical Governance Committee in May 2024 as governance themes and trends would be reviewed to ensure updates are relevant from the Health and Safety Committee to encourage a more informed discussion.

Action: The Director of People and Culture to provide report to May 2024 committee meeting detailing reviews that have taken place to ensure updates from the Health and Safety Committee are relevant.

9.4 Information Assurance Group

The Head of e-Health highlighted that the Information Commissioners Officer Audit Report had been received. The report had categorised highland as reasonable, which is average across Boards in Scotland. Recommendations have been provided that the Board are required to work through; Five have been given high priority category and twelve have been given medium priority. The Information Assurance Group has oversight of the recommendations and progress has been ongoing to work through them.

The organisation had received the final report from the Network and Information Systems (NIS) Audit which detailed the approach to security taken by NHS Highland in terms of process and supply chain. NHS Highland received a rating of 73 per cent. It was not clear how NHS Highland had ranked to other Health Boards as scores had not been published. The report did highlight some improvements required and an action plan had been created to monitor actions taken. The NIS Audit is a three yearly audit report with the next one due toward the end of the year.

There had been two reportable incidents received, one to the Scottish Information Commissioners Office about a note found at Inverness Airport. There had also been a reportable incident to the Scottish Health Competency Authority, which was the Sky Gateway incident.

The Committee Chair questioned action taken in response to the incident reported to the Scottish Information Commissioners Office. The Head of e-Health noted recommended improvements had been implemented NHS Highland wide with the move to electronic patient records.

The Committee **noted** the report and took **substantial assurance**.

9.5 Risk Register

The Medical Director noted previous discussions in the Committee regarding high-level expressions of clinical risk, so the Board risk register has one risk from the Clinical Governance Committee. This would be to capture the risks of not being able to deliver safe, effective clinical services that it would be appropriate to have the risk feed into the Board Risk register. The Medical Director had researched how other Health Boards had done this and found a variation of approaches taken. A report on would be provided at a future Clinical Governance Committee meeting to provide a high-level statement that helps reflect and mitigate risks taken to ensure good service for patients continued.

Action: The Medical Director to provide report to committee detailing high-level expressions of clinical risk, so the Board risk register has one risk from the Clinical Governance Committee.

The Committee **noted** the update.

10 PUBLIC HEALTH

10.1 Health Intelligence and Support for Health Services

The Director of Public Health introduced the circulated report which covered Public Health Intelligence. The paper outlined how and why decisions had been taken around support for Health Service providing assurance of those decisions to NHS Highland.

The Head of Health Intelligence spoke to the paper and noted the key areas covered were:

- Work had taken place in supporting the profiles of public health across NHS Highland, one third of these had been in respect of babies, children, and young people's health. These documents were included in the appendix of the submitted report and are publicly available, confirming the partnership and improvement work underway.

- There was a dedicated post in the department supporting end of life care and the improvement work which was ongoing.
- There was ongoing support provided to the Clinical Advisory Group around the decision-making process in relation to out of area referrals.

The Chair asked if there was any information on the impact of the cost-of-living crisis on inequalities within NHS Highland and whether there needed to be consideration of this when comparing data from previous years. The Director of Public Health agreed and explained how this information is considered and confirmed it was not shown as a separate indicator, but rather the information is contained as a whole within data so it can be presented coherently in the reports.

The Committee:

- **Noted** the content of the report.
- **Agreed** to take **Substantial** assurance that the appropriate delivery and performance improvement arrangements are in place.

10.2 Vaccination Transformation Programme Update

The Director of Public Health gave a verbal update to the committee, during discussion it was noted:

- Vaccination uptake is reasonable, but uptake is slightly lower than the national average given we near the end of the Winter Flu & Covid Vaccination programme.
- Staff vaccination is low but higher than the national average.
- Uptake issues tend to relate to clinics that have been cancelled or where patients had been asked to travel long distances. These were mostly legacy issues in the way the service was delivered but work continued to improve this.
- Work was underway in conjunction with the Chief Officer to identify options to enable a more effective delivery of vaccination services.
- Collaboration is underway with Public Health Scotland in order to identify improvements in the delivery of the NHS Highland programme.
- Work continued to improve the confidence the public had in the vaccination programme whilst working through the noted challenges; however, it was noted that confidence had reduced both at a local and national level.

Board Member A Clark queried the patient safety issues referenced in the North Highland and QPS report and asked for reassurance these were being addressed as no update had been submitted to committee. The Chief Officer stated there had been several DATIX incidents raised as part of the vaccination programme with a report being collated which would come to committee in due course.

The Deputy Medical Director gave assurance to committee that whilst the report had only recently gone to the QPS committee the remedial actions necessary had already begun and the report would be scrutinised and subsequently come to the Clinical Governance committee.

Committee members queried which vaccinations Public Health Scotland were looking at to improve. It was confirmed that the focus was on all vaccinations, not just those for Covid/flu. It was noted that most of the vaccinations being delivered were for Covid and Flu, and the volume/time frame for these was part of what was being looked at in order to deliver vaccinations more efficiently across NHS Highland.

After discussion, the Committee:

- **Noted** the update.
- **Agreed** that a report would come back to committee in due course.

11 2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

7 March
2 May (replaced original proposed date of 9 May 2024)
11 July
5 September
7 November

12 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the actions taken relating to the Vascular and Cancer Services Update.

The Nurse Director requested an update be provided around the imminent inspection as part of the Public Protection piece of work.

The Committee so Noted.

13 ANY OTHER COMPETENT BUSINESS

There was no AOCB.

14 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 7 March 2024 at 9.00am.

The meeting closed at 12.01pm