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)	**30 May 2023 – 9:30am**

Present
Sarah Compton-Bishop, Board Chair
Dr Tim Allison, Director of Public Health
Alex Anderson, Non-Executive
Graham Bell, Non-Executive
Jean Boardman, Non-Executive
Louise Bussell, Nurse Director
Elspeth Caithness, Employee Director
Alasdair Christie, Non-Executive
Ann Clark, Board Vice Chair, Non-Executive
Muriel Cockburn, The Highland Council Stakeholder member
Heledd Cooper, Director of Finance
Garrett Corner, Argyll & Bute Council Stakeholder member
Albert Donald, Non-Executive, Whistleblowing Champion
Pamela Dudek, Chief Executive
Philip Macrae, Non-Executive (until 10.30am)
Joanne McCoy, Non-Executive
Gerry O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Susan Ringwood, Non-Executive
Dr Gaener Rodger, Non-Executive (from 10am)
Catriona Sinclair, Chair of Area Clinical Forum

In Attendance
Grace Barron, Programme Manager, Strategy and Transformation
Isla Barton, Director of Midwifery (Item 4)
Gaye Boyd, Interim Director of People and Culture
Rhiannon Boydell, Interim Head of Strategy and Transformation
Stephen Chase, Committee Administrator
Pam Cremin, Interim Chief Officer, North Highland
Ruth Daly, Board Secretary
Fiona Davies, Chief Officer, Argyll & Bute
Ruth Fry, Head of Communications and Engagement
Tracey Gervaise, Head of Operations, Woman and Child (Item 8)
Fiona Grist, Clinical Nurse Manager – National Treatment Centre (Item 3)
Colin McNair, Clinical Director National Treatment Centre (Item 3)
David Park, Deputy Chief Executive
Helen Robertson, National Treatment Centre Manager (Item 3)
Rashmi Srivasta, Consultant (Item 4)
Katherine Sutton, Chief Officer, Acute
Nathan Ware, Governance & Corporate Records Manager
Alan Wilson, Director of Estates, Facilities and Capital Planning
Beth Wiseman, Senior Child Health Manager, Argyll & Bute (Item 7)

Also in attendance
Gareth Adkins, Incoming Director of People and Culture

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and introduced Gareth Adkins as the new Director of People and Culture who would be in post from 10 July, having served as Director of Quality, Innovation and People at NHS Golden Jubilee Hospital in Glasgow.

Apologies were recorded from Prof Brian Williams (University of the Highlands and Islands). It was also noted that Gaener Rodger would join the meeting slightly late.

1.2 Declarations of Conflict of Interest

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

1.3 Minutes of Previous Meetings and Action Plan

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

The Board **approved** the action plan and **agreed** that a due date for action 3 (the description of radiology outpatients/diagnostics trajectories on the Integrated Performance and Quality report) should be included on the next iteration of the action plan. The Board agreed to close actions 2 and 4 which were being addressed later in the agenda (items 4 and 9 of this minute refer).
The Board **Noted** the Action Plan.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive reported that work on the Board's strategy and ways in which to keep it live and responsive were ongoing. The strategy would be featured as part of Patient Participation Week to raise awareness and to seek to carry out further engagement work. There would also be an 'Ask Me Anything' session with staff on 2 June and there would be a trial launch of the Highland 100 Panel to encourage participation across the Board region.

- The Project Wingman bus will be visiting Raigmore Hospital and other parts of the Board as part of a campaign to address wellbeing needs of staff. This was a mobile unit that had been travelling across health boards in Scotland offering welfare advice and support to NHS staff.
- Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport, had visited Raigmore Hospital in recognition of the significant work the Green Theatres initiative had achieved and was working toward. The Minister met with Dr Kenneth Barker (national clinical lead at the Centre for Sustainable Delivery on Green Theatres) and the Board Environment and Sustainability Champion Dr G Rodger.
- System pressure continued to be significant, and work was underway to address issues around planned care. There would be national work to address unscheduled care challenges.

During discussion, it was noted that:

- An equivalent monitoring mechanism to the Operational Pressures Escalation Levels (OPEL) was in development for Community Services.
- Staff and patients had received the recent easing of mask wearing very well and this had especially improved communication for hard of hearing patients. The Director of Public Health commented that there should still be good occupational hygiene and a need to be sensitive towards patients with vulnerabilities who may feel more comfortable with staff wearing a mask.

The Board **noted** the update.

3 National Treatment Centre Update

The Board had received a report from the Chief Officer for Acute Services which provided an update on the National Treatment Centre's (NTC) opening and continued work. The Board was invited to consider the performance and take substantial assurance from it.

The Director of Acute Services introduced the report and members of NTC staff who delivered a presentation to the Board. The NTC's Manager noted the significant amount of work conducted by many people in completing the construction work and the handover ready for opening. The NTC achieved NHS Assure status and the project had been completed on budget. The transition and mobilisation period prior to opening had been complex and a phased approach was taken during the NTC's initial operational period. This had allowed a stand down of ophthalmology within Raigmore to move the service into the NTC.

A building users' group had been established to address any snagging issues with a Balfour Beatty supervisor located on site. There had so far been a minimal number of issues to escalate. Recruitment had seen a 93% success rate and there was still active recruitment for ophthalmology and anaesthetic consultant posts and perinatal operative roles. Support staffing had been fully recruited.

The NTC's Clinical Nurse Manager noted that there had been concerted work on staff education with a 90% completion rate of Statutory Mandatory Training. Staff were fully engaged with Civility Matters work to challenge unacceptable behaviours in the work environment. Thanks were expressed to the Ophthalmology team for its work on the transition from Raigmore. In terms of delivery, the current plan for theatres was 75% delivery as part of the phased planning and this had seen success with some areas operating above this level. Enhanced recovery pathways were reporting well with several patients in areas such as hip and knee operations being successfully returned home the same day.

In discussion, the following areas were raised:

- The Board's Whistleblowing Champion was invited to visit staff at the NTC to discuss the work being done around Culture.
- In terms of recruitment to the NTC, there had been some impact on existing services but positions that were usually difficult to fill had attracted international and UK applicants following a concerted recruitment campaign. It was noted that full recruitment to the NTC was achievable but was not without similar challenges found elsewhere across the NHS. Learning from the NTC recruitment drive would be applied across the organisation.
- The NTC induction process involved dedicated sessions prior to the building opening which had contributed significantly to the high training compliance. The Chair noted the opportunity for learning from the NTC experience around training and induction for other areas of the organisation.
- A system had been put in place to address the mobile signal issues using hand-held phones. Mobile phone access is available for patients who log in to the patient wi-fi system. Work with eHealth was underway to address mobile coverage using the Liberty Net Call system.
- The Chair noted the good collaboration with colleagues from NHS Grampian as part of addressing pathways for the national work required of the NTC.

The Board thanked colleagues for their presentation, **noted** the progress update and accepted **Substantial** assurance from the report.

4 Maternity and Neonatal Business Case

The Board had received a written report by the Chief Officer for Acute Services and Director of Estates, Facilities and Capital Planning to seek approval to progress with submission of a business case to Scottish Government for funding to improve maternity and neonatal services in Highland and to enable recruitment and capital works. A Scottish Government report published in 2021 on maternity services in Moray recommended a way forward that relied on NHS Highland being able

to provide midwifery and consultant capacity and physical space to meet the needs of Moray mothers. The Board was invited to approve the business case and take moderate assurance.

The Director of Acute Services introduced the report and the team who had led on the business case:

- The Head of Operations for Women and Child Services advised that work had been undertaken with stakeholders to move towards the networked delivery model. The policy landscape was complex and would need to address the requirements of the Best Start programme, the Annual Delivery Plan and the national Getting It Right For Every Child (GIRFEC) programme with the overall aim of improving the lived experience of patients.
- The Consultant in Obstetrics & Gynaecology commented on the significant pressures on paediatrics and gynaecology. Three whole-time consultants had recently been recruited and there had been collaboration with NHS Grampian on a range of matters.
- The Director of Midwifery noted that the business case acknowledged the need to increase the existing workforce and interviews for 22 newly qualified midwife applicants were due to take place.
- The importance of recruiting to specialist roles was commented on with note given to the fact that up to 20% of patients will disclose violence in the neonatal period.
- The Director of Estates, Facilities and Capital Planning noted that the building and infrastructure programme was a medium-term solution for the Raigmore site, and that following a long consultation and feedback process most of the issues had been resolved. The design work had been agreed for the Raigmore site and could be started as soon as the business case received approval.

In discussion the following comments were made:

- There had been dialogue between Highland, Argyll and Bute and NHS Greater Glasgow and Clyde that would assist further conversations to support pathways for service delivery across the varied geography and service models of the Board and its partners. Meetings would also be held between the Chief Officer for Argyll and Bute and the Director of Midwifery to ensure good pathways and ensure a consistent pan-Highland approach.
- The Chair noted the need to be mindful of clear messaging for patients, staff and the public in relation to the different pathways accessed by patients across the board's wide geography.
- Public expectations had been raised in terms of delivering the programme within two years. The Director of Estates, Facilities and Capital Planning believed, all things considered, that this timeframe was achievable.,
- There had been engagement with community groups such as Caithness Health Action Team as this would be a key method of determining and measuring future impacts.
- The capital and revenue model was discussed and conversations are ongoing with colleagues at NHS Grampian and Scottish Government to ensure that the support needs for facilities are met. It was also commented that the networked model working across both Health Board areas would lead to different ways of working.

The Board **Approved** the Business Case for submission to Scottish Government and accepted a **Moderate** level of assurance.

The Board took a short break at 11.10 am and the meeting resumed at 11.20 am.

PERFORMANCE AND ASSURANCE

5 Integrated Performance and Quality Report (IPQR)

The Board had received a written report by the Deputy Chief Executive which detailed current Board performance for the Board's consideration. The report recommended that the Board take moderate assurance from it.

The Deputy Chief Executive noted that the IPQR was not a standalone report, but a compilation of the reports seen by the Governance Committees. He also noted an ongoing need for engagement between Chairs and Executives to ensure review of the data included in the report to ensure the Board was fully assured of performance.

There had been sustained recovery in waiting times for CAMHS and Psychological Therapies. Updated figures for 31-day Cancer waits were given with 92.7% for March and 94.2% for April showing a sustained high performance. The 62-day figures had seen improvement with 67.8% for March and 71% for April 2023. It was recognised that cancer care is a specialist area and therefore carries challenges around this in terms of waits for specialist staff across several areas.

Recovery numbers and trajectories for Radiology will go first to the next meeting of the Finance, Resources & Performance Committee (FRP) before coming to the Board.

In discussion the following points were made:

- The Chief Officer - Acute Services noted that she would supply information around the number of patients on 62-day waits that it could take to shift the percentage figures in a positive direction. She noted that the Cancer Manager was working across all specialty areas to identify priorities and capacity. The Chair suggested that further discussion be had out with the meeting to understand work to improve 62-day waits and sustain improvements. The Medical Director noted that the Clinical Governance Committee retained oversight of cancer figures and that there were also two clinical oversight groups.
- The data helped teams gain a more rounded understanding of their performance and make connections with areas that had seen improvement. The Centre for Sustainable Delivery was noted as a key point of reference for benchmarking opportunities.
- In terms of reporting on screening numbers, it was noted that the data was based on annual figures rather than more regular reporting as took place for other areas.
- Delayed Discharges had come under significant pressure especially since the closure of the Castle Gardens Care Home. Work continued to address Care At Home commissioning to move people through the system more effectively. More positively, Cradlehall Care Home had been bought by another provider ensuring some continuity.
- Responding to a query about the reason for an increase in the backlog of Datix reporting system entries, the Medical Director advised that the system captured all incidents but that not all were categorised as Significant Adverse Event Reviews (SAERs). He acknowledged the importance of prioritising and clearing the backlog and confirmed that the Clinical Governance Committee had asked for an investigation to understand more fully the reasons for the increase in unreviewed cases.

The Board **noted** the report and the trajectories and system pressures recorded and accepted a **Moderate** level of assurance.

6 Finance Assurance Report
Month 12 Draft Position and NHS Highland Financial Plan 2023/24

The Board had received a written report by the Director of Finance which detailed the Board's recent financial performance at the end of month 12. The Board was invited to consider the detail recorded in the report, to approve a request for brokerage from Scottish Government, approve the initial budget allocation for 2023/24 and take moderate assurance from it.

Speaking to the report, the Director of Finance advised that the draft position at Month 12 recorded an overspend of £15.891m compared with the £16.262m forecast when the financial plan was originally submitted to Scottish Government in March 2022. Brokerage in line with the originally identified financial gap of £16.272m would allow delivery of a balanced financial position for 2022-23 with an underspend of £0.381m. A breakdown of the year-end position, assuming receipt of brokerage, was provided in the report and subject to final external audit scrutiny.

A financial plan had been submitted to Scottish Government in March 2023 for the period 2023/2024 to 2025/2026. For 2023/2024 an initial budget gap of £98.172m was presented with a

Cost Improvement Programme of £29.500m proposed. Discussions with Scottish Government were taking place to identify mitigating actions to reduce the identified gap with additional tailored support being provided to the Board for delivery and implementation. The initial diagnostic phase would continue to the end of June 2023 with a recovery plan agreed by the end of September 2023.

During discussion, it was noted that:

- A workshop event had been held with Executives and Deputies to communicate the financial situation, and to consider plans and priorities within the context of the challenges ahead.
- Further training and advice would be provided to budget holders in terms of what the Board's expectations were of them and where to find support. This would involve a move from a 'housekeeping' approach to a stronger focus on transformation and cost-reduction work.
- Technical adjustments were partly made up from a release in annual leave carry over accrual, however was reduced from the original plan due to Scottish Government guidance allowing 10 days carryover of leave.
- Adult social care costs under the lead agency model in Highland contributed to a deteriorating financial position for the Board in the medium term. The plan identifies an in year break-even position through the delivery of savings, but with an underlying deficit being carried into future years. The IJB model allows the retainment of reserves which is not consistent into the North Highland model which has provided a cushion for some IJBs, although some IJBs are reporting potential deficits into future years.
- NHS Highland Is one of 5 Health Boards with a significant financial gap for 2023/24. The gap can be attributed to the increasing cost of Adult Social care within the lead agency model; increasing costs of acute care due to the backlog of activity and increasing delayed discharge and inflationary costs within corporate services. The cost drivers of rurality and choice would be areas of emphasis and investigation through the work with Scottish Government.
- The Chief Executive had already made a brokerage request to Scottish Government to the value of £16,272 m to meet the deadline for applications and the Director of Finance asked that the Board formally approve this request.
- The Chief Executive commented on the need to take forward the Board's strategic ambitions at a local level. This would be a significant change agenda.

The Board:

- **Noted** the draft Month 12 financial position for 2022/2023 which was still subject to final year-end adjustments and a year-end audit process.
- **Approved** the request to seek brokerage of £16.272m from Scottish Government to enable delivery of a balanced financial position for 2022/2023
- **Approved** the Financial Plan for 2023/24 recognising that discussions would continue with Scottish Government around actions to mitigate the financial challenge; and
- Accepted **moderate** assurance from the report.

The Board took a lunch break at 12.40pm. The meeting reconvened at 1.15pm.

7 Argyll and Bute Children and Young Peoples' Service Plan 2023-26

The circulated report was presented to the Board by the Chief Officer Argyll and Bute providing context and background to the Argyll and Bute Children and Young People's Service Plan 2023-26. The draft plan had also been considered by Argyll and Bute Council at its recent meeting. The Board was invited to note the report and take moderate assurance from it.

The Chief Officer for Argyll and Bute IJB introduced the recently appointed Senior Child Health Manager for Argyll and Bute who gave a presentation outlining the priorities within the plan.

- The plan had four main priorities which included, ensuring Getting it Right for Every Child (GIRFEC) is central to core working practice, enabling access to early help and support, improving mental health and wellbeing of Argyll and Bute's children and young people, and finally a priority around children's rights.

- Children and young people at Hermitage Academy had provided feedback and helped codesign an animation to explain the service plan to work alongside the one-page plan that will accompany the fuller document.
- A working group had been established to create a sustainable model for youth voice and to ensure that there is continued involvement in the service plan with the aim to have a trauma-informed community.
- A gap and needs analysis will take place to understand current service provision, to identify areas of good practice for replication and to identify areas for further work.

During discussion, the following questions were addressed,

- The Chief Officer for Argyll and Bute noted that the area had a long-established strategic group concerned with the needs of children with contributions from health, educational psychology, social work and the Third Sector who had produced the plan and had a good mechanism for sharing information. The group leads on shared commissioning arrangements based upon analysis of data to judge what is necessary to address current service usage and emerging trends.
- Regarding the needs of children and young people living in remote and rural areas it was felt that this is an area where Third Sector support can help address issues of optimizing equity of experience especially where facilities or infrastructure are more difficult to maintain than in more populated regions.
- Involving young people in the design of support services would help to address key areas of concern for those in remote and rural areas such as loneliness and the wider impact this may have on health and quality of life. It was noted that working with young people across Argyll and Bute had found differences of want and need in different kinds of environment.
- The Senior Child Health Manager offered to supply information about the trauma-informed training that was being rolled out across the various parts of education, health and social work. The Chief Officer commented on the good turnout for a recent training event on trauma which suggested a great acceptance of the need for this work across the different sectors and agencies.
- The Chief Officer for the IJB invited the Board's Nurse Director to attend the next strategic partnership group for Argyll and Bute following an offer to support the work of the plan.

The Board **noted** the report and accepted a **moderate** level of assurance.

CORPORATE GOVERNANCE

8 Highland Child Poverty Action report

The Board received a written report by the Director of Public Health as an update to 'The Highland Local Child Poverty Report 2021–22', covering The Highland Council area. The original report noted three key drivers which influenced poverty. The update report set out a description of actions already taken within Highland under the three key drivers and outlined actions that would continue in 2023-24. The Board was invited to note the update and take moderate assurance from it.

The Director of Public Health explained the report related to how agencies within the Highland Council area were taking action to reduce Child Poverty. The report noted the above average level of access deprivation in remote and rural areas; the position of poverty in the Highland Council area was level with the Scottish national average.

Specific elements of services provided in the organisation, especially Primary Care, can help signpost and raise awareness of opportunities that are available to reduce the effects of poverty and in turn improve health.

The following points were raised in discussion:

- StepChange debt charity and the Citizens Advice Bureau had produced documentation on the cycle of poverty and the impact on all age groups.

- The Director of Public Health explained the Scottish Directors of Public Health had identified poverty as a high priority focus over the next year. NHS Highland would be continuing to improve their contribution through the development of the social mitigation plan and reviewing roles of staff members.
- The Chief Executive noted the importance of NHS Highland being an 'anchor organisation' and how the organisation could support communities to thrive through accountability. Service design should be looked at holistically when making changes and improvements.
- Reference was made to comments heard in the earlier part of the meeting that the main constraint on operations within the NTC was due to childcare provision. It was suggested that further options could be developed to provide flexible childcare.

The Board **noted** the report and accepted a **Moderate** level of assurance.

9 Corporate Risk Register

The Board received a written report by the Board Medical Director to provide assurance that the risks held on the NHS Highland Board risk register were being actively managed through the appropriate Executive Leads and Governance Committees. The report also provided an overview on the status of individual risks. The Board was invited to provide final decisions on the risks that were recommended to be closed or added and to take substantial assurance.

In discussion, the following areas were addressed:

- The Medical Director advised that he intended to present a further paper to the Board on the development of risk appetite. The next steps in the risk journey will be a development session with the Board at a future date.
- Responding to a query about the corporate risks listed on the register, the Medical Director advised that the Register only included Board-wide risks.
- The Medical Director confirmed there was a higher level of Statutory and Mandatory training compliance at the National Treatment Centre and advised that consideration was being given as to how this level of compliance could be replicated throughout the Board.

The Board:

(a) Took **Substantial** assurance from the report and gave confidence of compliance with legislation, policy, and Board objectives, and
(b) **Noted** the risk management process with alignment to the strategy will be presented to a future Board meeting.

10 Blueprint for Good Governance V2 Self Evaluation

The Board had received a report outlining its involvement in a Scottish Government pathfinder exercise on Board self-assessment against the expectations of the new Blueprint for Good Governance, as published in December 2022. A key outcome of the exercise would be the development and implementation of a high-level improvement plan. The report highlighted the agreed improvement themes and proposed that a draft Improvement Plan be shared with the Board at the next meeting in July 2023.

The Chair expressed appreciation toward those who had been involved in the Blueprint for Good Governance Self Evaluation process. The Chair also commented on the level of engagement the process had received both internally and externally.

Thereafter the Board:

(a) Took **Substantial** assurance from the report.
(b) **Agreed** that a draft Blueprint for Good Governance Improvement Plan be submitted to the 25 July 2023 meeting of the board.
(c) **Endorsed** the involvement of the Committee Chairs in its progress.
(d) **Approved** progress reports be presented to the Board biannually.

11 Review of Committee memberships etc.

The Board had received a report outlining proposed changes to Governance Committee memberships and Chair positions to provide a degree of stability until the Board's full membership had been finalised. A further report would be presented to the next meeting with additional changes, including confirmation of the Chair position for the Pharmacy Practices Committee.

The Chair advised that recruitment of Non-Executive Directors had begun, and succession planning was underway with further updates to be provided to the Board. During discussion it was noted that the Clinical Governance Committee had appointed Joanne McCoy as its new Vice Chair.

The Board:
(a) **approved** the changes to Committee memberships and Chair positions with immediate effect,
(b) **noted** the appointment of Joanne McCoy to the position of Vice Chair for Clinical Governance Committee,
(c) **noted** that a further report would be submitted to the next meeting, and
(d) **agreed** to accept **Substantial** assurance.

12 Governance Committees Annual Reports

The circulated report confirmed that the Board's Governance Committees' Annual Reports of their activity throughout the last financial year had been endorsed by the Audit Committee on 2 May 2023 thus evidencing that governance processes had been followed.

The Board **noted** that the Annual Reports had been approved by the Audit Committee on 2 May 2023 and agreed to take a **Substantial** level of assurance.

13 Community Empowerment Act – Annual Reports

The Board received a report seeking approval of the annual reports relating to Asset Transfers and to Public Participation requests under the Community Empowerment Act.

The Board Secretary confirmed that two applications had been received for Asset Transfers during 2022-23, however neither application had been determined during the financial year. An application had been withdrawn by the Community Company relating to the McKinnon Memorial Hospital. The Chair stated it would be good to understand what that experience was like from the community's aspect to work with NHS Highland through the Asset Transfer application process.

No Public Participation Requests had been received during 2022-23 financial year. NHS Highland engaged widely with third sector and other partners; this activity had obviated the need for any formal approach using Community Empowerment Act provisions.

The Board **approved** the annual reports and accepted a **Substantial** level of assurance**.**

14 Register of Members Interests

The Board Secretary outlined the statutory requirement of Board members to Register their interests in the Highland NHS Board Register. The formal Highland NHS Board Register was available at the Board's offices and on the NHS Highland web:

Public Register

The Board **noted** the update.

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

a) Clinical Governance Committee of 27 April 2023

The Chair of Clinical Governance Committee spoke to the minutes and advised that the Committee had considered an entry on the Corporate Risk Register relating to recruitment and retention of the workforce (entry 706). The Committee Chair proposed that this matter be presented to the Board from a holistic perspective once it had been considered by the Executive Directors Group.

b) Highland Health and Social Care Committee of 26 April 2023

The Committee Chair and Vice Chair were absent from the meeting and there were no questions received on the minutes.

c) Finance, Resources and Performance Committee 5 May 2023

The Chair of the Finance, Resources and Performance (FRP) Committee provided a summary of the meeting and advised that communication had been received from Scottish Government on environmental sustainability: triple planetary crisis, climate change, pollution, and biodiversity loss. The Director of Estates, Facilities and Capital Planning had appointed a senior manager to action and produce an update report to the Committee for assurance purposes.

d) Audit Committee of 2 May 2023

The Audit Committee Chair explained that several outstanding management actions had been closed from previous audits. The Committee agreed to defer the audit relating to children services to the next financial year and had agreed that a quality related audit would be removed from the 2022/23 internal audit plan to avoid duplication. The Committee agreed the Internal Audit plan for 2023-24, aiming to distribute Audits throughout the year to avoid a high volume of items coming to the committee towards the end of the financial year.

e) Staff Governance Committee of 10 May 2023

The Chair of Staff Governance Committee explained that there was a spotlight session from the Employee Director which stimulated conversation about the challenges faced by workforce planning and recruitment. Due to imminent Committee membership and Executive lead changes, the Committee workplan would be refreshed.

f) Argyll & Bute IJB of 29 March 2023

The Chair of the A&B IJB explained that items discussed at the March meeting had been accurately captured in the minute, the next meeting would be taking place on 31 May 2023.

16 Any Other Competent Business

No items were brought forward for discussion.

Date of next meeting

There would be an In Committee Board Meeting on 27 June 2023 at 9.30am.

The next full meeting of the Board will be on 25 July 2023 at 9.30am.

The meeting closed at **2.20pm**

Agenda Item 4

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 July 2023**
Title:	**Argyll and Bute Alcohol and Drug Partnership report**
Responsible Executive/Non-Executive:	**Tim Allison, Director of Public Health**
Report Author:	**Jenny Dryden & Laura Stephenson, Interim Argyll and Bute Alcohol and Drug Partnership Coordinators**

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Argyll and Bute Alcohol and Drug Partnership has a strategy which covers the period 2020-2023. This report details progress to-date and activity which has taken place in 2021-2023 to address the four pillars of the strategy, which are:

- Prevention and early intervention

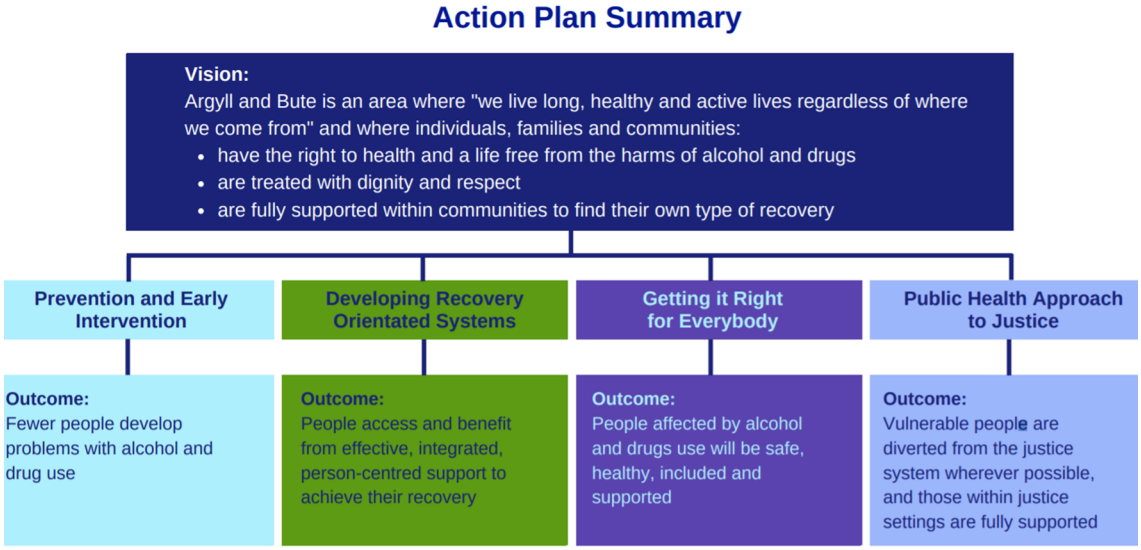
- Developing Recovery Oriented Systems of Care
- Getting it Right for Everybody
- Public Health Approach to Justice

This report also provides an update on the refreshed priorities for 2023 and the process undertaken to establish these.

2.2 Background

The Argyll and Bute Alcohol and Drug Partnership strategy vision is that Argyll and Bute is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities have the right to health and a life free from the harms of alcohol and drugs; are treated with dignity and respect; and are fully supported within communities to find their own type of recovery.

The work of the Argyll and Bute Alcohol and Drug Partnership is informed by a strategy that covers the period 2020-2023. A summary of the strategy is provided below:



Engagement and national strategy underpinned the Argyll and Bute 'Alcohol and Drug Strategy and Action Plan 2020 – 2023' when it was developed in 2020. Changes in national strategy since 2022 necessitated a refresh of the local priorities, to ensure Argyll and Bute are implementing best practice and meeting the needs of the population. In January 2021, the Scottish Government announced the National Drugs Mission Plan (2022-2026) to reduce drug deaths and harms. The plan builds upon Rights, Respect and Recovery (2018), Scotland's alcohol and drug strategy and includes the Medication Assisted Treatment Standards (MAT); evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

It was therefore appropriate that in the final year of the current strategy, priorities were reviewed and refreshed. This would ensure the strategy is continuing to meet the needs of Argyll and Bute whilst beginning the work to develop the new 3-year strategy.

Therefore, in preparation for the final year of the strategy, a strategy refresh day was held in Arrochar in February 2023. Forty attendees from a range of partner organisations, including people with lived experience, met to review the achievements and priorities, strategy progress and identify the key priorities for the remaining year of the current strategy (appendices 2 and 3). A survey of the Argyll and Bute Alcohol and Drug Partnership has been undertaken to identify how partners will address the priorities identified. This may be within their service/organisation or through working in partnership with others.

The draft strategy refresh was presented to the Argyll and Bute Alcohol and Drug Partnership and Argyll and Bute HSCP Strategic Planning Group for further engagement and as part of governance structure.

2.3 Assessment

The Argyll and Bute Alcohol and Drug Partnership 2021-2023 report details a range of activities and progress to address the four pillars of the Argyll and Bute Alcohol and Drug Partnership strategy: working towards fewer people developing problems with alcohol and drug use; more people able to access and benefit from effective, integrated, person-centred support to achieve their recovery; ensuring people affected by alcohol and drugs use will be safe, healthy, included and supported; and ensuring that vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported.

Examples of this work include:

A) Prevention and early intervention

- **Cool2Talk** is an online support service for young people aged 12-26. Young people post a question to the website then receive a bespoke answer within 24 hours, 365 days a year, signposting them to appropriate services including sexual health services, emotional support resources and other health related issues. The aim of the service is to improve young people's access to local and national services, health information and encourage young people to openly discuss issues around their health and wellbeing.
  The Argyll and Bute Alcohol and Drug Partnership contributes funding towards this service and sits on the steering group, alongside a range of other partners such as Public Health, Police Scotland, Scottish Fire and Rescue, HSCP Children and Families, and Argyll and Bute Education Service.
- **'Smoke Free' and 'You Are Not Alone' Dramas -** A range of partners within the Argyll and Bute Alcohol and Drug Partnership were involved in two dramas delivered to school pupils across Argyll and Bute.
  'Smoke Free' is a bespoke educational programme delivered to Primary 7s. It consists of lesson plans, online leaflets, letters for families and ends with an interactive drama production. This was offered to all Argyll and Bute Primary

Schools (approx. 70) despite Covid-19 challenges. Face to face delivery returned in 2022-2023.
'You are not alone' drama address topics young people may be struggling with in their lives. It was delivered in Argyll and Bute High Schools via video in 2021-2022 and returned to face-to-face delivery in 2022-2023.

B) Developing Recovery Orientated Systems of Care

- **Access to Residential Rehabilitation -** a new pathway for Argyll and Bute residents to access residential rehabilitation and/or detoxification was created, alongside a Residential Rehabilitation Group. The group ensures that all partners who would be involved in care and support before and after residential rehabilitation would be involved in the discussions, to enable clients to maintain the benefits of residential rehabilitation. Pre and post rehabilitation support can be provided by commissioned Third Sector service We Are With You.
- **We Are With You -** commissioned in Argyll and Bute to deliver Community Based Addiction Recovery Services. They provide person-centred care to support people to reduce their problematic drug and/or alcohol use; optimise personal, physical and mental wellbeing; build social networks, including family and community network; build strengths; and develop resilience in recovery. We are With You also offer online webchat and family support using the CRAFT (Community Reinforcement and Family Training) programme, Naloxone training, and are involved in delivering Medication Assisted Treatment Standards via Assertive Outreach Workers.
- **Medication Assisted Treatment (MAT) Standards –** a new pilot implemented involving a test of change within Cowal and Bute. Cowal and Bute was identified as the Test of Change locality due to experiencing the highest number of drug-related deaths over several years. This Test of Change is therefore aimed at supporting a vulnerable/high risk group of drug users in the Cowal and Bute area. In doing so it intends to reduce the incidence and risk of drug related deaths across the locality. Progress includes:
    - Creation of additional prescribing capacity via recruitment and upskilling of existing staff.
    - Establishment of easy access pathways into MAT, via Argyll and Bute Substance Response Service
    - Recruitment of Outreach Workers through We Are With You.
    - Development of Cowal Community Hub as shared space.
    - Development of processes to identify people at high risk of drug-related harm.
    - Development of flexible satellite recovery activities to improve capacity and retention in services.

C) Getting It Right for Everyone

- **Advocacy -** With four people completing their training as Lived Experience Advocates earlier this year, Argyll & Bute became the first area in Scotland to establish an advocacy service for people in recovery delivered by people with experience of recovery. Via Lomond and Argyll Advocacy Service (LAAS), advocates work closely with the substance use support teams in localities, supporting the needs of their communities and encouraging people to access the types of supports that enable their recovery journeys. LAAS plays an important role in the delivery of MAT Standards in Argyll and Bute.
- **Cowal Community Hub -** Argyll and Bute Rape Crisis (ABRC) have working in collaboration with the Argyll and Bute Alcohol and Drug Partnership and local

partners to undertake a significant piece of development work to facilitate the creation of the 'Cowal Hub' in Dunoon. The aim of the hub is to provide a warm and safe space for people in Dunoon and surrounding areas. The hub strives to provide support for local services including addiction, mental health, advocacy, housing, financial support, smoking cessation and Citizen's Advice, among others. The hub also offers a space for socialising, with people able to come in for a chat, hot drink or to get involved in the hub activities. The Addictions Recovery Café (ARC) is based at the hub and the Argyll and Bute Substance Response Service also operate out of the hub on a regular basis. Elena Whitham, Scottish Government Minister for Drugs and Alcohol policy attended the official opening of Cowal Community Hub on Friday 28th of April 2023.

D) A Public Health Approach to Justice

- **Police Custody to Community Policy -** The Argyll and Bute Alcohol and Drug Partnership, in partnership with Community Justice, Police Scotland and We Are With You, established a pathway for people held in Police Custody who wished to speak to a member of staff from We Are With You. We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody.

Further information on the above, and the full detail of the report can be found at: https://www.argyllandbuteadp.info/img/ABADP-AnnReport21-23-FINAL.pdf. See also appendix 1

Alcohol and Drug strategy refresh

The engagement process to refresh the existing Argyll and Bute alcohol and drug strategy priorities consisted of a strategy day held in February 2023. Forty attendees attended this full day event and worked in focus groups throughout the day. Attendees included those with lived experience and from partner organisations. The focus group aims were to refresh the existing Argyll and Bute Alcohol and Drug Partnership Strategy and to apply the following objectives to the pillars of work:

- To review the existing priorities
- Scope what has been done to date
- Scope what remains outstanding
- Map the ongoing priorities for 2023

Attendees were asked to consider:

- What has been delivered and can be removed from the plan?
- What else can be removed from the plan and why?
- What has not been completed but should have been? Including discussion of challenges and how to address these.
- What topics/themes/milestones need to be changed within the pillar? Including new themes/priorities and discussion of partners involved.
- Identify the top priorities within the plan.

The following were identified as top priorities for 2023. See Appendices 2 and 3 for further details.

Prevention and early intervention

1. Work with partners and communities across Argyll & Bute to make prevention and diversionary activities available (for all age groups), build awareness and resilience aimed at reducing harm and improve life choices.
2. Ensure access to a range of support services including specialist drug and alcohol support for under 25s.
3. Challenge stigma through education for everyone

Developing Recovery Oriented Systems of Care

1. Build on A&B Recovery Orientated Systems of Care work to ensure a robust and working Recovery Oriented System of Care
2. Involve people with lived and living experience, families, and carers in all aspects of the planning, delivery and evaluation of drug and alcohol service provision

Getting it Right for Everybody

1. Take forward recommendations from needs assessment relating to young people and families (include mental health, relationships and stress) and revisit overall needs assessment requirements
2. Strengthen links between drug and alcohol recovery services, Children & Families, Adult Protection Services and Maternity Service (including supporting child and Adult Protection Services processes)

Public Health Approach to Justice

1. Improve Arrest Referral pathways from Police Scotland custody into appropriate treatment and support across Argyll & Bute.
2. Ensure that all appropriate partners are trained and able to provide Naloxone at point of liberation.
3. Work with partners and communities across Argyll & Bute to reduce alcohol- and drug-related violence and crime, through a combination of enforcing legislation, prevention work and early intervention activity.

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2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

3 Impact Analysis

3.1 Quality/ Patient Care

It is the aim of the refreshed 2023 priorities to improve quality of services and patient care.

3.2 Workforce

There is no impact on existing clinical and care governance arrangements.

3.3 Financial

The updated priorities will be met through existing Argyll and Bute Alcohol and Drug Partnership and partner budgets. A spending plan has been developed for 2023/2024 and the Argyll and Bute Alcohol and Drug Partnership is awaiting funding confirmation from Scottish Government.

3.4 Risk Assessment/Management

The existing processes within the Argyll and Bute HSCP to identify any critical and ongoing risks will be used. An action plan has been developed alongside the 2023 priorities and will be used to manage risk of non-delivery of actions.

3.5 Data Protection

All work will align with existing GDPR principles and there are no additional GDPR implications of the strategy refresh.

3.6 Equality and Diversity, including health inequalities

The work of the Argyll and Bute Alcohol and Drug Partnership aligns with equality objectives in line with local need. For example, the MAT standard pilot project is directed at Cowal and Bute area due to persisting inequalities. An Equalities Impact Assessment is available for the current 2020-2023 Alcohol and Drug Strategy. A refreshed EQIA will be undertaken when the strategy is developed for the following 3 years.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- Argyll and Bute Alcohol and Drug Partnership strategy day, February 2023
- Argyll and Bute Alcohol and Drug Partnership survey, March-April 2023
- Argyll and Bute Alcohol and Drug Partnership, 14 March 2023
- Argyll and Bute Strategic Planning Group, 16 March 2023

3.9 Route to the Meeting

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

- Argyll and Bute Strategic Planning Group, 16 March 2023
- Argyll and Bute Alcohol and Drug Partnership, 14 March 2023
- Argyll and Bute Integration Joint Board, 31 May 2023

4 Recommendation

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 Argyll and Bute Alcohol and Drug Partnership report 2021-2023
- Appendix 2 Argyll and Bute Alcohol and Drug Partnership Strategy refresh
- Appendix 3 Argyll and Bute Alcohol and Drug Strategy Refresh: priorities for 2023

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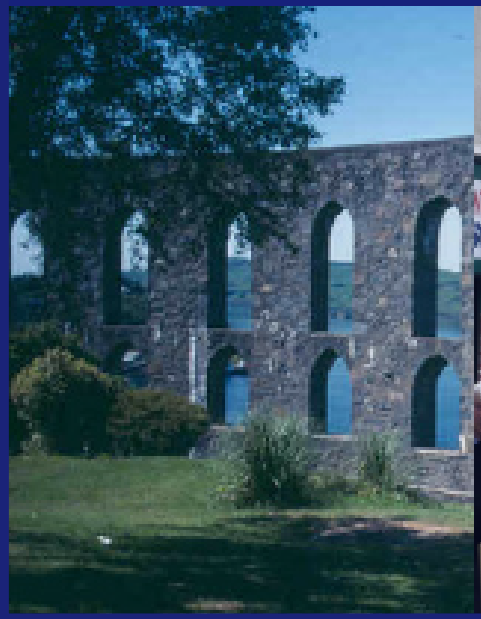
Argyll & Bute Health & Social Care Partnership

Argyll and Bute Alcohol and Drug Partnership

Report 2021-2023

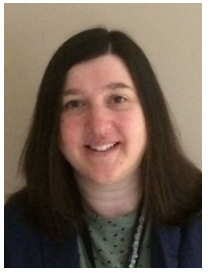


Contents

Foreword

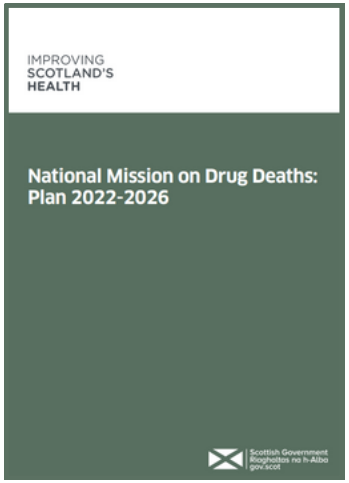
by Fiona Davies, Interim Chair of Argyll and Bute ADP

I am delighted to present this Argyll and Bute Alcohol and Drug Partnership (ADP) 2021-2023 report, which covers a time period of significant investment, challenges and interest in the field of alcohol and drugs, both within Argyll and Bute and nationally. The Argyll and Bute ADP has an important role to play in translating national guidance to meet local need in order to prevent harm and support recovery from the harmful use of alcohol and drugs across Argyll and Bute. This report is a testament to the work of the partnership in doing so and could not have been achieved without input from our range of dedicated and passionate partners who are involved in this work.



Fiona Davies, Chief Officer,
Argyll and Bute IJB,
Argyll and Bute HSCP.

The ADP strategy vision is that Argyll and Bute is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities have the right to health and a life free from the harms of alcohol and drugs; are treated with dignity and respect; and are fully supported within communities to find their own type of recovery.



The Alcohol and Drug Partnership work and actions align to the current 'Alcohol and Drug Strategy and Action Plan 2020 – 2023', with four equally important pillars of work. Since the development of the current strategy, there has been increasing investment and national interest in reducing drug and alcohol-related harm.

In January 2021, the Scottish Government announced the National Drugs Mission Plan (2022-2026) to reduce drug deaths and harms. The plan builds upon Rights, Respect and Recovery (2018), Scotland's alcohol and drug strategy and includes the Medication Assisted Treatment Standards (MAT); evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

Alongside this, there have also been challenges such as the COVID-19 pandemic, the impacts of which were also felt across our communities in terms of difficulties with income and employment, mental health and wellbeing, social isolation, and increasing inequalities.

The Alcohol and Drug Partnership has risen to the above challenges, and in particular we have seen a wealth of community and lived experience input. For example, Argyll and Bute became the first area in Scotland to establish an advocacy service for people in recovery delivered by people with experience of recovery. We heard from the four people trained as Lived Experience Advocates at a recent ADP strategy day and their work has been so valuable and inspiring. There has also been fantastic work undertaken to develop the Cowal Community Hub and ARC recovery café and I'm excited to attend the launch of that community asset in the Spring of 2023.

This year also saw the departure of the ADP Independent Chair, John Owens, who has contributed to the partnership for 7 years. We would like to thank John for all his work guiding the partnership over that time.

I hope that you find the contents of this report inspiring and can identify links to your own work and communities.

Fiona Davies

Argyll and Bute IJB Chief Officer; Interim Argyll & Bute ADP Chair

Argyll and Bute Alcohol and Drug Partnership

Purpose:

- Share experiences and learning on alcohol and drug matters in order to support the Argyll and Bute HSCP in effective strategic planning
- Contribute to relevant local, regional and national consultation responses or events
- Inform engagement on alcohol and drug matters within their area to assure the community voice is heard
- Participate in learning opportunities to maximise individual member contributions
- Contribute to needs assessment processes to better understand local priorities and service delivery

Argyll and Bute's ADP is made up of a range of partners, including:

- Third Sector
- Housing
- Scottish Fire and Rescue
- Police Scotland
- Statutory and Non-Statutory Providers
- Child Protection
- Public Health Specialist

The ADP meet bimonthly and is responsible to the Argyll and Bute HSCP and Argyll and Bute Integration Joint Board.

The ADP was chaired by Independent Chair John Owens until October 2022. Fiona Davies, Chief Officer of Argyll and Bute HSCP has since taken on the interim role of chair.

Alcohol and Drug Strategy and Action Plan 2020-2023

The work of the Alcohol and Drug Partnership is informed by a strategy that covers the period 2020-2023.

The strategy identifies the following vision and priorities:

Action Plan Summary

Vision:
Argyll and Bute is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:

- have the right to health and a life free from the harms of alcohol and drugs
- are treated with dignity and respect
- are fully supported within communities to find their own type of recovery

Prevention and Early Intervention	Developing Recovery Orientated Systems	Getting it Right for Everybody	Public Health Approach to Justice
Outcome: Fewer people develop problems with alcohol and drug use	**Outcome:** People access and benefit from effective, integrated, person-centred support to achieve their recovery	**Outcome:** People affected by alcohol and drugs use will be safe, healthy, included and supported	**Outcome:** Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported

Cool2talk

Young people post a question to the website then receive a bespoke answer within 24 hours, 365 days a year, signposting them to appropriate services including sexual health services, emotional support resources and other health related issues including Covid-19.

The ADP contributes funding towards this service and sits on the steering group, alongside a range of other partners such as Public Health, Police Scotland, Scottish Fire and Rescue, HSCP Children and Families, and Argyll and Bute Education Service.

The aim of the service is improve young people's access to local and national services, health information and encourage young people to openly discuss issues around their health and wellbeing. Mid Argyll Youth Development Services (MAYDS) will deliver the service until March 2024.

Cool2Talk is an online support service for young people aged 12-26.

Cool2talk answered 124 questions from young people in 2021-22

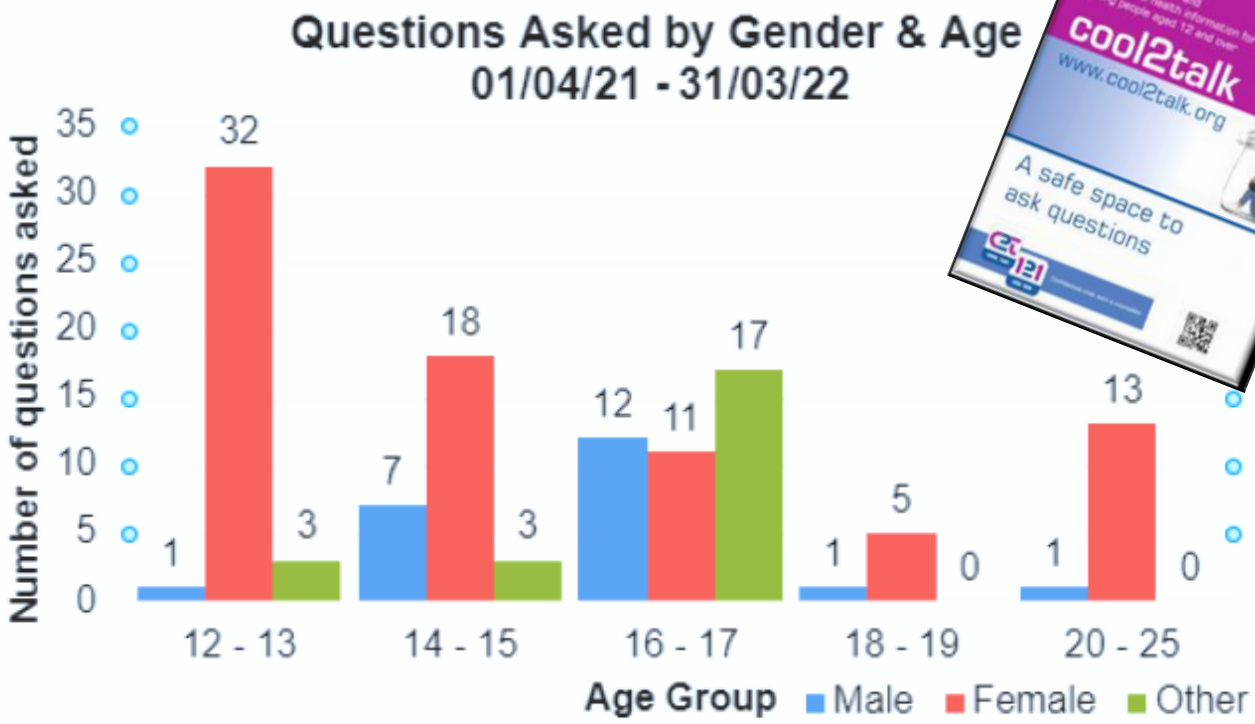


Figure 4. Number of Questions Asked Gender & Age 2021-2022

Alcohol Brief Interventions (ABIs)

Alcohol Brief Interventions are short, structured conversations about alcohol consumption that staff can have with patients/clients in order to motivate and support them to think about and plan changes to their drinking behaviour, thereby reducing their alcohol consumption.

The aim of these interventions is to use non-confrontational, person centred skills to help the individual reduce the risk of harm to their health and wellbeing.

The Scottish Government promotes delivery of ABIs in three priority settings: Primary Care, Accident and Emergency, and Antenatal.

The ADP has supported the delivery of ABIs across Argyll and Bute using a number of approaches in 2021-2023. New approaches for increasing the number of ABIs are being considered in 2023, along with methods of reducing alcohol-related harm across the population. This work will align where possible with NHS Highland approaches.

Alcohol Brief Intervention targets are currently under review and reporting of ABIs was suspended by the Scottish Government in 2020-21, due to the pandemic.

Guidance on delivery of ABIs for staff is available via the Delivery of Alcohol Brief Interventions Competency Framework. This framework should be used in conjunction with health behaviour change skills which focus on person-centred communication. Health Behaviour Change training is available via the NHS Highland Public Health Zone on Turas.

'Smoke Free' and 'You Are Not Alone' Dramas

A range of partners within the ADP were involved in two dramas delivered to school pupils across Argyll and Bute

‘Smoke Free’ is a bespoke educational programme delivered to **Primary 7s**. It consists of lesson plans, online leaflets, letters for families and ends with an interactive drama production. This was offered to all Argyll and Bute Primary Schools (approx. 70) despite Covid-19 challenges.

‘You are not alone’ drama aims to engage with all Argyll and Bute High Schools to deliver the drama in a supportive way with partners and to address topics young people may be struggling with in their lives. Offered to all Argyll and Bute High Schools despite Covid-19 challenges and delivered in all but 1 of the High Schools. Just short of 1,000 pupils engaged with the video, The roadshow returned to face to face delivery in 2023.

Planet Youth

Planet Youth is a population-wide primary prevention process designed to have a long-term impact in communities on reducing youth substance use through creating a healthy built environment.

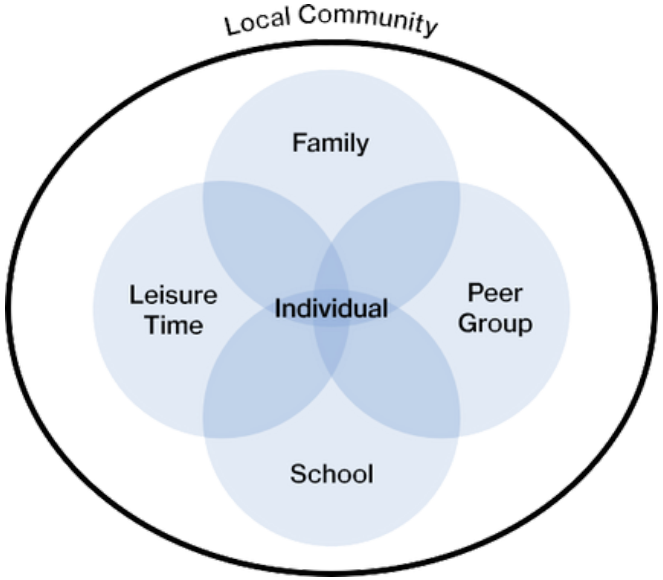
The ADP provided funding for two secondary schools to take part in the Planet Youth approach to substance use prevention through a community collaborative approach.

It is hoped that additional funding can enable this to be rolled out to further secondary schools. Data has been gathered from Planet Youth surveys to inform strategies within the schools and communities.

Although at the initial stages, this baseline data will be powerful in measuring the impact of Nurture and Trauma Informed approaches that have been a focus area within education and an important part of our recovery planning.

The data also allows schools to identify priority areas for development to ensure that they are continuing to meet the needs of children and young people.

Key areas of young people's lives



Media Campaigns

Social Media Campaigns Supported by the ADP

- Social Security Scotland Family Benefits
- Family Support is for Men Too
- Carry Naloxone Campaign
- Mental Health Awareness Week
- The Helping Adolescents Thrive Toolkit
- National Collaborative No Smoking Day
- Addiction Worker Training Project
- Sober Spring 2022
- Fair Start Scotland
- Carers Week
- World Hepatitis Day
- Dry January
- Anti Stigma Summer
- International Overdose Awareness Day
- Challenge Poverty Week
- Alcohol Awareness Week
- Day of the Girl
- Adoption Week
- Mens Mental Health Month
- Trans Awareness Week
- World AIDs Day
- Drug Deaths Taskforce

Referral Pathways to Residential Rehabilitation

Referral pathways and aftercare pathways should be clear, consistent and easy to navigate.

Increased access through publicly funded routes.

Specific pathways are in place to support vulnerable groups or those with Multiple and Complex Needs.

People feel more supported and have more choice in their treatment journey.

A 'no wrong door approach' means that connected services are aware of the pathways to support people.

PANEL (Participation, Accountability, Non-Discrimination, Empowerment and Legality) principles are applied in the development of pathways in all ADP areas.

ADPs and the HSCP network feel supported to make sense of complex systems and pathways.

Developing Recovery Orientated Systems of Care

Access to Residential Rehabilitation

Additional funding from the Scottish Government for Residential Rehabilitation has allowed for the creation of a new pathway to access residential rehabilitation and/or detoxification, and this pathway is being now being used in Argyll and Bute.

A Residential Rehabilitation Group was formed to ensure all partners who would be involved in care and support before and after residential rehabilitation would be involved in the discussions, to enable clients to maintain the benefits of residential rehabilitation. This partnership includes third sector, NHS and Council members.

The number of organisations where people can access residential rehabilitation and/or detoxification has increased. Pre and post rehabilitation support can be provided by commissioned Third Sector service We Are With You, with Pre and Post Rehab and Residential Support Workers able to develop professional, therapeutic relationships with service users in substance use recovery.

Support can be provided to engage in activities that develop their independent living skills such as cooking, cleaning, shopping and most importantly learning to have fun in their sobriety. Support is also available to support community service users to prepare for residential treatment and to provide follow on recovery support post discharge.

In financial year **2021-22 eighteen people were approved for residential rehabilitation and/or detoxification**. **In 2022-23, 14 people were provided with residential rehabilitation.**

We Are With You

We Are With You is commissioned in Argyll and Bute to deliver Community Based Addiction Recovery Services. They provide person-centred care to support people to reduce their problematic drug and/or alcohol use; optimise personal, physical and mental well-being; build social networks, including family and community network; build strengths; and develop resilience in recovery.

We Are With You (WAWY) have initiated a programme to give people with lived experience the opportunity to work towards completing their SVQ 3 Health & Social Care qualifications, offering employment & training to local people who are keen to get into employment but have been unable to do so due to the barriers of no qualifications & no experience.

We are With You also offer online webchat and family support using the CRAFT (Community Reinforcement and Family Training) programme. The service also offers Naloxone training for service users and their friends/family.

Since 2022, We Are With You also participate in a multi-disciplinary group who will look to meet Scottish Government requirements around Medication Assisted Treatment (MAT). As part of this, funding was provided for 3 Assertive Engagement Workers.

withyou

April 21	19
May 21	13
June 21	16
July 21	10
Aug 21	21
Sept 21	16
Oct 21	22
Nov 21	17
Dec 21	19
Jan 22	15
Feb 22	16
March 22	26

210
referrals in total 2021-22

Self referrals were through a variety of methods including phone and drop in facilities.

86%
attendance rate for WAWY appts

Medication Assisted Treatment (MAT) Standards

The Drug Deaths Taskforce was set up in September 2019 and prioritised the introduction of standards for Medication Assisted Treatment (MAT).

The aim is to reduce deaths, and other harms and to promote recovery.

The standards provide a framework to ensure that MAT is sufficiently safe, effective, acceptable, accessible and person centered. In discussion with the MAT standards Implementation Support Team (MIST), partners produced a project specification document to initially implement MAT in Cowal & Bute.

Dedicated co-located teams will work in partnership to provide appropriate and evidenced access to medication assisted treatment that promotes harm reduction and a whole person approach.

1. All people accessing services have the option to start MAT from the same day of presentation.

2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.

3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

4. All people are offered evidence-based harm reduction at the point of MAT delivery.

5. All people will receive support to remain in treatment for as long as requested.

6. The system that provides MAT is psychologically informed; routinely delivers evidence-based low intensity psychosocial interventions and supports individuals to grow social networks.

7. All people have the option of MAT shared with Primary Care.

8. All people have access to independent advocacy and support for housing, welfare and income needs.

9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

10. All people receive trauma informed care.

Treatment and Recovery

Some of the Treatment and Recovery Support options in place in Argyll and Bute

- **Buvidal**
- **Same day prescribing of Opioid Substitute Therapies (OST)**
- **Methadone**
- **Buprenorphine and Naloxone combined (Suboxone)**
- **Buprenorphine sublingual**
- **Naltrexone**
- **Injecting Equipment Provision (IEP)**
- **Mutual Aid Partnership (MAP)**
- **BBV Testing**
- **Wound care**
- **FibroScan**

The Substance Misuse Liaison Service aims to follow up with individuals who have experienced a **Near-Fatal Overdose (NFO)** but are not known to service or currently on caseload. Both groups are offered Naloxone training and supply, in addition, A&E departments are provided with immediate access and Naloxone training/supply.

This year has seen the culmination of **a collaboration with Housing First to fund and employ a Senior Practitioner**. This practitioner works with people who are, or are at risk of becoming, homeless and have co-occurring mental health or substance misuse issues. This helps maintain tenancies and engages people with relevant services to meet their needs.

An addition to ABAT's treatment options for opiate substitution therapy has been made available in the form of **long-acting injectable buprenorphine**. This is initially administered weekly until a monthly dose is achieved. **ABAT's Advanced Nurse Practitioner** has been rolling this out across all localities, reducing the need for regular pharmacy visits, promoting the ability for individuals to access employment and not require storage of take-home OST.

Service users have been supported to attend events across Scotland. Post Covid, people clearly wanted in person support so **We Are With You (WAWY)** have facilitated one-to-one support, groups & activities. WAWY actively promote their service to all GPs & partner agencies. **Family support** has been offered online using **Community Reinforcement and Family Training (CRAFT) Programme**.

Both **ABAT** and **WAWY** have staff are trained in and adopt a **Trauma Informed Approach**, and are trained to distribute Naloxone to individuals & their family members. Both teams also provide **Injecting Equipment Provision (IEP)**. The **ADP ROSC approach** encourages all services to work in partnership with a wide range of local and national service providers to ensure individuals get the best service possible.

Involving People with Lived and Living Experience

For People With Lived Experience:

- Feedback/ complaints process
- Focus groups
- Board Representation at ADP

For Family Members:

- Questionnaires/ surveys
- Focus groups
- Board Representation at ADP

Argyll & Bute ADP has worked with a number of partner agencies to identify and support people with lived and living experience and their families. As a result of the extensive work, involving local services and national organisations we **now have people with lived experience and family members sitting as equal members of the partnership**.

This has been a very good example of strong partnership working which has helped build relationships and partnership between people with lived experience and services. It has also provided an opportunity for building better pathways into and out of services. The partnership approach started with the creation of an involvement strategy which set out the guiding principles on which all involvement has been built.

We Are With You (WAWY) have initiated a programme to give people with lived experience the opportunity to work towards completing their **SVQ 3 Health & Social Care** qualifications, offering employment & training to local people who are keen to get into employment but have been unable to do so due to the barriers of no qualifications & no experience.

A partnership was established by the ADP involving Lomond & Argyll Advocacy Service, Scottish Recovery Consortium and Reach Advocacy to train people with lived experience as Peer Advocates. The partners successfully **recruited and trained 4 individuals from across Argyll and Bute as Lived Experience Advocates**. All four successfully completed the Reach Advocacy Rights Based Approach SQA Advocacy Award.

Advocacy

A First for Argyll and Bute

With four people completing their training as Lived Experience Advocates earlier this year, Argyll & Bute became the first area in Scotland to establish an advocacy service for people in recovery delivered by people with experience of recovery.

Scottish Recovery Consortium aim to establish a National Network of Peer Advocacy Services and will look to Argyll and Bute as a model of good practice.

The combination of national and local based partners helped secure the funding for this project and it is hoped the establishment of a National Network will help develop and support this service as we move forward.

Argyll & Bute ADP recognised that there was a need for advocacy services specifically tailored to people affected by their own or someone else's alcohol or drug use for a number of years and have been working with Lomond and Argyll Advocacy Service (LAAS) to support substance users in Argyll and Bute.

Advocates work closely with the substance use support teams in localities supporting the needs of their communities and encourage people to access the types of supports that enable their recovery journeys.

LAAS plays an important role in the delivery of MAT Standards in Argyll and Bute and the RAP Team will all complete the experiential interview training, interviewing service users about their experiences of MAT.

The Group Recovery Advocacy's work has been valuable and the voices of people in recovery have helped shape some developments and improvements within Argyll. The plan will be that another service will take forward future meetings and LAAS will become group members instead of the facilitators.

During 2022 development took place with LAAS and the Scottish Drugs Forum, to make opportunities available for students offering an interesting work experience placement, working across their Core and Recovery Advocacy Project groups. They will ensure the student has plenty of opportunities to work with other services and learn about the Alcohol and Substance Use Support Services available across Argyll and Bute and learn how they operate.

Lomond and Argyll Advocacy Service (LAAS)

Lomond and Argyll Advocacy Service

- making sure your voice is heard

73
active cases in 2021-22

"Kind, helpful, on my side and reliable. A great help to me."

"Advocacy has helped me alot."

"Extremely useful service. I felt very scared and alone at the start but it was so good to meet my advocate. She was brilliant."

Recovery Communities

Recovery Communities in Argyll and Bute

- Oban
- Helensburgh
- Dunoon
- Rothesay
- Mid Argyll / Kintyre

Activities include:

- Support meetings
- Indoor and outdoor activities
- Arts and crafts
- Quizzes
- Cooking
- Hot food available
- Hairdressing
- Growing veg
- Meeting other groups
- Local campaigns
- Music groups
- Outings
- Support members to attend the Scottish Recovery Walk

The recovery communities in Oban, Helensburgh, Dunoon, Rothesay and Mid Argyll and Kintyre all expanded their membership. The communities are primarily led by people with lived experience and all have people with lived experience involved in the programming and organisation of the regular activates.

Argyll & Bute recovery communities have historically been independent of one another; however, their links have been strengthened through the creation of a **Recovery Steering Group** supported by SDF as part of the ADP's Involvement Strategy. The Recovery Steering Group aims to represent all of the recovery communities and develop a collective voice on their behalf. The ADP Support Team provided financial support and, along with several ADP partners, worked with each of the recovery communities supporting them to offer programmes including recovery cafes, group meetings and voluntary opportunities.

During 2021/22 a **panel of people with lived experience** was formed to look at setting up a recovery café in the Cowal area. This involved walk and talks, events and leaflets that were distributed to encourage engagement of the community. The panel now consists of 12 people who all have lived experience. They have organised several summer activities to engage the community. The panel have also **completed training in administering Naloxone and the volunteer program of training**.

In the Bute area there are also walk and talk groups, men's shed and breakfast clubs. This area has an average of 32 members. Discussions are taking place with Argyll & Bute Council to look at permanent premises which will allow this community to operate in the evening and at weekends. The Bute recovery community is welcomed and supported by the wider community and services.

Addictions Recovery Café (ARC)

ARC's vision: to reduce drug and alcohol deaths in Cowal by reducing stigma, raising peoples awareness and supporting Recoverists and their families in harm reduction and/or abstinence.

ARC's goal is to provide a peer led, holistic and supportive safe haven. A place where strengths and weaknesses of Recoverists are respected and acknowledged, providing reassurance where needed in a non-judgmental and inclusive environment.

After public consultation and forming a steering group, ARC are now registered with OSCR, with a strong steering committee of eight with lived experience.

Individuals and families welcome to have open dialogues around addictions and help reduce stigma raise awareness and be part of the ROSC which is needed for recovery. The Recovery Café is due to open by May 2023.

ARC work with the CHIME framework for personal recovery

Cowal Community Hub

Argyll and Bute Rape Crisis (ABRC) are working in collaboration with the ADP to undertake a significant piece of development work to facilitate the creation of the 'Cowal Hub' in Dunoon.

A pilot project to support the introduction of a Recovery Café and Community Hub to support the Cowal area, this sits alongside the Recovery Oriented System of Care (ROSC).

It will support the priorities of the Argyll and Bute Alcohol and Drugs Partnership and help reduce drug-related deaths in Cowal, bringing all the relevant people/services together to work cohesively for the same outcome.

This will be a community asset which hopes to have long term benefits for people in recovery and their families, not everyone will want to engage with addiction services and this provides an alternative way of accessing support.

ABRC carried out a local consultation session with members of the local community which included people with lived experiences, using a 'conversation café' style with small group discussions.

Within the group discussions it was very clear that the proposed service was both needed and wanted with those who attended the session providing very positive feedback.

The service will be provided from a bespoke building which is part of the ABRC Centre located in the heart of Dunoon. Accessible, but can be discreetly accessed.

Family Support Group

What Does the Family Support Group Offer?

- Focused groups which acknowledge and accept the experiences of each member
- Lived experience forums that can help build better services for people in recovery and their families
- An equal voice on the ADP through their own dedicated ADP Representative
- Whole Family support aimed at supporting the needs of partners, parents and children as well as the individual in recovery

Argyll & Bute's first Family Support group was established, with the support and funding from the ADP, in Helensburgh in October 2018 by two family members with experience of caring for, and living with, someone with drug and/or alcohol dependency issues. With their support, a second group was established in Dunoon.

The ADP will be working closely with Scottish Families to implement the Whole Family Approach across all localities of Argyll and Bute.

This Spring, Scottish Families, will be hosting a series of events to tell a family member's story of living with problematic alcohol and drug use.

This is a workshop event where attendees will listen to this story, discussing and reflecting on what was heard together.

Scottish Families are raising awareness of families' experiences and creating opportunities for families to be seen and heard.

Find out more play the 'This Fierce Love' video on Vimeo at: http://bit.ly/3muWdyD

Joint Improvement Planning

Strategic planning and development of approaches was a key feature of activity for joint working between the ADP and Community Justice. Alignment of activity within a Public Health Approach to Justice and Community Justice settings has provided a baseline, and our joint improvement collaboration will continue through to 2024, to focus on the following:

· **Review and development of access to services within Police Custody Suites**

· **Establish and test a formal approach to Prison Custody to Community for all citizens returning to the community**

· **Access to alcohol and drug service provision for those serving a range of Justice Social Work Community Sentences**

· **Workforce development** to improve knowledge and practice In each of the priority areas above, we have been able to identify a range of good practice between alcohol and drug service provision (statutory and third sector), Justice Social Work and Scottish Prison Service. In particular, the advocacy model delivered by **Lomond Advocacy and Advice Service (in partnership with the ADP)** is of particular interest to community justice partners. **Developing a rights-based approach to community justice** is in line with the priorities of both **Scottish Government Justice related strategies: Vision for Justice in Scotland; and, National Strategy for Community Justice**.

Changes to how police custody is delivered, lower than expected number of referrals and updates in ADP and Community Justice practices identified a need to review this pathway during 2023-2024. This will be included in the local Community Justice Outcome Improvement Plan 2023.

Police Custody to Community Policy

The ADP, in partnership with Community Justice, Police Scotland and We Are With You, established a pathway for people held in Police Custody who wished to speak to a member of staff from We Are With You.

The offer of support is not limited to those with identified needs associated with their use of alcohol or drugs but can link into a wide range of services and opportunities through the ADP ROSC.

We Are With You function as a first point of contact and link people into the appropriate service providers on their release from custody. **A pathway has been developed to allow continuation of care and OST for someone who is entering prison. If an individual is admitted to prison there is contact between the prison and the service prescribing OST to confirm both the prescription and the willingness of the service to continue this on release.**

Due to the challenges of the pandemic, this pathway requires review, this will form one of the Argyll and Bute Community Justice Partnership Priorities for 2022-23, in partnership with the ADP.

The ADP and Community Justice continue to work on the development of the pathways for those people leaving Prison and returning to Argyll & Bute. Central to this is **the need to ensure all are provided with Naloxone on liberation and continuity of care where OST is prescribed. Argyll and Bute prisoners can be held in a range of prisons and work is ongoing to ensure an equitable approach.**

Prior to release from prison, contact is made to substance use service providers in order to continue with any clinical treatments in the community. This has worked well for the continuation of prescribed methadone and buprenorphine.

A&B HSCP | Transforming Together

Argyll & Bute Health & Social Care Partnership

If you require this document in large font or in an alternative format please contact us in any of the following ways:

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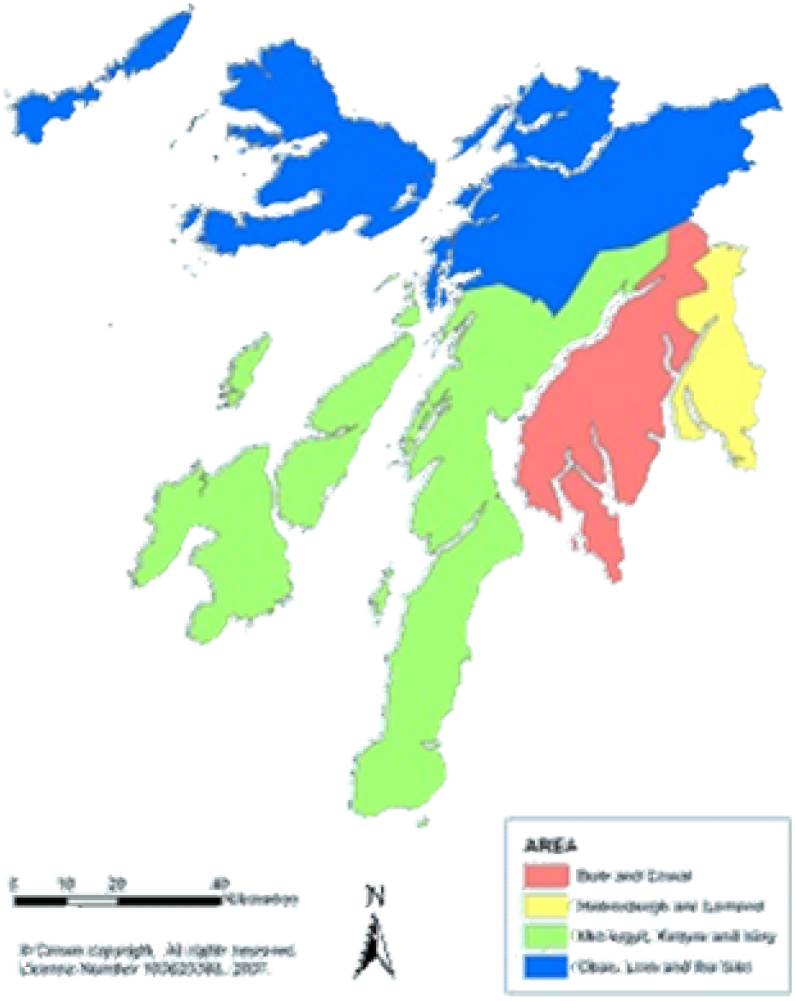
twitter:	**https://twitter.com/ArgyllADP**

Argyll & Bute Alcohol and Drug Partnership

Alcohol and Drug strategy refresh: priorities for 2023



Argyll and Bute Alcohol and Drug strategy 2020-2023 Vision

Argyll and Bute is an area where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:

- have the right to health and a life free from the harms of alcohol and drugs
- are treated with dignity and respect
- are fully supported within communities to find their own type of recovery

Background

The Argyll and Bute (A&B) Alcohol and Drug Partnership works in partnership to prevent and support recovery from the harmful use of alcohol and drugs. The partnership is made up of NHS Highland, Argyll and Bute Council, Police Scotland and a range of third sector organisations, and is supported by a team to assist the Alcohol and Drug Partnership in meeting its responsibilities set out in the 'Alcohol and Drug Partnerships: delivery framework' (Scottish Government, 2019).

The Argyll and Bute Alcohol and Drug Partnership work and actions align to the current 'Alcohol and Drug Strategy and Action Plan 2020 – 2023', which was developed following engagement with communities/partners and in the context of national strategy. Changes in national strategy since 2022 necessitate a refresh of the local priorities, to ensure Argyll and Bute are implementing best practice and meeting the needs of the population. In January 2021, the Scottish Government announced the National Drugs Mission Plan (2022-2026) to reduce drug deaths and harms. The plan builds upon Rights, Respect and Recovery (2018), Scotland's alcohol and drug strategy and includes the Medication Assisted Treatment Standards (MAT); evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland.

It is therefore appropriate that as we enter the final year of the current strategy, we review and refresh the priorities and begin work to develop our next strategy, so that we can continue to build an Argyll and Bute where the harms of alcohol and drugs are reduced, and people are supported to recover.

Strategy refresh: priorities for 2023

A strategy refresh day was held in Arrochar, Argyll and Bute on 14th February 2023, and 40 people attended from a range of partner organisations including people with lived experience. The aims and objectives of the day were to begin reviewing the achievements and priorities, strategy progress, and identify the top priorities for the remaining year of the current strategy, to ensure that we are still meeting the needs of communities. The identified priorities for 2023 are listed in the below tables, under the existing four pillars of the 2020-2023 strategy, which are:

- Prevention and early intervention
- Developing Recovery Oriented Systems of Care
- Getting it Right for Everybody
- Public Health Approach to Justice

The pillars also closely align with the priorities of the Argyll and Bute HSCP Joint Strategic Plan 2022-2025, which are:

- Choice and control and innovation
- Prevention, early intervention, and enablement
- Community Coproduction
- Living Well and active citizenship

Along with the priorities, attendees from the strategy day proposed the following recommendations:

1. **Consideration of a subgroup to be identified to progress each pillar of work, with an accompanying action plan.**
2. **Consideration of a subgroup to be identified to review data and measurement; to collate what information is available and how we measure outcomes/progress.**
3. **The draft strategy refresh to be presented to the Argyll and Bute Alcohol and Drug Partnership and Argyll and Bute HSCP Strategic Planning Group for further engagement and as part of governance structure.**

Argyll and Bute Alcohol and Drug Strategy Refresh: priorities for 2023

Outcome: Fewer people develop problems with alcohol and drug use

1. Work with partners and communities across Argyll & Bute to make prevention and diversionary activities available (for all age groups), build awareness and resilience aimed at reducing harm and improve life choices.

2. Ensure access to a range of support services including specialist drug and alcohol support for under 25s.

3. Challenge stigma through education for everyone

Outcome: People access and benefit from effective, integrated, person-centred support to achieve their recovery

1. Build on A&B ROSC work to ensure a robust and working Recovery Oriented System of Care, including delivering on MAT standards and continuing to increase access to residential rehabilitation

2. Involve people with lived and living experience, families and carers in all aspects of the planning, delivery and evaluation of drug and alcohol service provision

1. Take forward recommendations from needs assessment relating to young people and families (include mental health, relationships and stress) and revisit overall needs assessment requirements

2. Strengthen links between drug and alcohol recovery services, Children & Families, Adult Protection Services and Maternity Service (including supporting child and Adult Protection Services processes)

Outcome: Vulnerable people are diverted from the justice system wherever possible, and those within justice settings are fully supported

1. Improve Arrest Referral pathways from Police Scotland custody into appropriate treatment and support across Argyll & Bute.

2. Ensure that all appropriate partners are trained and able to provide Naloxone at point of liberation.

3. Work with partners and communities across Argyll & Bute to reduce alcohol and drug-related violence and crime, through a combination of enforcing legislation, prevention work and early intervention activity.

Outcome: people affected by alcohol and drugs use will be safe, healthy, included and supported

Prevention and Early Intervention		
Priority	**Action/outcome**	**Partners**
1. Work with partners and communities across Argyll & Bute to make prevention and diversionary activities available (for all age groups), build awareness and resilience aimed at reducing harm and improve life choices.	People participate in activities that divert them from harmful use of alcohol and/or drugs. For this 2023 refresh, a particular gap in support was identified for older men.	• *Community Learning* • *Recovery groups/communities* • *Living Well Networks*
2. Ensure access to a range of support services including specialist drug and alcohol support for under 25s.	Under 25s have access to early intervention and specialist drug and alcohol services at an early stage and young people identify positive outcomes from service interventions. Develop a revised approach for children and young people's support	• *A&B Alcohol and Drug Partnership Support Team* • *Education Department* • *Contracting Team* • *Internal & External service providers* • *Service users*
3. Challenge stigma through education for everyone	Education and training around stigma is developed and rolled out to staff across Argyll & Bute (including HSCP and partner organisation staff).	• *Service providers* • *Training providers* • *A&B Alcohol and Drug Support Team* • *Recovery Communities* • *Education Department* • *Service Providers* • *Service Users*

Developing Recovery Oriented Systems of Care		
Priority	**Action/outcome**	**Partners**
1. Build on A&B ROSC work to ensure a robust and working Recovery Oriented System of Care	Argyll & Bute have a model for supporting recovery across a range of identified needs Multiagency training is available to services MAT standards are implemented within Cowal and Bute, using a test of change to evaluate how the standards can be implemented across Argyll and Bute (see appendix 1) Continue to increase access to residential rehabilitation. Continue to develop community hubs throughout Argyll and Bute.	• *Service Providers* • *Service Users* • *A&B Alcohol and Drug Support team*
2. Involve people with lived and living experience, families and carers in all aspects of the planning, delivery and evaluation of drug and alcohol service provision	People with lived and living experience, families and carers are supported to organise and develop collective and individual voices, and are present as equal partners in service planning	• *Service Providers* • *Service Users* • *A&B Alcohol and Drug Support team* • *Recovery Communities*

Getting it Right for Everybody		
Priority	**Action/outcome**	**Partners**
1. Take forward recommendations from needs assessment relating to young people and families (include mental health, relationships and stress)	Ensure recommendations from needs assessment are considered, such that early intervention and support services, focused on drugs, alcohol, mental health, relationships and stress, are developed.	• *Service Providers* • Scottish Families Affected by Drugs and Alcohol • *A&B Alcohol and Drug Support team* • *Education*

	Services and supports (including family and recovery groups) are planned, adapted and developed based on research Initiate the whole family approach strategy.	
2. Strengthen links between drug and alcohol recovery services, Children & Families, Adult Protection Services and Maternity Service (including supporting child and Adult Protection Services processes)	Services plan and deliver in partnership People and families receive integrated support from a range of providers aimed at supporting and protecting all Scope inclusion of housing needs within above to make sure we are meeting need.	• *Service Providers* • *Service Users* • *A&B Alcohol and Drug Support team* • *Children and Families* • *Adult Protection Services* • *Maternity Services*

Public Health Approach to Justice		
Priority	**Action/outcome**	**Partners**
1. Improve Arrest Referral pathways from Police Scotland custody into appropriate treatment and support across Argyll & Bute.	A range of service providers work in partnership to establish working pathways across Argyll & Bute People in Argyll & Bute are able to move smoothly from police custody into treatment/support services	• *Police Scotland* • *Service Providers* • *Community Justice Implementation Group* • *Police Scotland* • *Service Providers*
2. Ensure that all appropriate partners are trained and able to provide Naloxone at point of liberation.	Increased availability of Naloxone across Argyll & Bute with particular emphasis on those liberated from prison Reduction in drug related deaths and near misses amongst those recently liberated from prison	• *Justice Partnership* • *Service Providers* • *Community Pharmacies* • *Harm-reduction nurse*

3. Work with partners and communities across Argyll & Bute to reduce alcohol- and drug-related violence and crime, through a combination of enforcing legislation, prevention work and early intervention activity.	Reduction in alcohol related violence and crime.	• *Police Scotland* • *Public Health* • *Community Learning*

Appendix 1. Medication Assisted Treatment Implementation Support Team (MIST) Project in Cowal and Bute

As part of the Scottish Government's National Mission to reduce drug related deaths and harms they introduced the Medication Assisted Treatment (MAT) Standards for Scotland in May 2021. The National MIST Team was established to support the implementation of the MAT Standards within each ADP area. Each area was then invited to apply for funding to support the implementation of a local plan to deliver the required changes at a local level that would reduce drug deaths and harms. Argyll & Bute developed a partnership proposal led by the drug and alcohol service providers We Are With You (WAWY) and Argyll & Bute Addiction Team (ABAT) in conjunction with Pharmacy Lead, Lomond & Argyll Advocacy Service and the Alcohol & Drug Partnership Alcohol and Drug Support Team.

Funding was successfully secured to support the implementation of the partnership programme in the Cowal and Bute area aimed at reducing drug related deaths and harms across the next four years. The service will cover all 10 MAT standards through the creation of a co-located, multidisciplinary team which offers services 7 days per week. They will use Assertive Engagement Officers to target the most vulnerable including those who have experienced near fatal overdose or are currently in custody/prison. Through the nursing and Specialist Pharmacy staff the service will aim to offer same day access to prescriptions with treatment options and a wide range of services based on the different disciplines, qualifications and experience each partner agency brings to the service. This approach will ensure that those with dual diagnosis of addiction and mental health issues are seen by the appropriate partner agency as part of a person-centred, trauma informed approach rather than in a linear fashion. A partnership approach with Primary Care services will be encouraged and developed. The service will use an in-reach approach that provides wrap around care aimed at maintaining contact with individuals, even when appointments are missed, through outreach, home visits and drop-in services. This will allow people to remain in services for as long as possible. Lomond and Argyll Advocacy Services (LAAS) will provide advocacy to each individual across a range of issues including housing, health care and income.

Appendix 3. Argyll and Bute Alcohol and Drug Strategy Refresh: priorities for 2023

Agenda Item 5

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 July 2023**
Title:	**Joint Health Protection Plan 2023-2025**
Responsible Executive/Non-Executive:	**Dr Tim Allison, Director of Public Health and Policy**
Report Author:	**Dr Jenny Wares, Consultant in Public Health Medicine (Health Protection)**

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection priorities, provision and preparedness for the NHS Board area. This is the fifth Highland JHPP, with the first plan being published in 2010. It was not possible to update the current JHPP in accordance

with the previously agreed time-frames due to the constraints of the COVID-19 pandemic. This was not unique to Highland with similar challenges facing all NHS Boards and local authorities across Scotland. This updated plan covers the period 1st April 2023 to 31st March 2025. The Board is asked to approve the plan.

2.2 Background

Health Protection is an area of public health that is responsible for the surveillance, prevention, investigation and management of communicable diseases and environmental hazards in addition to incident and outbreak management. The outcome of this is that the population's health is protected from infectious and environmental threats and major incidents and that across our communities, health inequalities are reduced.

Health Protection Teams (HPTs) within NHS Health Boards work in partnership with Environmental Health teams and other partners to support this area of work. Whilst there has always been very close working, this has never been more so than during the COVID-19 pandemic. This had been fostered through many years of partnership working and evidenced through the development of previous Joint Health Protection Plans which demonstrates the effectiveness and importance of this JHPP process and document as part of routine working but also as part of preparedness activity.

The prevention, investigation and control of communicable diseases and environmental hazards requires specialist knowledge and skills. These include risk assessment, risk management and risk communication amongst others. These specialist skills and knowledge are applicable to a wide range of potential incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. There are many such national and local plans. The response to the pandemic was supported by the arrangements already in place through previous Joint Health Protection Plans which facilitated the implementation of processes.

Effective working arrangements are in place to support partnership working between NHS Highland and the environmental health services within Argyll and Bute Council and Highland Council. This is evidenced through work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues and learning from best practice in both local authority areas and has been demonstrated through the approach taken to the pandemic response. A list of the plans which are common to all three agencies is included within the appendices of the JHPP. It has not been possible to update many of these plans in accordance with the normal timeframes due to the pandemic response and this is therefore a priority for teams in the short-term.

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. National guidance on the content of JHPPs has been published by the Scottish Government. The Public Health etc. (Scotland) Act 2008 provides that each health board and each local authority must designate a sufficient number of persons to be known as competent persons for the purpose of exercising specified public health functions under the Act. The list of competent persons has been updated with the JHPP. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation.

The plan requires to be formally approved by the NHS Highland Board and the appropriate Committees of each of the local authorities. The plan has already been approved by both Councils.
The purposes of the plan are:

- To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.
- To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland have in place for the protection of public health.
- To improve the level of preparedness to respond effectively to a health protection incident and emergency.
- To clarify the priorities for the period of the plan 2023 – 2025.
- To identify the resources which are required to meet the plan.
- To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, Scottish Environment Protection Agency).
- To develop learning across the agencies.
- To provide a mechanism for reviewing and recording outcomes and achievements.

2.3 Assessment

Health Protection is a core part of the services delivered by NHS Highland through the Public Health department's Health Protection Team (HPT) and both Argyll & Bute and Highland Councils through the protective services remits (environmental health, trading standards, licensing standards and animal health and welfare). The JHPP recognises that work is undertaken on a daily basis relating to the following areas of responsibility and service delivery:

- Protecting public health
- Preventing the spread of communicable diseases in the community
- Improving standards of food safety
- Ensuring safe and potable drinking water supplies
- Improving standards of workplace health and safety standards
- Promoting a safe environment and protecting the public from environmental hazards
- Providing safe private and short term let accommodation
- Ensuring adequate plans are in place to respond to incidents and emergencies.

In addition, a number of local health protection priorities requiring joint action have been identified. The JHPP priorities reflect local and national priorities and take account of current work, challenges and emerging issues. Some of the issues highlighted such as tobacco have programmes of work in place that are much wider than that set out in the plan.

The impact of the pandemic has been significant and a core focus for teams is that of remobilisation whilst also continuing to react to the ongoing challenges posed by COVID-19. This winter demonstrated some of the ongoing challenges posed by respiratory infections with exceptional levels of influenza activity being experienced across our communities in addition to a further wave of COVID-19 plus unusually high levels of Group A Streptococcal infections. The increased activity resulting from COVID-19 has resulted in a new normal when compared to routine activity pre-pandemic and going forwards teams will be required to meet this need in addition to existing priorities underpinning the need for the continued HPT expansion.

The national priorities which influence our local priorities have been detailed within the plan. NHS Highland JHPP commits to meeting these in the term of this plan. Areas that will require further work in future years include:

- Ensuring that the learning from the COVID-19 pandemic is captured within ongoing future pandemic preparedness
- Continuing to support the transition to living with COVID-19 and contributing to Scotland's COVID-19 Inquiry as required
- Improving health in the early years especially through new and existing vaccination programmes, particularly as we transition through the Vaccination Transformation Programme
- Contributing to Scotland's aim of eliminating hepatitis C as a public health concern by 2024
- Ensuring the effective implementation of current policy such as Scotland's TB Framework
- Further implementing a coherent, measurable strategy to reduce the risks to health from environmental risk factors such as air pollution, lead in water, contaminated land and radon
- Improving food, water and environmental safety
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects
- Mitigating the impact of climate change
- Being prepared to respond to current and emerging diseases including new variants of SARS-CoV-2, Mpox and avian influenza etc.
- Addressing place standard and resettlement challenges

- Mitigating the impact of the cost-of-living crisis on individuals, families and communities and the resultant public health issues

The priorities that have been identified will be progressed through the incorporation within the operational service plans of each Local Authority or NHS Highland, and where they are common, delivered through effective working and partnership between the agencies.

Given this is a shared plan, the monitoring of performance will be undertaken through routine performance management processes within each of the respective organisations. From an NHS Highland perspective, performance will be reported through the Environmental Health Liaison Committee and then to the Population Health Programme Board. An annual report on health protection activity will be presented to the Clinical Governance Committee

.

The JHPP will be reviewed annually, and any necessary changes made. The review will be led by the service leads and will report to the multi-agency Environmental Health Liaison Committee. However, the plan will only be formally changed and updated every two years in accordance with the legislation.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

There is a substantial level of assurance that appropriate plans are in place. However, considerable work will be needed to implement these plans.

3 Impact Analysis

3.1 Quality/ Patient Care

The work outlined in the plan is aimed at maintaining and improving quality of care.

3.2 Workforce

The plan highlights workforce issues. There are no new workforce commitments.

3.3 Financial

There are no new financial commitments contained in the plan.

3.4 Risk Assessment/Management

Risks are managed in line with other risks within the Public Health Directorate.

3.5 Data Protection

The report contains no additional data protection requirements.

3.6 Equality and Diversity, including health inequalities

The work outlined in the plan is aimed at reducing inequalities.

3.7 Other impacts

No other impacts to note

3.8 Communication, involvement, engagement and consultation

The plan has been developed through the Environmental Health Liaison Committee and has already been approve by both Argyll and Bute Council and the Highland Council.

3.9 Route to the Meeting

The plan has been developed through the Environmental Health Liaison Committee with NHS Highland and both local authorities. Further governance arrangements will be needed for revisions and future plans. These are expected to include reporting through the Control of Infection Committee, Clinical Governance Committee and Population Health programme Board.

4 Recommendation

- **Decision** – The Board is asked to approve the Joint Health Protection Plan 2023-2025.

4.1 List of appendices

The following appendices are included with this report:

- Joint Health Protection Plan 2023-2025

NHS Highland Joint Health Protection Plan (JHPP) 2023-2025

Prepared by Dr Jenny Wares, Mr Alan Morrison and Mr Alan Yates on behalf of NHS Highland, Argyll and Bute Council and Highland Council respectively

April 2023 – April 2025

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Introduction

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan (JHPP) which provides an overview of health protection priorities, provision and preparedness for the NHS Board area. Guidance on the content of JHPPs has been published by the Scottish Government.[1]

This is the fifth Highland JHPP, with the first plan being published in 2010. As detailed within the plan, it was not possible to update the current JHPP in accordance with the previously agreed time-frames due to the constraints of the COVID-19 pandemic. This updated plan covers the period 1st April 2023 to 31st March 2025. It is a public document and is available to members of the public on the NHS Highland website and on request. We hope that you will find this plan to be of interest, and of value, and that its production will contribute to protecting the health of the people who live, visit and work in the Highlands and Argyll & Bute.

Signed:

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Section 1: Overview

1.1 The Joint Health Protection Plan

This plan has been created following the requirements set out in the Public Health etc. (Scotland) Act 2008. NHS Highland, Argyll and Bute Council and Highland Council have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan (JHPP).

Although the plan would previously have been reviewed and formally updated in December 2020, this was not possible due to the competing priorities of the COVID-19 pandemic and the challenges this placed on each of the three agencies. This was not unique to Highland with similar challenges facing all NHS Boards and local authorities across Scotland. The updated plan relates to the period 1st April 2023 to 31st March 2025.

The plan requires to be formally approved by the NHS Highland Board and the appropriate Committees of each of the local authorities. The plan has been developed in accordance with national guidance.

The purposes of the plan are:

- To provide an overview of health protection priorities, provision and preparedness for NHS Highland, Highland Council and Argyll & Bute Council.
- To outline the joint arrangements which Argyll and Bute Council, Highland Council and NHS Highland have in place for the protection of public health.
- To improve the level of preparedness to respond effectively to a health protection incident and emergency.
- To clarify the priorities for the period of the plan 2023 – 2025.
- To identify the resources which are required to meet the plan.
- To detail the liaison arrangements between NHS Highland, the two Local Authorities and other Agencies (e.g. Scottish Water, SEPA etc.).
- To develop learning across the agencies.
- To provide a mechanism for reviewing and recording outcomes and achievements.
- The plan will be reviewed annually by the multi-agency Environmental Health Liaison Committee and any necessary changes made. However the plan will only be formally changed and updated every two years in accordance with the legislation.

1.2 Current context

1.2.1 Background

Health Protection is an area of public health that is responsible for the surveillance, prevention, investigation and management of communicable diseases and environmental hazards in addition to incident and outbreak management. The outcome of this is that the population's health is protected from infectious and environmental threats and major incidents and that across our communities, health inequalities are reduced.

Health Protection Teams (HPTs) within NHS Health Boards work in partnership with Environmental Health teams and other partners to support this area of work. Whilst there has always been very close working, this has never been more so than during the COVID-19 pandemic. The existing strong working relationships were incredibly beneficial and these foundations were further built on over the course of the pandemic.

The past three years have been exceptional for many services including that of the HPT and the environmental health teams, in that the predominant activity has been the pandemic response. Whilst the demands of the pandemic necessitated an almost wholesale temporary transformation of the services, the reactive response to the management of other infectious diseases continued on a 24/7 basis. Due to the competing priorities for teams and the often overwhelming needs of the pandemic response, non-urgent work programmes were paused.

On the 9th January 2020, Health Protection Scotland (HPS) (now Public Health Scotland's Clinical and Protecting Health Division, PHS) convened an Incident Management Team (IMT) meeting with Scottish Government and NHS Board HPTs following the identification of a cluster of pneumonic illness in Wuhan City associated with a novel coronavirus. This novel coronavirus was subsequently identified as SARS-CoV-2, the virus causing the infection known as COVID-19. The World Health Organisation declared the outbreak a 'Public Health Emergency of International Concern' at the end of January 2020.

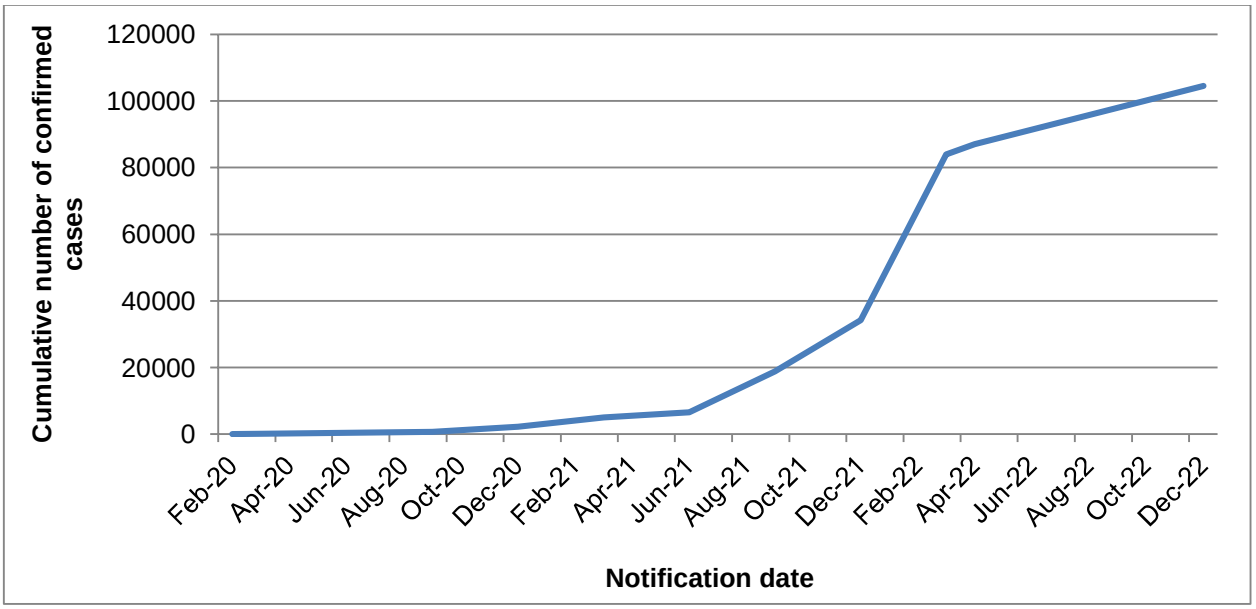
More than three years have now passed since this initial activity. The response to the pandemic was greatly assisted by the existing strong relationships and arrangements between NHS Highland HPT and the Environmental Health (EH) teams in both Highland Council and Argyll and Bute Council. This had been fostered through many years of partnership working and evidenced through the development of previous Joint Health Protection Plans which demonstrates the effectiveness and importance of this JHPP process and document as part of routine working but also as part of preparedness activity.

1.2.2 COVID-19 activity

The first confirmed case of COVID-19 in Scotland was announced on 1st March 2020 in Tayside in a returning traveller who had visited Italy. NHS Highland's first case was notified on March 13th 2020. Since the start of the pandemic, over 17 million PCR tests for COVID-19 have been carried out across Scotland and over two million cases of COVID-19 have been identified (data accurate as of 30th January 2023). This represents around 39.2% of the population. Sadly, there have been over 16,000 people who have died as a result of COVID-19 across Scotland since the pandemic began.

With respect to NHS Highland, there has been a total of 104,494 cases of COVID-19 to date as detailed in figure 1 (as of December 2022).[2]

Figure 1: Cumulative number of confirmed cases of COVID-19 across NHS Highland (as of December 2022)



Over 9,000 separate enquiries and over 841 situations relating to COVID-19 have been handled by the HPT although it is recognised that this is likely to be an under-reporting. This activity was replicated for the environmental health teams with more detail overleaf. Multi-agency Incident Management Team (IMT) meetings were convened in response to different outbreaks necessitating effective partnership working. Over the course of the pandemic, clusters and outbreaks were managed in relation to a range of different settings and locations including an outbreak in Grantown-on-Spey which also included a local slaughterhouse; an outbreak in Kilcreggan on the Rosneath peninsula linked to a private event held in a local bowling club and many other outbreaks affecting specific settings such as care homes, schools, ships and workplaces.

Unfortunately, when the incidence rises within our communities, there is a high risk of spread to local workplaces and care settings. One of the most significant areas of activity has been the provision of specialist infection control advice and training to independent care homes and care at home settings in addition to the management of clusters and outbreaks in these vulnerable settings. The HPT has a statutory responsibility for outbreak management in care homes in addition to being responsible for providing all of the infection, prevention and control support across the 67 independent and local authority care homes across the NHS Highland board area. A dedicated team within the health protection team was developed to support this significant area of work. A recent review of activity has highlighted that there have been over 50,000 separate events documented pertaining to the management of outbreaks in independent care homes in Highland over the course of the pandemic. An event in this context is activity undertaken as part of the outbreak management such as a phone call or an email.

From a local authority perspective, in addition to responding to reported cases and outbreaks, new powers were given to local authorities in respect of securing public health controls within businesses/places and to Police Scotland to enforce the lockdown conditions in public places under the Coronavirus regulations. This was very challenging particularly when neighbouring authorities were in different control levels (e.g. Argyll and Bute Council and West Dunbartonshire Council) and with statutory requirements and guidance changing so quickly as the pandemic developed. The levels sought to minimise spread by restricting business use and ensuring appropriate public health controls were in place. This required Argyll and Bute Council and Highland Council to redesign services in order to focus resources on COVID-19 enforcement activities whilst continuing to deliver other core services. Some of the key highlights from this work are detailed below:

Table 1: Number of COVID-19 interventions by local authority area

	Number of COVID-19 interventions by local authority area		
Local Authority COVID-19 interventions (01/03/2020 – 31/3/22)	**Argyll and Bute Council**	**Highland Council**	**Total**
Business interventions	2,033	1,684	3,717
Business revisits	235	N/A	235
Enquiries/complaints	1,244	1,370	2,614

Specific business enquiries	531	523	1,054
Enforcement action - warnings	113	187	300
Enforcement action - Prohibition Notices	10	0	10
Referrals from NHS Highland HPT for investigation (due to the referral process, there could be some potential for duplication)	1,309	4,526	5,835

From the table above, it is evident that the enforcement strategy developed and implemented across all Scottish local authorities of the 4Es (Engage, educate, encourage and enforce) resulted in a very positive response from the business community and high levels of compliance. Formal enforcement action was taken in the minority of cases where there was obvious non-compliance or risks to public health or non-cooperation by the business. There was a 100% response to identified outbreaks which ranged significantly from premises related to ship-based outbreaks where the ships had to be detained, the infected crews isolated and removed to alternative accommodation, the ship deep-cleaned and disinfected and a new crew put on board. The logistics associated with dealing with this response, in the height of a pandemic and the associated restrictions, were extremely challenging.

1.2.3 COVID-19 support to Health Protection and Environmental Health teams

Over the early part of the pandemic, it quickly became apparent that despite support from other departments an expanded health protection function would be required to support the ongoing pandemic response.

This was implemented in NHS Highland through the recruitment of additional nursing and administrative staff in addition to the development of a clinical fellow role plus additional input at Consultant level from the existing Consultant in Public Health Medicine (CPHM) specialising in Health Protection. Over the course of the pandemic, a local contact tracing service was also established which was integrated with the HPT. The expansion to the specialist function was hugely valued albeit, in keeping with other services, the response was very challenging despite having the expanded team. In accordance with the current strategic direction, the contact tracing service was stood down in April 2022 but an expanded health protection team remains in place to address the ongoing impact of COVID-19 but also to enable the effective remobilisation of other health protection responsibilities.

At a local authority level, the focus was on managing the Councils' response to COVID-19, delivering core services and establishing new services to support communities. This included the establishment of catering services and food packs to vulnerable communities, families and individuals. In environmental health terms, resources were redirected into COVID-19 work with other non-urgent activities paused.

The Scottish Government provided some financial support to environmental health services to support the additional COVID-19 demands and enforcement activities. This short-term funding was provided over an 18 month period ending on the 31st March 2021. This helped to fund two Full Time Equivalent (FTE) COVID-19 Compliance Officers in Argyll and Bute and four COVID-19 Compliance Officers and one temporary COVID-19 EHO in Highland Council. This assistance was invaluable and enabled essential health protection services to continue. There was also an increase in environmental health service requests partly due to people working at home and being more aware of issues within their neighbourhoods.

1.2.4 Wider health protection activity and future priorities

The control measures implemented as part of the COVID-19 response, including the lockdowns and other non-pharmacological interventions (NPIs) such as masks and physical distancing, were incredibly beneficial with respect to reducing the incidence of COVID-19. However, the benefits were not limited to COVID-19 and there was also a reduction in other infectious diseases given the reduced potential for person to person spread and also a decrease in possible exposures. There was a dramatic reduction in the incidence of a number of notifiable infections including pertussis, invasive Group A Streptococcus (iGAS), Meningococcal infection and Shiga toxin-producing *Escherichia coli* (STEC). Similar trends were seen at a national and international level.[3] This adds to the evidence for continuing with some of the basic public health measures such as rigorous hand and cough hygiene, enhanced cleaning and better adherence to staying at home when unwell. The move to living with COVID-19 with the resultant easing of measures and subsequent increase in mixing has led to a corresponding increase in infections although the positive legacy of the pandemic with respect to behaviour change and infection control practices is unknown.

The requirements of the pandemic response meant that it has not been possible to fulfil all normal activities to the same extent. This has been common to all areas with all NHS Board HPTs, local authority environmental health teams and Health Protection Scotland (now Public Health Scotland) having to prioritise the pandemic response.

Although we are now in a different phase of the pandemic, there continues to be an impact on morbidity and mortality from COVID-19 infection in addition to the ongoing

potential of a new SARS-CoV-2 variant. As such, the response to COVID-19 will continue to necessitate considerable input with future waves alongside the remobilisation of the health protection function. Section two details the health protection priorities to be progressed over the course of this plan.

1.3 Health Protection Planning

The prevention, investigation and control of communicable diseases and environmental hazards requires specialist knowledge and skills. These include risk assessment, risk management and risk communication amongst others. These specialist skills and knowledge are applicable to a wide range of potential incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. There are many such national and local plans. The response to the pandemic was supported by the arrangements already in place through previous Joint Health Protection Plans which facilitated the implementation of processes.

Effective working arrangements are in place to support partnership working between NHS Highland and the environmental health services within Argyll and Bute Council and Highland Council. This is evidenced through work undertaken to develop common plans to ensure a systematic and consistent approach to tackling common public health issues and learning from best practice in both local authority areas and has been demonstrated through the approach taken to the pandemic response.

A list of the plans which are common to all three agencies is included within appendix 1. It has not been possible to update many of these plans in accordance with the normal timeframes due to the pandemic response and this is therefore a priority for teams in the short-term.

Although excellent working relationships were already in place, the pandemic response necessitated even closer working and more regular meetings were convened to support effective communication and information sharing between the three agencies. The frequency varied according to need but was weekly at the height of the pandemic. This forum was felt to be very beneficial for sharing information and has been retained on an ongoing basis on a bimonthly basis.

1.4 Risks and Challenges

The geographical profile of the area presents several challenges to effective and timely management of a health protection incident. This poses a risk to the delivery of the service and further emphasises the importance of local knowledge and effective working relationships to an incident response. From an NHS Board perspective, the NHS Highland Board is the largest board in Scotland covering an area of 32,560km^2 and

accounting for 42% of Scotland's land mass. This vast geographical area means that travelling arrangements must be factored into the planning of a response to an incident. This is particularly the case for island communities where access is dependent on ferries. There are 37 inhabited islands across both council areas. Many communities are remote and can be isolated, particularly during periods of adverse weather or, as has been increasingly the case, as a result of breakdowns or availability of ferries. The maps of the area are provided in Appendix 3.

All three agencies are heavily dependent on effective telecommunications systems and a lack of mobile telephone network coverage is a problem in some remote areas and some island communities although this is improving. The response to a public health incident could be compromised in the event of a significant failure of the telecommunications system although the pandemic has resulted in improvements to communications through the use of MS teams.

Staff from all three agencies may be required to travel to the site of a public health incident. This may necessitate several hours of journey time, increased by the need for specific transport or adverse weather conditions. As such the duration of deployment is increased. It is accepted that any reduction in staffing for any of the agencies would impact even further on capacity to respond appropriately and timeously to health protection incidents. This can in part be mitigated by some of the communications improvements experienced in recent years.

Collection and analysis of samples forms a key step in the management of a disease outbreak. The specimens are routinely delivered to the regional or national laboratories by road. There may be a longer turnaround time from submitting the sample to receiving a result depending on the analysis required. In some more urgent circumstances couriers and specialist transport including air transport should be used in order to reduce sample transit time.

NHS Highland collates the surveillance data and information relating to disease outbreaks and environmental incidents and also contributes to national surveillance work. Local Authorities have systems in place for the recording of investigative and monitoring work associated with health protection. These systems include in-house case management systems and also include the use of the Scottish Food Sampling Database (SFSD). The teams may also utilise Geographical Information Management Systems (GIS). HPZone Scotland was introduced by all NHS Boards prior to the Commonwealth Games in 2014 and is now well established. This aims to provide a standardised Health Protection IT system for national surveillance and managing cases and incidents across the country.

All three organisations have local risk registers. These highlight specific high risk facilities, events or scenarios within each area and are also available through the Regional and Local Resilience Partnerships –West of Scotland Regional Resilience

Partnership (RRP), Argyll and Bute Resilience Group, the Highlands and Islands Local Resilience Partnership (HILRP) and the North of Scotland RRP.

As identified in the latest Climate Change Risk Assessment (CCRA3)[4] there are increasing risks posed by climate change with an increased risk of morbidity and mortality from extreme weather events, possible changes in indoor and outdoor air quality, vector-borne disease and an increased incidence of food poisoning and water-borne infections.

The NHS Highland board area has the greatest proportion of Private Water Supplies (PWS) with over a quarter (n=6,224; 28%) of the total number of registered PWS in Scotland occurring in the area. When compared to the mains supply, the health risks from the consumption of water from a PWS are higher with an increased risk of infections such as cryptosporidiosis and STEC. The climate change predictions of drier summers interspersed with heavy rain are likely to increase the risk of raw water contamination and could increase the risk to human health of water-borne infections.

1.5 Capacity and Resilience

Capacity and resilience are ongoing challenges, particularly in response to the current pressure on all services to reduce expenditure. Human resource capacity of specialist health protection skills in NHSH, Argyll and Bute Council and Highland Council is limited although there was a temporary expansion as a result of the pandemic response. It is possible that there will be some retention of an expanded function in the longer term in NHS Highland although not at the same levels as that experienced during the pandemic. This will be necessary due to the ongoing requirements from COVID-19.

Appendix 2 lists the designated competent persons in terms of the Act. NHSH services are located in Inverness although cover the whole board area. The local authorities deliver their services from a number of geographical centres. This approach is an efficient use of limited human resources. However this also creates small teams where the absence of an individual staff member stretches the resources available to respond to an incident. The occurrence of two or more simultaneous incidents in different parts of the board area would present significant challenges.

There are particularly significant issues affecting local authorities, namely:

- The challenges with the recruitment of qualified environmental health professionals due to a workforce shortage across Scotland. This is being considered nationally and work is ongoing to address this, although there is no short-term solution. The impact is that there are challenges in recruitment with vacant environmental health officer posts. In Argyll and Bute some posts remain vacant placing a significant capacity and resilience issue to these services. This is at a time of increasing

workload and areas of new work including short-term let licensing, property checks associated with the Ukrainian Resettlement programme and EU exit implications. This is compounded by an increasing reactive workload and emerging issues such as that of the increased incidence of avian influenza. There has been an increase in the reactive workload of 60% in the last 18 months in Argyll and Bute Council.

- Ongoing challenges of prioritisation of available resources to meet statutory public health requirements. Existing environmental health resources are focussed on high-risk priorities and are managed to allow flexibility to respond to new challenges such as the COVID-19 response and the 2022 work on property inspections for Ukraine refugee schemes. The teams actively engage in national groups to share best practice and ensure efficient and proportionate approaches to implementation of statutory public health duties.
- An example of engagement is through the partnership working between the environmental health teams and Food Standards Scotland (FSS) on the delivery of statutory food safety legislation. The restart of food controls following the COVID-19 pandemic and ongoing audit work has identified significant challenges. Research by FSS in late 2021 estimated a resource gap of 178 FTE officers across all 32 Local Authorities (including Argyll and Bute and the Highland Council) to fulfil all food law requirements, including lower risk activities, of the Food Law Code of Practice. Officers from both Argyll and Bute and the Highland Council are engaged in a new national project to review the approach to food safety law to provide assurance in public health protection, with sufficient and sustainable resources to deliver the required work.

As a consequence of small team sizes, individuals may be required to take on both strategic and operational roles during a large incident. Regular multi agency training exercises and debriefs give strategic leads flexibility in the roles taken during an outbreak.

Staff from the wider department of public health are utilised as required in a large incident and beyond that staff from other teams/departments in NHS Highland. Formal arrangements for mutual aid with other NHS Boards in the North of Scotland and also NHS Greater Glasgow and Clyde are in place and reviewed through the resilience procedures. Informal arrangements for mutual aid exist within the local authorities and act to support the provision of the service in remote and isolated areas.

1.5.2 Risk and mitigation

There is enhanced risk that low risk activities and business may become a higher risk to public health through inadequate management etc., and that these will not be identified and corrected via routine inspections by environmental health services. There are a number of other preventative measures in place to mitigate this risk through:

- Provision of advice and guidance to business and individuals
- Targeted, intelligence led interventions, and liaison with other partner agencies

Notwithstanding this increased risk, priority will always be given to responding to public health incidents and cases of suspected or confirmed communicable disease, by redirecting resources to these investigations. The COVID-19 pandemic demonstrated this flexibility and effectiveness of the Councils' environmental health services and NHS health protection teams.

1.6 Supporting information

Appendix 3 provides the following background information in support of the plan:

- Health Protection definitions
- Overview of NHS Highland and its local authority partners
- Resources and operational arrangements for Health Protection
- Emergency Planning and Business Continuity
- Inter-organisation collaboration and mutual aid
- Out-of Hours arrangements
- Maintenance of competencies for Health Protection staff
- Public Feedback

Section 2: National and local Health Protection priorities

2.1 National Priorities

As part of Public Health Reform the Scottish Government and COSLA, working with a range of partners and stakeholders, developed a set of public health priorities to improve Scotland's health. The following priorities were published in 2018 and provide a ten year focus for improving the health of the nation.

Table 2: Scotland's Public Health priorities

Priority 1:	A Scotland where we live in vibrant, healthy and safe places and communities
Priority 2:	A Scotland where we flourish in our early years
Priority 3:	A Scotland where we have good mental wellbeing
Priority 4:	A Scotland where we reduce the use of and harm from alcohol, tobacco & other drugs
Priority 5:	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
Priority 6:	A Scotland where we eat well, have a healthy weight and are physically active

It is acknowledged that the priorities do not reflect all of the activities that contribute to the health of Scotland's communities and that many activities are included in the broader public health reform work but not explicitly reflected. The report[5] on Scotland's six public health priorities states how, *'our work to protect the health of the population from serious risks and infectious diseases through vaccination, infection control and incident response (health protection), will continue to be an essential public health function and must be maintained. We will not compromise our existing, high quality protections and our ability to respond to emerging threats.'*

The Scottish Health Protection Network (SHPN) is an obligate network of existing professionals, organisations and groups within the health protection community across Scotland.

In line with the stated aims, the SHPN supports the development, appraisal and adaptation of health protection guidance, seeking excellence in health protection practice. The shared ownership of the network is one of its key strengths and all three organisations contribute to the collective work of the network. Many of the work-streams

of both the HPT and the environmental health teams are directed by the work of the SHPN.

An independent review of the structure, function and deliverables of the SHPN was undertaken in 2022. This review[6] concluded that '*the SHPN is a unique resource which is impartial, highly valued and appreciated. It is not perfect, but its work needs to be focused, streamlined and give maximum value for money. The network must not be lost, diluted or allowed to disintegrate. Instead, it should be cherished, strengthened and widely publicised*.' All three teams are committed to continuing to support the work of the network and to support the implementation of the review recommendations in due course.

Furthermore, the Chief Medical Officer and Scottish Government have previously identified various national health protection priorities as detailed within table 3. NHS Highland JHPP commits to meeting these in the term of this plan.

Areas that will require further work in future years include:

- Ensuring that the learning from the COVID-19 pandemic is captured within ongoing future pandemic preparedness;
- Continuing to support the transition to living with COVID-19 and contributing to Scotland's COVID-19 Inquiry as required;
- Improving health in the early years especially through new and existing vaccination programmes, particularly as we transition through the Vaccination Transformation Programme;
- Contributing to Scotland's aim of eliminating hepatitis C as a public health concern by 2024;
- Ensuring the effective implementation of current policy such as Scotland's TB Framework;
- Further implementing a coherent, measurable strategy to reduce the risks to health from environmental risk factors such as air pollution, lead in water, contaminated land and radon;
- Improving food, water and environmental safety;
- Protecting vulnerable groups, especially older people in health and social care, against exposure to hazards and their adverse effects;
- Mitigating the impact of climate change;
- Being prepared to respond to current and emerging diseases including new variants of SARS-CoV-2, Mpox and avian influenza etc.;
- Addressing place standard and resettlement challenges;

- Mitigating the impact of the cost of living crisis on individuals, families and communities and the resultant public health issues

2.2 Local Priorities

Health Protection is a core part of the services delivered by NHS Highland through the Public Health Department's HPT and both Argyll & Bute and Highland Councils through the protective services remits (environmental health, trading standards, licensing standards and animal health and welfare). This plan recognises that work is undertaken on a daily basis relating to the following areas of responsibility and service delivery:

- Protecting public health;
- Preventing the spread of communicable diseases in the community;
- Improving standards of food safety;
- Ensuring safe and potable drinking water supplies;
- Improving standards of workplace health and safety standards;
- Promoting a safe environment and protecting the public from environmental hazards;
- Providing safe private and short term let accommodation;
- Ensuring adequate plans are in place to respond to incidents and emergencies.

In addition, a number of local health protection priorities requiring joint action have been identified through a variety of mechanisms including regular review of surveillance data and joint meetings in conjunction with a review of national priorities.

The local priorities, which are detailed in table 3 below, will be progressed through them being incorporated within the operational service plans of each Local Authority or NHS Highland, and where they are common, delivered through effective working and partnership between the agencies.

As detailed in section 1, the impact of the pandemic has been significant and a core focus for teams is that of remobilisation whilst also continuing to react to the ongoing challenges posed by COVID-19. This winter has demonstrated some of the ongoing challenges posed by respiratory infections with exceptional levels of influenza activity being experienced across our communities in addition to a further wave of COVID-19 plus unusually high levels of Group A Streptococcal infections. The increased activity resulting from COVID-19 has resulted in a new normal when compared to routine activity pre-pandemic and going forwards teams will be required to meet this need in addition to existing priorities underpinning the need for the continued HPT expansion.

Table 3: National and Local Priorities

	Source	Outcome	Work plan	Agencies involved
1.	National priority	Reduce Vaccine Preventable Diseases	After the supply of clean drinking water, immunisation is the most effective public health intervention for preventing illness and deaths from infectious diseases. Although vaccination is a well established intervention, ensuring vaccine uptake remains high remains a key priority. There are currently a number of challenges facing healthcare services with respect to maintaining high uptake rates. These include the re-emergence of eliminated diseases such as measles, the emergence of new outbreaks, service reorganisation and the increasing risks posed by the global anti-vaccination movement. NHS Highland is currently implementing the Vaccination Transformation Programme (VTP) which is the transition away from a primary care based delivery model to one that is primarily through NHS Boards. The aim is to build on the already successful vaccination programme across Scotland and further increase vaccination uptake and it is critical that the benefits afforded by successful immunisation programmes are not put at risk by structural changes in delivery. • *Deliver the Vaccination Transformation Programme by implementing models of delivery that fit a rural area and ensure continued high levels of vaccine uptake in all childhood and adult programmes.*	NHS Highland Highland Council A&B Council
2.	National priority	Reduce the incidence of tuberculosis (TB)	TB remains a leading cause of morbidity and mortality worldwide and disproportionately affects the most deprived and vulnerable members of society serving to exacerbate existing health inequalities. Over recent years there has been a considerable reduction in TB incidence in Scotland. However, the predominant challenge facing low TB incidence countries is that of latent tuberculosis infection (LTBI) as the majority of active cases are the result of 'reactivation' of LTBI. • Implement the actions within the Scottish Tuberculosis (TB) Framework including that of the development of an overarching	NHS Highland Highland Council A&B Council

			policy for the management of latent tuberculosis.	
3.	National priority	Progress action towards Hepatitis C (HCV) elimination	The Scottish Government has set a goal to eliminate HCV infection and HCV related severe disease and death as a major public health concern by 2024. The area of sexual health and blood-borne viruses (SHBBV) has been significantly impacted by the pandemic. An update to the SHBBV Framework is due to be published in early 2023. • *Implement any actions and recommendations developed as part of national SHBBV policy. One specific area of work will be updating NHS Highland's HCV Elimination Plan.*	NHS Highland Highland Council A&B Council
4.	National priority	Addressing health inequalities	• Utilise Private Landlord Registration scheme to assist with improving housing conditions in the private rented sector and reducing antisocial behaviour. • Continue working on strategies to improve housing conditions including licensing of HMOs and residential mobile home sites. • Review approaches to incivilities to identify good practice and specific projects to implement. Incivilities can include issues such as vandalism, graffiti, litter, dog-fouling and fly-tipping. • Implement short term let licensing regimes with the aim of securing safety within premises used for this purpose and safeguarding communities • Support the Ukrainian Resettlement Program and ensure that accommodation provided is safe and has adequate facilities and services. • Support the empty homes strategy aimed at encouraging improvements to properties in order to bring them back into housing use.	Highland Council A&B Council

5.	National priority	Minimise the risk to the public from Shiga toxin-producing *E. coli* (STEC) infection	• Implement any outstanding recommendations within the VTEC Action Plan for Scotland. • Improve the safety of private water supplies and ensure that public health interventions are taken for any failing drinking water supplies, whether public or private. • Promotion of safe practices and procedures where there is contact with livestock at animal parks and farms • Implement recommendations on the safe use of agricultural ground for recreational events. • Investigations of cases of STEC and implementation of appropriate control measures.	NHS Highland Highland Council A&B Council
6.	National priority	Food control	• Reinstate food control enforcement services and deliver a range of food interventions in respect of the national Food Safety Code of Practice. • Working with FSS, develop a new approach to food enforcement in Scotland (SAFER) whilst ensuring that food safety and public health is protected.	Highland Council A&B Council
7.	National priority	Scottish Veterinary Service review	• Participating in the national program relating to the creation of a Scottish Veterinary Service, and the impact on local authority animal health and welfare services. • Managing the risk relating to the possible transfer of AHW services from local authorities which will impact adversely on other statutory services relating to environmental health and trading standards.	Highland Council A&B Council
8.	National priority	Monitoring and Improving drinking water quality	• Collaboration between all three agencies and Scottish Water in the monitoring and improvement of public and private water supplies. • Work with DWQR to deliver the requirements on Private Water Supplies.	NHS Highland Highland Council A&B Council
9.	Local priority	Control Environmental exposures which have an adverse impact on health	• Tackle the effects of antisocial or excessive noise in the community. • Deliver on air quality standards within each local authority area. • Review approaches to swimming pools and spas to ensure appropriate controls are in place regarding infection control. • Blue-green algae - Promotion of safe usage of recreational waters where there is a risk of BGA, implementation of permanent signage and responding to incidents that occur. • Progress Contaminated Land strategies and ensure land is made	NHS Highland Highland Council A&B Council

			suitable for use through development management. • Monitoring of bathing water quality (designated beaches/lochs) with SEPA. • Apply the regulations for legionella safety in public buildings. • Monitor the levels of lead in drinking water in public buildings especially schools and in relevant private establishments such as nurseries.	
10.	Local priority	Resilience to respond to pandemics through effective multi-agency response	• Review business continuity plans and Pandemic plans in light of the learning from the COVID-19 pandemic	NHS Highland Highland Council A&B Council
11.	Local priority	Effective sea and airport health plans to provide adequate disease control measures	• Review existing sea and airport health plans across Argyll and Bute Council and Highland Council to include arrangements for any imported disease e.g. Viral Haemorrhagic Fever • Hold a desktop exercise to test these plans. • Review the current situation concerning Port Health and identify whether Argyll and Bute should become a designated Port Health Authority.	NHS Highland Highland Council A&B Council
12.	Local priority	Enhance recovery planning for a major incident	• Review and further develop the generic Recovery Plan outlining multi-agency responses. • Exercise recovery plan for major flood or events. • Contribute to Regional Resilience Partnerships. • Continue implementation of Care for People guidance • Specific training in respect of Scientific and Technical Advisory Committees (STAC) to NHS and LA staff	NHS Highland Highland Council A&B Council
13.	Local priority	Effective and proportionate arrangements in place to protect public health	• Revise joint health protection policies and procedures between all three parties. • Review existing arrangements/plans as a routine part of each incident that occurs. • Undertake specific exercises for the purposes of training and evaluation of contingency plans relating to water and waste-water incidents and the recovery phase following a radionuclide incident. • Consider key performance standards for the response, investigation and actions for public health incidents	NHS Highland Highland Council A&B Council

			• Joint training in managing incidents/outbreaks and chairing these meetings such as STAC. • To investigate and take appropriate action in response to service requests which have the potential to impact adversely on the environment or to public health. • Joint protocol to be devised to manage vulnerable individuals displaying hoarding behaviour or whose lifestyle behaviour affects others.	
14.	Local priority	Minimise the risk to the public from Lyme Disease	• Assist with ongoing research and reviews. • Continue to raise public awareness. • Review and develop websites/links to provide suitable information.	NHS Highland Highland Council A&B Council
15.	Local priority	Reducing the impact of tobacco, alcohol and other harmful substances on public health	• Continued regulation of the smoking ban in enclosed and public places including NHS premises. • Continued work with licensed trade in respect of responsible drinking and minimum pricing. • Continue regulatory work on age-related sales activity of cigarettes and other products. • Promotional campaign targeted at reducing the under-age sale of tobacco and vaping products to children and young adults. • Joint working with the police relating to the sale of Novel Psychoactive Substances (NPS). • Continue to review and consider possible health issues related to e-cigarettes.	NHS Highland Highland Council A&B Council
16.	Local priority	Strong and Safe Communities	• To investigate and implement effective controls to minimise the spread of suspected and confirmed cases of communicable and notifiable diseases in the community. • The protection of the vulnerable in communities from the impact of cold calling and rogue traders.	Highland Council A&B Council
17.	Local priority	Radon protection	• Ensure that the public in radon affected areas are provided with adequate information relating to the risks of radon and the mitigation measures which can be taken to reduce the risk. • Raising awareness of radon monitoring responsibilities to employers and landlords. • Produce a Radon Strategy for ABC to include council owned property and rented property.	NHS Highland Highland Council A&B Council

			• Ensure Radon awareness through development management.	
18.	Local priority	Education and advice programme	• Raising awareness of the Outdoor Code and communicable disease and controls through improved public information. • Development and review of existing information leaflets and improvements to website. • Where possible, consider and coordinate seasonal promotions and awareness raising campaigns e.g. a summer campaign highlighting the risks of ticks and barbecues. • Increase awareness of health protection issues with local businesses through use of alternative enforcement plans.	NHS Highland Highland Council A&B Council
19.	Local priority	Preventing and minimising the spread of infection	• Investigation of suspected and confirmed cases of communicable disease and implementation of appropriate controls to prevent further spread. • Monitoring trends by enhanced surveillance and reporting. • Implement the national microbiology strategy locally and ensure appropriate access to testing in the public analyst labs. • Ensure public health actions are taken to minimise risks from zoonotic infections reported by Scottish Veterinary Service (SVS).	NHS Highland Highland Council A&B Council
20.	Local priority	Food safety priorities	• To undertake the duties as statutory Food Authority in protecting food safety in the food industry, and deliver the Councils' Food Safety Law Enforcement Work plan. • Work with other agencies to reduce the impact of illegal shellfish harvesting and distribution.	Highland Council A&B Council
21.	Local priority	Health and safety at work initiatives	• To complete the Councils' Health and Safety at Work Law Enforcement Plan.	Highland Council A&B Council
22.	Local Priority	Horizon Scanning and Emerging Infections	• Be aware of new and emerging infections and plan how to minimise their impact locally e.g. Mpox	NHS Highland Highland Council A&B Council
23.	Local priority	Minimise the adverse impact of climate change	• Work together to mitigate the effects of climate change.	NHS Highland Highland Council A&B Council

24.	Local	Animal health and zoonoses	• Respond to current and emerging diseases such as the risks from avian influenza. • Deal with the illegal import of animals. • Carry out animal health and welfare enforcement activities in accordance with Framework Agreements. • Improve preparedness to deal with animal health disease outbreaks.	NHS Highland Highland Council A&B Council
25.	Local	Workforce planning and resilience	• Training and support in incident management and response including STAC training.	NHS Highland Highland Council A&B Council
26.	Local	Water safety plans	• Develop water safety plans. • Review of boat hirers arrangements.	Highland Council A&B Council
27.	National	Coordinated approach to public health	• Actively participate in the national Scottish Health Protection Network and associated governance groups to promote a coordinated approach to protecting public health and developing new guidance and systems.	NHS Highland Highland Council A&B Council

Section 3: Review

3.1 Review of Joint Health Protection Plan 2019-20

In preparing the JHPP 2023-25, we have considered the findings of the review of the previous JHPP. This review identified that:

- Good progress had been made in delivering the national and local priorities in the plan.
- The established working arrangements, promoted through this plan, proved to be effective in responding to communicable disease outbreaks and general incident management (e.g. blue-green algae, drinking water incidents) and responding to the unforeseen and lengthy impact of the COVID-19 pandemic
- It is acknowledged that the pandemic posed significant challenges and necessitated prioritisation of the pandemic response. Areas that we did not achieve or complete have been taken forward into this current JHPP.

3.2 Review of Standard Operating Procedures, Protocols and Plans

NHS Highland and its two local authorities have numerous standard operating procedures (SOPs) and policies. These concern a variety of health protection issues including food safety. Each policy held by NHS Highland has a scheduled date of review. However, the competing priorities posed by the pandemic has meant that these have not been updated in accordance with planned timescales. This work is being prioritised as part of the remobilisation of the HPT and both local authorities.

The Environmental Health Liaison Group provides an opportunity for members to highlight policies that may require revision in light of new evidence or legislation and to discuss issues of common interest.

Section 4: Appendices

4.1 Appendix 1: List of joint NHS/Council Plans

There are an increasing number of national plans for managing the public health management of infectious diseases and environmental hazards.

Some key examples are:

- Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams.
- Scottish Waterborne Hazard Plan

In addition to national plans sometimes there is a requirement to have, or added value in having, a specific joint local plan. Some key examples are listed below:

	Title
1.	Investigation of Enteric disease protocol
2.	Protocol for failures following scheduled statutory sampling of Private Water Supplies
3.	Protocol for failures involving lead in water supplies
4.	Blue-Green Algae (Cyanobacteria) in Inland and Inshore Waters: Assessment and Minimisation of Risks to Public Health. Monitoring and action plan for NHS Highland Board area.
5.	Protocol for the investigation and management of viral outbreaks in the tourist and leisure Industry
6.	Protocol for the investigation and management of viral outbreaks in care homes
7.	Procedure for cases of illness in vessels arriving at ports/harbours in Highland & Argyll & Bute
8.	Procedure for cases of illness in aircraft arriving at Inverness airport

4.2 Appendix 2: Designated Competent Persons under the Public Health etc. (Scotland) Act 2008

NHS Highland	
Dr Tim Allison	Director of Public Health
Dr Jenny Wares	Consultant in Public Health Medicine (Health Protection)
Dr Rob Henderson	Consultant in Public Health Medicine
Dr Nicola Schinaia	Consultant in Public Health Medicine
Ms Liz Smart	Consultant in Public Health
Dr Stephen Bridgman	Consultant in Public Health Medicine
Ms Lynda Davidson	Senior Health Protection Nurse
Ms Sandra Dekker	Health Protection Nurse
Ms Phyllis Smith	Health Protection Nurse

Highland Council Environmental health	
Lead Local Authority competent person:	Alan Yates (Strategic Lead - Environmental Health & Bereavement Services)
Depute Local Authority competent persons:	Daniel Hopwood, Clifford Smith, Patricia Sheldon, Gregor MacCormick, John Murray (Senior EHOs)
Competent persons	Professional staff are authorised by the Strategic Lead - Environmental Health & Bereavement Services according to competency and experience. At the time of developing the plan, those EHOs are: Alana Steven, Helen Gordon, Philip Dent, Robert Murdoch, Zoe Skinner, Robin Fraser, Karen Johnstone, Barry Cumming, Michael Hayes, Barry Parkins, Eleanor Hood, Sharon Stitt, Mark Herron, Beatrice Aitken, Chris Ratter, Fiona Yates, Carol Rattenbury, Coila Hunter, Tanya Grosle, Andrew Hurst

Argyll & Bute Council Environmental health	
Lead Local Authority competent person:	Alan Morrison
Depute Local Authority competent persons:	Iain MacKinnon
Depute Local Authority competent persons:	Mary Watt
Depute Local Authority competent persons:	Jacqueline Middleton
Competent persons	Professional staff are authorised by the Regulatory Services Manager according to competency and experience. At the time of

	developing the plan, those officers are Pamela Fraser, Cameron McAuley, Richard Gorman, Anthony Carson, Patrick Mackie, Nicole Hamilton, Andy McClements, Jo Rains, Mark Parry, Sue Stefek, Pauline Varley and Andy MacLeod

4.3 Appendix 3: Supporting information

4.3.1 Health Protection

Health protection is a specialist function within public health responsible for the investigation and management of communicable diseases and environmental hazards in order to protect population health.

The health protection function is a key statutory responsibility for NHS Highland Health Board and acts to:

- advise NHS Highland and its partners on health protection policies and programmes;
- deliver services and supports the NHS and other agencies to protect people from communicable diseases, poisons, chemical and radiological hazards;
- respond to new threats to public health;
- and provide a rapid response to health protection incidents and outbreaks.

NHS boards are accountable to the Scottish Government for protecting and improving the health of people living within their geographic areas. The Public Health (Scotland) Act 2008 provides clarity over the roles and responsibilities of NHS boards and Local Authorities (LAs) and provides extensive powers to protect public health. In general, NHS boards are responsible for people and LAs are responsible for premises. NHS boards and LAs have a duty to co-operate in exercising their functions under the Act, and to plan together to protect public health in their area as detailed within this JHPP.

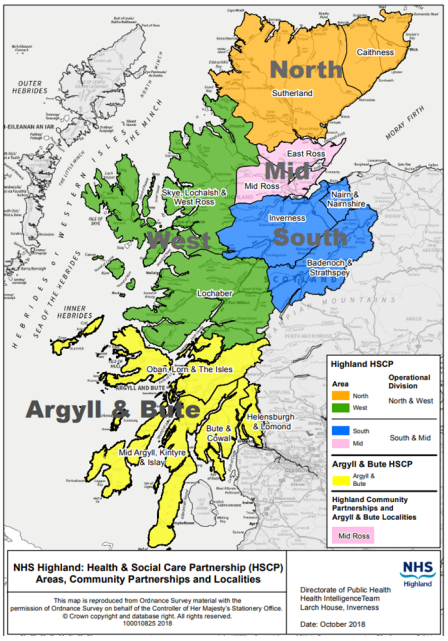
Environmental Health is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health. This remit is delivered within local authorities. The Environmental Health Service has a lead role in Health Protection through its regulatory core functions of Food Safety, Health and Safety at Work, Communicable Disease control, Public and Private Water Supplies, Monitoring bathing water quality, Contaminated Land, Air Quality, Noise control, Nuisance abatement, Smoking Enforcement, and prevention and control of Zoonotic diseases.

The Trading Standards Service performs the Council's Consumer protection function, which includes tobacco controls; product and consumer safety; licensing of persons, explosive and petroleum; feeding stuffs and fertilisers; age related sales and weights and measures.

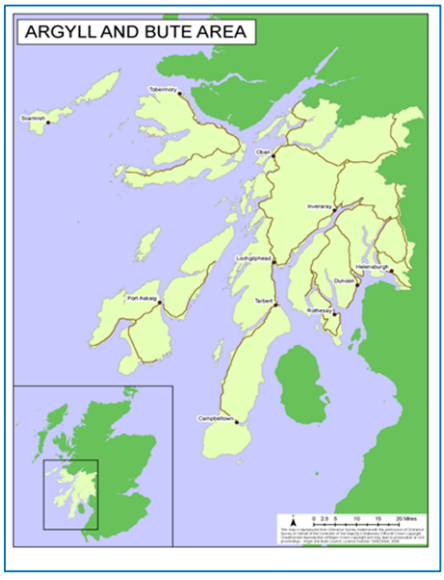
4.3.2. Overview of NHS Highland and its Local Authority partners

The NHS Highland board area, encompassing the two local authorities of Highland Council and Argyll and Bute Council, encompasses a vast and diverse area as detailed in the maps below.

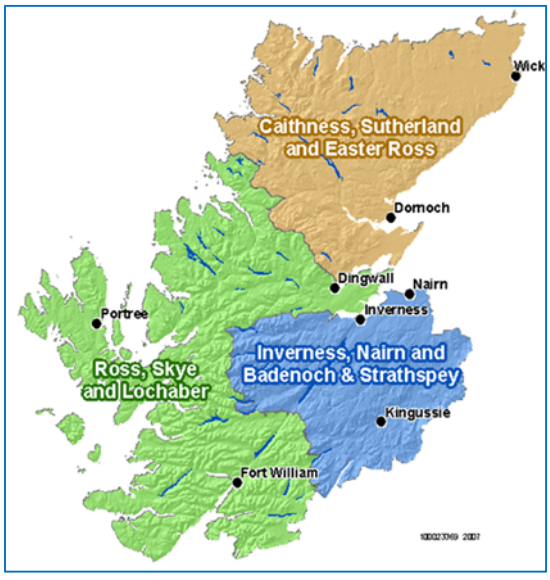
NHS Highland Area Map



Argyll and Bute Council Area Map



Highland Council Area Map



The resident population is estimated to be 324,280 according to the latest population estimates. The population is ageing, this profile is increased by the large number of young people leaving to continue education or seek employment in other urban settlements. The territorial area covers 32,560 km² which represents approximately 42% of the Scottish land surface. It extends across the most northerly and westerly fringes of the Scottish mainland and includes 37 inhabited islands. A large proportion of the population lives in remote rural towns and settlements. Transport infrastructure across much of the Highlands and Argyll and Bute consists of single road or rail networks. Island communities are reliant on ferries with few inter island connections.

A large number of tourists visit the area throughout the year pursuing a variety of activities. This influx, particularly to remote and rural areas, increases demands on both health and local authority services. In order to facilitate trade and tourism, the area contains several air and sea ports providing local and international connections.

4.3.3 Resources and Operational Arrangements for Health Protection

The human resources available for delivering health protection services are outlined in the table below. As detailed earlier in the plan, there has been an expansion as a result of the COVID-19 pandemic.

Table 4: NHS Highland Health Protection Team (Not inclusive of temporary staff/expanded HPT)

Job Title	Role and Responsibility	WTE
Director of Public Health	Strategic and Operational Lead for Public Health activities in NHS Highland.	1
Consultant in Public Health Medicine (Health Protection)	Provide leadership and strategic oversight for health protection development and implementation in NHS Highland. To co-ordinate the provision of an effective service for the control of communicable diseases and environmental health hazards on a 24/7 basis.	1
Health Protection Nurse Specialists	Coordinate, lead and deliver activities surrounding the prevention, investigation and control of communicable disease and immunisation programmes.	4.4
TB Liaison Nurse	Coordinate the contact tracing for TB cases/contacts	0.4
Public Health Surveillance Officer	Responsible for disease surveillance records and reports.	0.2
Administration and secretarial support	Provision of administrative and secretarial support.	3

Table 5: Argyll and Bute Council

Job Title	Role and Responsibility	WTE
Regulatory Services and Building Standard Manager	Strategic and operational management of environmental health, animal health, short-term let and building standards Delivery of effective health protection interventions. Lead and support the development of staff. Effective management of resources. Council's Head of Food Safety and Lead competent Public Health Officer.	1
Environmental Health Managers	Management and delivery of the environmental health service within a geographical area of Argyll and Bute – east and west regions	2
Environmental Health Officer (Food Control and Service Support)	Provide specialist food safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. The inspection of high risk and EC approved food premises.	1
Environmental Health Officer (Health and Safety and Service Support)	Provide specialist health and safety advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation.	1
Environmental Health Officer (Public Health and Housing)	Provide specialist public health advice and expertise within Argyll and Bute Council. Provides specific advice and supports the development of protocols, service plans relating to private water supply regulation, private landlord registration including houses of multiple occupation and public health.	
Environmental Health Officers	Full range of environmental health duties including public health, food safety, environmental protection and health and safety.	9.8
Environmental Protection Officer	Carrying out the Council's statutory duty to identify contaminated land and local air quality. To deal with historic contamination under the planning process and by programmed inspection; to carry out risk assessments in accordance with legislation, statutory guidance and the Council's published Strategy.	1
Regulatory Services Officers	To undertake a specific range of environmental health duties principally in food safety.	3.6
Technical assistants/ Sampling Officers	To support the environmental health service and undertake environmental sampling and monitoring programmes.	5.2

Senior Animal Health and Welfare	To supervise the delivery of animal health and welfare service. To undertake programmed visits relating to animal health and welfare and primary food production. Investigate all cases of notifiable animal disease including zoonotic diseases.	1
Animal Health and Welfare	To undertake programmed visits relating to animal health, welfare and primary food production. Investigate all cases of notifiable animal disease including zoonotic diseases	1
Civil Contingencies Manager	Ensuring Argyll & Bute Council is prepared for a major incident.	1
Civil Contingencies Officer	Ensuring Argyll & Bute Council is prepared for a major incident.	1
Trading Standards Manager	Manage, co-ordinate, lead and support activities surrounding Trading Standards. Develop protocols, service plans in line with current legislation.	1
Trading Standards Officers and Regulatory Services Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation	4
Short-term let Licensing lead	Delivery the operational work associated with the short-term let licensing scheme	1
Short-term let licensing team	Enforcement and administrative staff delivering STL scheme	4
Liquor Licensing Officers	Focused on compliance, mediation and support relating to Liquor Licensing (Scotland) Act	2

Table 6: Highland Council

Job Title	Role and Responsibility	FTE
Strategic Lead - Environmental Health & Bereavement Services	Strategic and Operational Lead for Environmental Health and Public Health activities in Highland Council.	1
Senior EHOs	Operational Lead in respective areas for Environmental Health and Public Health activities.	5
Environmental Health Officers	Carry out Environmental Health and Public Health interventions and inspections in accordance with current plans, protocols and legislation.	19.04 (inc. 2 temp posts)
Environmental Health	To undertake a specific range of environmental	14.2

Technical Officers	health duties principally in food safety and Health & Safety, pollution, licensing and housing.	
Technical Assistants/ Sampling Officers	To support the environmental health service and undertake water sampling and monitoring programmes.	5.3
Assistant Community Works Officer	To support the environmental health service and undertake dog control, litter, fly-tipping, pest control	8
Scientific Officer (Contaminated Land)	Carrying out the Council's statutory duty to identify contaminated land.	1.91
Information Technician & system administrator	Maintenance of the Council's contaminated land information records & IT functions.	2
Animal Health & Welfare Officer	Carry out Council's statutory duty in relation to Animal Health and Welfare.	3
Short Term Licensing	Delivery the operational work associated with the short-term let licensing scheme	5 (inc. 3 temp posts)
Emergency Planning and Business Continuity officers	Strategic and Operational Lead for Emergency Planning and Business Continuity	2
Trading Standards Manager	Strategic and Operational Lead for Trading Standards.	1
Trading Standards Team Leader	Coordinate, lead and support activities surrounding Trading Standards.	1
Trading Standards Officers & Assistant Trading Standards Officers	Carry out Trading Standards interventions in accordance with current plans, protocols and legislation.	12

4.3.4 Laboratory Services

Arrangements to access laboratory facilities vary across the two local authorities. Argyll and Bute services tend to be provided by laboratories located in Glasgow for logistical and practical convenience. Highland use Edinburgh Public Analyst and Scottish Water. The HPT utilise NHS clinical laboratories.

4.3.5 Emergency Planning and Service Continuity

Resilience within NHS Highland is led by the Resilience Team (Head of Resilience and a Resilience Advisor). They provide specialist support and expertise and maintain operational links with multi-agency partners.

Governance for this function is through the NHS Highland Resilience Committee and this group support the development of incident response and continuity plans across the Board. The Group meets on a quarterly basis and supports the Acute, Communities and Argyll and Bute Resilience Groups to develop operational response arrangements. The Committee also support the Digital Resilience Group whose current focus is compliance with the Network and Information Systems (NIS) Regulations.

Highland Council and NHS Highland are members of the North Regional Resilience Partnership. Argyll & Bute Council and NHS Highland are members of the West Regional Resilience Partnership. In addition there is the Highland & Islands Local Resilience Partnership and various locality groups as well.

4.3.6 Inter-organisational collaboration

Feedback on disease surveillance collected as part of routine and statutory monitoring is given from NHSH to both Highland Council and Argyll and Bute Council quarterly.

The Environmental Health Liaison Group which meets twice per year provides an opportunity to evaluate the management of significant incidents. Lessons learnt can be shared and disseminated within each partner agency.

Following a significant incident, debriefing is organised routinely for the involved agencies. This provides an opportunity for those involved operationally and strategically to evaluate the management of the incident and provides a forum for critical reflection. A final incident report should be produced within six weeks of the debrief.

Table 7: Inter-organisational collaboration

Meeting / Group	Membership	Frequency
Environmental Health Liaison Group	NHSH, ABC, HC, Scottish Water, SEPA, Animal Health, SRUC, FSA, PHS	6 monthly
Scottish Water Liaison Group	Scottish Water, NHSH ABC, HC, DWQR	6 monthly

4.3.7 Mutual Aid

Due to the vast geography of NHS Highland, it has been necessary to develop arrangements with NHS Greater Glasgow and Clyde in relation to the initial response to major incidents occurring within Argyll and Bute. In particular, there are specific arrangements written into the HM Naval Base Clyde Off-Site Contingency Plan which is designed to cover radiation emergencies at HM Naval

Base Clyde. While NHS Highland retains overall responsibility for the NHS response, they would be assisted, particularly in the initial stages, by personnel from NHS Greater Glasgow and Clyde (NHS GGC), with staff from both boards being deployed to manage the incident from the Clyde Off-Site Centre. Additionally, depending on the extent and volume of casualties, designated receiving hospitals would be nominated within NHS GGC for the reception of casualties.

Across the North of Scotland Public Health Network all participating public health departments have signed a mutual aid agreement which states that each Board will assist any of the others which has pressures it cannot meet on its own e.g. a large outbreak or incident. There is also an informal mutual local authority support arrangement in place with neighbouring authorities.

4.3.8 Out-of-hours arrangements

NHS Highland

A senior member of public health staff is available 24 hours a day 7 days a week. Outside of office hours, this service is provided by medical and non-medical public health consultants, health protection nurses and public health specialists, as well as training grade specialty registrars. The service can be accessed through the Raigmore hospital switchboard on 01463 704000. Raigmore laboratory provides a microbiology service out of hours. Urgent sample requests can be performed for some diseases following discussion with the on call microbiology team. National Reference laboratories will also perform analysis of urgent specimens following discussion of their appropriateness.

Highland Council

No on-call service is provided by the Environmental Health, however there are out-of-hours arrangements in place to access the service in case of emergency. This can be accessed through the following number: 01349 886690. Arrangements are in place to access public analyst or other appropriate laboratory services out with normal hours.

Argyll and Bute Council

No on-call service is provided by the Council, however there are out-of-hours arrangements in place to access the service in case of emergency. This can be done through the Regulatory Services Manager or the Civil Contingencies Manager through the following number: 01436 658988. Similar arrangements are in place to access laboratory services out with normal hours.

4.3.9 Maintenance of Competencies for Health Protection Staff

NHS Highland

NHS Highland staff undergo an annual appraisal to ensure their knowledge and skills remain up to date. The health protection team run regular update sessions for on call colleagues out with the HPT. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. Nursing staff meet the requirements of the Knowledge and Skills Framework and the revalidation requirements of The Code (NMC).

Highland Council

Highland Council has a corporate performance and development review process. Managers review staff training at regular intervals and as part of the employee review and development process.

Argyll and Bute Council

Argyll and Bute Council has a corporate performance and development review process with its entire staff. Appraisals are carried out on an annual basis. Details of this are held centrally on a register which managers review at regular intervals and as part of the employee appraisal process. The individual learning needs of each member of staff can be identified and targeted through this mechanism. Within Regulatory Services, professional and technical officers are required to meet the continued development requirements in the Royal Environmental Health Institute of Scotland's CPD scheme.

4.3.10 Public Feedback

NHS Highland

Information is provided to the public through the use of local media and the NHS Highland website along with targeted written information where required. NHS Highland Health Protection Team does not have any formal processes for obtaining feedback from the public.

Argyll and Bute Council

Customer and business surveys are regularly undertaken as part of the customer engagement strategy. Whilst not specific to health protection, these surveys

provide useful information about the service provided and are used to inform improvements and developments. Recent surveys have indicated that on average 94% of customers are satisfied with the service provided to them.

Highland Council

Information is provided to the public through the use of local media and the Highland Council website along with written information where required. Feedback surveys are available to the public.

References

[1] Scottish Government. *Guidance on Part 1 and Designation of Competent Persons Regulations*. Scottish Government, 2012.

[2] Scottish Government, *Coronavirus (COVID-19): trends in daily data*. Scottish Government, 2022.

[3] Brueggemann et al. *Changes in the incidence of invasive disease due to Streptococcus pneumoniae, Haemophilus influenzae, and Neisseria meningitidis during the COVID-19 pandemic in 26 countries and territories in the Invasive Respiratory Infection Surveillance Initiative: a prospective analysis of surveillance data*. Lancet Digit Health 2021; 3: e360–70.

[4] Sniffer. *Evidence for the third UK Climate Change Risk Assessment (CCRA3) – Summary for Scotland*. UK Climate Risk, 2021

[5] Scottish Government and COSLA. *Public Health Priorities for Scotland*. Scottish Government, 2018.

[6] Ghebrehewet, S., Stewart, A., Wilkinson, E., Conrad, D. *Scottish Health Protection Network: Independent Review*. 2022.

Agenda Item 6

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25th July 2023**
Title:	**Performance and Quality Report**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Rhiannon Boydell, Head of Strategy and Transformation**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Assurance

This report relates to a:

Annual Delivery Plan

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 North Highland Integrated Performance and Quality Report (IPQR) is a set of performance indicators used to provide a bimonthly update on the performance of our health and care system. Data is supported by a narrative on the specific outcome areas from the Executive Lead to give assurance.

We are continuing to review the IPQR to ensure it meets the needs and assurances the Board requires. Additions to the IPQR include trajectories for Treat Well Treatment Time Guarantee, Outpatients and Diagnostics.

2.1 Situation

Scrutiny of the intelligence presented in the IPQR has been completed at the Clinical Governance Committee, Staff Governance Committee and Finance Resources and Performance Committee.

2.2 Background

The IPQR is an agreed set of performance indicators across the health and social care system.

2.3 Assessment

As per Appendix 1

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

While the level of assurance is moderate, remedial actions are being taken through managed programmes of work related to the ADP and winter planning for 2023/24.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

IPQR gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Through the relevant Governance Committees.

4 Recommendation

The NHS Highland Board are asked to:

- To accept moderate assurance and to note the continued and sustained stressors facing both NHS and commissioned care services.
- Note the addition of trajectories where available
- The annual delivery plan and winter plan continue to support mitigation plans where possible.

4.1 List of appendices

The following appendices are included with this report:

- **IPQR Performance Report, July 2023**

Board Integrated Performance and Quality Report

July 2023

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

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

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

Integrated Performance & Quality Report

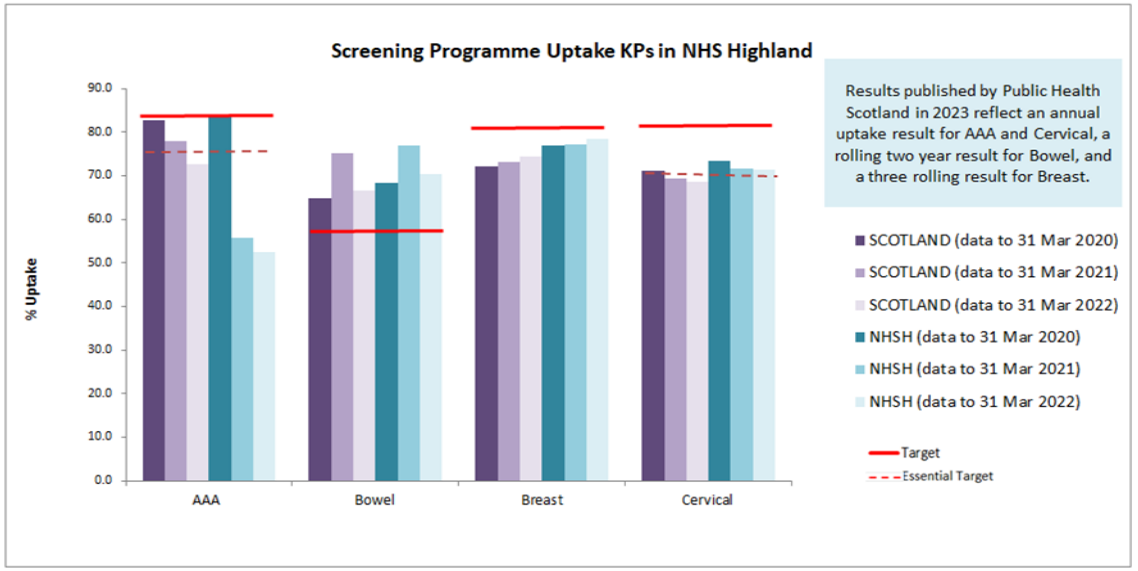
Objective 1 — **Our Population**
Outcome 3 — **Stay Well (Screening)**
Priority 3A — ***"Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population"***

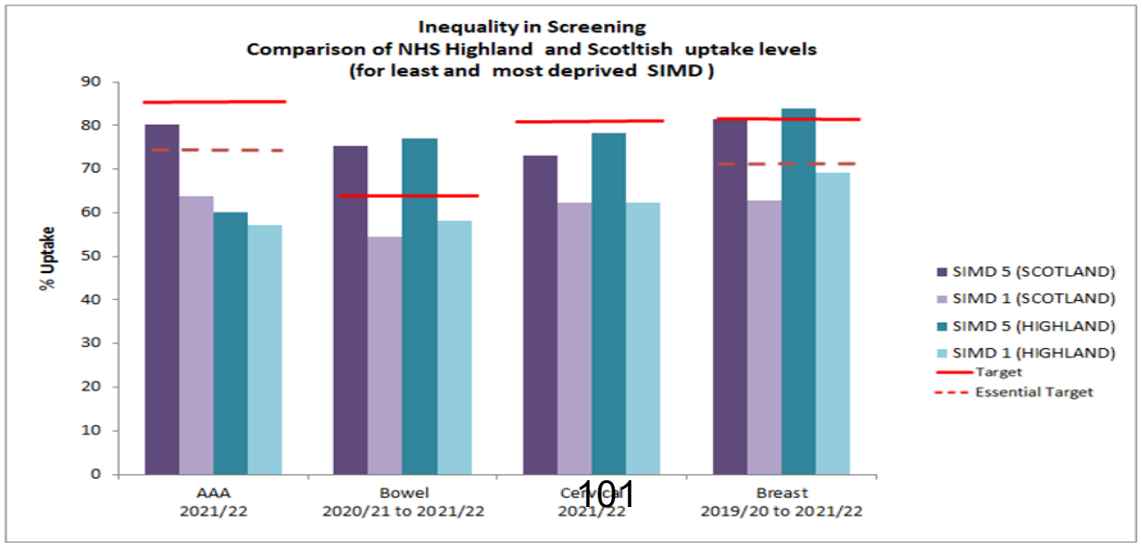
Dr Tim Allison,
Director of Public Health

Screening programmes identify healthy people at increased risk of a disease or condition. Once identified, further tests and/or treatment are offered to either reduce the risk of developing the condition or to intervene earlier for a better outcome. At a population level, the intention is to reduce disease burden.

In Scotland there are 6 adult, 1 preschool and 2 newborn screening programmes.
The 6 adult programmes are: Bowel cancer screening (men and women between 50-74), Breast cancer screening (women between 50 to up to age 71), Cervical cancer screening (women and anyone with a cervix between 25-64), Abdominal Aortic Aneurysm (AAA) screening for men aged 65, Diabetic Eye screening (from age 12 with Type 1 or Type 2 diabetes), and Pregnancy screening. The newborn programmes are bloodspot and hearing screening, and the preschool programme is vision screening.

Adult screening was paused during the COVID pandemic. Since remobilisation, all programmes have had to address the needs of those not invited during this gap whilst inviting newly eligible people.





Progress made to improve position
A comparison of screening performance to previous year results, and Scottish benchmarks shows that screening participation for NHSH is consistently higher than uptake throughout Scotland. The exception to this is AAA screening due to pressures in the Argyll & Bute service where a backlog of men being invited for screening accumulated. This issue is now resolved as a result of service improvements and capacity increases. Although the backlog has reduced from >500 men to zero, improvements were not implemented until Aug 2022, so were not reflected in the recently published programme metrics. For the AAA screening programme, a text reminder service is being implemented as part of a national initiative to improve uptake.

To improve performance monitoring for Pregnancy & Newborn screening, actions to improve data quality and reporting from Badgernet are on-going. Provision of Diabetic Eye Screening (DES) KPIs and KPI monitoring from Public Health Scotland is still pending, so it is not possible to report on performance for DES.

Immediate Next Steps
Within the AAA programme, work continues to drive resilience to prevent recurrence. Across all screening programmes, uptake is consistently higher in least deprived areas (SIMD 5). A screening and inequalities plan for 2023 outlines focused activities to address equality gaps and widen access to screening.

Timescales
AAA resilience actions are to be implemented this financial year. Testing for a AAA text reminder service is progressing with timescales driven nationally. Timescales for equality initiatives are driven by 2023 Screening & Inequalities Plan.

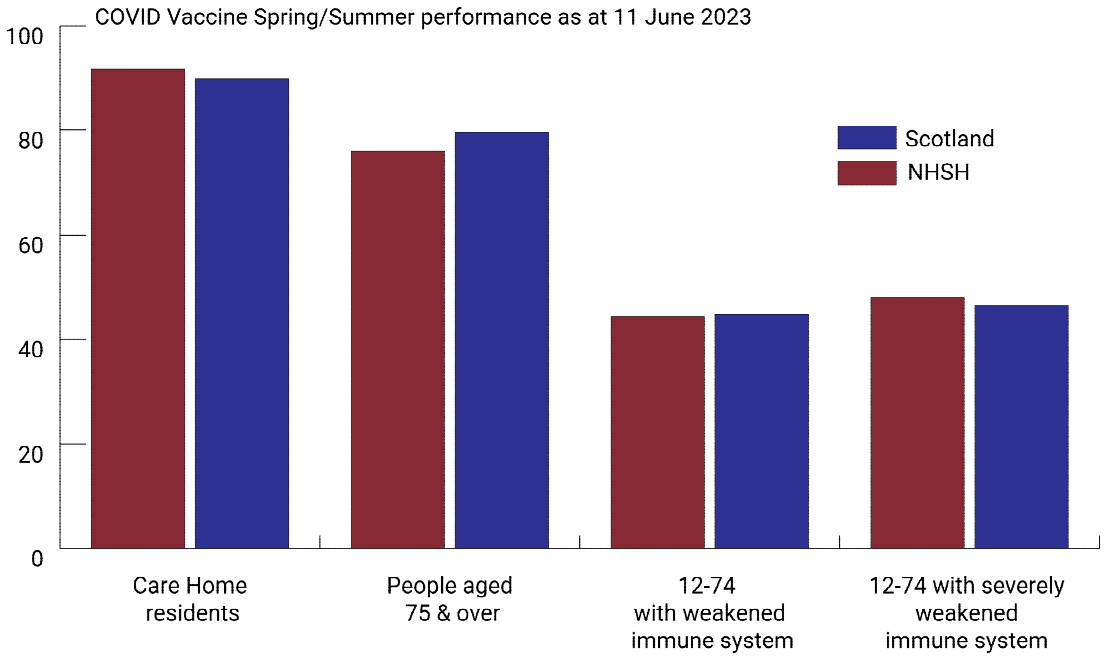
Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Vaccinations)**
Priority 3A ***"Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population"***

Dr Tim Allison, Director of Public Health

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

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



Performance Overview

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

Comparative Covid vaccine uptake for people aged 75 and over:

NHS Board	Covid
Ayrshire & Arran	80.2%
Dumfries & Galloway	85.0%
Fife	77.9%
Grampian	83.5%
Highland	76.0%
Tayside	79.3%

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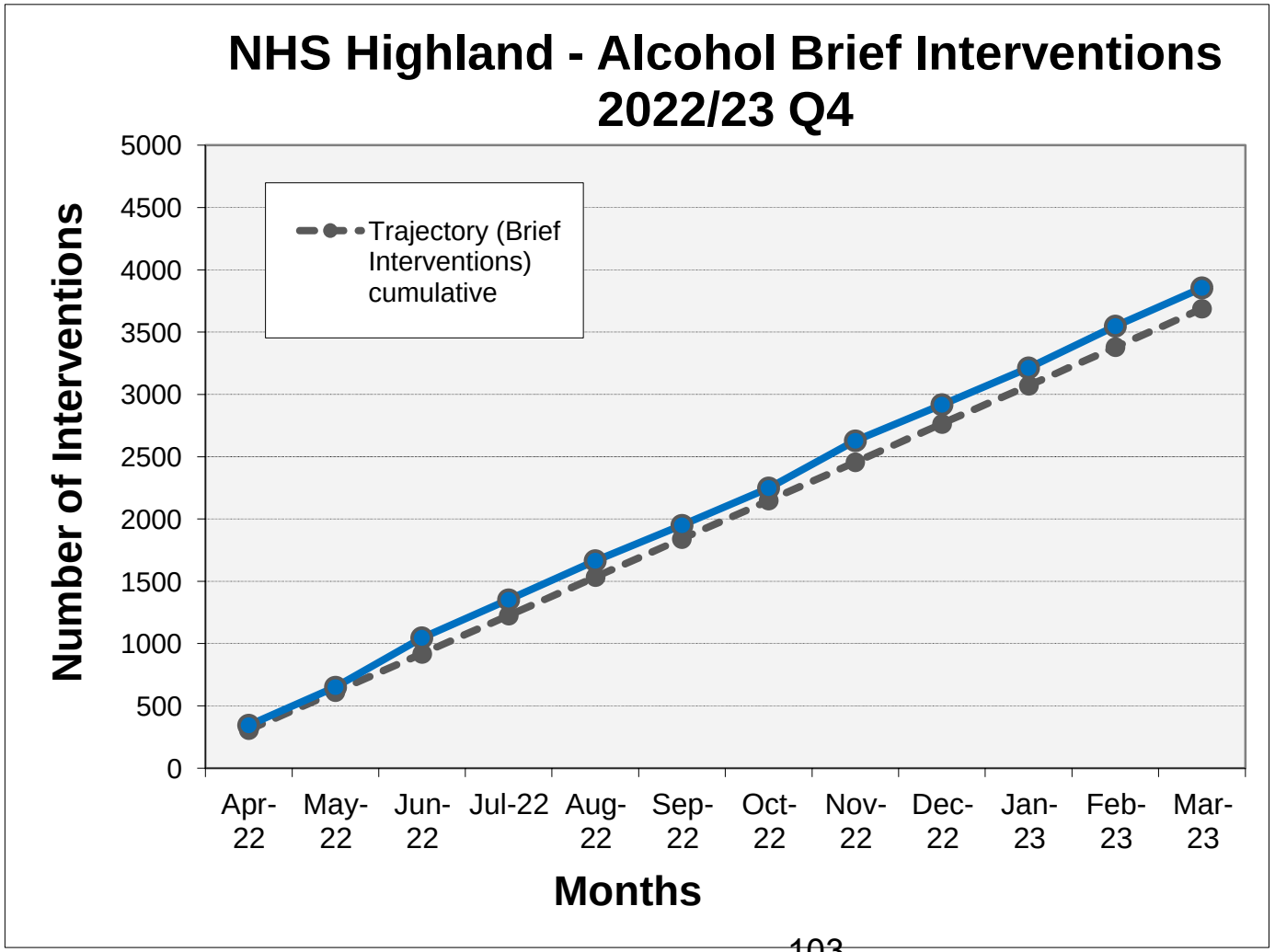
Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Alcohol Brief Interventions)**
Priority 3B **"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**

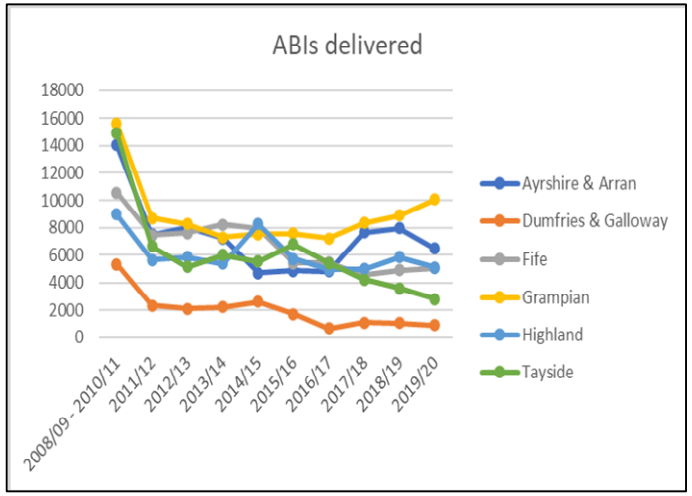
Dr Tim Allison, Director of Public Health

Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this.
The target for ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly).
There is currently no specific targeted focus on inequalities.
The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.



Performance Overview

Progress made to improve position. ABI training calendar available on Turas for 2023/2024. Communications Plan to promote courses being applied. Train the Trainers session delivered for new Specialist Midwife (Drugs & Alcohol) posts, staff in Argyll & Bute, and Highland.
Immediate Next Steps. Small test of change to improve Wider Settings reporting underway. Form is ready for testing with teams (x2).
Timescales. Will review end July.



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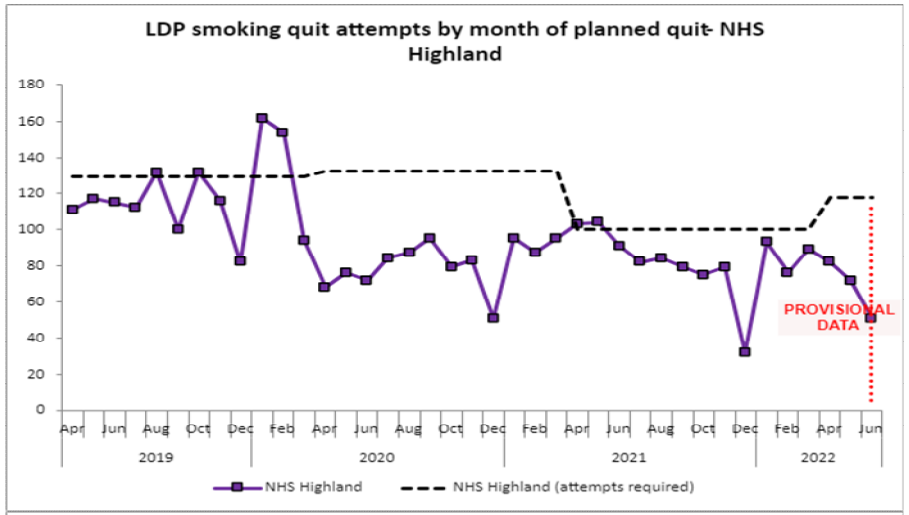
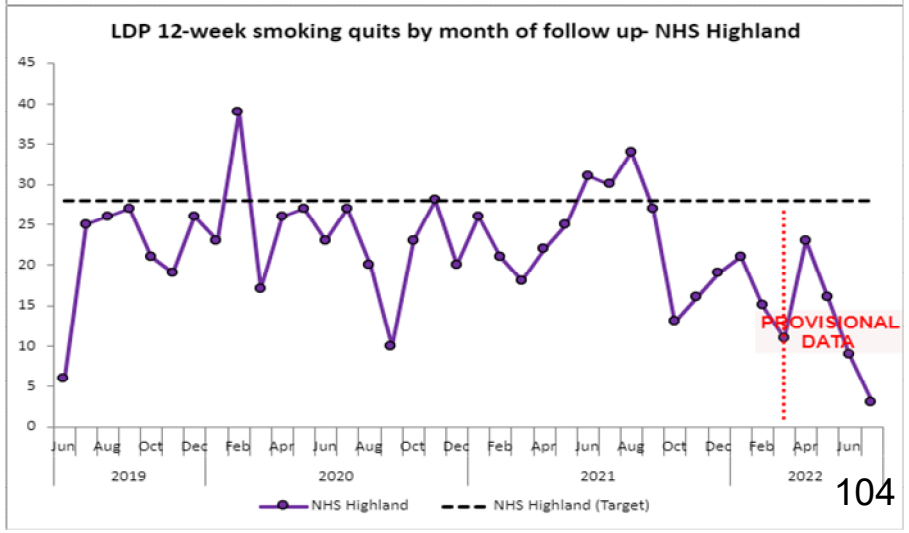
Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Smoking Cessation)**
Priority 3B **"Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"**

Dr Tim Allison, Director of Public Health

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





Performance Overview

Progress made to improve position
Develop and pilot 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.
Review online training for Community Pharmacy.
Recruitment has taken place for a significant number of vacancies.

Immediate Next Steps
Develop a communications and engagement plan to re-establish links with GP's, the community, hospitals and community pharmacies to increase referrals.
Carry out an in-depth investigation into smoking data over the last 5 years.
Meet with community pharmacy colleagues and roll out of SOPs.

Timescales
Review end of July.

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 189 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived (significantly below trajectory of 252). Final figures will not be available until September 2023.

There are significant issues with capacity and data quality with Community Pharmacies and work is under way to remedy this.
Referrals from health professionals in particular have dropped significantly since the beginning of COVID. Work is taking placed with the aim of improving this. There have also been a significant number of vacancies within the team.

The national target has remained the same for the last 5 years with only 3 of 15 Boards reaching the LDP target in 2020/21 and 4 reaching the target in 2019/20

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Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 3 **Stay Well (Drug and Alcohol waiting times)**
Priority 3B ***"No patient will wait longer than 3 weeks for commencement of treatment"***

Pam Cremin
Interim Chief Officer, NHHSCP

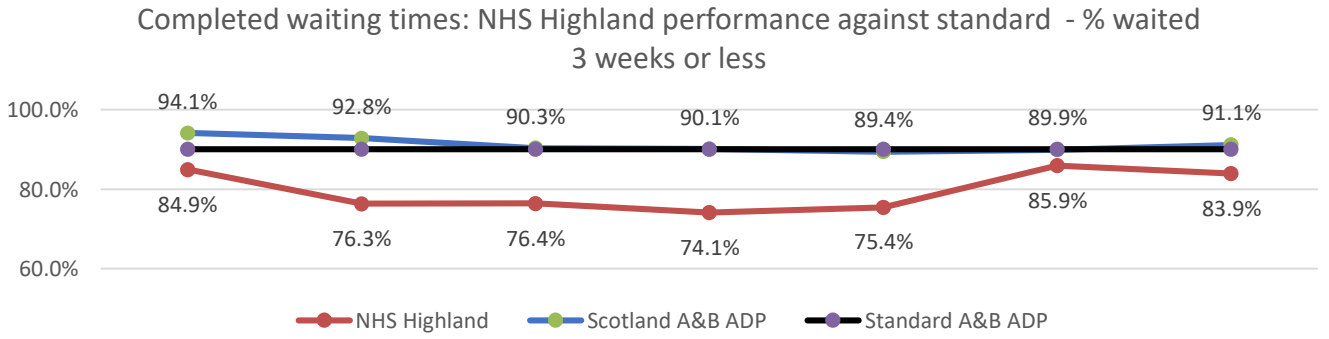
Progress made to improve position
Waiting times have continued to reduce across North Highland ADP with current data demonstrating North Highland ADP is close to achieving required standard.

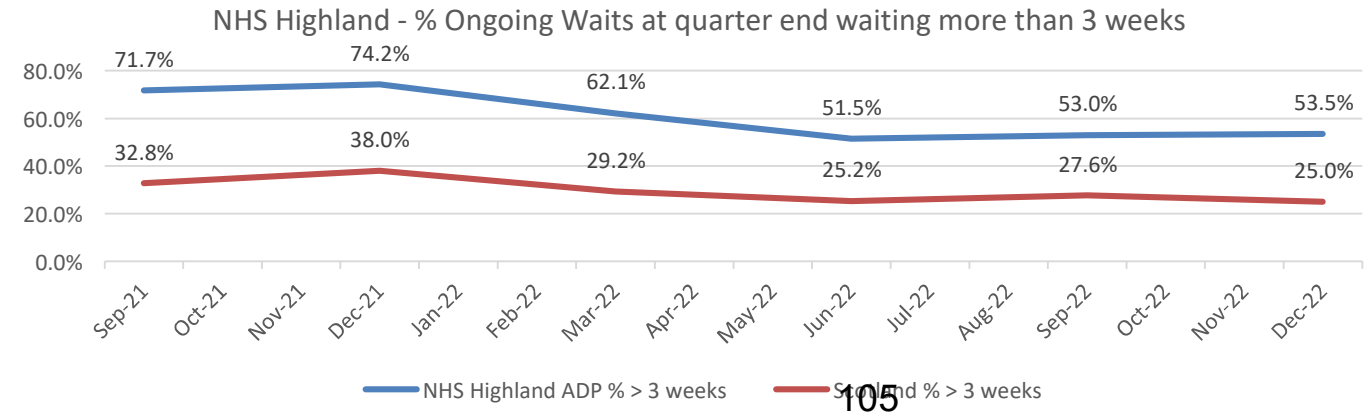
Immediate Next Steps
Utilising quality improvement methodology, all locality-based drug and alcohol services will be supported to implement plans aimed at meeting RTT standard.

Timescales
Anticipated to achieve compliance within 2nd quarter 2023-2024

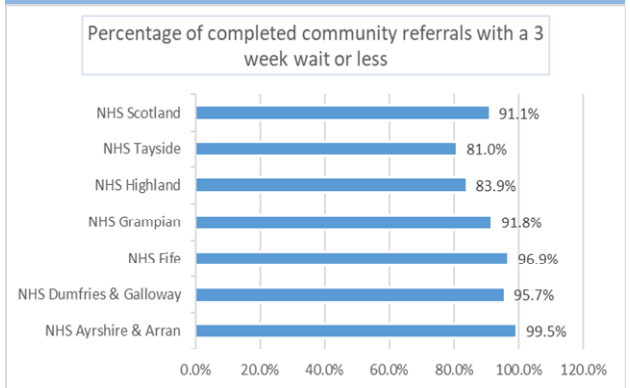
NHS Highland Drug & Alcohol Services December 2022 - 83.9%,
North Highland ADP (87.8%), A&B ADP (75%)
Please note the standard for Scotland 91.1%

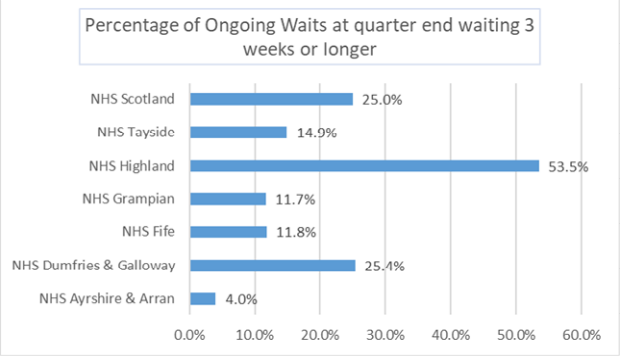
Performance Overview
90% of people will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery. Waiting times in NHS Highland are some of the longest in Scotland compared to other Boards with a similar geography.





Board Comparisons





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Katherine Sutton
Chief Officer, Acute

Progress made to improve position

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

Immediate Next Steps

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

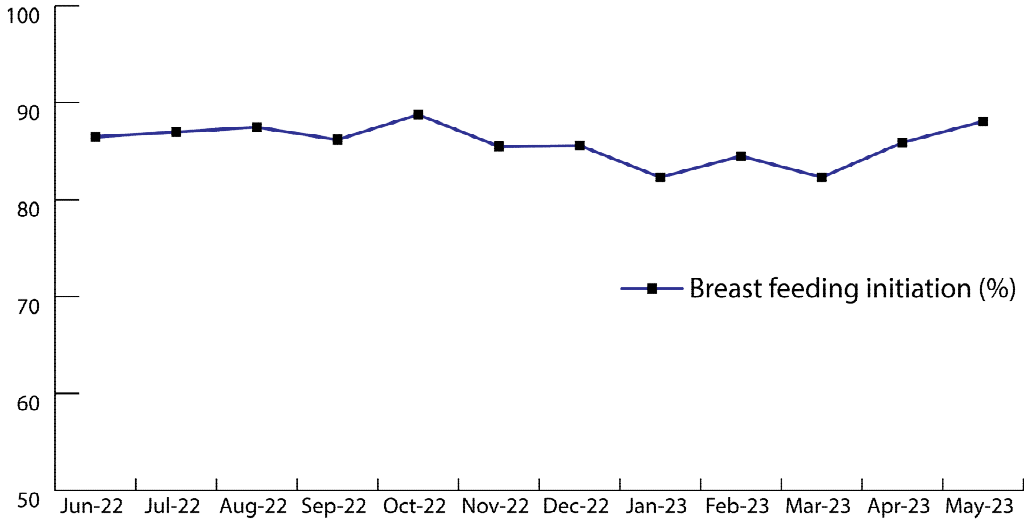
Timescales

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

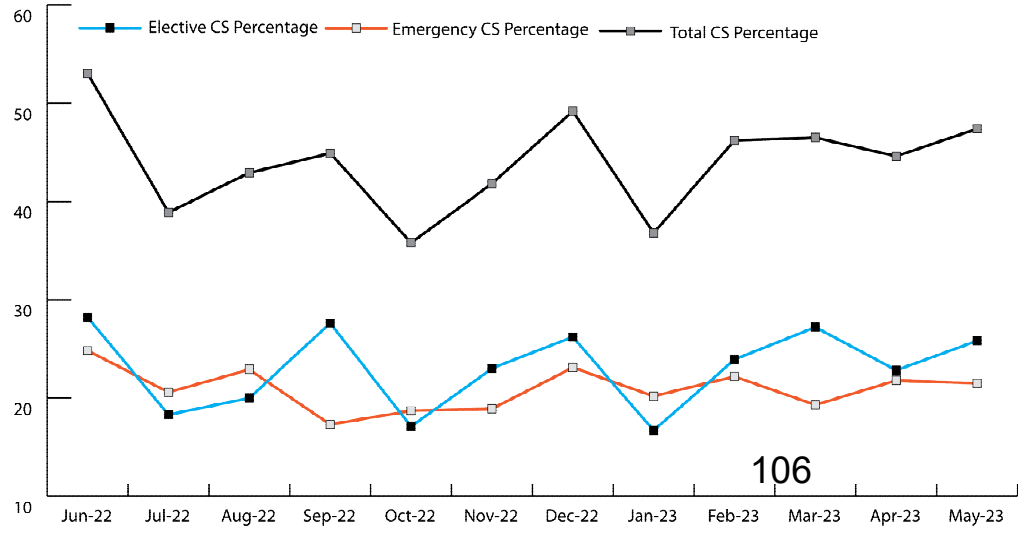
Integrated Performance & Quality Report

Objective 1 Our Population
Outcome 1 Start Well (Maternity Services)
Priority 1A, 1C ***"Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy"***

Breast Feeding Initiation & in North Highland



C-Section Trends in N.Highland as a % of all Registrable births



Performance Overview

The breast feeding comparison and c-section rates are new indicators and have been benchmarked against other boards. These will be discussed at the Clinical Governance Committee so is given for information only. Trend data will be presented as a comparison in future IPQRs.

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 93.3% and is one of the highest performing boards in Scotland as at December 2022.

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Katherine Sutton
Chief Officer, Acute

Integrated Performance & Quality Report

Objective 1 Our Population
Outcome 2 Thrive Well (Child and Adolescent Mental Health Service)
Priority 2C *"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"*

Progress made to improve position

- Data cleansing exercise of wait list
- Review of PMS outcome codes to ensure accurate recording
- Review of wait list cases for validation exercise
- Wait list initiative (Nov 22 – March 23) to provide extra clinical capacity
- Increase in substantive clinical capacity ongoing through recruitment
- Implementation of more robust clinical activity recording and monitoring

Immediate Next Steps

- Consider additional short term recruitment/international recr uitment to target backlog
- Ongoing recruitment to substantive posts
- Workforce diversification whilst pro tecting discipline specific critical floor
- Diversification of intervention models to more group based delivery

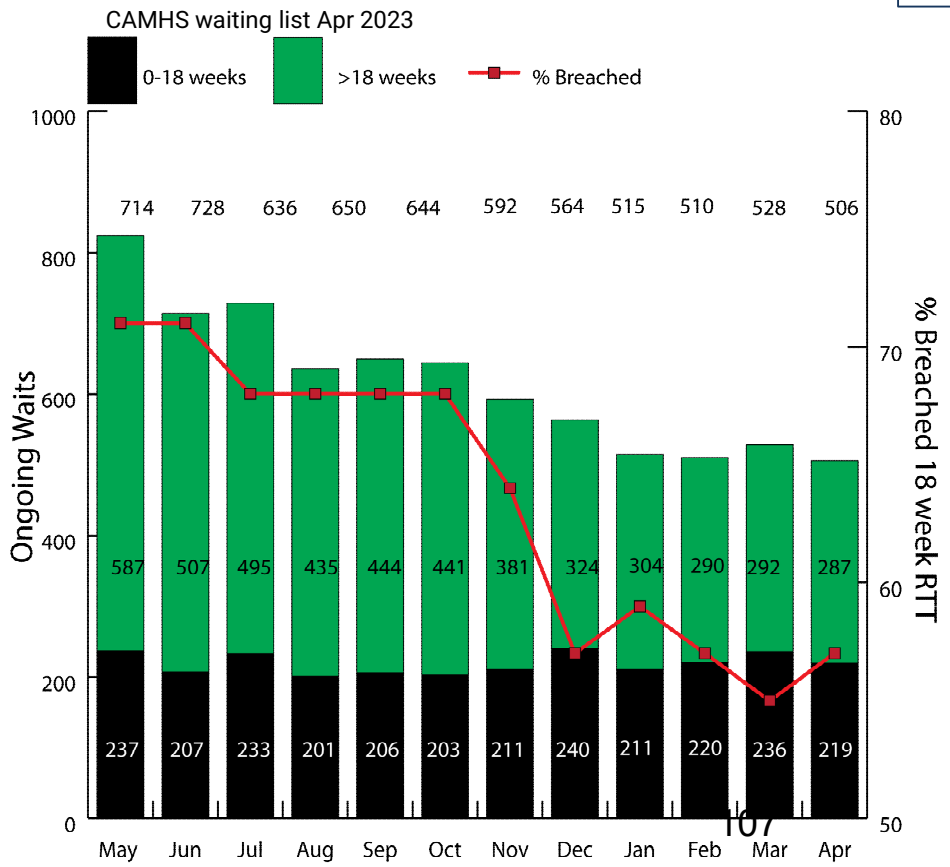
Timescales

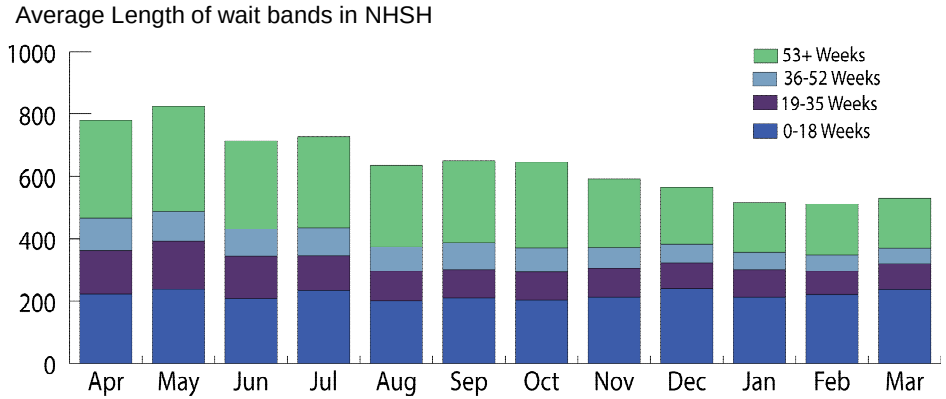
- Ongoing
- Trajectories set until March 24

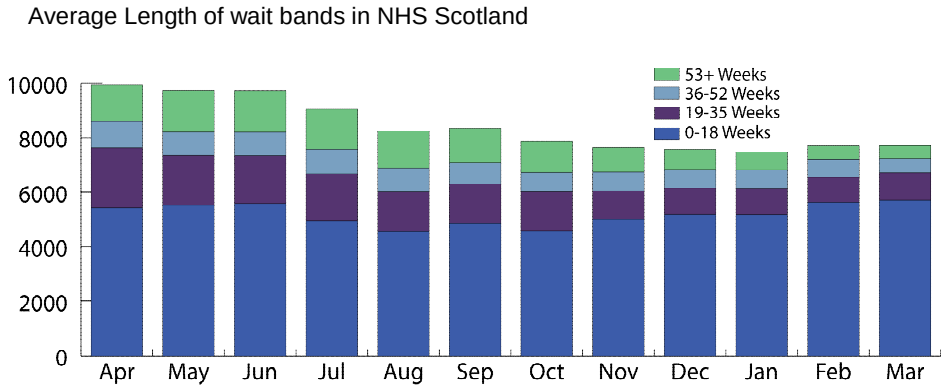
77.6% CAMHS current performance

Performance Overview

The national target for Child and Adolescent Mental Health Services (CAMHS) is that 90% of young people to commence specialist CAMHS services within 18 wks of referral. As we continue to address the longest waits this impacts this percentage as expected.
A total of 506 children and young people are waiting to be seen of which 287 have waited over 18 weeks and 219 under 18 weeks with the longest wait being over 3 years.







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Katherine Sutton
Chief Officer, Acute

Progress made to improve position

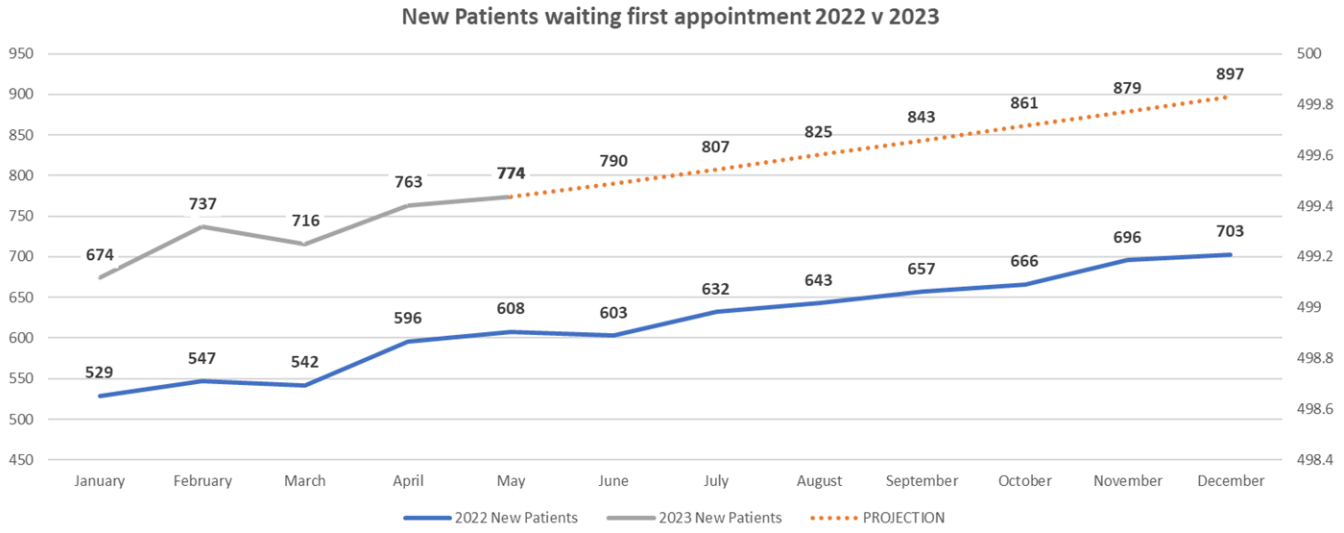
- Senior service manager recruited
- Longest waits have started to reduce since clinical psychologist commenced.
- Early conclusion pathway for infants to the age of 6 years which is helping.
- Increased communication and support for families to prevent escalation to formal complaints.

Immediate Next Steps

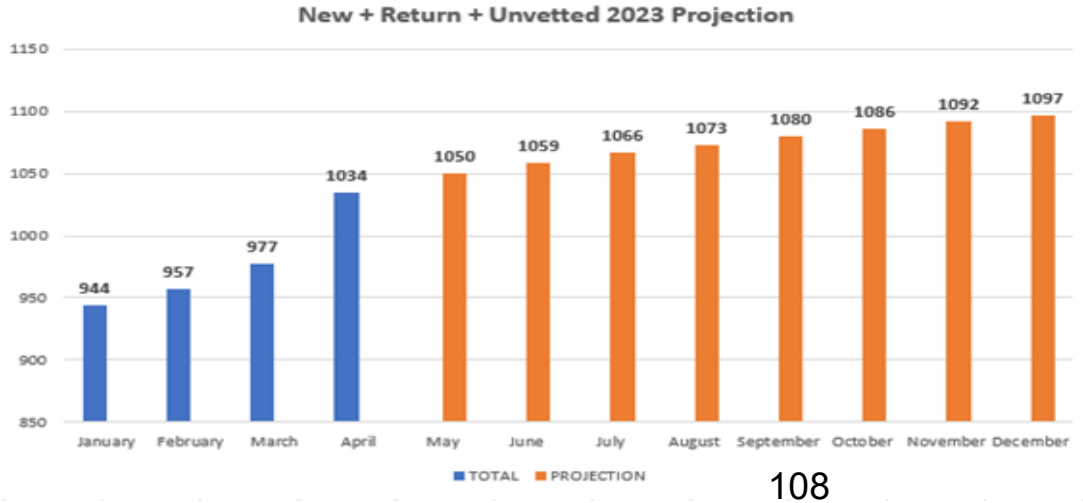
- Clinical lead to be advertised
- Discussion with spoke staff to consider capacity to commit to NDAS, (Paediatrician, Occupational Therapist, ADHD Nurse Specialist (core staff account for 3.8 WTE with spoke staff adding 1.2 WTE equivalent.)
- Referrals continue to increase from 28 pre COVID to 43+ per month now, this is a similar picture nationally- work being carried out with wider team, education and assessment tools to be embedded.

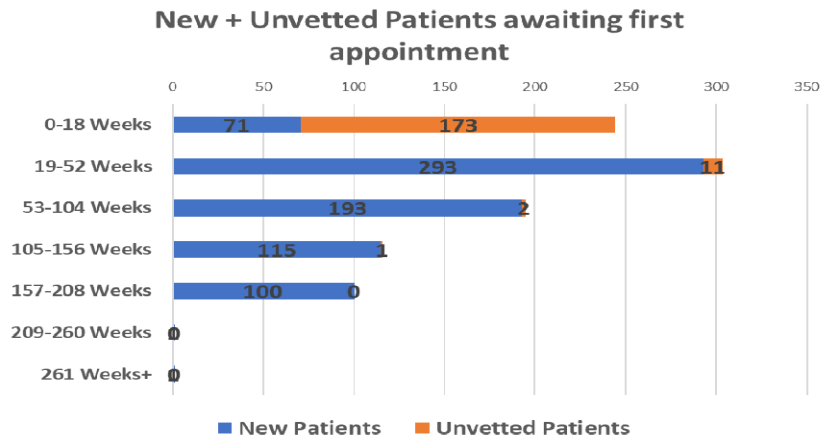
Integrated Performance & Quality Report

Objective 1 Our Population
Outcome 2 Thrive Well (Neurodevelopmental Assessment Service / Integrated Childrens Services)
Priority 2C *"Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach"*



Performance Overview
All graph data is as of **31/05/2023,** but does not contain the data for May which hasn't been collated yet. Currently there is a waitlist of 774 patients classed as 'new awaiting their first appointment', however with a further 231 awaiting triage and 75 patients with ongoing assessments so a case load of 1080 patients. There has been an increase on referrals this year, last year an average 45 a month, so far this year it is 71.





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Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- Redirect / Reschedule Where appropriate
- Rapid Triage & early investigation
- Streaming ED and minors flow
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Introduction of Phased Flow

Immediate Next Steps

- Focused MIU improvement group
- Admitting rights to AEC
- SAS Safe handover at Hospital
- Data collection for speciality reviews
- Phased Flow extended trial

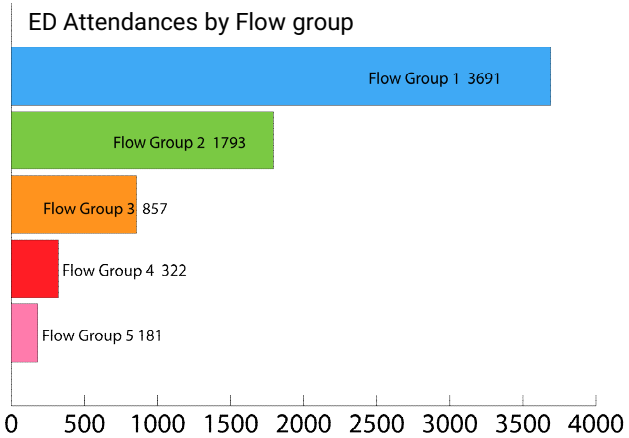
Timescales

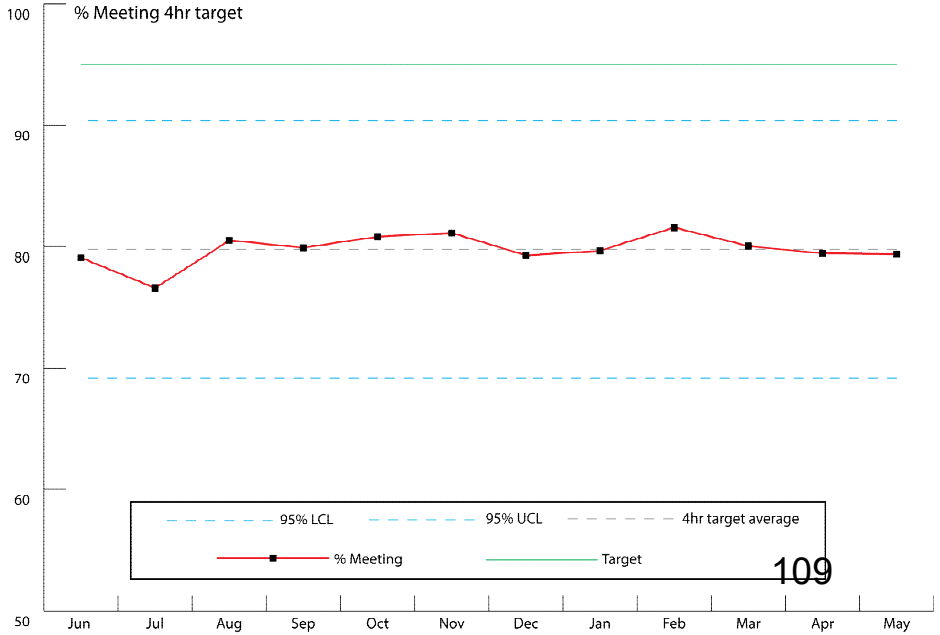
- By 31st July 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95%
- By 31st August 2023 optimise patient flow by increasing proportion of patients on a RAC/short stay pathway by 10% and improve Flow Group 2 performance from 75% to 85%

Integrated Performance & Quality Report

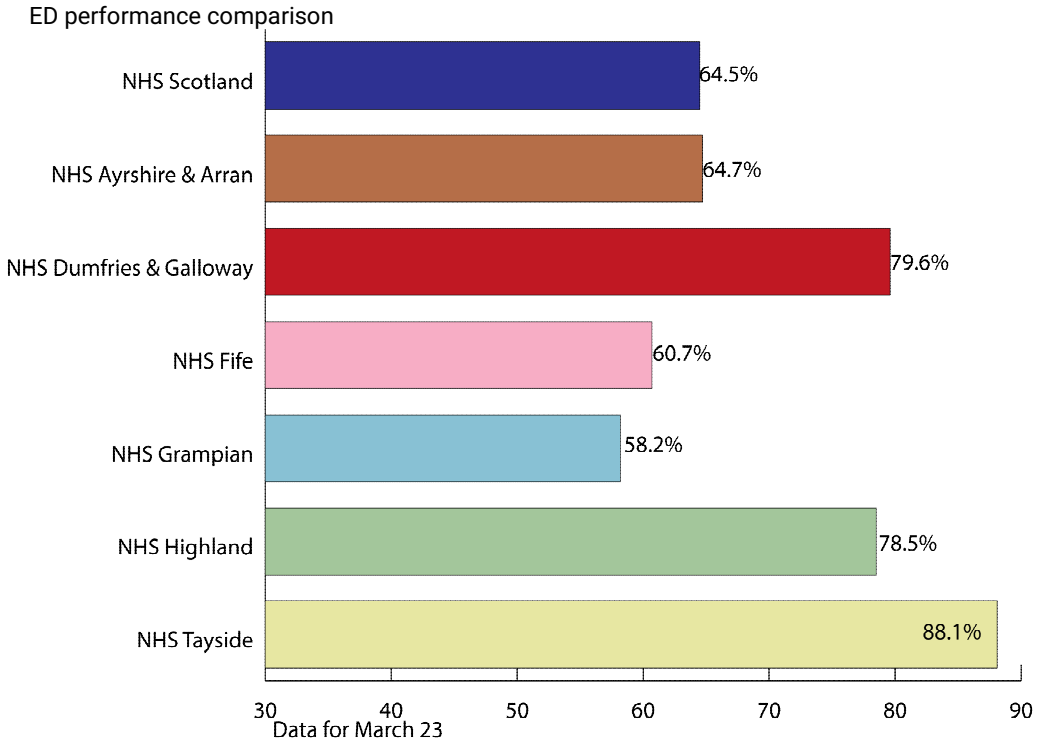
Objective 3 **In Partnership**
Outcome 11 **Respond Well (Urgent and Unscheduled Care)**
Priority 11B ***"Ensure that those people with serious or life threatening emergency needs are treated quickly"***

78.5% Mar 23 performance Scottish average 64.5%





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



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Objective 3 — **In Partnership**
Outcome 12 — **Treat Well (Treatment Time Guarantee)**
Priority 12A — ***"Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible"***

Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- Theatre Scheduling tool purchased
- Theatre Picking List in test for NTCH
- Specialty by specialty implementation for day case and theatre scheduling tools commenced with ENT
- Patient Hub waiting list validation roll out for inpatients
- Maximised day case surgery

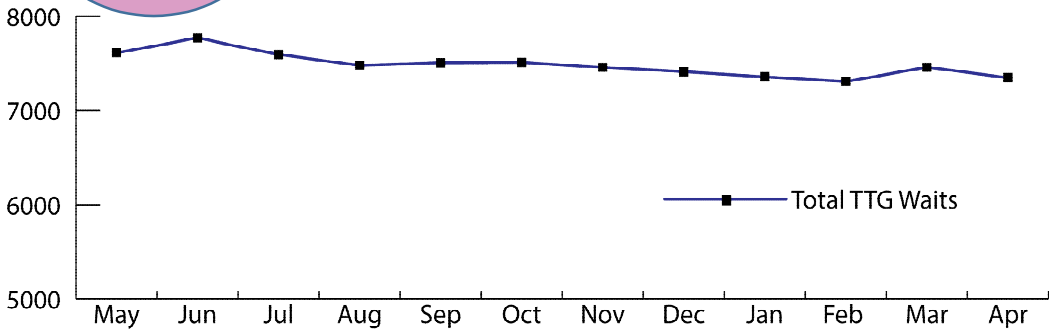
Immediate Next Steps

- Commence implementation of Theatre Scheduling tool
- Improve theatre picking list and extend use across NTCH
- ENT coded patient lists
- Continued roll out of Patient Hub

Timescales

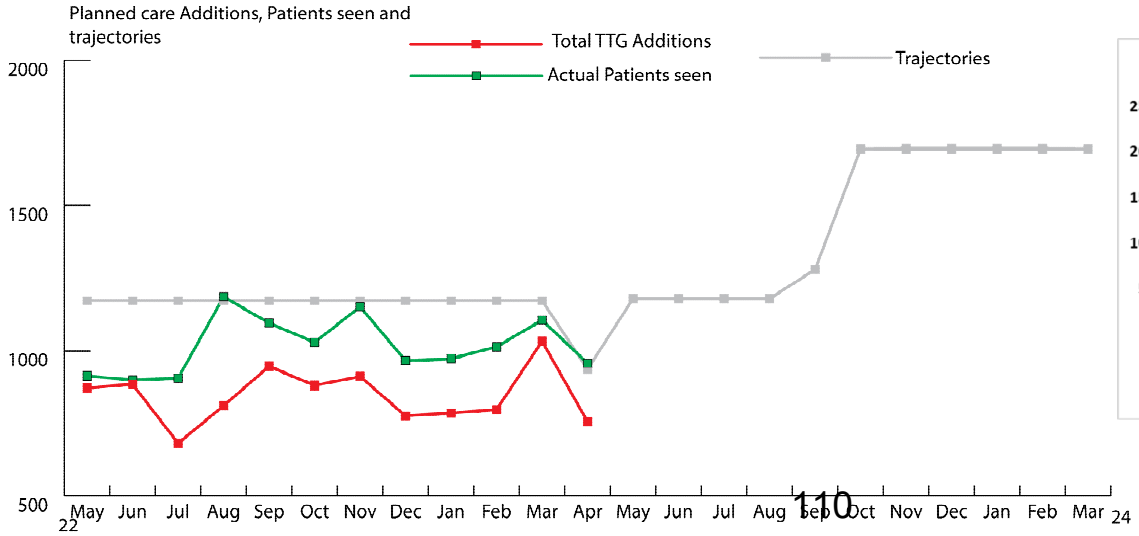
- Theatre scheduling tool implementation – Oct23
- Operational theatre picking list – Sep23
- Coded list in ENT – Sep23
- Patient Hub rolled out Mar24

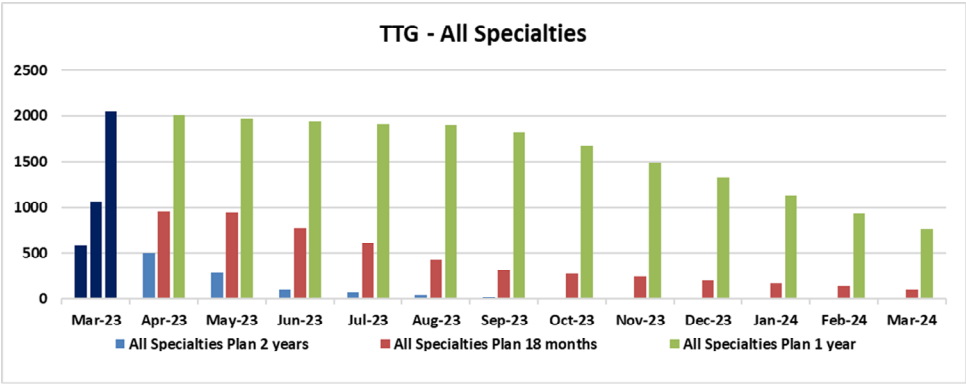
56.1% current performance Scottish Average 55.5%



The national target for Treatment Time Guarantee (TTG) is that no patient will wait >12 weeks from decision to treat to treatment. In 22/23 SG provided interim targets with the timescales below. NHSH has submitted in our Activity Plan for 23/24 how many patients we anticipate to be waiting >104 weeks and >78 weeks at the end of each quarter.
The 56.1% related to the overall TTG target.
a) No > 52week waits for inpatient/daycases by September 2024*
The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

Projected TTG waits over 78 weeks September 2023 as at 4th May 2023





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Integrated Performance & Quality Report

Objective 3 In Partnership
Outcome 12 Treat Well (Outpatients)
Priority 12B *"Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources"*

Katherine Sutton
Chief Officer, Acute

Progress made to improve position

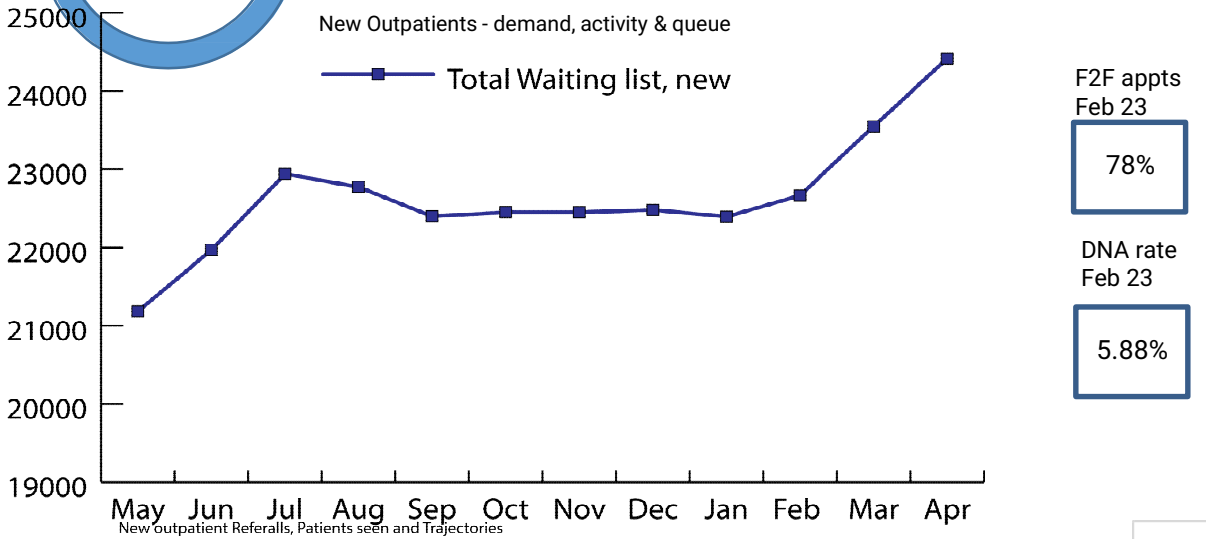
- Review of evidence for Near Me and organisational position statement on "Virtual First" appointments cascaded to teams
- Charter for use of General Outpatients department (Raigmore) developed
- Roll out of Patient Hub waiting list validation for return outpatients started
- Ahead of target to deliver Activity Plan by end of May 23

Immediate Next Steps

- General Outpatients Department (Raigmore) Clinic timetable to be developed, implemented and monitored
- ACRT/PIR standard work to be developed to support right advice at right time for patients

Timescales

63.0% current performance Scottish average 63.3%



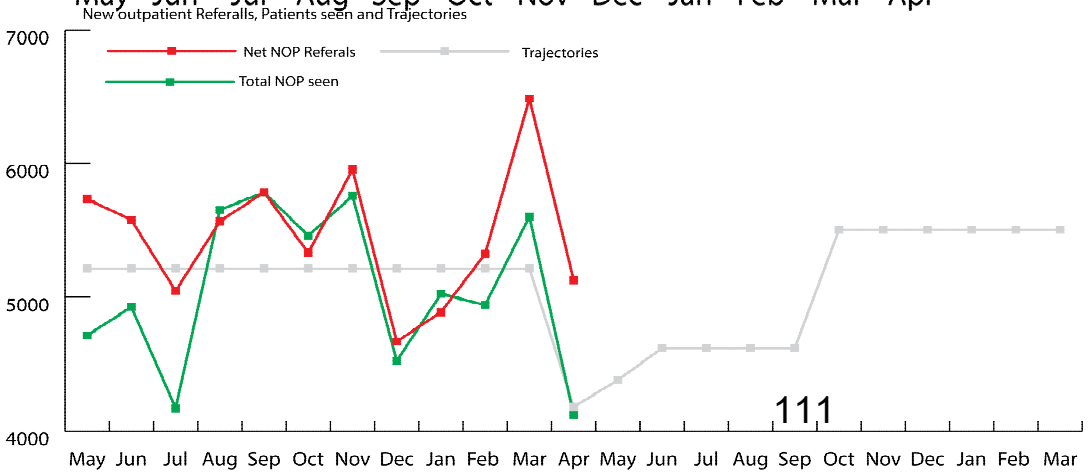
F2F appts Feb 23: 78%

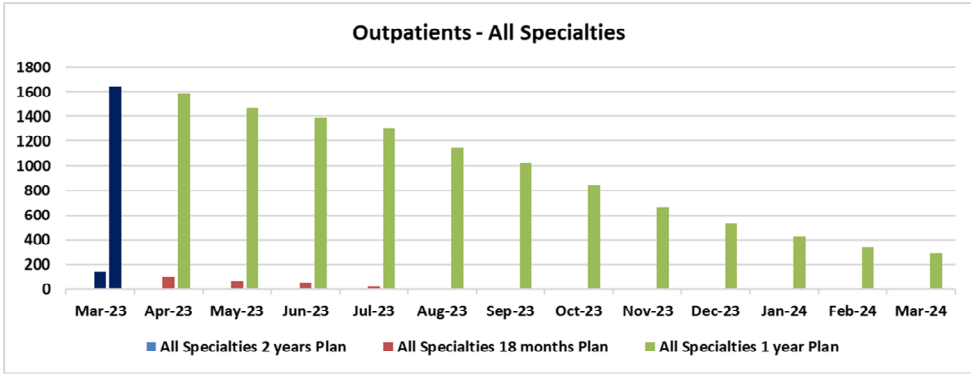
DNA rate Feb 23: 5.88%

Performance Overview

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

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





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Objective 3 **In Partnership**
Outcome 12 **Treat Well (Diagnostics-Radiology)**
Priority 12C ***"Optimise diagnostic and support services capacity and improve efficiency with new service delivery models"***

Katherine Sutton
Chief Officer, Acute

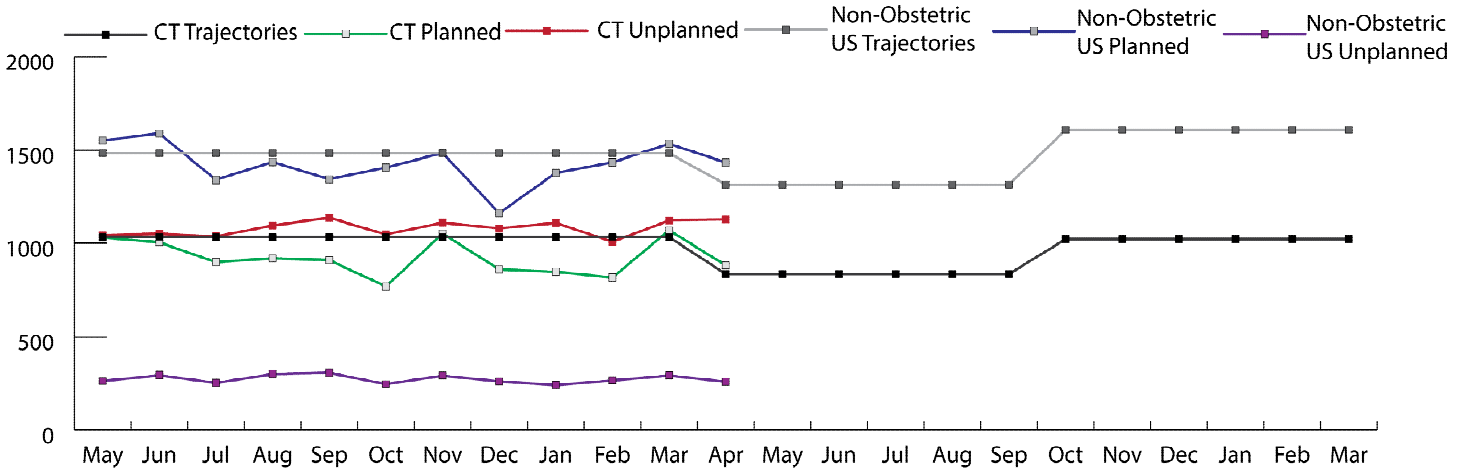
Progress Made to improve position

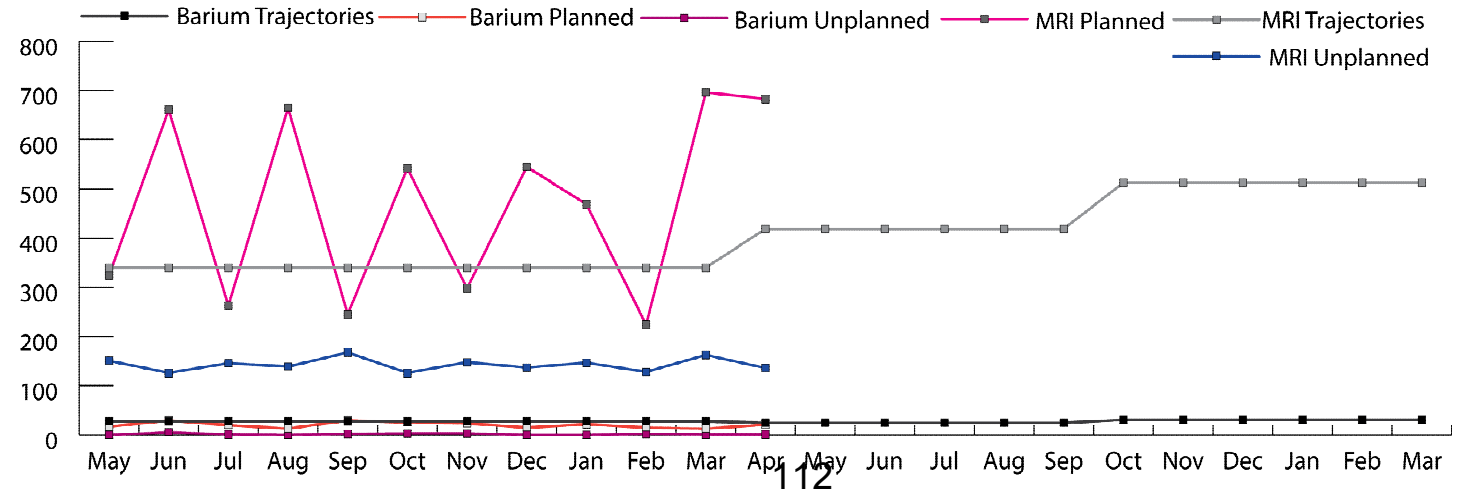
- Collaborative work to review workforce capacity
- Outsourcing of radiology reporting needs more robust processes
- Equitable access across our geography
- Conventional radiology is under significant pressure which is not reflected in planned care targets
- Third MRI scanner plan being developed which will give 50% capacity to diagnostics

Key Risks

- The unplanned activity is higher than the planned activity in CT and this needs a clinically led way forward developed
- The increase in prostate cancer MRI activity is having an overall impact on capacity
- The MRI activity does not reflect complexity and therefore is a risk to overall capacity
- Workforce recruitment and retention continues to be a challenge
- Removal of MRI van capacity in future year will impact on ability to meet demand

Radiology Key tests-Activity and Trajectories





Performance Overview

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

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

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Objective 3 — **In Partnership**
Outcome 12 — **Treat Well (Diagnostics-Endoscopy)**
Priority 12C — ***"Optimise diagnostic and support services capacity and improve efficiency with new service delivery models"***

Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- Centralised booking across NHSH for GI Endoscopy
- Shared lower GI referral guidelines with all endoscopists to ensure standardised practice is being applied
- Dedicated training sessions to improve future workforce capacity

Immediate Next Steps

- Introduce electronic referral system for GI Endoscopy
- Create plan around Colon Capsule Endoscopy (CCE) funding ceasing on 31st December 2023
- Advertise for 2 non-medical trainee endoscopists
- Advertise for a consultant endoscopist

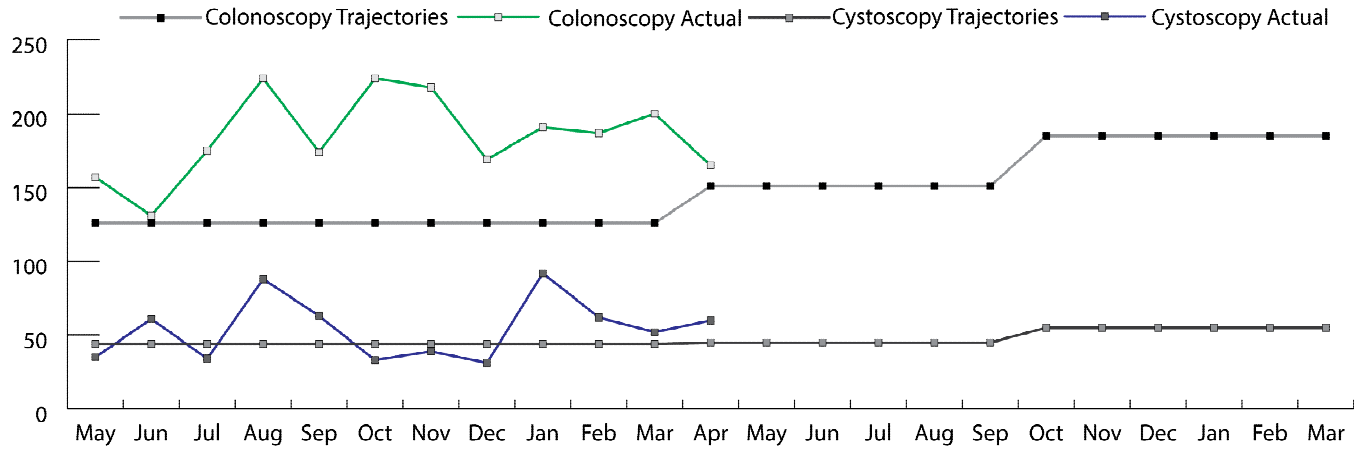
Timescales

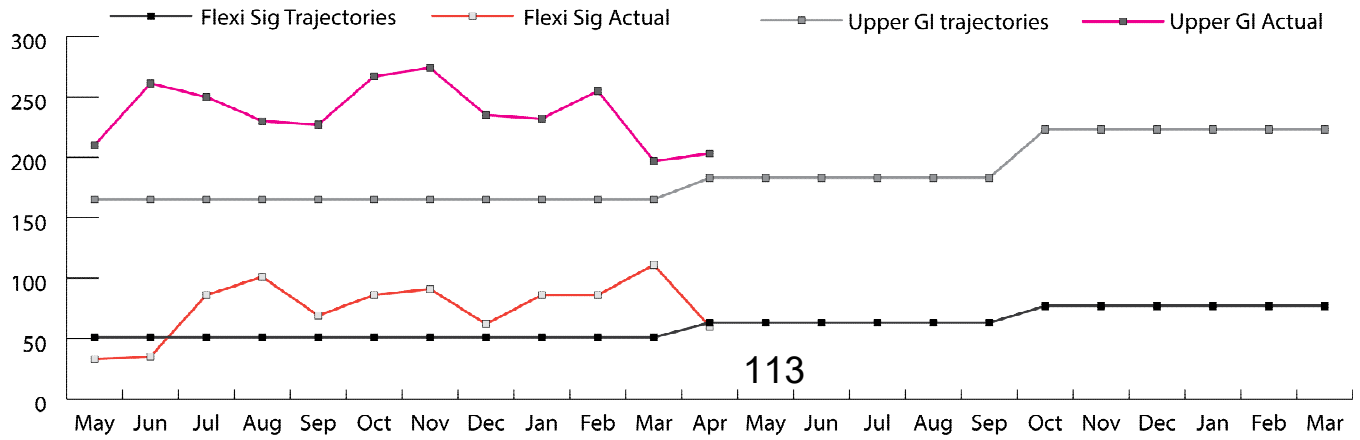
- Electronic referral – 31st October
- CCE – 31st August
- Job adverts – 31st July

Performance Overview

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

Key Endoscopy tests Activity and trajectories





Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. *We have 982 people waiting for an Endoscopy test. 390 patients are waiting for an Upper GI test.*

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Katherine Sutton
Chief Officer, Acute

Progress made to improve position

- More timely allocation and reporting of radiology.
- Specialities are actively engaged with performance reviews
- Training is being rolled out to the new pathway plus system to allow individual specialities to track their own patients.
- Daily management of cancer tracking with weekly performance meeting
- Monthly reporting to ASLT

Key Risks

- Capacity for reporting of pathology which does not have an immediate solution
- Capacity within urology and gynaecology
- SACT capacity in colorectal although very limited numbers receive this as first treatment

Timescales

New targets for improvement have now been set and accepted with Scottish Government similar to the planned care targets. NHS Highland is aiming to maintain 95% (or above) for the 31 day pathway and achieve 83%* for the 62 day by the end of Q1 this year with that being incrementally increased during the other 3 quarters of 23/24.

Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 13 — **Journey Well (Cancer Care)**
Priority 13A, 13B, 13C — ***"Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment*** *and personal support"*

Performance Overview

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

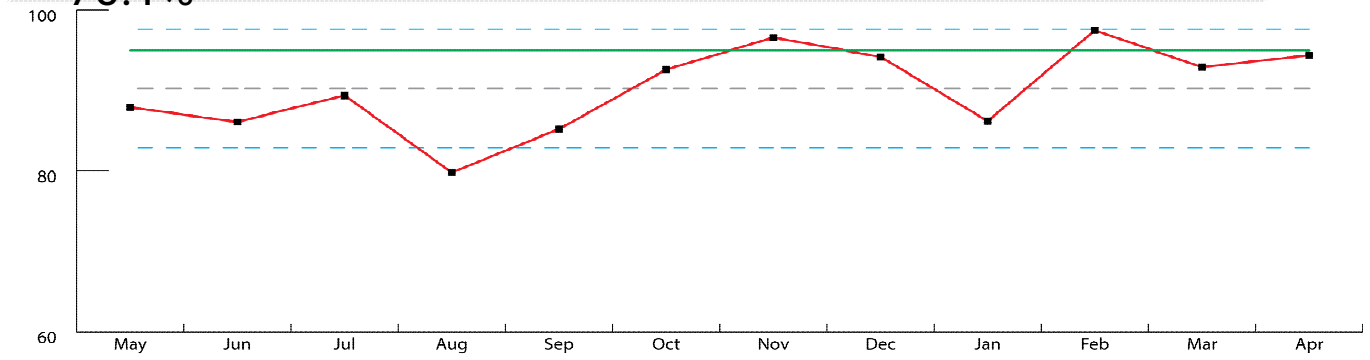
Performance for the 31 day target remains static and there is a slight increase in performance of the 62 day performance.

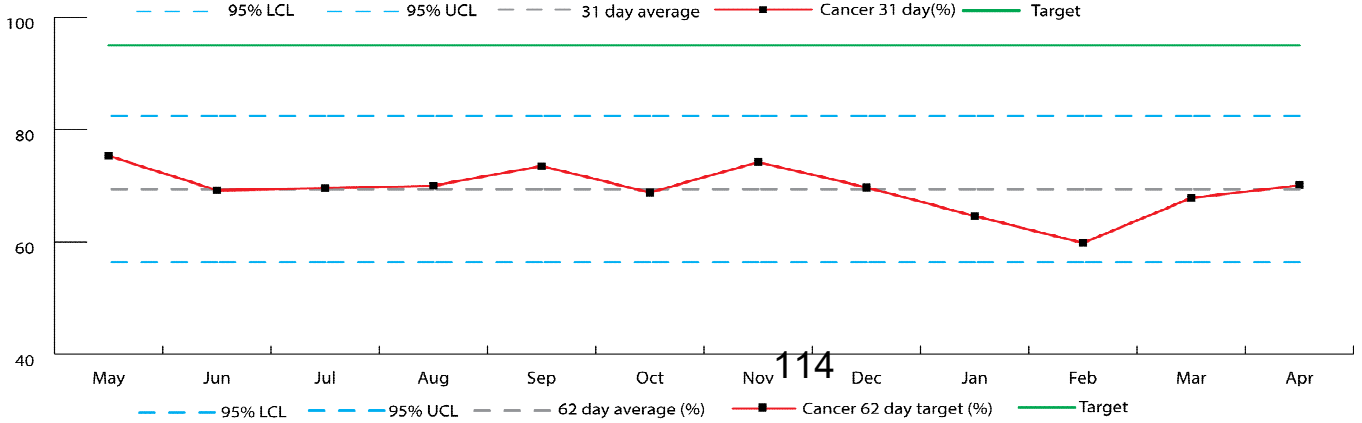
31 day performance

94.4% current performance — Scottish Average 95.2%

62 day performance

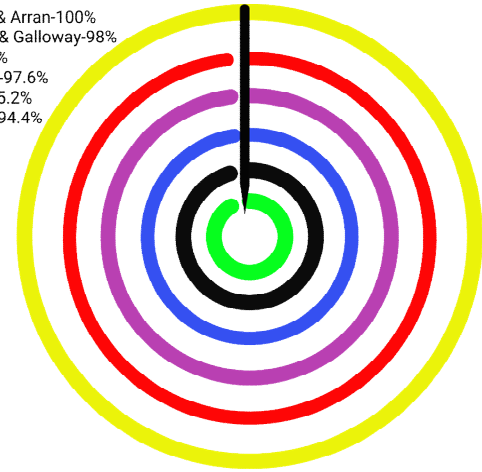
70.1% current performance — Scottish Average 74.8%





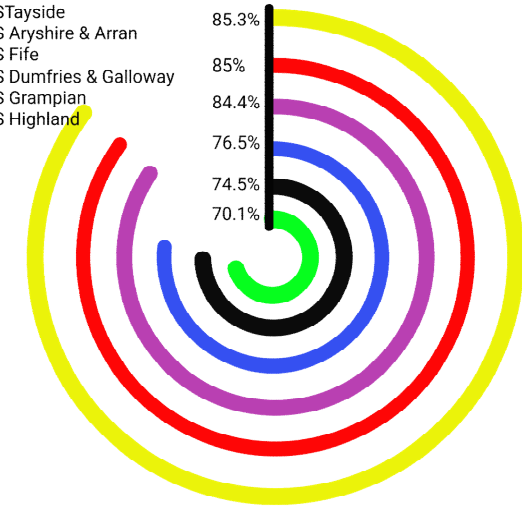
Cancer 31 Day performance

1- NHS Aryshire & Arran-100%
2-NHS Dumfries & Galloway-98%
3-NHS Fife- 97.9%
4-NHS Grampian-97.6%
5-NHS Tayside-95.2%
6-NHS Highland-94.4%



Cancer 62 Day Performance

1.NHSTayside
2.NHS Aryshire & Arran
3.NHS Fife
4.NHS Dumfries & Galloway
5.NHS Grampian
6.NHS Highland



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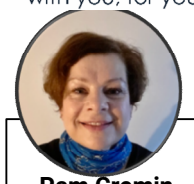
Objective 3 **In Partnership**
Outcome 11 **Respond Well & Care Well (Delayed Discharges)**
Priority 11C ***"Ensure that our services are responsive to our population's needs by adopting a "home is best" approach"***



Pam Cremin
Interim Chief Officer,
NHHSCP

Progress made to improve position

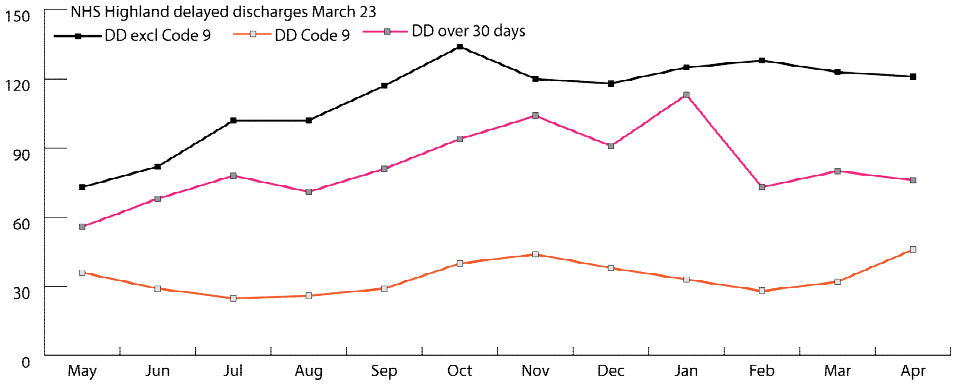
- Majority of patients across all hospital sites are assigned to a pathway and have PDDs set
- Daily oversight and focused planning for all people who are delayed, in addition to timely discharge of patients before they become delayed
- Daily MDT DMTs within each District also focus on preventative support for people within community to avoid inappropriate admissions

Immediate Next Steps

- Review of CAH provision to ensure most efficient use of limited resources
- Consistent implementation of updated Choice Guidance across all hospital sites
- Roll-out of updated information leaflet & poster advising of why it is not an option to remain in hospital once medically fit for discharge
- Development of wrap-around models of care

Timescales

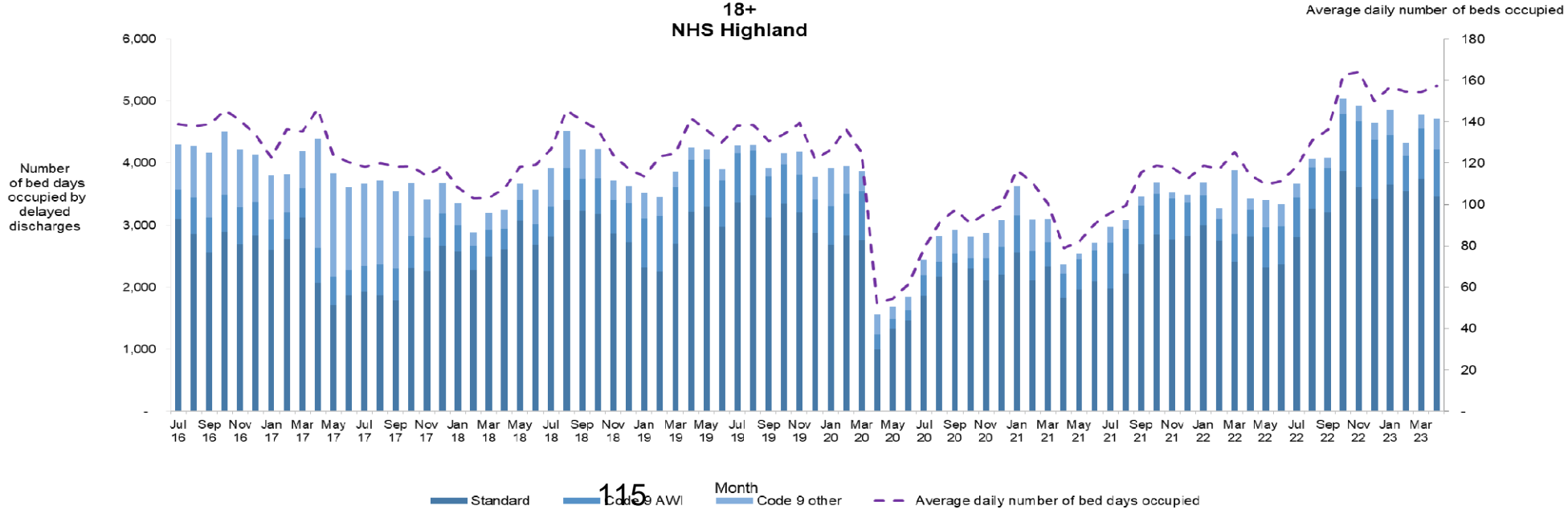
- Bullets points 1,2 & 3 – 3 months
- Bullet point 4 – 6 months



Performance Overview

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. *We had 121 delayed discharges @ April m/e with 46 of those code 9 (complex) 76 delayed discharges are >30 days.*

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



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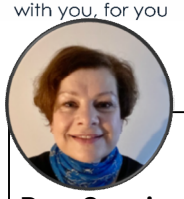
Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**



Pam Cremin
Interim Chief Officer, NHHSCP

Care at Home

Position Overview:

Overall, numbers continue to fall after period of sustained reduction during 2021 and 2022. Trajectory of unmet need and those awaiting a service increasing despite significant collaboration with external sector.

Progress to improve position:

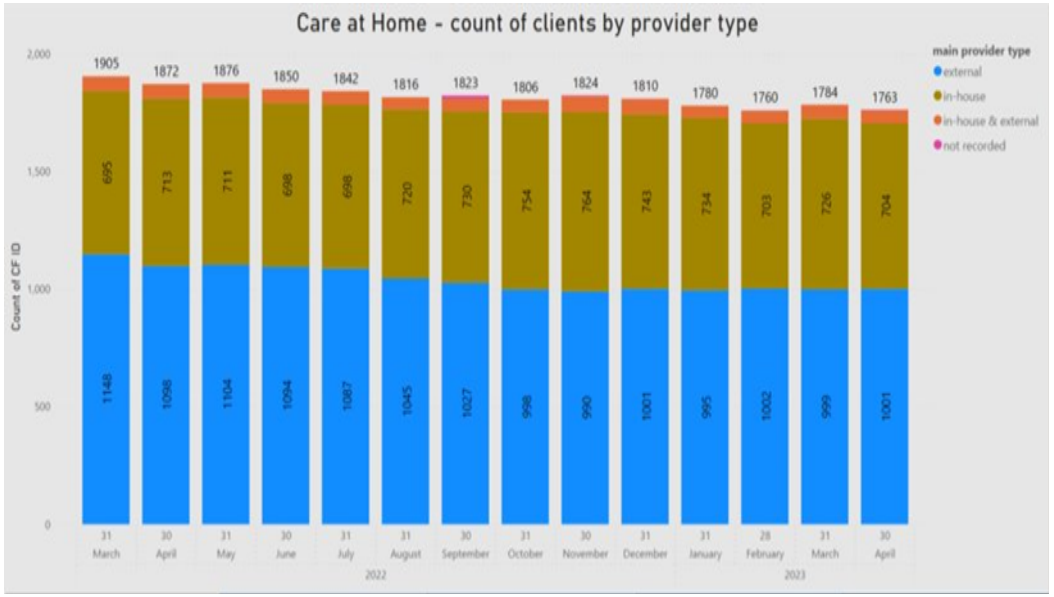
- Localised recruitment events
- Promotion of all SDS approaches
- Alternative commissioning approaches, e.g. block
- Overall capacity is finite, low levels of care staff

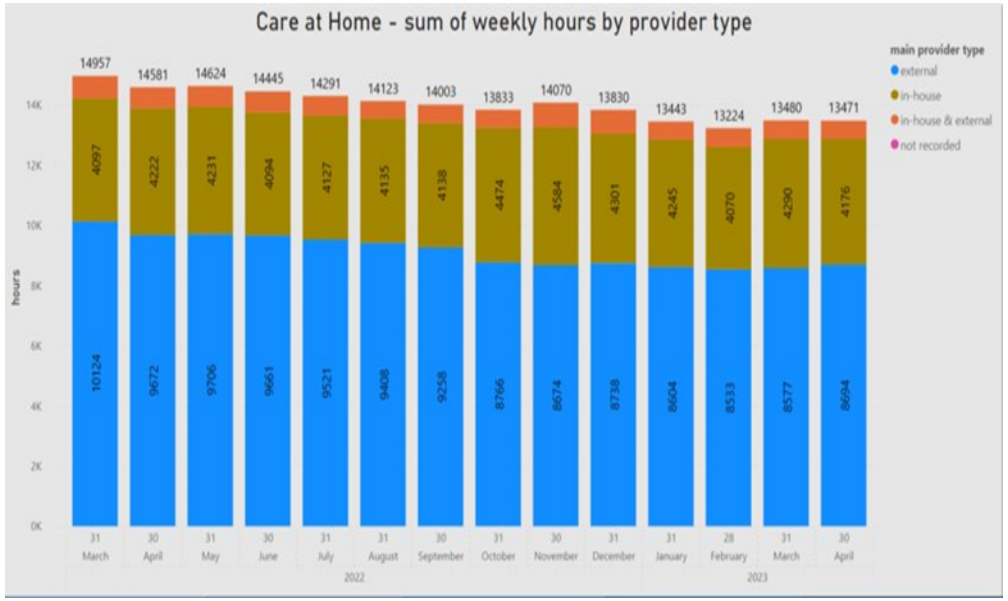
Next Steps

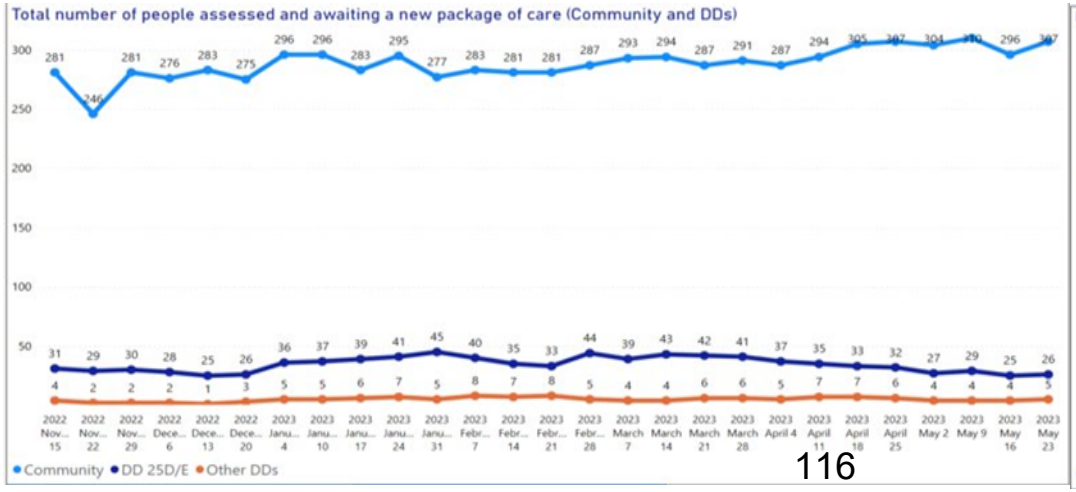
- Programmed area of work
- Five key objectives agreed

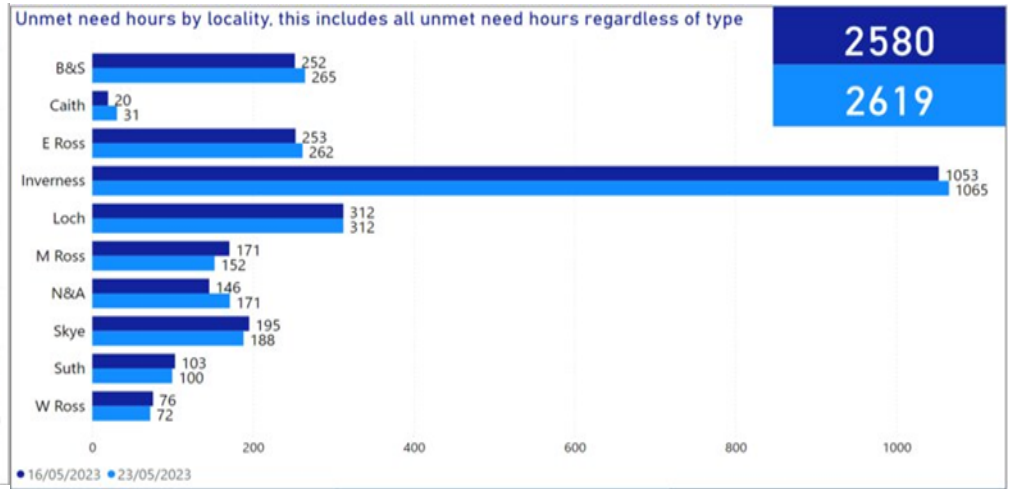
Timescales

- Up to a 5 year transformation/resourced plan to be developed









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Objective 3 — **In Partnership**
Outcome 9 — **Care Well (Adult Social Care)**
Priority 9A, 9B, 9C — **"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"**

Pam Cremin
Interim Chief Officer, NHHSCP

Care Homes

Position Overview:

Significant external sector care home fragility during 2022 and 2023. Single biggest challenge is to recruit and retain care staff in the remote and rural context of NHSH. Finite number of beds

Progress to improve position:

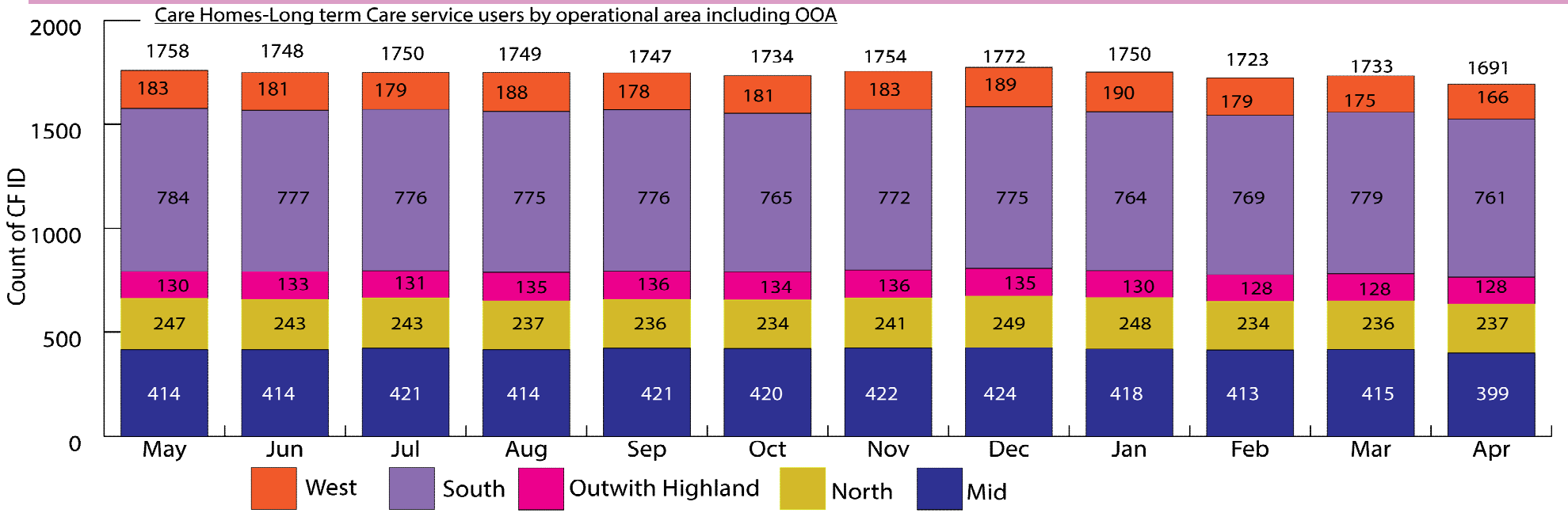
- Sustainability of remaining care home provision is key
- Lowest number of available external beds for years
- 4 care home closures since March 22
- 5th care home due to close end of June 23
- NHS acquired external care home March 2023

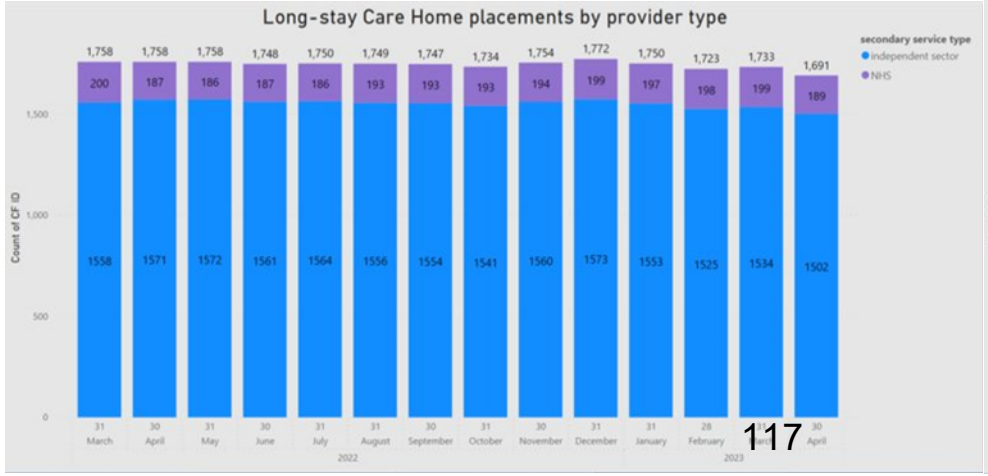
Next Steps

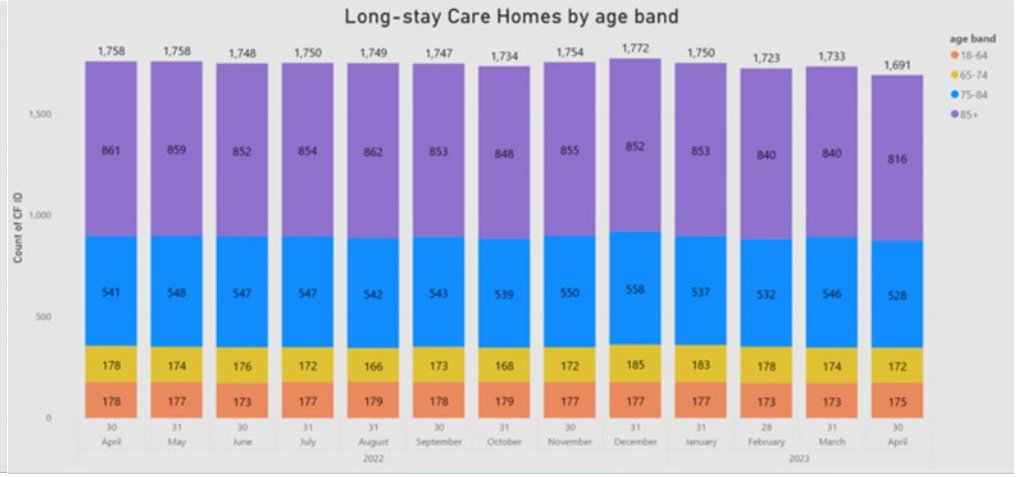
- National fee rate yet to be agreed for 2023-24
- Joint strategy for care homes being developed

Timescales

- Key focus is sustainability
- No short term fix







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Objective 3 — **In Partnership**
Outcome 10 — **Live Well (Psychological Therapies)**
Priority 10A, 10B, 10C — ***"Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing"***

Pam Cremin
Interim Chief Officer, NHHSCP

Progress made to improve position

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

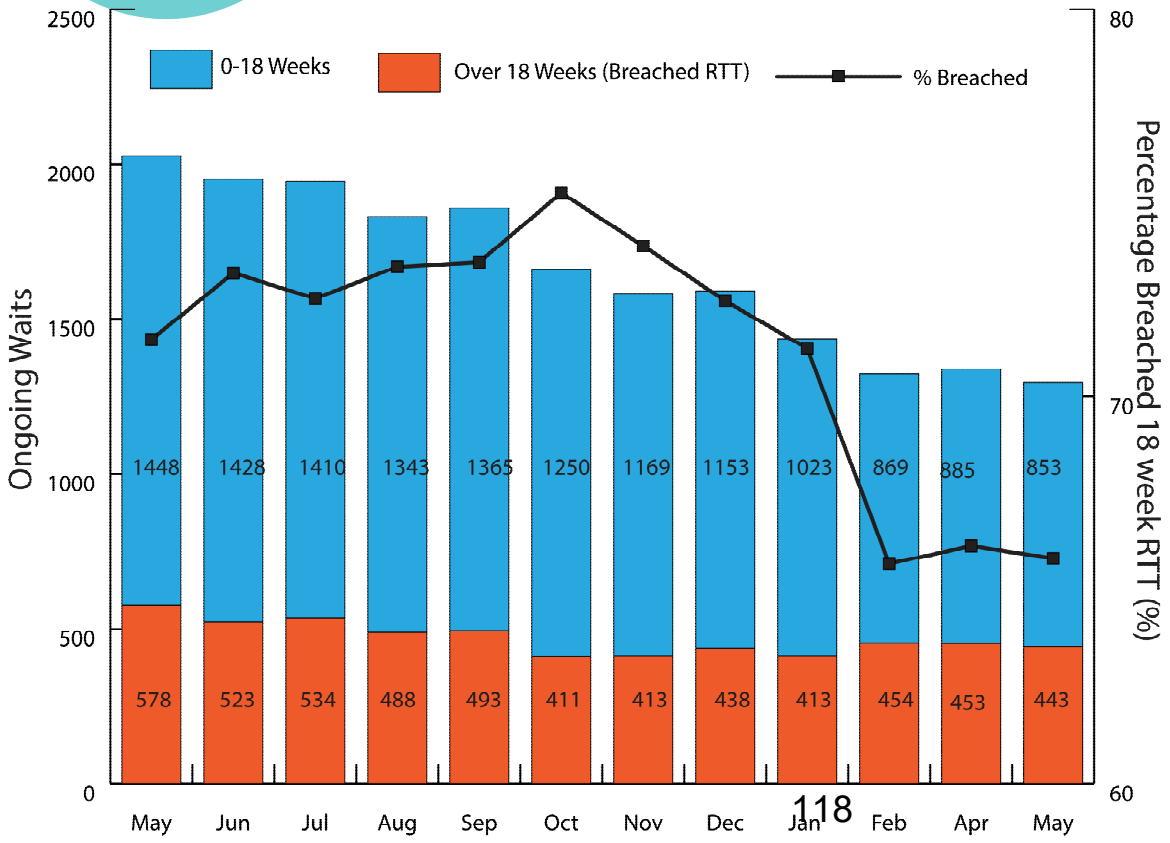
Immediate Next Steps

- Advertise and appoint Senior Service Manager (Sept 23)
- CAPTND data set capture system operational (Sept 23)
- Implementation of PT specification (Sept 23)
- Increase uptake and alternatives for digital therapies (Nov 23)

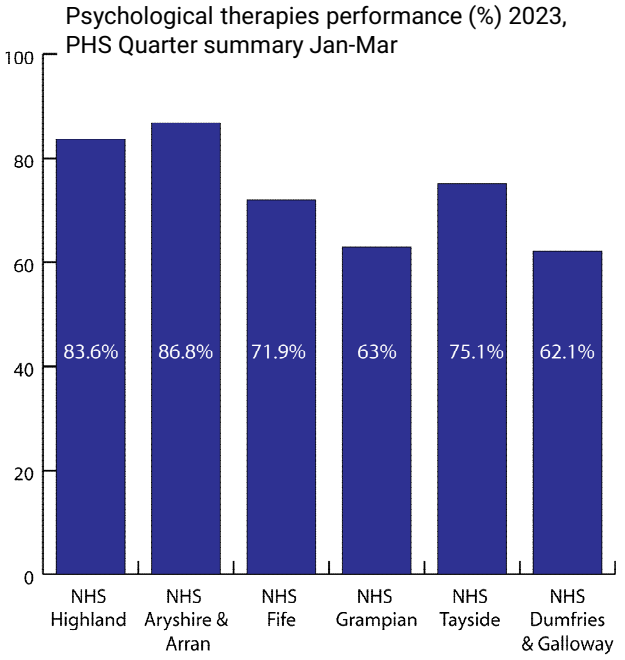
Timescales

- Included above

86.7% PT April performance NHS Scotland Dec 82.4%



Performance Overview NHS Highland
The national target is that 90% of our population commence Psychological Therapies (PT) based treatment within 18 weeks of referral.
April 2023: Current performance 86.7%
We have 1296 of our population waiting to access PT services. 853 patients are waiting >18 weeks (65.8% breached target) of which 471 have been waiting >1year. Of the 1296 waiting, 108 of those are waiting for North Highland neuropsychology services of which 59 are waiting > 1 year . A significant reduction from 307 in December 2022.



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Objective 3 **Our People**

Gareth Adkins
Director of People & Culture

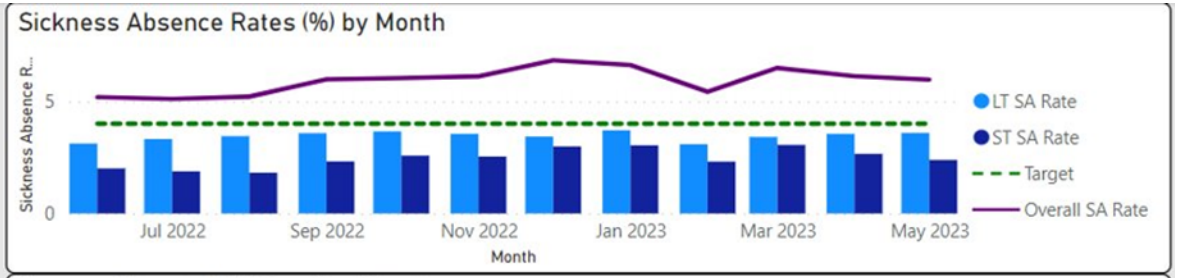
Sickness absence remains above the national 4% target but below the national rate. Absences recorded with an unknown cause/not specified reflect over 25% of reported absences and work is ongoing in improving this with managers. Long term absences are mostly related to other musculoskeletal problems and anxiety/stress which contributes to staffing pressures within teams. Support is ongoing from the People Services Team. Regular online training sessions on attendance are available via TURAS which provides guidance on dealing with attendance concerns and the process for managing attendance.

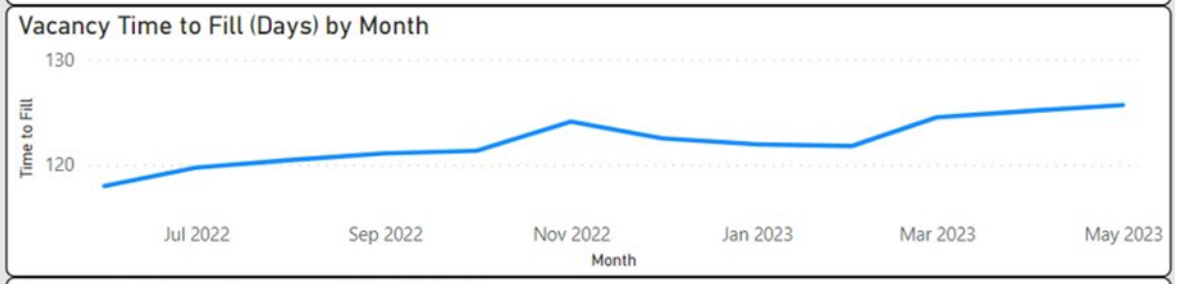
Turnover remains consistent with previous years trends, peaks in ends of fixed term contracts and retirement age.

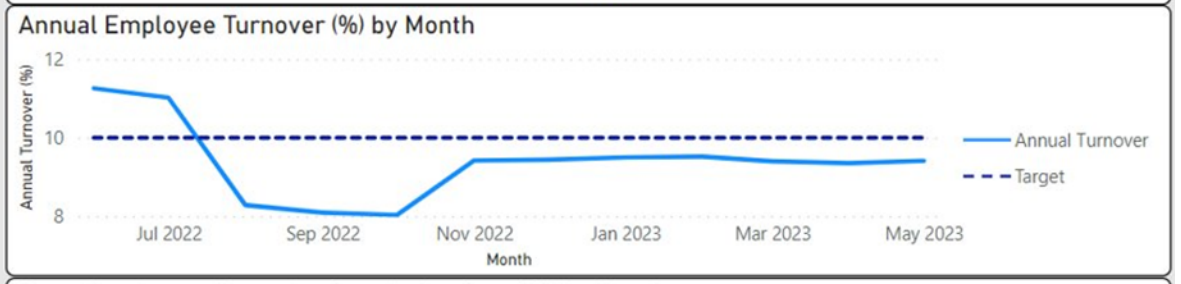
Recruitment processing activity remains high. Areas are encouraged to consider the workforce plans in order to progress appropriate vacancies. Our first 5 international nursing recruits for this year arrived this month with further cohorts arriving each month until November 2023. Training will be completed in Aberdeen before sitting the OSCE exam and arriving in Inverness.

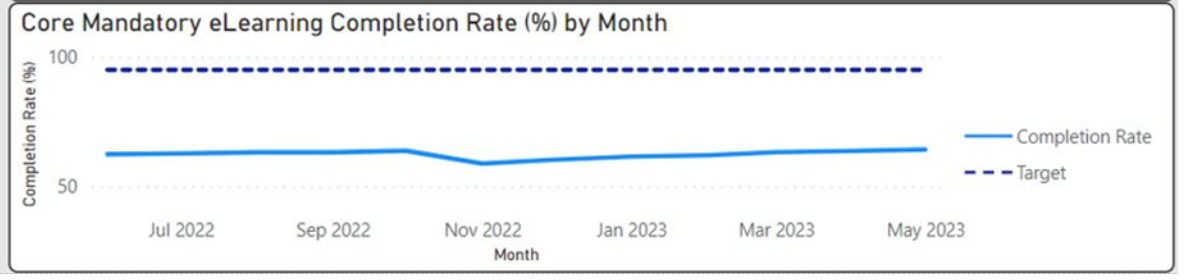
Organisational Metrics May 2023

Sickness Absence Rate (%)	5.97
Long Term SA Rate (%)	3.59
Short Term SA Rate (%)	2.39
Recorded Absence Reason (%)	69.85
Vacancy Time to Fill (Days)	125.68
Annual Employee Turnover (%)	9.41
Mandatory eLearning Completion (%)	64.2









Clinical Governance
June 2023

Stage 2 complaint case information – April 2022 to April 2023 (EXTRACT 09.06.2023) *excludes cases with stage of Further Correspondence (FC) and Scottish Public Services Ombudsman (SPSO)

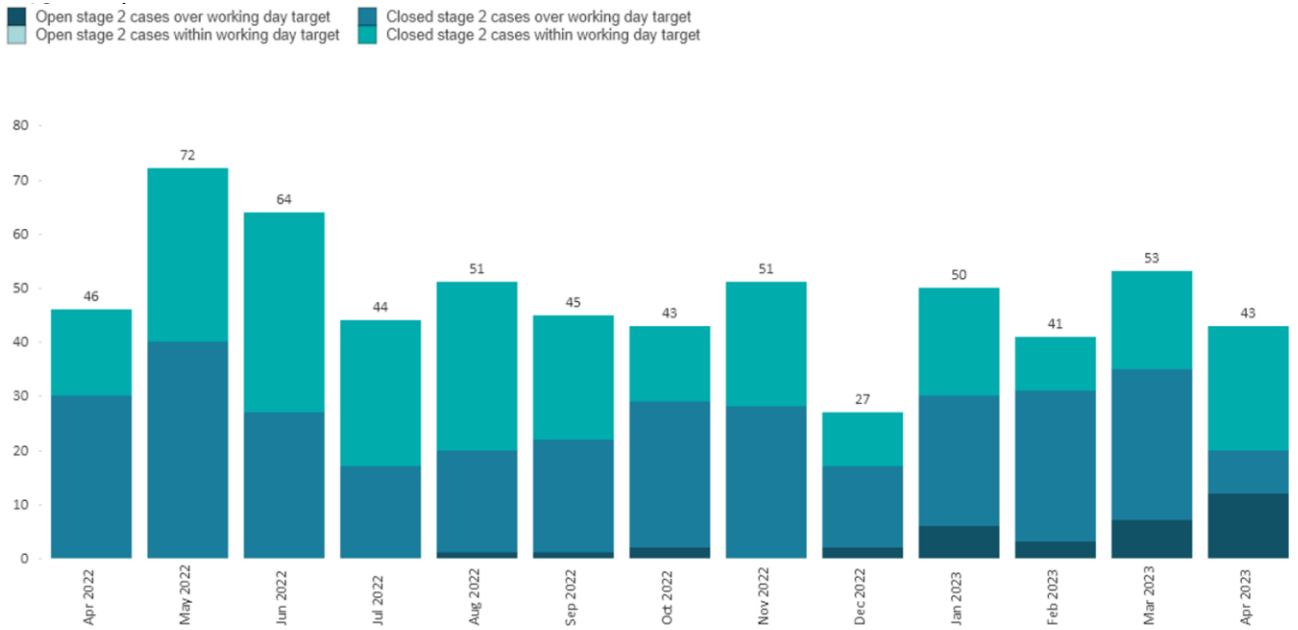
Context by Dr Boyd Peters
Medical Director

Complaints:
Data show performance against 20 working day target response time improved significantly in April 2023. This continues to be closely monitored through EDG, SLTs and weekly Operational Unit meeting. New reports have been introduced detailing high- level complaints which have been welcomed. Complaints Training was delivered to managers in Argyll and Bute on 9 June 2023.

NHS Highland stage 2 case overview

34 cases open (been longer than 20 days)	**71.7** Average time open (days)
312 cases closed (took longer than 20 days)	**47.9** Average time to close (days)
0 cases open (still less than 20 days)	**284** cases closed (in less than 20 days)
52% of cases were closed over working day target	**93%** cases received and opened within 3 working days

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



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

	Apr -22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Highland	35	44	58	61	61	51	33	45	37	40	24	34	53
Argyll & Bute	0	17	0	38	67	14	14	29	50	43	20	40	20
Acute	33	64	66	71	70	62	29	54	33	48	27	41	61
Higland Health & Social Care Partnership (HHSCP)	24	20	59	70	38	57	50	39	38	23	20	19	56

Clinical Governance
June 2023

Adverse Event information – March 2023 to May 2023 (EXTRACT 09.06.23)

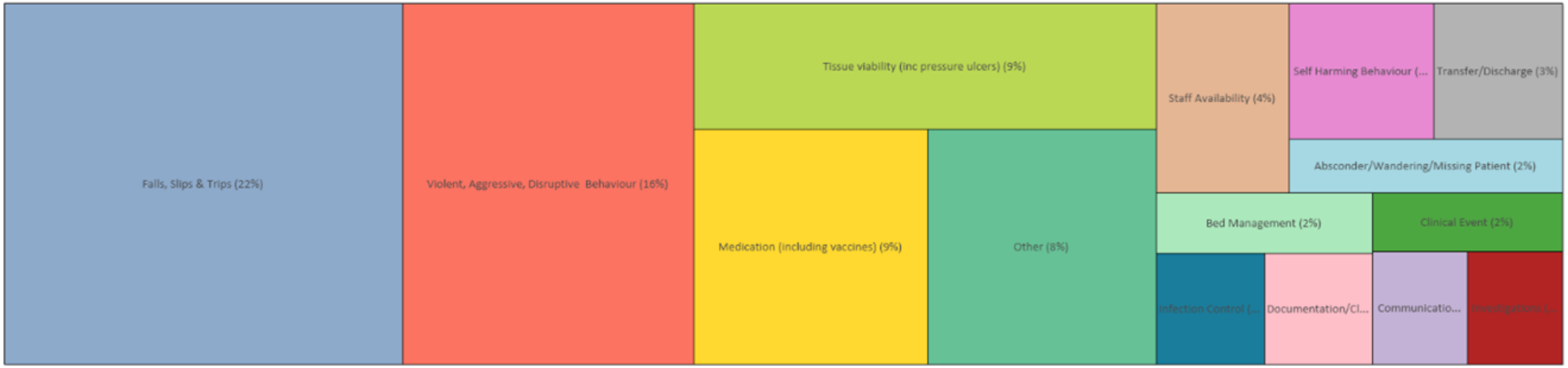
	Risk	Mitigation
1	Operational pressures	Ensure processes supported in operational units
2	Reduced Organisational learning	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

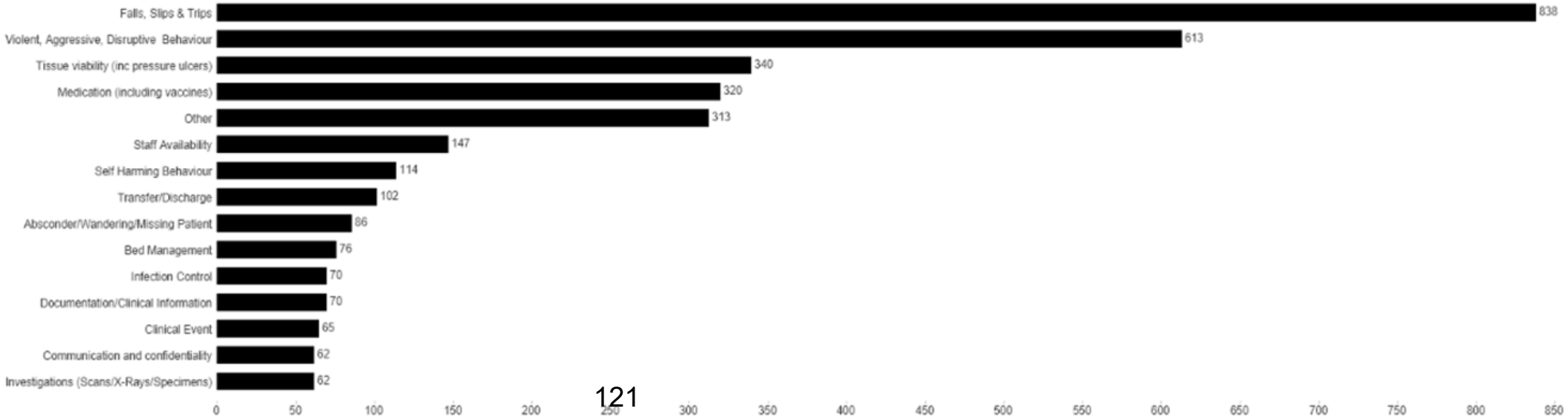
Context by Dr Boyd Peters
Medical Director

Adverse Events:

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories. A new form for maternity adverse events was introduced week commencing 17 April. This replaces the paper based system.

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (March 2023 – May 2023)





Clinical Governance
June 2023

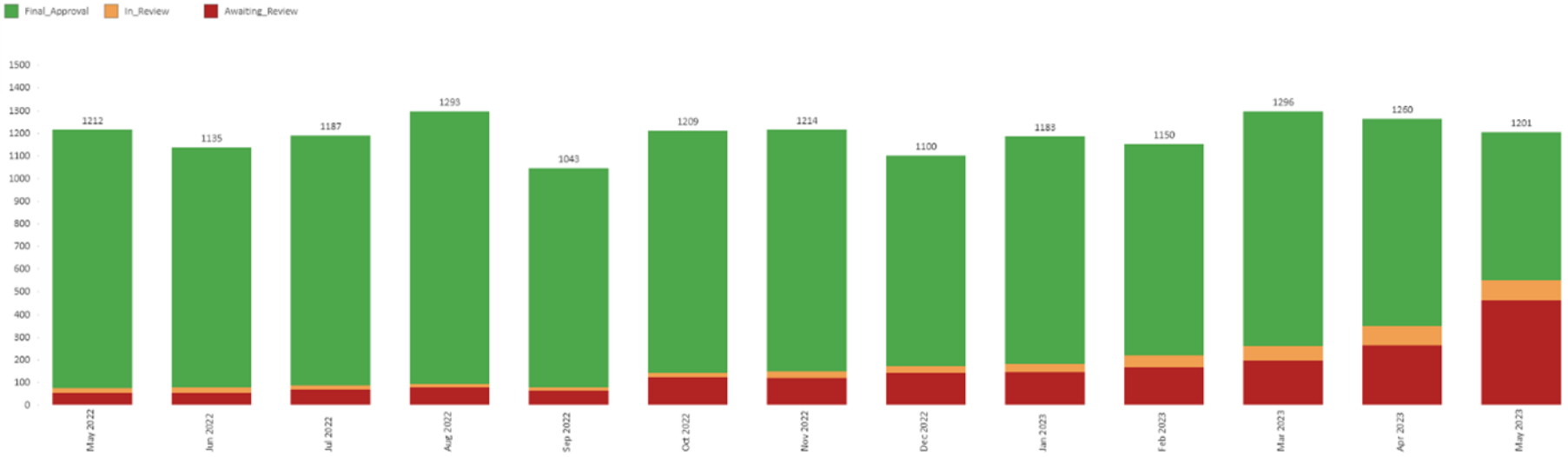
Adverse Event information – May 2022 to May 2023 (EXTRACT 09.06.23)

	Risk	Mitigation
1	Operational pressures adversely affect datix reviews	Ensure processes supported in operational units
2	Reduced Organisational learning, missed opportunities to learn/improve	Maintain QPS activities
3	Quality adversely affected	Oversight of responses by key senior staff

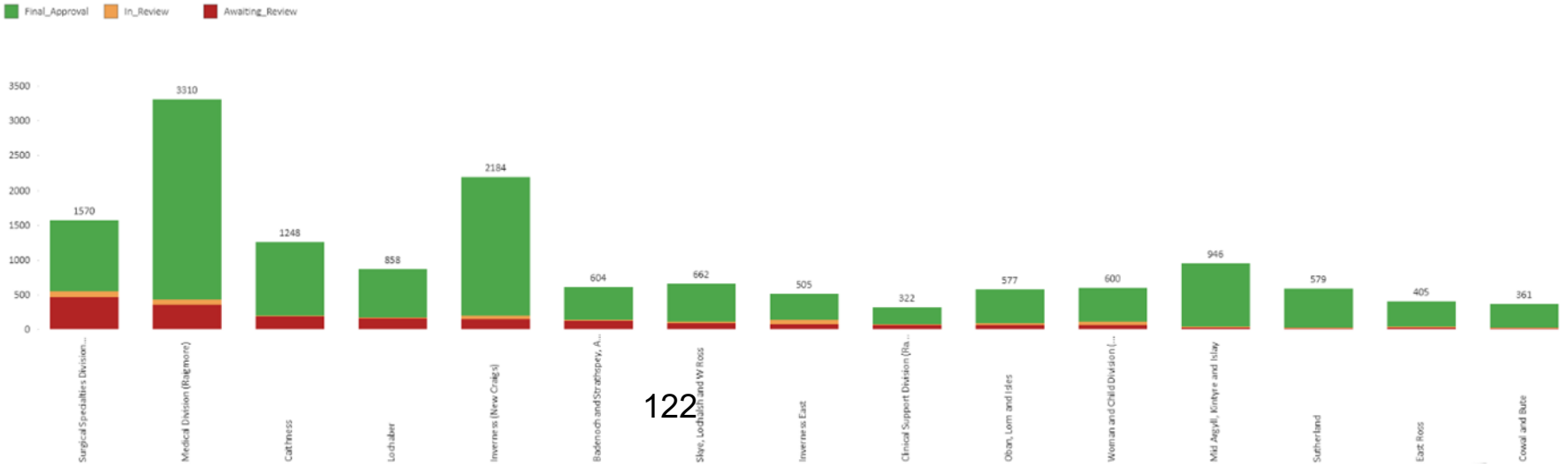
Context by Dr Boyd Peters
Medical Director

Adverse Events:
There is still concern about the number of adverse events on datix awaiting review. The chair of the Clinical Governance Committee has written to all Operational Area raising concerns about the volume of adverse events in the holding area awaiting review and under review. Each area is addressing this and progress is being made. Additionally, the CGST is sending out reminders and offering support.

Total number of incidents recorded in NHS Highland over last 13 months | Shown by month and approval status



Total number of incidents recorded by district/division over last 13 months | Shown by approval status (descending order of 'awaiting review')



Clinical Governance
June 2023

Significant Adverse Event Review (SAER) information – May 2022 to May 2023 (EXTRACT 09.06.23)

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

Context by Dr Boyd Peters
Medical Director

SAERs:

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. There are six SAERs that have taken longer than the nationally agreed target of 26 weeks. All SAERs are being reviewed by the CGST and are reported monthly. The SAER process was covered at a training day on 9 June in Argyll and Bute.

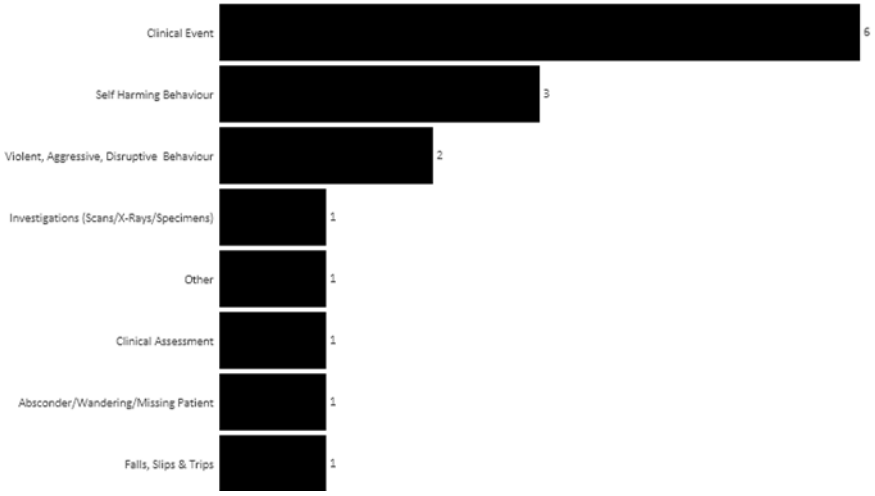
Number of SAERs declared in NHS Highland over last 13 Months

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Highland	**1**	**0**	**3**	**0**	**0**	**1**	**3**	**5**	**2**	**0**	**1**	**2**	**0**
Argyll and Bute	0	0	1	0	0	1	2	4	0	0	0	0	0
HHSCP	0	0	2	0	0	0	1	0	1	0	0	2	0
Acute	1	0	0	0	0	0	0	1	1	0	1	0	0

Open SAERs declared in NHS Highland over working day target by month declared

April 2019 - 1
July 2020 – 1
July 2022 – 2
October 2022 – 1
November 2022 - 1

Category Issue of SAERs declared in NHS Highland over last 13 months



Clinical Governance
June 2023

Hospital inpatient falls – May 2022 to May 2023 (EXTRACT 09.06.2023)

Context by Louise Bussell
Nurse Director

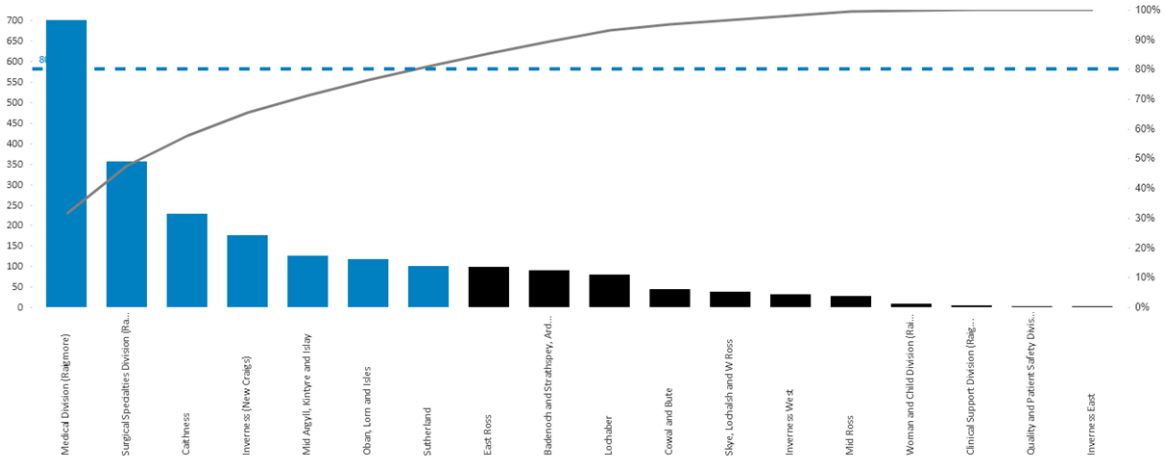
Falls with harm remain consistent as a proportion of total falls and therefore the continued focus on reducing all falls is critical.

Work is ongoing to review the falls policy and complete the review of the bed rails policy and risk assessment. SLWG reviewing evidence around use of sensor technology and footwear to inform policy. We will ensure this is widely circulated and implemented with our training programme and staff support reviewed in line with the policies

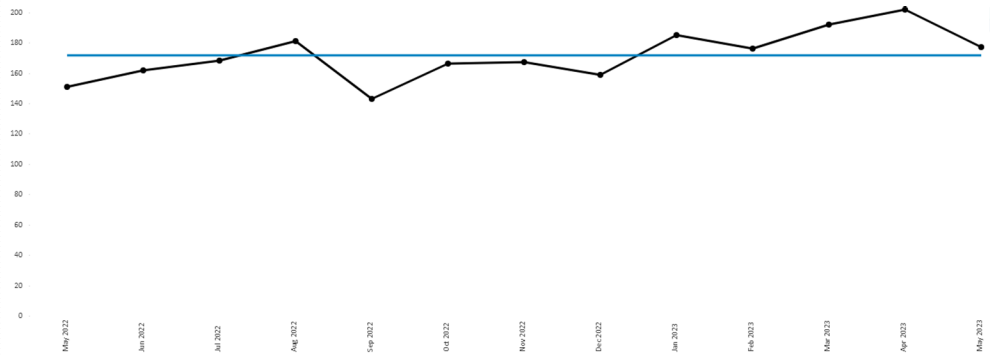
National team visited on 10 March to support Falls risk management work. Good engagement through Inpatient falls risk management group

	Risk	Mitigation
1	Staffing challenges remain a significant risk in the acute environment, with regular instances of staff working in unfamiliar areas colleagues and often with reduced staffing numbers and skill mix. Opening of asditional bed capacity in the Acute environment is also increasing the risk	Key principles of falls prevention are universally applied as part of essentials of safe care Daily care plan training delivered to all educators and senior nurses. Roll out of Daily Care Plan will commence Lorn and Isles and Raigmore 2 May 2023 Patients' mobility status and falls risk communicated as part of shift handover and at bed space using 'I can' Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource
2	The Increasing complexity and frailty of patients in our care facilities.	Regular review of staff support required to care for those with higher need. Education sessions on delirium and End PJ paralysis principles being delivered to promote principles of positive risk taking and safe mobilisation Patient and family Falls leaflet developed Staff identified to attend national SPSP falls event on 20th April with expectation to share learning

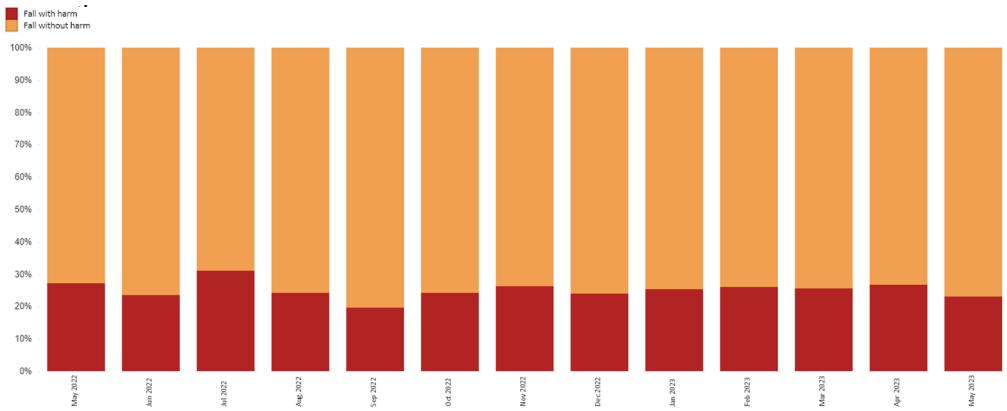
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



Hospital inpatient falls with harm and inpatient falls without harm (%) over last 13



Clinical Governance
June 2023

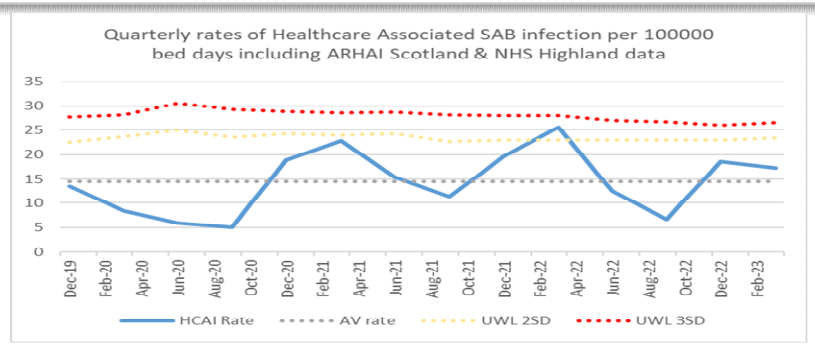
Infection Prevention, E Coli, Staphylococcus aureus bacteraemia (SAB) and Clostridium difficile (C Diff) Infection Healthcare Associated Infection (HCAI) Rates per 100,000 population

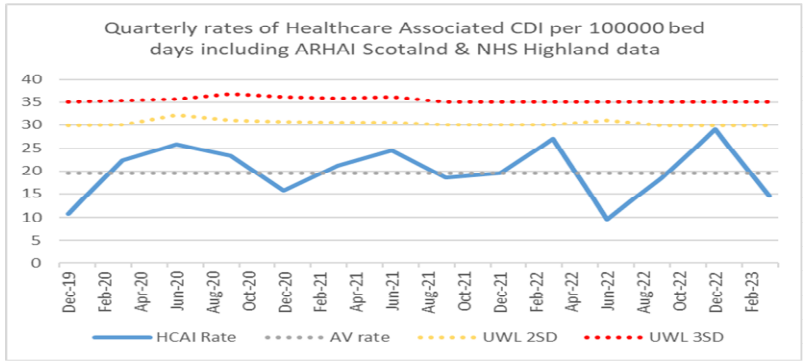
Context by Louise Bussell
Board Nurse Director

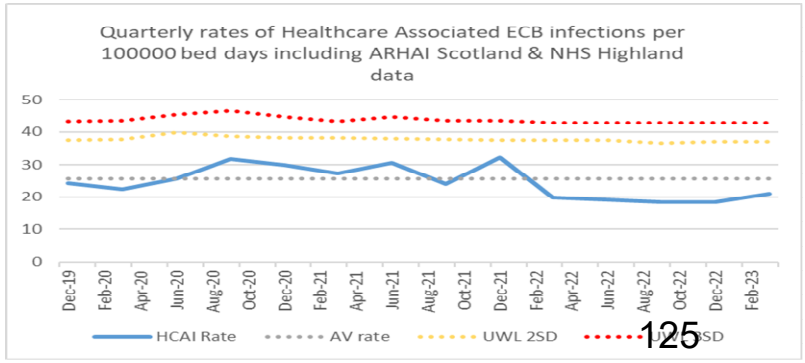
Data identifying the end of year performance against the reduction aims will be published in July 2023. NHS Highland data for 22/23 identifies that the reduction aims for EColi bacteraemia and CDI infections will not be met, although we remain within predicted limits (for CDI we are 2.4 over performance rate at 18, and for EColi we are 2.2 over the reduction aim at 19.1). The reduction aim for SAB will be met at 13.6 (1.7 under the performance rate). The HCAI data for Apr-June 2023 will not be available till July.

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

A detailed report is submitted to Clinical Governance Committees for assurance







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

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2022/2023 including validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data

Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (Validated by PHS)	Oct-Dec Q3 (Validated by PHS)	Jan-Mar Q4 NHS Highland data
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	6.6	18.5	17.2
SCOTLAND	17.3	17.1	19.2	n/a
C. DIFF				
NHS HIGHLAND	9.6	18.4	29.1	14.5
SCOTLAND	14.3	13.1	13.5	n/a
E.COLI				
NHS HIGHLAND	19.2	18.4	18.5	21.1
SCOTLAND	34.8	36.2	34.5	n/a

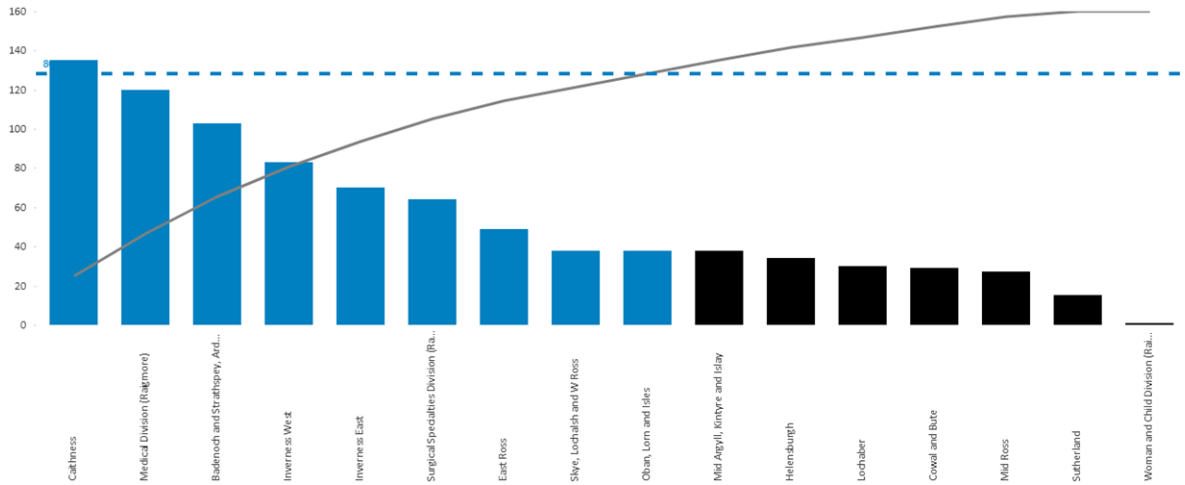
Clinical Governance
June 2023

Tissue Viability – May 2022 to May 2023 (EXTRACT 09.06.2023)

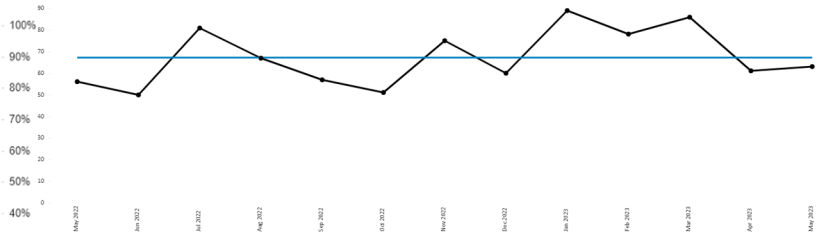
	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review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

In keeping with the national picture, NHS Highland have seen an increase in pressure ulcers over the last 2 years however we are now starting to see some reduction over the last few months.
Areas of specific increased pressure ulcers incidence are being supported with several focussed interventions aimed at reducing the rate and improving the overall quality of skin care under the direction of the NHSH Tissue Viability Leadership Group.
Ongoing specialist tissue viability workforce challenges look set to improve with the appointment of a senior nurse lead who will commence in August 2023.
Processes for specialist referral, access to pressure relieving equipment and pressure ulcer reporting via Datix and escalation through clinical governance systems are currently under review to ensure there is accurate and timely access to care and reporting of pressure ulcers.
Health Improvement Scotland (HIS) have updated that the eagerly awaited national improvement work is due to be initiated imminently.

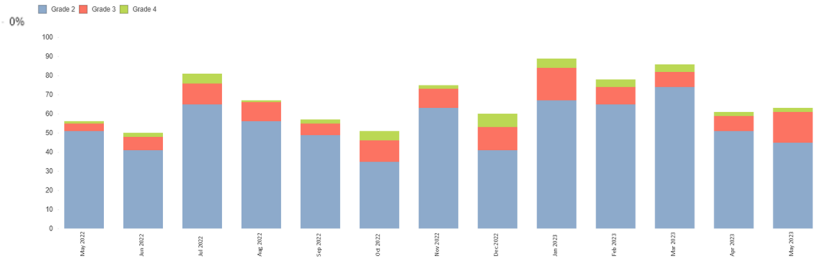
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13 months



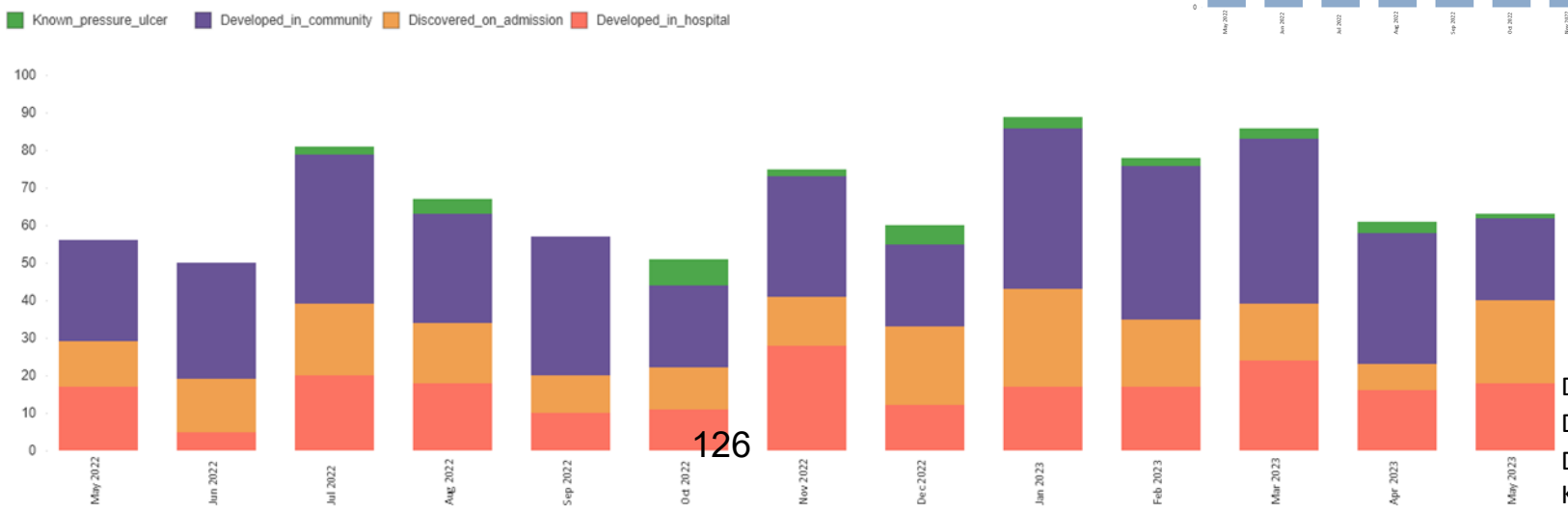
Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months



Bar chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months



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



Grade 2	703
Grade 3	129
Grade 4	42

Developed_in_hospital	213
Discovered_on_admission	204
Developed_in_community	425
Known_pressure_ulcer	32

Appendix: IPQR Contents

Slide #	Report	Frequency of Update
2	Performance of screening uptake in NHS Highland	Yearly
2	Inequality in screening uptake in NHS Highland 2020/21	Yearly
2	Diabetic eye screening	Rolling 12 months
3	% of people fully vaccinated plus booster by age group	Monthly
3	% of people fully vaccinated plus booster aged 40 yrs+(Combined)	Monthly
4	NHS Highland-Alcohol brief interventions 2022/23 Q2	Monthly
4	ABIs delivered	Yearly
5	LDP smoking quit attempts by month of planned quit-NHS highland	12 weeks
5	LDP 12-week smoking quits by month of follow up-NHS highland	12 weeks
6	Highland ADP performance against standard for completed waits	Quarter
6	% of of ongoing waits> 3 weeks at 30/09/2022	Quarter
6	% of completed community referrals with a 3 week wait or less	Monthly
7	Breast feeding initiation	Ad hoc
7	C-section rates	Ad hoc
7	Antenatal Care by 12th week of gestation	Yearly
8	CAMHS waiting list	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
8	Wait distribution (%) of patients waiting for CAMHS in NHS highland by month	Monthly
8	Average length of wait bands in NHS Scotland	Monthly
9	NDAS performance (%) against target	Monthly
9	NDAS: Number waiting for assessment to start	Monthly
10	ED attendances by flow group	Monthly
10	ED performance Benchmarking	Monthly
10	NHS highland ED 4hr wait performance	Monthly
11	TTG Waitlists	Monthly
11	Projected TTG waits over 78 weeks September 2023 at 30th November 22	
12	New outpatients-Demand, activity & queue	Monthly
12	Projected outpatient waits over 78 weeks December22 as at 30th November 22	
13	Key diagnostics Endoscopy-Total waiting	Monthly
13	Key diagnostics Radiology-Total waiting	Monthly
13	Monthly waiting list Comparison	Monthly
14	31v62 day performance	Monthly
14	NHS board comparison 31 day performance	Monthly

Appendix IPQR contents Cont.

Slide #	Report	Frequency of update
14	NHS board comparison 62 day performance	Monthly
15	Detect Cancer early-% diagnosed at stage 1 (Breast)	Yearly
15	Detect Cancer early- % diagnosed at stage 1 (Lung)	Yearly
15	Detect Cancer early-% diagnosed at stage 1 (Colorectal)	Yearly
15	Detect Cancer early- % diagnosed at Stage 1 (Combined)	Yearly
16	NHS Highland DD November 22	Monthly
16	North Highland DD's by Locality	Monthly
16	Delayed Discharge all types up to October 22	Monthly
17	Care homes-Long term care service user by operational area including OOA	Monthly
17	Care homes-No. Of occupied long tern care beds by provider types	Monthly
17	Care at Home services-Count of clients by provider type	Monthly
17	Care at Home services-Sum of hours by provider type	Monthly
18	Total PT waiting list	Monthly
18	Psychological therapies performance(%) 2022	Quarterly
19	Number of Individuals Relating to PDS Standard – Benchmarked Up to Q2 FY 22/23	Quarterly
19	Number of Individuals Diagnosed and Referred for PDS – NHS Highland	Monthly

Agenda Item 7

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 July 2023**
Title:	**Annual Delivery Plan 23-24**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Rhiannon Boydell, Head of Strategy and Transformation**

1 Purpose

This is presented to the Board for:

- Decision. The Board is asked to approve the ADP 23-24.

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

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

Safe, Effective and Person Centred

This report relates to <u>all</u> of the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

With the development of the Together We Care (TWC) Strategy the organisation has designed the Annual Delivery Plan (ADP) to ensure delivery of the TWC outcomes. The ADP started in 2022.

The ADP is designed in the same format as TWC with programmes of work and governance by way of Programme Boards aligned to the “wells” with plans aimed at delivering the TWC strategic objectives over 4 years. Programme Boards are accountable for the monitoring of their plans, and managing

associated risks, ensuring arrangements for scrutiny and assurance. The Commission for the ADP is received annually with progress reports against delivering the ADP reported on a quarterly basis to the Board and to Scottish Government (SG) with plans having Board/Committee approval prior to submission to SG.

2.2 Background

Annual Delivery Plan reports are required by SG and requested annually. This year the commission has been modified with an emphasis on Recovery and Renewal as well as Medium-Term Planning (MTP). In the next 12 to 18 months, the SG defined Recovery and Renewal phase will prioritise accelerating the completion of ongoing projects. An early and urgent focus will be placed on actions that can be implemented to boost capacity and sustainability quickly, supporting system performance through 2023/24. Concurrently, Boards must continue planning work for longer term redesign/renewal and transformation of services. SG have called this MediumTerm Planning (MTP) and are expecting boards to submit plans from 2023- 2026. The TWC Strategy and supporting ADP for NHS Highland is a five-year plan that is centred on Basics, Build, Better, and Best, therefore we are already able to respond to the commission for SG. Additionally, SG has created 10 Recovery Drivers that cover all of NHS Scotland's activities. We are ready to respond to this commission on behalf of SG since they correspond to the TWC "wells".

2.3 Assessment

The 4-year ADP started in 2022 which we defined as the “basics” year – understanding our current position and the corresponding data. We have rolled into the second year, “build” year and have refined the detail in the ADP to have robust plans to continue to deliver against the strategy.

Appendix A includes the draft submission to Scottish Government on 8th June 2023 along with some additional strategic context and links to Together We Care NHS Highland Strategy. The submission is in the template supplied by Scottish Government.

The submission was well received, and some supplementary information was requested, which was returned on 12th July 2023.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Assurance could be considered substantial when reports show consistent delivery against this plan.

3 Impact Analysis

3.1 Quality/ Patient Care

POSITIVE IMPACT: Our strategic Imperatives underpin TWC and ADP and focus specifically on Population and Pathways to ensure Quality / Patient Care.

3.2 Workforce

POSITIVE IMPACT: Our strategic Imperatives underpin this new structure and focus specifically on People, development, a culture of trust and integrity and on well-being – meaning a positive impact for our workforce. The 4 People Wells are defined as:

Grow Well - Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan

Listen Well – Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared

Nurture Well – Support colleague's physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture and workplace where difference is valued and respected

Plan Well - Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.

Status for each of the areas is included in the report attached.

3.3 Financial

The transformation programmes are aligned to the Financial Recovery programme

3.4 Risk Assessment/Management

The current risk is that the interconnectivity of Finance, Performance and Quality is still developing. Pursuit or focus on just one element may be to the detriment of one or two others.

3.5 Data Protection

The proposed piece of work or project does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

N/A

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

EDG reviewed 05-June-2023, that draft was submitted to SG for review and feedback.

3.9 Route to the Meeting

The ADP has been previously considered by the following groups as part of its development. EDG have supported the content, SG provided feedback which has informed the development of the content presented in this report.

- EDG
- Scottish Government

4 Recommendation

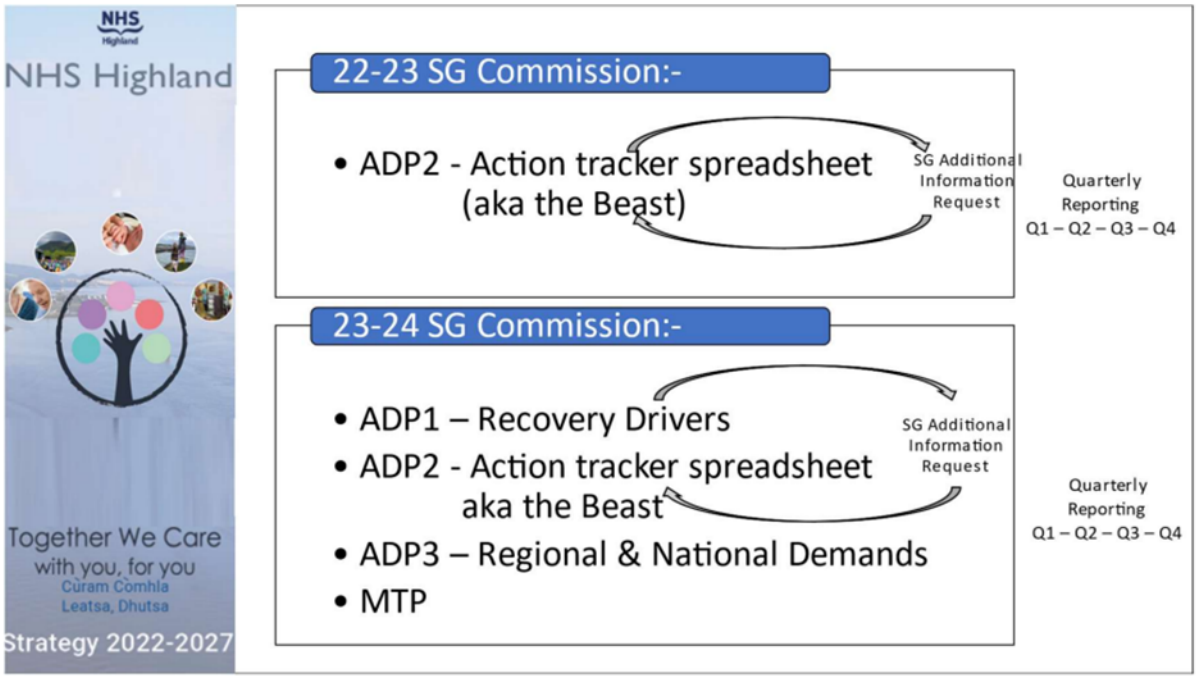
- **Decision** – To approve the Annual Delivery Plan 23-24 for submission to Scottish Government, noting compliance with legislation, policy and Board objectives.

4.1 List of appendices

The following appendices are included with this report:

Appendix A: Annual Delivery Plan 2023-2024 draft submission to Scottish Government with links to Together We Care.

Appendix A: Diagram of Annual Delivery Planning



This shows the annual cycle of requests (the commission) from SG for ADP Planning Also shows the development / expansion of this activity in the 2023/24 commission from SG. Underpinning it all – NHSH TWC Strategy A summary of the annual process is:– • NHSH submit draft ADP to SG • SG review and come back with additional information requests • Once satisfied – SG will approve. We are also required to report monthly on progress. All reports to SG must be reviewed and approved by EDG Main Board approve final ADP annually and receive progress reports for info All other governance to be revised

NHS HIGHLAND & ARGYLL AND BUTE HSCP

Annual Delivery Plan 2023/24

Section 1: ADP1 draft as submitted to Scottish Government with links to NHS Highland Strategy Together We Care

Section 2: ADP1 draft as submitted to Scottish Government with links to Argyll & Bute Integration Joint Board Joint Strategic Plan Transforming Together

Context – Requirements and approach

Scottish Government Guidance

In February 2023 Scottish Government issued guidance for developing Annual Delivery Plans for 2023/24. The guidance stated that plans were to focus on recovery and renewal and that the following objectives and 10 key drivers would form the basis of the plans:

2023/24 Planning Objectives

- Make rapid improvements in capacity and sustainability to support system performance through 2023 and in preparation for winter 2023/24
- Make progress in delivering the key ambitions in the NHS Recovery Plan
- Continue innovating and transforming the NHS for the future.

Recovery & Renewal: The 10 Drivers of Recovery

1	**Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community**
2	**Urgent & Unscheduled Care - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need**
3	**Improve the delivery of mental health support and services**
4	**Recovering and improving the delivery of planned care**
5	**Delivering the National Cancer Action Plan (Spring 2023-2026)**
6	**Enhance planning and delivery of the approach to health inequalities**
7	**Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes**
8	**Implementation of the Workforce Strategy**
9	**Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access**
10	**Climate Emergency and Environment**

In developing our plan, we have taken cognisance of our strategies both in terms of the NHS Highland Strategy – Together We Care and them joint strategy of Argyll and Bute Integration Joint Board (IJB) – Transforming Together to ensure a strong read across to our strategic objectives.

This is critical in maintaining coherence in ambition and direction of travel. We have deliberately kept the NHS Highland ADP and the Argyll and Bute ADP separate however it should be recognised that there are many interdependencies, this does however better reflect the organisational arrangements. It should also be noted that all local services delivered through the Health and Social Care Partnership (HSCP) via NHS Highland are delegated to Argyll and Bute IJB including the local Rural General Hospital and that many pathways of care link directly into NHS Greater Glasgow and Clyde with whom we have a service level agreement. This is important to remember in the planning context and future delivery of services.

In the coming months we will have a new Joint Strategic Plan concluded for the Highland Lead Agency integration arrangements with the same principles applying in terms of connection to the NHS Highland Strategy and currently have included the actions relative to this part of our system of health and care within the section 1 the NHS Highland submission.

Annual Delivery Plan - NHS Highland

Section 2: NHS Highland Together We Care Strategy

Template: NHS Highland ADP1

NHS Highland Strategic Outcomes

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes and our perform, progress, and enable well areas. Each of these will be underpinned by the Annual Delivery Plan that will help us move towards achieving our vision and mission. These outcomes set out the direction for the next five years in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre however this ADP focuses on year 1.

The outcomes follow the life cycle from cradle to end of life using holistic care provision and whole system working. As detailed in our Together We Care Strategy these outcomes were determined through consultation and engagement with our communities, partners and colleagues.

No	Outcome	Description	Main Service
1	**Start Well**	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH
2	**Thrive Well**	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics
3	**Stay Well**	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services
4	**Anchor Well**	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement
5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

9	**Care Well**	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care
10	**Live Well**	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a “home is best” approach	Urgent and Unscheduled Care Services
12	**Treat Well**	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned care and support services
13	**Journey Well**	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services
14	**Age Well**	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services
16	**Value Well**	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers
17	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning
18	**Progress Well**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate
19	**Enable Well**	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National

Section A: Recovery Drivers

1 Primary & Community Care

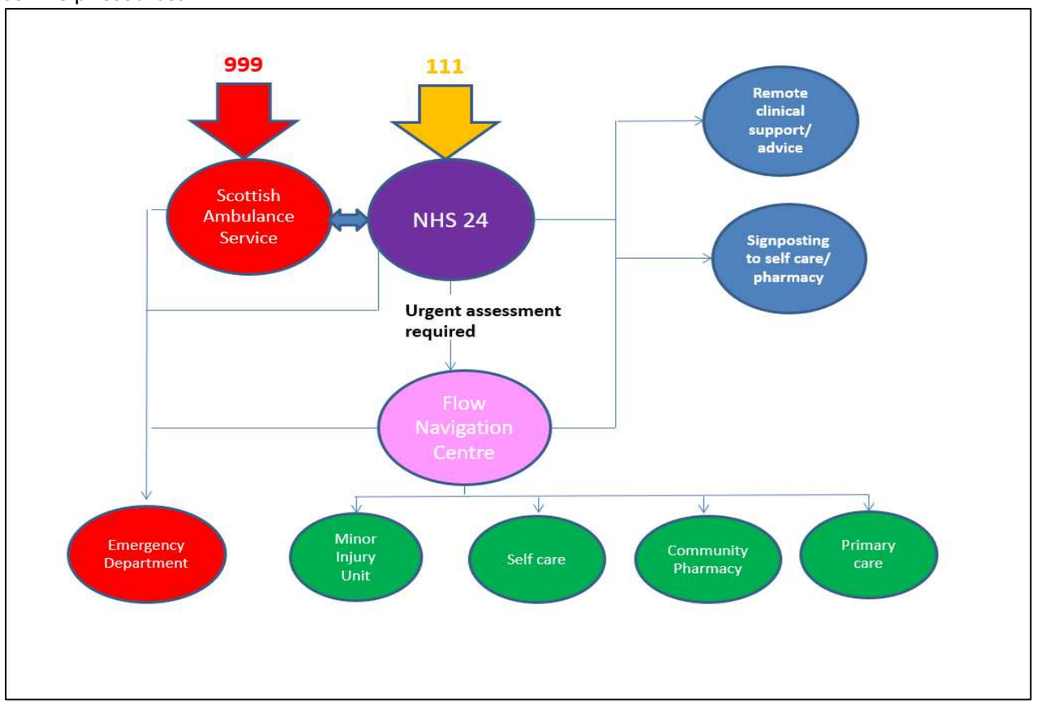
Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

Care Well, Age Well, End Well

No.	Board Action
1.1	Set out approach to extending and scale the multidisciplinary team preventative approach to support strategic aims of both delivering more care in the community and enhancing a focus on preventive care, with a view to testing the further development of Community Treatment and Care Services (CTACs) over the medium term. Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.
	NHS Highland (NHSH) will: • develop the KPIs for the National Integration Indicators by August 2023 • develop the Health & Social Care IPQR (Integrated Performance and Quality Report) by August 2023 and once approved start the development of KPIs and a performance dashboard for integrated community health and social care services in partnership with The Highland Council. • establish coordinated clinical and operational leadership throughout the Highland community division, including expanding primary care colleagues' participation by Q3 2023 • conduct an organisation-wide review of our primary care estate along with a future requirements analysis in Q2. • agree a plan for digital technologies, including MORSE, to enable integrated working. Morse is partially implemented. The whole system plan to be addressed from Q2 2023 • continue the Implementation of Primary Care Improvement Plan with remaining workstreams of CTAC and urgent care • establish an evaluation framework to demonstrate the impact of additional MDT staff employed Through new General Medical Services contract (nGMS) contract pharmacotherapy, first contact physiotherapy, mental health locality teams, community link workers have been employed and embedded with GP practices. In March 2023 NHSH delivered against a plan for transfer of other vaccinations to a central board service. We have an SLA (Service Level Agreement) in place with community pharmacists for travel vaccination. Our CTAC (Community Treatment & Care) service model is in the development phase ensuring IT support is in place for Order Comms. The programme to extend Pharmacy First Plus (part of a national programme) is still underway. A combined ITR/CTAC and Vaccination service has potential to make more efficient use of staff time. To be determined by Q2 2023. NHSH will: • develop a Community Hospital strategy with the first phase of reviewing older estate from Q2 2023 and the second phase of a wider strategy from Q3 2023 • implement OPEL in the community development from Q2 2023

	• review community accommodation from Q2 2023 NHSH will promote public information and signposting to provide people with a first point of contact which directs them to the most appropriate source of help via 111 with signposting to the appropriate services via the Flow Navigation Centre (FNC). Application of the national redirection policy is now implemented at Raigmore. Through the Extended Access enhanced service in General Practice, an additional 1140 appointments are available out with contracted hours (08:00-18:00). NHSH are members of the National Healthcare Improvement Scotland CTAC Network which will focus on supporting the development of relationships between CTAC services across Scotland, capturing and sharing knowledge and insights into the successes and challenges of CTAC delivery across Scotland. Facilitating learning and improvement, supporting ongoing design, development, and implementation, and identifying key tools and resources to support service change and improvement. **<u>Multi-Disciplinary Teams (MDT):-</u>** Health visitors in Highland have an early preventative public health approach and already work as part of a MD Family Team which includes staff from universal (HVs) – targeted (school nursing, in the revised role) – and statutory/specialist (social work and specialist nursing such as Child Protection and Care Experienced Nurses). In Highland we have a single framework for service delivery. This is the Getting It Right Model, where we have, across the whole of HHSCP: - A common assessment framework Single child's plan -Key point of contact (named person and/or lead professional) -Single process to access all services (above – named person) -Locality based MD family teams across Highland -Integrated budgets All "family teams" have skill mix, which includes a variety of support practitioners including clinical support, family support, statutory support and specialist support. All Health Visitors are Advanced Practitioner qualified with 70% of their role being around early public health prevention and screening through the Child Health Pathway and 30% of the role as named person for infants with additional or complex need. There is limited capacity to extend the preventative role given the level of current resourcing. We are reviewing and enhancing preventative measures using our strategic MDT approach across all ages, to maintain people in their local environment, e.g. child health pathway, managing long term conditions, reablement and advanced care planning.
1.2	Boards to set out their plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams as referenced in the recommendations within the Sir Lewis Ritchie Review.
	NHSH will implement a new OOH (Out of Hours) model after reviewing service feedback from our customers. The redesign will create a single North Highland OOH service management and single budget structure developing management roles as a priority for implementation. This will provide a single, clear management route for: • addressing service sustainability and contingency arrangements • improving financial governance and performance, • ensuring consistent, equal, and fair processes for staff

The diagram shows the approach to meeting the Ritchie Review where the Urgent Care Resource Hub is the Flow Navigation Centre (FNC). In addition, there are direct links from the FNC to remote clinical support and self-help resources.



Pan Highland communications with the public are conducted over a variety of platforms to coordinate care scheduling in the appropriate service. This activity will continue in 23/24.

We have reviewed our governance structure to provide a single assurance group for the pan Highland area for current operational delivery and future transformation. Future modelling will be based on a MDT approach using our award-winning experience of the Rural Support Team.

1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.

NHSH will:

- Ensure that Public Health activities are integrated to the National and NHSH Mental Health and Wellbeing strategy
- The Primary Care Mental Health team will have, by the end of June, have a Mental Health Nurse or Practitioner embedded in every GP practice across Highland. This is a virtual service. The service covers a vast range of symptoms and diagnosis. Demand is increasing as a result of post covid anxiety, whilst still utilising resource that was determined pre covid. Demand is not being met across the more urban areas.
- Standardise waiting list management
- All those with a learning disability will have an annual health check
- There are approximately 1600 people living in Highland registered as having a learning disability. NHSH Adult Learning Disability Services to work with the GP Sub Committee in order to discuss and progress roll out. Nationally, funding this service is an issue, with limited resource available for delivery.

	Transformation of the mental health pharmacy will enhance the system's clinical capabilities while assisting primary care and Community Mental Health Teams. A pharmacy technician has been recruited and a pharmacist has been integrated into the perinatal team. Primary care is being supported to develop the use of clinical dialogue for medication advice.
1.4	*Analysis shows that the leading drivers of demand for urgent and unscheduled care are respiratory disease and CVD (for which diabetes is a major risk factor) and, for children, the way in which viruses are circulating in the population post pandemic.* In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.
	NHSH will: • review and develop a standardised approach to the management of Diabetes, Hypertension, Hypercholesterolemia, cardiovascular disease, neurological conditions, and chronic respiratory conditions. • develop educational approaches across Primary & Secondary care to support development of these pathways. The priority areas in year one will focus on: • Expand on and identify which neurological conditions are key under the term 'neurological conditions', as underpinned by intelligence • Identify current projects that link to the 6 LTC (Long term conditions) priorities such as frailty, OPAT, neurology • Map current patient pathways for these 6 conditions, identifying any common threads that connect them all with a focussed approach. To establish what part of the pathways will be focused on in year one • Following pathway mapping start to develop improved pathways of care • Mapping of prevention v's secondary prevention including, prescribing, pathway and treatment with a focus on delaying or preventing multiple long-term conditions • Data and medical literature relating to co-morbidities and prevalence and commonality of existing co-morbidities As part of this programme of work, improvement of primary care pathways and interface between primary and secondary care relating to long-term conditions is paramount. The plan aims to implement approaches for earlier detection, improved management – including self-management strategies and support for these conditions. Our focus is on long term conditions service models that are proactive, holistic, preventative, and patient centred whilst embracing Realistic Medicine ensuring that patients are "Waiting Well" with the development of preventative and proactive support for those waiting for interventions. Currently there is a review of GP enhanced services taking place in 2023/24 and discussions around developing an enhanced service for early detection of type 2 diabetes. However, this is dependent upon funding and on-going discussions with the LMC.
1.5	**Frailty** In parallel with the development of the national frailty programme, Boards are asked to outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.

	NHSH will: • produce a plan for a whole system approach to frailty by Q2 2023. This will ensure collaboration with all relevant services and sectors, primary, secondary and community take a joint approach to frailty prevention and frailty as a condition. This approach will be taken in accordance with the development of the national frailty programme. Currently we have actions in place for a pharmacotherapy response to frailty, which will be a key component of our plan.
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients. Response should include quarterly trajectories for at least 2023/24.
	NHS Highland has limited opportunities to increase NHS dental registration/routine dental care opportunities currently. NHS Highland is working with Dental Practices with Dentist vacancies, to transfer patients, that otherwise would be de-registered, to a temporary Dental Practice dental list number, with continued access to EDS for these patients, in the understanding that the Practice(s) continue to attempt to continue the recruitment process for vacant dentist posts. NHS Highland continue to engage and communicate on a regular basis with NHS Dental Practices and Corporate Dental Practices, to provide support and ascertain ongoing commitment to providing NHS dental services. NHS Highland Dental Access Group meets fortnightly, to monitor dental access across the Health Board area and plan service provision to provide registration opportunities and mitigate de-registrations from Dental Practices. Also, the Group reviews the availability of access to Emergency / Urgent Dental Services, in-hours and out-of-hours. The Group is chaired by the NHS Highland Director of Dentistry and the Group membership includes a variety of local Stakeholders, including Dental Public Health Consultant. The Director of Dentistry will escalate risks identified to NHS Highland executive cohort. NHS Highland review weekly Dental Helpline(s) activity and resilience of PDS to provide access to emergency dental Care/urgent dental care. Where required and now occurring, PDS routine dental care will be postponed accommodating EDS / Urgent unregistered / deregistered patients demand. Planning is in progress to extend the current NHS Highland Out of Hours service to provide evening sessions, subject to available resources. It is planned Dentists from the PDS, and GDPs will be offered the opportunity to provide EDS sessions at locally agreed remuneration rates, using NHS Highland accommodation. NHS Highland Oral Health Improvement Teams resilience and capacity to offer Oral Health advice for unregistered/de-registered patients, is under regular review, with support appropriate advice being offered to individuals / groups. Planning is underway, subject to resources being available, to provide local access where General Dental Practices have closed or de-registered patients. The current focus being Ullapool and Dunoon, potential other rural & remote or urban communities. It is proposed to utilise existing NHS Highland accommodation and where required recruit additional clinical / administrative staff to provide Emergency / Urgent dental care and review capacity to provide routine care. It may be that "Salaried plus Bonus" dentist posts or development of a distinct "Salaried Dental Service" offer an opportunity to incentivize NHS dental provision, for areas with no NHS dental access. NHS Highland PDS continues to recruit Dental Therapists to improve skill mix, recruitment has been more successful than Dentist recruitment, so far. It is anticipated that dental therapists will provide more EDS provision, within their scope of practice in the near future.

	NHS Highland has received expressions of interest in SDAI grant funding, one expression of interest has resulted in offer letter to register an additional 1,500 NHS patients being made. Unfortunately, the second SDAI application received is now on hold, as the Practitioner has concerns regarding the sustainability of NHS Dental Practices. NHS Highland will continue to seek further expressions of interest for SDAI at appropriate time periods. NHS Highland continue to explore more effective options to advertise Dental opportunities /SDAI / vacant posts to a wide audience e.g. social media and public communication on the current NHS status of Dental Practices. It should be noted successful recruitment to PDS posts, whether at basic or senior level, is currently very poor. NHS Highland will make potential eligible Dentists aware of Recruitment and Retention allowances. However, the limited nature of this Allowance offer has had little impact on recruitment to remote & rural dentist posts. Current risks include, the PDS being overwhelmed and routine PDS care for priority patient groups being delayed, including delay in referral process / impact on Outreach provision. There may be further deterioration in dental access for the local population, if local Dental Practitioners / Practices do not accept the reformed payment systems offered in the near future. It should be noted that development of NHS Highland Dental Services to provide additional routine care / EDS provision will be very limited, if no additional resources are available for development of staff and accommodation. <u>Dental – Surgery (Acute Care)</u> Trajectories for routine Acute Oral Surgery and Orthodontics in the NHSH Planned Care Monthly Activity Plan (Ref Appendix 1). <u>Dental – Primary Care</u> NHSH are unable to provide any robust estimate of trajectory presently due to current uncertainty about the future of NHS Primary Care Dental Service provision. Due to the ongoing national reform of Primary Care Dental Services, focused initially on payment reform - with the first stage of reform planned to be implemented at the beginning of November. However, no specific payment detail has been shared with Health Boards or the profession since details are still being negotiated with the British Dental Association. As a result, committing to a strong quarterly trajectory would be impossible until, at the very least, payment reform is implemented.
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service. Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings
	NHSH will: • have more optometrists in the NES (National Education Scotland) training programme (NESGAT) this year • commence the rollout of Community Glaucoma Scheme Service next financial year once the training is complete • Work with the Hospital Eye Service to identify patients for discharge and to populate patient data on the national EPR (OpenEyes) Geographical coverage of optometrists in remote and rural areas is a challenge for which we are developing a mitigation plan.

	Trajectories for routine Acute Ophthalmology in the NHSH Planned Care Monthly Activity Plan (Ref Appendix 1). Trajectories for activities carried out in a community setting are not available yet as they are dependent on the launch of the national Community Glaucoma Scheme Service by SG (Scottish Government).
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future, e.g., the use of peripatetic IPC practitioners
	NHSH will: • Review the Care Home service with the Health Protection Team including independent GPs and Dentists. The financing for infection prevention and control (IPC) has been reviewed and centralised to ensure that services are provided to all Acute and Community Teams. To guarantee delivery throughout the community system, we have combined the community teams. The National IPC Strategy is now being implemented, with completion scheduled for March 2024. We are standardising with national advice as part of an assessment of the infection prevention workforce.

2 Urgent & Unscheduled Care

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

Respond Well

No	Board Action
Reducing Attendances: Phase 2 Redesign Urgent Care Transforming the way in which people access urgent and unscheduled care, enabling patients to receive the right care at the right time.	
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise. Plans should include: • Interface with NHS 24 in and out of hours • Mental health pathways • Development of new pathways for inclusion within FNC, including consideration of paediatric pathways. • Further reduce admissions by increasing professional to professional advice and guidance via FNCs, including access for SAS (Call before you convey) • Further develop public messaging (hard to reach communities) • Further develop signposting alternative pathways, including paediatric.
	1. NHSH met the De Minimis Specification go live date in December 2020. This included interface with NHS24, and public messaging of the use of 111. MH assessment unit was developed during the same period, with further refinements. Paediatric pathways were incorporated in May 2021, as per Govt deadline. There is an ongoing development programme for the Highland Flow Navigation Centre (FNC), recognising that the FNC could offer more opportunity to prevent hospital admissions. This will require redesigned patient pathways with relevant service centre disposals to be implemented as appropriate. 2. A&B is part of the pan Highland and islands plan. NHSH will support people to access right care delivered at right time in right place through integration of OOH, FNC & Minor injuries unit by: • Mapping of current urgent & unscheduled care pathways. • Mapping minor injury services and access across the region. • Developing shared integrated pathways across FNC, OOH (including Mental Health) and MIU (Minor Injury Units) (including support for Island Boards, OPAT, Community Respiratory and Heart Failure management). • Scope the implementation of scheduling within minor injury locations. • Supporting two pilot sites for Hospital @ Home (Caithness & Skye). • Supporting review of OOH service through a single management structure. These actions are aimed at reducing admissions by increasing the advice provided by FNCS.

	FNC governance has transferred to Acute management for greater linkage with acute urgent care redesign. Mapping will be undertaken to identify community potential and create a vision for the integration of FNC, OOH, and MIU.
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding. Develop access to booked slots across wider urgent and emergency care system, such as primary, secondary, community & mental health services and to include children and babies
	NHSH will: • As part of our forthcoming winter plan response, we will put in place plans containing trajectories across pan Highland units in 16 MIUs and 4 ED departments. These plans include patients of all ages, including children and babies. • In 2021 we implemented paediatric pathways through our Flow Navigation Centre. • Further paediatric service developments are noted in Ref 2.5.optimise specialty in-reach to Emergency Department (ED) for appropriate patient pathway by agreeing and implementing streamlined pathways for ED admission into acute, including agreed fast track pathways. • implement a nurse/AHP delivered Frailty at the Front Door programme. • develop a data set in ED Trakcare to support the Frailty at the Front Door programme. • develop pathways for referral and receipt of patients requiring non acute ongoing care e.g.: in the community linked to development of Flow and District Hubs. • develop criteria-driven paths from ED to AEC. • develop system-wide pathway for fragile patient care, • Implement pathways for OPAT, Heart Failure, and Respiratory care • Maximise the use of Near Me with face-to-face appointments when absolutely required
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.
	During 2023/24 we will • map current urgent & unscheduled care pathways • integrate FNC, OOH and MIU through integrated pathways and standard work. The actions in the 'Respond Well' strategic priority for NHSH is being carried out under the direction of the Urgent and Unscheduled Care (UUSC) Programme Board following a self-assessment against the Scottish Government's Urgent and Unscheduled Care Collaborative High Impact Changes.
Reducing Admissions: Alternatives to inpatient care Optimise Virtual Capacity pathways to deliver care closer to home and prevent admission.	
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.
	OPAT and Respiratory pathways are already well established in North Highland delivering a significant saving of occupied bed days. As Hospital at Home (H@H) is extended across the board area and integrates with the existing pathways the impact of these pathways will be amplified. For example, Skye is already working closely with both pathways, and we expect to have services integrated in Caithness by Q3 2023/24, pending appropriate staffing availability. We are in discussion with a number of districts including Lochaber and Nairn, to implement H@H. Plans will be developed with HIS during Q2 2023/24.

	As the H@H services develop and mature, Heart Failure (HF) will be an integral part of the service supported by the acute based HF team. Actions to avoid hospital admission and to support early discharge will be integral to our capacity plans, to support flow especially through the winter period. We are reviewing and enhancing preventative measures using our strategic MDT approach across all ages, to maintain people in their local environment, e.g. child health pathway, managing long term conditions, reablement and advanced care planning. While there is good evidence that a Hospital at Home (H@H) service is safe and effective model in more urban areas, the challenge both in terms of resource and geography, is how to design a service that meets the needs of remote and rural communities. We were awarded £385,140 for the 2022/23 financial year and have pilot schemes in place in Caithness, Skye and Argyll and Bute. NHSH Highland is actively pursuing the current opportunity to apply for additional funding in 2023 to increase the availability of H@H services across the board area, The emerging model of H@H is as an enabler to support the delivery of acute level interventions in a domestic environment – including but not restricted to OPAT, Community Respiratory services, and heart Failure services. During 2023/2024 we will • develop a robust clinical governance framework to support the delivery of integrated H@H services. • Develop a suite of SOPs (Standard Operating Procedures) to support service delivery • Test a range of models of delivery • Agree a model for the implementation of H@H into the future • Develop plans to create sustainable services for all areas of Highland Within the integrated system described above there are several establish pathways: • Outpatient Antimicrobial Therapy (OPAT) • Community Respiratory Pathways • Community/Ambulatory Heart Failure There are interdependencies within all of the services in relation to workforce, finance, geographical challenge. However common to all of them are frail patients, typically older, that use their services. To ensure delivery of safe, sustainable services it is proposed to scope and create one Integrated Hospital at Home Service. The NHSH model will be based on frailty criteria to ensure the most appropriate patients can benefit from the service. Older people with frailty are the single biggest users of hospital beds and the fastest growing demographic. Across the UK the population of over-85s is predicted to double between 2018 and 2032
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure
	The Heart Failure team supports a portion of patients with heart failure due to significant resource shortages, making it difficult for them to provide remote or community heart failure assistance. We are still exploring the options for Heart Failure and but anticipate that this will be facilitated through the H@H roll out. People with Heart failure will be supported in the community as part of the roll out of H@H across NHSH. This includes clinical oversight via our cardiologists. NHSH have received details of the Hospital at Home Expansion programme and will consider the local expansion programme, focussed on frailty (Ref 2.4).

	A range of paediatric pathways are currently provided to help keep people at home. These include:- • Developing a H@H Nursing service in CAMHS for intensive treatments. We aim to have this in place by Q4 2023/24. This will be dependent on available workforce capacity • Home Support for Paediatric End of Life Care with a small team of Paediatric Community / Specialist nursing staff. The plan is to develop shared pathways with CHAS • Provision of 24/7 Home care for Children with Exceptional Health Care needs. These are individual child health packages, and we are looking at making the service more flexible to meet the ever-changing needs of this population • Where practical and clinically appropriate, the provision of Home IV therapy for patients who would otherwise require regular admission E.g. Cystic Fibrosis, where we train the parent through competency-based training with specialist nurse oversight.
Reducing Length of Stay: Rapid assessment and streaming Increasing proportion of patients on a short stay pathway	
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways. Response should include forecast reduction in length of stay through short stay patients being admitted into short-stay wards, and reduction in Boarding levels.
	Current improvement work at NHSH is focussed on: • developing plans which will include forecast reduction on length of stay through short stay patients being admitted onto short-stay wards and reduction in boarding levels. Metrics to this effect will be developed and reported as part of regular service/quality reporting. • agreeing and implementing streamlined pathways for ED admission into acute, including agreed fast track pathways. develop and test criteria led pathways from ED to AEC with ED access to RAC (AEC) within 48 hrs. We have defined pathway for referral and receipt of patients requiring non acute ongoing care e.g.: Community. Link to development of Flow and District Hubs. The current improvement work for rapid acute assessment and discharge (*High Impact Change 5*) is focussed on “Right Care, Right Place, Every Patient, Every Time” and Alternative Pathways to prevent admission to downstream ward areas. <u>General Admissions (GA)</u> NHSH will, by 31st July 2023: • improve pathways for acute receiving areas • improve Flow Group 3 performance from 30% to 50% Current improvement focusses in <u>GA</u> are: • Optimising patient flow by increasing the number of patients on a 0-48 hour/ short stay pathway • Moving from an ‘admit to assess’ model to an ‘assess to admit’ model • Alternative pathways to prevent admission to downstream ward areas where appropriate • Introducing clinical decision earlier in the pathway • Rapid access to a senior clinical decision maker We are measuring: • Flow Group 3 aiming to improve performance of flow group 3 by 10% by 31/05/2023

	• Median time of transfer (MTOT) from GA to downstream wards aiming to reduce MTOT from 5pm to 2pm by 30/06/2023 • Number of same day discharges aiming to increase the number of patients d/c within 23hrs by 10% by 31/07/2023 <u>Surgical</u> NHSH will, by 31st July 2023: • improve pathways for acute receiving areas • improve Flow Group 4 performance from 40% to 60% Current improvement focuses in <u>Surgical</u> are: • Alternative pathways to prevent admission to downstream ward areas where appropriate • Testing a safe to sit streaming area We are measuring Flow Group 4 aiming to improve performance of flow group 4 by 10% by 30/06/2023 <u>Ambulatory Emergency Care</u> • NHSH will, by 31st July 2023: • optimise patient flow by increasing proportion of patients on a RAC/short stay pathway by 10% • improve Flow Group 2 performance from 75% to 85% Current improvement focuses for <u>AEC</u> are: • Criteria Led Pathways for ED/Medical Admissions • Development of SAH/PE Nurse Led Pathways • Direct to ANP/Direct to Consultant Pathways • Abbreviated Assessment Documentation We are measuring: • Nurse led PE pathway aiming for ANP led pathway for criteria appropriate PE patients by 30/05/2023 • Abbreviated Assessment Document aiming to increase available clinical capacity by reducing time spent on clerking by 30/05/2023 • ED streaming aiming to increase the number of criteria appropriate patients streamed directly from ED by 30th April 2023 • Flow Group 2 aiming to improve performance of flow group 2 by 10% by 31/05/2023
Optimise Flow to align discharge and admission patterns	
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.
	NHSH will: • Detail the plan and actions in the return to SG on 30 June 2023 (Ref: Self-assessment and assurance for whole system discharge planning). • Implement an action plan to: 1. review and implement learning from their discharge event to embed improvements in an ongoing, 'business as usual' way 2. Put systems in place to provide the assurance necessary to confirm the measures set out in 'Getting the Basics 3. Right care consistently being applied

	4. assess NHSH's systems and processes in terms of acute discharge planning and apply the DwD toolkit in every inpatient area, community hospitals and other off-site bed 5. Set reduction trajectories at district level and monitored as part of our system response to improving flow. Review of community hospital capacity, bed utilisation and length of stay. • Implement digital solution to discharge communication using MS365 Discharge App to improve timely communication between acute and community services. • Implement a new process for identification and coding and reporting of DHDs to improve accuracy, visibility, and management. • Review of care at home capacity and unmet need to inform a plan to deliver most efficient use of care at home capacity. Capacity will also be remodelled to deliver wrap around care for prevention of hospital admission and discharge. • Review models for service delivery i.e., enablement and discharge to assess The number of patients experiencing delays to discharge continues to be a significant challenge. Whilst the number of Delayed Discharges (DDs) has reduced since the previous reporting period, the overall position remains variable. Capacity within care at home services also remains an ongoing challenge. Service redesign and development work continues, aimed at improving flow, reducing length of stay and DDs. This is a priority area of service development. A Discharge without Delay Delivery Group governed by the Urgent & Unscheduled Care Programme Board has progressed a model for discharge based on a whole system approach with the principle of community pull i.e., community services taking a lead role to pull people from hospital who are likely to require support in the community. Actions to date • Introduction of PDD (Planned Date of Discharge) setting at daily discharge huddles. Currently 80% of acute, community and mental health wards are participating in setting PDD and discharge huddles. • Introduction of daily multi agency decision making teams (DMT) in all 9 Districts. Their purpose is to triage to most appropriate support and to collective problem solve to enable flow. • Identification of minimum information to support communication for effective discharge. This is currently being developed into a MS 365 power app which will improve timing of communications and reduce duplication. • Reviewed process for identification, coding, and management of DHDs. Introduced daily meetings for oversight of DHDs in all Districts. • Temporary use of ward 5C for people that are delayed. This ward was operational for a temporary period from late December 2022 until 31 March 2023. Having a group of patients who were delayed cared for on one ward, whilst not without challenges, did enable strengthened MDT working with patients and their families and an enhanced focus to discharge planning. • Whilst we continue to operate several in-house interim beds throughout NHSH in additional to spot purchase from the independent sector as need and opportunity permits, the additional 25% SG funding enabled a further 5 interim beds to be purchased and utilised over the winter months.
Local Priorities	
	Urgent and Emergency Assessment in ED (*UUSC High Impact Change 4*) - Consistent, efficient & safe patient flow at the hospital front door Current Improvement Focus: • Redirect / Reschedule Where appropriate • Rapid Triage & early investigation • Streaming ED and minors' flow

	• Early SDM (Shared Decision Making) input to patient pathway • Accelerated investigations and results • Alternate admission pathways • Prompt speciality input when needed • Introduction of Phased Flow Model Aim - By 31st July 2023 Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group performance from 90% to >95% We are measuring: • Flow Group 1 aiming to improve Performance to >95% by 30/06/2023 • 12-hour breaches aiming for Zero waits over 12 hours in the core ED by 31/05/2023 • SAS turnaround time aiming to reduce SAS TAT to <30mins for all conveyances by 31/05/2023 • Triage target aiming for compliance of target to 95%pts triaged within 15 minutes by 30/06/2023
Best Start Maternity and Neonatal Plan	
2.8	Best Start Maternity and Neonatal Plan: you should continue to move to full delivery of The Best Start programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.
	NHSH will: • Implement a networked model of care with NHS Grampian. A standard business case was developed to support the implementation of a networked model of care with NHS Grampian as part of model 6 service features. The capital proposal as outlined in the NHSH business case will mitigate the inhibitors to the delivery of the Best Start principles through refurbishing an existing unit in line with Best Start strategic direction and will increase service provision that is midwifery led through establishing an Inverness-based Alongside Midwifery Unit. The refurbishment and establishment of the Alongside Midwifery Unit will support and facilitate patient-centred, individualised care delivery and will help contribute an increased capacity to meet the need of the networked, integrated model of care with NHS Grampian.

3 Mental Health

Improve the delivery of mental health support and services.

Live Well

No.	Board Action
	Improving Access to Services In 2023/24, all very long waits (over 52 weeks) to be addressed within CAMHS and PT and demonstrable progress towards meeting and maintaining the 18 week waiting times standard within both services.
3.1	Outline your plans to build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT and actions to meet and maintain the 18-week referral to treatment waiting times standard.
	Psychological Therapies and CAMHS NHSH will: • Continue and progress the implementation of the action plans to improve waiting times to meet the national standard • Monitor progress towards planned trajectories – Ref Appendix 2 NHSH are in the process of delivering on an improvement plan for Psychological Therapies to reduce waiting times. This plan has been reviewed with Scottish Government quarterly. Summary of key points of the plan: • Following a gap analysis, an initial diagnostic plan was submitted in March 2022 by the Director of Psychology for NHSH where the 3 overarching themes were identified: data, infrastructure, and cross-system working. Given the priority of the challenge, a programme team was established to support a full improvement plan being developed. • NHSH is committed to improving waiting times and performance for Psychological Therapies as a key element of our overall strategy to support the consistent and equitable delivery of services. Recruitment has progressed within Neuropsychology. Vacancies in Psychological Therapies are still present. • A core element to the plan is listening to lived experiences to ensure service user outcomes and satisfaction feedback are used as part of routine practice and embedded in continuous service improvement. This is supported through the development of the NHSH Mental Health and Learning Disabilities Services Framework (aligned to the Together We Care NHSH 5-year strategy) which involves engagement and feedback from those with lived experience / workforce/ partners / 3rd sector across all MHLD services, working towards a more cohesive and informed health and care service. • NHSH have implemented a clear governance structure with the Mental Health and Learning Disabilities Programme Board reporting to the Performance Oversight Board, who will closely monitor performance and implementation. • Psychological Therapies Steering Group has embedded. This group is held accountable through the Programme Board and is responsible for the operational delivery of the improvement plan. • A data dashboard has been developed to reflect the KPIs identified and those required for reporting to Scottish Government. Additionally, Planning and Performance, eHealth and Strategy and Transformation working towards delivery of digital initiatives and prioritising resource to achieve these. • NHSH working through the identified gaps and priorities identified in the original improvement plan and measuring success for our service users through the agreed key performance indicators. • The waiting list and long waits have reduced (see below) through looking in-depth at our capacity and demand to support our referral, engagement, and treatment process:- ○ CAMHS Waiting Times (Total Patients Waiting):- ▪ Total: 779 in April 2022 - 433 in May 2023 • North Highland: 522 in April 2022 - 336 in May 2023

- Argyll & Bute: 257 in April 2022 - 97 in May 2023
    - Psychological Therapies Waiting Times (Total Patients Waiting):-
        - Total: 2,072 in April 2022 - 1198 in May 2023
            - North Highland: 1,778 in April 2022 - 947 in May 2023
            - Argyll & Bute: 294 in April 2022 - 251 in May 2023
- The workforce model is under review to develop alternatives that focus on best value and utilisation of skills from our existing and future workforce.
- NHSH is working closely with our third sector colleagues to ensure we work as a whole system approach and to ensure we utilise all expertise to support our service users.
- framework for the development of career progression for Psychological Therapies
- Further development days scheduled to progress service development
- Develop trajectories and workforce models

CAMHS

NHSH are in the process of delivering on an improvement plan based on our commitment and the actions being taken to improving Children and Adolescent Mental Health Services across NHSH. This plan has been reviewed with Scottish Government quarterly. Summary of key points of the plan:

- NHSH are committed to an outcomes for children and young people approach as a key element of our overall strategy
- As part of this we consider a core element to our plan moving forward is listening to C&YPs lived experiences and we are developing plans with our public engagement professionals to embed this
- We are committed to implementing “The Promise” (Scottish Government, 2020), which underpins the need for intensive family support, a whole systems approach and the need for collaborative commissioning and engagement to deliver solutions.
- We have implemented a clear governance structure with a CAMHS Programme Board that reports to the Performance Recovery Board to monitor closely, implementation to benefit C&YP
- The leadership to CAMHS is important to us clinically and managerially therefore to implement effectively we will continue to meet weekly until we are assured this can be reduced to a more business as usual approach
- We have assessed ourselves against the service specification and identified the gaps and priorities and have a clear improvement plan that identifies measures of success for our C&YP through agreed key performance indicators derived from the improvement plan
- We have looked in-depth at our capacity and demand to support our referral, engagement, and treatment process to ensure we are meeting the needs of our C&YP who have experienced significant delays and are committed to meeting the 100% target by May 2026
- We are reviewing our workforce and funding model to develop alternative model that focuses on best value and utilisation of skills from our existing and future workforce benchmarking with other boards across the UK to learn from innovative approaches
- We are now working closely with our Highland Council colleagues to ensure we work as a whole system approach and to ensure we utilise all expertise to support our C&YP and support all tiers of delivery
- We will provide as part of this strong clinical leadership through a Deputy Medical Director to develop clear job planning to support our clinicians
- We are working with a temporary executive nurse to develop our nursing framework to support career progression and alternative role, and with our Director of Psychology to develop a framework for the development of career progression for Psychological Therapies – this will be in line with the National Specification for Delivery of psychological therapies and interventions, expected to be published in September 2023.

	To deliver services that meet standards The Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications outlining provisions young people and their families can expect from the NHS were published in February 2020.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.
	NHSH are engaged in improvement work to reduce Child and Adolescent Mental Health Service (CAMHS) waiting times and meet the standards of the Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications, thereby improving the quality of care provided to children, young people and families who require our service. We have taken an "outcomes for children and young people" approach across our improvement plan to ensure we describe the benefit of our actions and measure success for our children and young people. A key aspect of this is listening and learning from C&YP and their families and we have engaged with our Communications Department, our Patient Experience Lead to develop a clear model of how we will work closely to ensure we have a clear engagement framework moving forward aligned to our strategy development. Engagement regarding service experience and improvement has been completed in the form of a survey for service users and their families. The information from this has been thematically analysed and will form the basis for Highland CAMHS service improvement, in line with national specifications. Scottish Government funding provides the opportunity to expand our team to sufficient levels to meet the core needs of our patients and we are mindful of the recruitment challenges and are looking at alternative models of care that will provide value to our C&YP. We recognise the importance of collaborative working to support children and young people across NHSH to ensure we have early interventions and de-escalation support to our C&YP with mental health challenges therefore our partnerships with Highland Council, third sector and our regional partners must be considered to ensure sustainability and resilience within our CAMH services. We are committed to adopting a commissioning approach at all levels to ensure we are all clear on delivery and utilising all areas that can contribute by a more structured approach. We are also clear that continued monitoring and leadership is required on a consistent basis to the CAMH team to support them with delivery of their service. We have embedded a clear line of sight from the improvement plan to our women & children's service/CAMHS Programme Board but also reporting to the performance recovery board as part of RMP4 to ensure we have oversight and management of risks. This provides assurance around the actions we are taking. The North Highland CAMHS service has never achieved the staffing complement required for our population and our ability to achieve the RTT has been fragile and quickly influenced by changing staffing levels. The pandemic has exacerbated this situation due to several factors including the pausing of routine care and increases in demand across all service delivery areas. Our team has also experienced a high level of staff turnover in the last year, depleting our capacity further. Additional recruitment to our nursing cohort has been successful. The team are committed to the implementation of the Child and Adolescent Mental Health (CAMHS) and Neurodevelopmental Specifications through the improvement work associated with the recovery and renewal plan and funding, which offers us the opportunity to create a service which delivers high quality care in an accessible and timely way to the children and young people of North Highland. In Summary:- 1. CAMHS trajectories submitted June 23 for north Highland and Argyll & Bute areas. Risks detailed in implementation plan April 23, and mainly around workforce availability. 2. Pan-Highland, NDAS revised delivery model is in development in Q2 2023/24 with expected implementation thereafter.

	We meet monthly with the SG Mental Health Directorate to discuss delivery, demand and capacity, risks and mitigation, for both PT and CAMHS. Additional information is included in the recently submitted year end return for NDAS and CAMHS.
	Data–engagement with PHS to improve quality of data A core dataset –the CAHMS and Psychological Therapied National Dataset (CAPTND) has been developed and PHS has been working with all NHS Boards to put in place a robust collection to provide intelligence at an individual patient level. It was expected that the full core dataset would be routinely collected and reported by Boards by 2022
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.

	CAPTND Data set
	NHSH will:
	
	Continue to work with national contacts and local services to develop the systems necessary to capture the CAPTND data set. A working group has been established with support from PT Clinical Director, Planning and Performance, Strategy and Transformation, eHealth, and national colleagues to address the data issues.
	
	NHSH currently has the capabilities to deliver 25 of the data sets required. For the remaining 12, a form to capture and report is being developed within NHS Greater Glasgow and Clyde. The suggestion (supported by NHSH) is that this will be implemented nationally, so that all Boards, where possible, are working to the same process. Similarly, an SOP is being developed to ensure alignment for use and reporting.
	
	eHealth colleagues are aware of the changes that will be required to the TrakCare system, and are prepared to schedule these in, given the priority.
	
	At present, NHSH expects to meet the deadline for capturing the CAPTND dataset by September. This is partially dependant on the coding and form work being undertaken by NHSGGC, but we are supporting colleagues from other boards, and them us, wherever possible.
	
	Data Quality Improvements
	NHSH will:
	• implement an action plan to improve data quality. The workstreams are:
	  ○ Required Trak Changes
	  ○ Standardising Trak use
	  ○ Data Dashboards SLWG
	
	Electronic Patient Record
	NHSH will:
	
	• Introduce a one source of truth for the Electronic Patient Record (EPR).

	Programme for Government – Mental Health Spend
3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%. Boards are also asked to include within their return current percentage of total front line spend and the planned trajectory towards the 10% and 1% target.

	NHSH fully uses its allocations to deliver and develop our services. Details of MH spend have been recently submitted and highlighted the financial pressures that all Boards are facing in service delivery. 1. The profile of NHS Highland MH Budget for 22/23 is as follows:- • Acute Services £3.7M • Argyll + Bute £17.5M • HHSCP (north Highland)£45.2M • Support Services £8.7M ○ Grand Total £75.1M Core Funding 22/23 as per the Financial Performance Return (FPR) is £725.8M. Therefore, MH Spend as a percentage of Core Funding is 10.35% 2. The spend for CAMHS for 22/23 was 0.50%, with the plan to increase in 23/24 due to further recruitment and engagement of 3rd party services.

4 Planned Care

Recovering and improving the delivery of planned care

Treat Well

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Board Action
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care. CfSD are working with Boards that already have developed plans to target increasing throughput in first instance
	NHSH will: • scope theatre space and capacity across the system Once scoping is complete, we will have a better understanding of the potential for NHSH to continue to roll out the hospital within a hospital approach. This is dependent on the anticipated improvements to patient flow as part of the Urgent & Unscheduled Care programme. • continuing to develop of our modular day case theatre and work with specialties to ensure we make progress towards the British Association of Day Surgery (BADS) targets • review the OPEL response within Urgent and Unscheduled Care with a view to protecting elective surgery at times of high system pressure
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.
	As with 4.1 above, NHSH has plans to make significant process with Day Surgery in NHSH in 23/24. This is being done per specialty supported by improved coding and clear expectations with staff and patients regarding day surgery.
4.3	Set out the plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks. Responses should include forecast reductions across specialties and in theatre productivity, day case activity or start and finish times. In addition, set out forecast increase in activity for certain procedures to levels recommended by Royal Colleges.
	NHSH will: • reduce variation through focus on the CfSD Heatmap. This is based on the following procedures and targets for 23/24 and will be monitored via the CfSD return: • 48 - Arthroplasty - Hip • 48 - Arthroplasty - Knee

	• 182 - Laparoscopic cholecystectomy • 3 - Laparoscopic hysterectomy Local data for day case procedures is being developed and targets with each specialty will be developed. Current working is with ENT with a view to Urology and Gynaecology will be the next specialties supported to improve their rates against the targets. In addition, NHSH is improving theatre scheduling with the development of several digital tools and software purchase. This includes: • Electronic Common Admissions document • Theatre Picking List • Infix theatre scheduling tool NHSH anticipates a productivity gain of 15% (1,700 patients) per year once live.
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.
	NHSH will: • Validate all patients in NHSH who have waited over 52 weeks for surgery through the Patient Hub app. The product is currently being developed and aligned with IT systems and will go live in May 2023 as part of a phased roll out across all acute specialties. This will enable further engagement with NECU and make use of clinical validation being developed. Waiting List validation is also in place for new outpatients and in the process of being rolled out for return patients. NHSH is seeing a return of approximately 10% of patients contacting requesting to be removed from the waiting list.
	Local Priorities.
	In addition to the activities NHSH will undertake to support the delivery of the national priorities, local Scheduled Care priorities for 23-24. Are: **TTG** • Theatre systems review to ensure timely, accurate information to support patient care • Develop sustainably staffed services by introducing Advanced Practitioner (Surgical, Anaesthetic Care, etc) roles **Outpatients** • Standardised clinic booking processes to ensure slots maximised and compliance with waiting times legislation and guidance, and as preparation for patient online booking of appointments • Clinic utilisation reporting to enable improvements at a service level • Patient Hub Letters Module to ensure accuracy and consistency of information sent to patients about their appointments as well as reducing the administration requirements • Ensure clinically appropriate referrals by continuing to develop ACRT processes and rolling out Patient Hub waiting list validation for new outpatients • Improving value of return appointments for patients by enhancing Patient Initiated Review processes and implementing Patient Hub waiting list validation for return outpatients • Improve general outpatients clinic utilisation to see more face-to-face patients with development and implementation of Charter and timetable

	Diagnostics • Implement digital pathology to ensure reduction in outsourcing costs, maximising capacity and efficiency • Develop methodology to allocate radiology reporting across the system to increase utilisation and throughput • Utilise AI technologies in radiology to increase productivity • Establish a third MRI to support reduction in outsourced van costs and increase capacity **Activity Plan** • Scheduled Care activity and recovery plan, reducing waiting lists and times

5 Cancer Care
Delivering the National Cancer Action Plan (Spring 2023-2026)

Journey Well

No	Board Action
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives
	NHSH will: • Review the waiting times for cancer referral pathways to ensure consistently: **MRI, CT and Ultrasound** Waiting times for each of these modalities are monitored on a weekly basis as part of the PTL (Patient Targeted List) discussions with escalations as required. The review of Timed Pathways as part of the FECM compliance also provides an opportunity for review and there are specific areas of work focusing on maximising the use of One Stop services as a principle for Urology tumour types. **MRI** Work is being done on implementing AI solutions to increase patient throughput. Initial meeting regarding installing a radiotherapy MRI scanner which on installation will provide some extra diagnostic capacity. Work will start shortly on looking at the options of extended working days and the staffing model required to support this **Cystoscopy** It is essential that a two week wait to Cystoscopy for USC referrals is adhered to and an AccessQI project to review D&C within the Haematuria Pathway is near completion. This is expected to require the establishment of an additional list per week. **Endoscopy** NHSH is grateful for Scottish Government funding to improve our Endoscopy services which contribute to our cancer priority. We now have a fourth Endoscopy room fully built and providing additional capacity as planned. We have developed a single NHSH wide Endoscopy service which will standardise patient access across the NHSH area. There has been significant improvement in Endoscopy waiting times in the current financial year, continuing to give priority to patients with urgent suspicion of cancer. This is balanced with those patients who are clinically suitable for training sessions. Colon Capsule Endoscopy continues to be offered to patients vetted as urgent suspicion of cancer and therefore increases the capacity for any patient requiring optical endoscopy. The funding for capsule, reading and delivery of service is due to expire 31st December 2023 from Scottish Government. **Pathology** The department utilises outsourcing to help bridge a capacity shortfall related to vacancies in consultant pathologist workforce. As a result of this shortage there are capacity constraints in dealing with the specimen dissection and sampling and with in-house capacity for urgent cases. Whist the capacity of outsourcing companies is not immediately of concern the turnaround times for cases reported externally is problematic due to the high usage by NHS organisations across the UK and worsened by the current need to send the physical microscope slides via couriers or Royal Mail. Digitising the slides and transferring the images electronically is a medium-term goal as this would reduce turnaround time by 2-4 days and reduce the administrative burden

	within the department. In parallel the department is trialling alternative providers to support the service in key areas such as dermatopathology. **Breast Screening** NHSH is implementing a breast screening modernisation programme and work is ongoing with national colleagues to implement these recommendations country wide.
5.2	Plan for continued roll out of RCDS's - both Board level and regional approaches will be required.
	NHSH will: • establish a SLWG to review how we can make a Rapid Diagnostic Centres (RDCs) live. Focus is on those vague symptoms which would not fall into a specific tumour type or have increased emergency presentation to help diagnose patients more quickly and accurately. The model will be used to improve the diagnostic experience for patients who are suspected of having particular cancers including pancreatic, HPB, ovarian, UGI but also CUP which we know has a decreased experience for patients. • work collaboratively with the North Cancer Alliance to identify opportunities to work across boundaries and utilise skills and experience across Board boundaries.
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management
	Those elements of the FECM which are recurring will be updated to Scot Govt within a quarterly return on our compliance. It is planned that we will be substantially compliant by end of August. Our Action Plan was submitted in June 2023, with positive feedback.
5.4	Outline plans to improve the quality of cancer staging data
	NHSH will: • continue to engage in cancer audit process and continue to routinely collect cancer staging information data which is often required to allow QPI outcomes to be generated.
5.5	Confirm you have: • Implemented or have plans to implement provision of single point of contact services for cancer patients • Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways • Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways • Embed the Psychological Therapies and Support Framework • Signposting and referral to third sector cancer services embedded in all • cancer pathways In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme
	Plans will need to be developed as part of our medium-term plan, to provide patients with cancer access to Psychological Therapy and support. It is envisaged that this will need significant funding and workforce requirements. Currently there is some psychological provision by Maggies, and we need to review this in light of embedding the PT and Support Framework.

	In Summary:- 1. Gap analysis of currently available PT resource will be developed over the medium term (e.g. third sector, CNS, online provision of CBT etc). There is already some provision of psychological support for our patients. 2. We will continue to develop Home Support for Paediatric End of Life Care with a small team of Paediatric Community / Specialist nursing staff. The plan is to develop shared pathways with CHAS during 2023/24.

6 Health Inequalities

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

Stay Well, Anchor Well

The NHSH plan already covers the areas specifically highlighted by SG, including:-

- Treatment waiting times standards will be achieved through a detailed improvement plan to include embedding digital options, continuous monitoring and reflection on sustainment, continuous risk assessment and performance review - this will be for both drug and alcohol treatment. Treatment for alcohol problems continues as a priority as the main drug of choice in Highland
- Residential rehabilitation is covered in the plan. In partnership with commissioned service, we will review the Highland residential rehabilitation pathway with the aim of increasing choice, capacity and improved access for those most in need. This will commence Qtr 3 2023-24
- Monitoring of trends - we continue to improve regular multi-agency drug trend bulletin, HOPE App and other resources and interventions to respond to emerging trends and harms
- Continue improving regular multi-agency drug trend bulletin, HOPE App and other harm reduction resources and interventions. For example, the HOPE App is being updated to include more information on cocaine use as it's been identified by services as more prevalent among clients
- Work with localities across Highland to develop localised delivery plans to achieve MATS 1-10 by April 2024. MAT standards operational and oversight groups in place and monitoring progress. Progress will be monitored via North Highland MATS Implementation Group which is overseen by NHS Highland MATS Oversight Group.

No.	Board Action
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report
	With our Inequalities Action Plan, which focuses on eliminating disparities related to health screening, NHSH will demonstrate reduced screening inequalities. NHSH will implement the Scottish Government's women's health plan to enhance healthcare for women or individuals who identify as women. In order to advance the priorities, set by the Scottish Government in all pertinent care sectors, NHSH has appointed a Women's Health Lead for NHSH and are continuing to collaborate closely with Scottish Government policymakers. Included in the priorities for this year are improved access to specialist menopause services. Waiting times have reduced for this during 2023. Sexual and reproductive health is also a focus of the women's health plan, and there is close working with the lead sexual health consultant and lead gynaecology consultant to ensure all actions relating to these are addressed. NHSH have a continued focus on providing equitable access to health care for all protected characteristics. 1. Our work around Poverty includes: - Midwifery and Health visiting financial inclusion pathways - Promoting uptake of Best Start grants - Delivering Money Counts courses to staff - Promotion of the Worrying about Money app - Pilot project of welfare advice officers in GP practices - Child Poverty Action plans

	2. To tackle race / racialised inequality, our work includes: - Equalities and Human Rights stat/man training for staff - Health inequalities training - Review of corporate induction - Work with Gypsy/Traveller communities Our Equality outcomes and mainstreaming report provides an update on actions taken to achieve our equality outcomes in order to meet our statutory requirements under the Scotland Specific Duties of Equality Act 2010.
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions. This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards. Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.
	NHSH have: • extended the work of the MATs delivery groups to include those in Prison and Custody Care • set-up the Health and Healthcare Prisons group with supporting action plans • committed to transitions and associated care which is being worked on with General Adult MH colleagues • ensured that general DARS (Drug Alcohol Recovery Service) support or MH support can be accessed on a more general level for those exiting prison or custodial We have identified issues with Sexual health screening for those in prison or custody, but there is a plan in place now to rectify **Current Status of service:** • Recent introduction of a Prison Healthcare Group to develop plans to address unmet need; develop standard pathways & smooth transitions between community and prison settings • Proactive identification of individuals at risk of drug related harm, offering harm reduction advice regardless of settings. This includes close working & onward referral to community services on leaving custody / prison • Full health needs assessment whilst in prison and referral on to in-house healthcare. • Multidisciplinary health care team in prison, including general and mental healthcare, drugs and alcohol specialised staff • Weekly forensic psychiatry hours in reaching to HMP Inverness • Recruitment of Cognitive Behaviour therapist into HMP • Monday – Friday contracted GP visits into healthcare wing HMP • Access to SCI store to share information between community / custody and prison settings • Strengthened links between custody and NHS Highland Mental Health Assessment Unit. This offers support, advice and onward referral for specialised mental health assessment where required. **Planned:** • Develop standard referral pathways between custody / prison healthcare & mental health, drug & alcohol recovery service and specialised services such as palliative care services and sexual health • Offer sexual health screening for all individuals entering prison • Investment to secure dedicated specialist pharmacist and drug and alcohol psychiatry sessions into prison health care

	• Introduction of a MATS Implementation Group to ensure MATS compliance within custody & prison healthcare settings **Challenges** • Different IT systems to record patients' healthcare interventions whilst incarcerated. Seeking to explore whether NHS Highland Drugs & Alcohol Team electronic record can be introduced into prison / custody setting which would ensure continuity of care, regardless of settings. • Risk that people can slip through the net regarding onward referral for healthcare needs if an individual is released directly following court appearance. We will develop plans and new ways of working to address this. In NHSH, the lead for prisoner healthcare and those in custody is the Older Adult MH Service Manager and is supported by our MH service team. The Executive Lead assigned to Prison Health is the Chief Officer of Highland HSCP (Health and Social Care Partnership). Prison & custody healthcare is integrated within addiction mental health & addiction services in North Highland. There are 4 separate work streams in place to respond to national recommendations and best practice for prison and custody healthcare. This includes a review of all pathways with the aim of ensuring seamless access / no wrong door approach by 3rd quarter of 2023/24. To enable this, we will determine IT solutions to improve direct access to electronic systems / information sharing between primary care, secondary care and & prison and custody settings. This will be achieved by inclusion of prison and custody healthcare into NHS Highland digital planning project. This project is due to commence July 2023. Prison and custody healthcare leads are fully integrated into NHS Highland MATS service delivery planning. Actions and milestones - Prison and custody health care will be fully compliant with relevant MATS by April 2024
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation
	NHSH will: • embed the Planet Youth model in prevention and education programmes across Highland by conducting lifestyle survey bi-annually and compare results. The model aims to demonstrate reduction in risk factors. We shall gather experiential data and secure additional resource to support roll out of this model • achieve treatment waiting times standard This will be achieved through a detailed improvement plan to include embedding digital options, continuous monitoring and reflection on sustainment, continuous risk assessment and performance review. NHSH have delivered an implementation plan to sustain and improve MAT standards 1 - 10 and shall undertake continuous monitoring.
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan
	In order to advance the priorities, set by the Scottish Government in all pertinent care sectors, a Women's Health Lead has been appointed by NHSH Included in the priorities for this year are improved access to specialist menopause services. We have reduced waiting times for this during 2023 but will continue to further drive down these waiting times. NHSH has representation on Scottish Governments national workplace policy for menstruation and menopause.

	Collaboration between Scottish Government women's health team and NHSH team is positive, and the plan is being communicated organisation wide via employee newsletter.
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.
	A lead for the development of the Anchors strategic plan has been identified (Head of Strategy and Transformation) in NHSH who will work with Scottish Government guidance when it is published. Ahead of the strategic plan NHS has: • Developed an action plan for the implementation of community wealth building will be delivered by NHSH by October 2023. We will map out every resource that the community has to offer in order to identify any potential gaps. Partners from the community and the third sector will work together on this project. The plan will contain considerations for our workforce, procurement and our estates partners embedded throughout. • committed to facilitating the development of Community led hubs. Starting with Hubs in three pathfinder areas, Caithness, Lochaber, Nairn. Hubs will be co-produced with all relevant stakeholders to provide asset-based conversations, signposting and advice in a holistic way making best use of technology to have strength-based conversations. Additionally, NHSH will promote the nationally created community benefit portal for neighbourhood community organisations this year.
6.6	Accessibility to services is as an integral part of healthcare, and NHS Boards should give consideration to transport needs in the planning and delivery of services. This should include consideration of how best to work with Regional Transport Partnerships (RTPs) and transport officers from local authorities. Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.
	In NHSH we pay for travel expenses within the YPFF criteria upon receipt of journey details and relevant documentation. Our Finance team can also help with booking travel on behalf of the patient. The high-level process is that the patient's relative completes the form which is signed by the ward / consultant and then this is taken to the cash office where it is paid and recorded. In addition, our website contains information on what can be claimed as part of our contribution towards travel expenses within our Policy of Financial Assistance to Support Travel to and from Hospital. Patients can access immediate refund of travel expenses from cash office located within Raigmore Hospital. NHSH will: • continue to work in partnership with Sustrans • continue to develop locality driven, for example with service redesign in Caithness and Lochaber. This is coordinated via HITRANS and The Highland Council in north Highland. Various local initiatives are in place to develop and support patient transport services and active travel across the area mainly covered by NH Transport and HITRANS, with some financial support from NHSH. • develop a Highland plan to reduce geographical variation.

7 Innovation Adoption

Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

Progress Well

No.	Board action
7.1	Boards to set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.
	All patients in NHSH who have waited over 52 weeks for surgery will be validated by the Patient Hub app. The product is currently being developed and aligned with existing IT systems and will go live in May 2023 as part of a phased roll out across all acute specialties. NHSH have implemented Waiting List Validation for new outpatients and this will be rolled out for return patients. Currently, a return of approximately 10% of patients contacting are requesting to be removed from the waiting list. NHSH have 2 executive CfSD leads and we have programme boards with dedicated programme managers and team to execute these. NHS Highland is focused on continued engagement with CfSD, particularly Heatmap reportable initiatives, ANIA and NECU. NHSH supports the SBRI Programme through SHIP, supports projects being supported by ANIA (Accelerated National Innovation Adoption) (for example, the asynchronous diabetes app project) and by the Centre for Sustainable Delivery (which is led by ANIA). RDI seeks to directly support by the utilisation of staff and resources, the development and delivery of national adoption of innovations. NHSH is engaged with the ANIA programme with senior staff directly linked in with the ANIA and CfSD team. In addition, via the Digital Leads there is engagement with the ANIA programme which has resulted in medium term work being initiated on Infix (Theatre Scheduling) and Digital Dermatology. Current work includes rollout of the dermatology app. This has been supported through its development by staff in NHSH dermatology, and RDI have recently had discussions both with the ANIA and NHSH dermatology teams to determine when NHSH wants to roll out this national programme, and for RDI to assist in the delivery of this through pathway mapping for the dermatology department. Also, in the ANIA process but still under review is the Scot Cap (Colon Capsule Endoscopy) project and process - this is already operating in 10 HBs in Scotland and the project will be reviewed to determine whether further support is available to achieve national roll-out. NHSH RDI remain committed to support national projects through the ANIA process by deploying staff and resources through the national CSO funded test-bed system.

	Research Development and Innovation (RDI) reviews innovation opportunities in several ways. We have a triage process that assess the potential and risk for all business contacts made to us to ensure we do not get involved in anything that poses a high risk without equal benefit. The Innovation Infrastructure Group (IIG) that involves 6 departments (RDI, eHealth, TEC, Procurement, Medical Physics, Estates, Environment and Sustainability) meets to review all innovation activities new to NHSH and follows a decision process whether to support or not. Innovations likely to have high impact are supported through the national processes and are also supported in NHSH through the utilisation of the RDI Innovation Team and/or funding from the NHSH Innovation Testbed.
7.2	Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.
	NHSH continues to collaborate with a variety of national organisations and promote this to share best practice and shared learning opportunities and enhance innovation. NHSH RDI works as part of the North of Scotland Innovation Group (Hub) through regular Network meetings, as part of the North of Scotland AI Strategy and through funding from the CSO. We are also part of the SHIP SBRI (Small Business Research Initiative) Programme, and work with DataLab, DHI (Digital Health and Care Innovation Centre), CENSIS and other Innovation Centres in Scotland to design, deliver and generally support scaled innovations. To assist in reducing the barriers to national adoption RDI in NHS Highland supports the SBRI Programme through SHIP, supports projects being supported by ANIA (Accelerated National Innovation Adoption) (for example, the asynchronous diabetes app project) and by the Centre for Sustainable Delivery (which is led by ANIA). RDI seeks to directly support by the utilisation of staff and resources, the development and delivery of national adoption of innovations. Example collaborations include: • Collaboration with University of Strathclyde on systems engineering innovation hub for Multiple long-term Conditions (SEISMIC) Programme • Waiting list validation to support NECU • National learning and adoption of NTCH innovation and theatre scheduling <u>Palliative and End of Life Care – InAdvance</u> • A palliative care needs assessment to improve Quality of Life. To date, it has directly benefited 62 NHSH patients, leading the development of clinical guidance for European colleagues for early palliative care. This will be evaluated across Europe before implementation and publication of European guidelines for palliative care. • We are looking to develop further palliative service research projects in 23-24 <u>Support delivery of mental health services and wellbeing</u> • Short acceptability trial for use of Virtual Reality (VR) to reduce anxiety for surgical patients. • Ongoing weekly staff stress reduction trial. • Anaesthetic VR trial for patients undergoing knee replacements at NTCH, to assess positive outcomes, through 23-24. <u>Supporting remote and rural through drones, transport and technology</u> • Part of £10m Once for Scotland CAELUS2 trial, via UK Gov and CAA. One live trial likely in 24-25, for blood sampling across west Morayshire, Nairn and Raigmore. • Other drone trial in early planning stage, possibly to go live in 24-25. • Remote monitoring agenda to be developed. <u>Remote treatment – ScotCap (Pillcam), ultrasound and ECHO</u>

- Pillcam now ScotCap is being reviewed by ANIA for national rollout. ScotCap reduces patient travel and the need for intrusive colonoscopies for many patients.
- AEIC trial is using machine learning and Artificial Intelligence with 9 algorithms to speed up diagnostics obtained from colon capsule endoscopy to identify key images for further human investigation. This work will develop national systems and pathways.
- Ultrasound / ECHO robotics is being tested in Golspie. Business case under development. This is a remote diagnostic tool. Originally tested in Raigmore and Caithness for trauma, fracture etc. Golspie is being used to test remote imaging, and could be valuable in rural and remote areas to reduce patient and clinician travel

<u>Zoonotic disease – The Lyme supply chain</u>

- Working with Pfizer and with primary care, initially in NHSH and now across NHSS. We have looked at quality and quantity of incidence of Lyme disease data and demonstrated more understanding of the incidence of disease. Now working through 23-24 on 3rd stage with 1,000 cases across Scotland to help us understand tick entomology.
- EU /EAA funded NorthTick project is focusing on diagnostic and more sensitive Elizas research. NHSH recently hosted 150 strong international conference, as we are a world leader in this field.
- Alpha-Gal syndrome - tick condition research. Developing pilot 23-24.

<u>Non-clinical innovation</u>

- Working with Tiny Air - automation and fast pre-cleaning of surgical instruments. This is done with cold not hot water, therefore is environmentally beneficial, and saves staff time. This is likely to reduce the rejection of unclean apparatus and will speed up the cleaning process.

<u>Sterile water</u>

- 40k litres bought each year in NHSH for a variety of clinical uses. We are developing a trial with a company that can provide sterile water at significantly reduced cost to existing suppliers. This might lead to patient trials e.g., in dental, and could lead to environmental benefits as well as cost savings.

See also section 9 – digital delivery

8 Workforce

Implementation of the Workforce Strategy.

Grow Well, Listen Well, Nurture Well, Plan Well

No.	Board Action
8.1	NHSH workforce strategy is embedded in the Board's Together We Care strategy under the four "people" ambitions:

5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

NHSH have had some significant achievements to date with improved leadership, governance and culture as expressed below:

- We have the first independent Guardian speak up service in Scotland
- We have 24/7 Employee assistance programme
- Whistle blowing standards are working well
- We are embedding learning from the healing process
- The early resolution toolkit has been rolled out with increasing uptake of early resolution
- The Leadership and management development programme is embedded
- NHSH is a Pathfinder for new blueprint for Good Governance
- We have launched an All-Colleagues induction

In terms of Capacity and Recruitment

- Turnover is 9.5% (down from 11% in April 2022)
- More than 30% of our workforce is aged over 55
- We are experiencing an increased rate of early retirement with the average age of 68 in 2016, now down to 61
- Our absence rate is below Scottish average but remains challenging
- We are experiencing vacancies on some challenging areas

- We have seen success in NTC (National Treatment Centre) recruitment and overseas recruitment and will leverage learnings
- We have had successful collaborations with NES and UHI (University of the Highlands and Islands) and will leverage learnings
- Housing in remote and rural areas remain a challenge and impact recruitment

We will address issues and continue to improve in specific areas with our Workforce Plan aligned to our Together We Care Strategy. Our current workforce plan position is outlined below:

Strategic Ambition	Ambition No.	Ref No.	Deliverable	Action
Grow Well	5a	5a.1	Talent - succession planning, talent pool	We will roll out our newly developed training for PDP&R to all managers in the organisation by the end of December 2023. We will complete our options appraisal for the right succession planning and talent management tools, with the aim of piloting the approach with a completed review by the end of March 2024.
Grow Well	5a	5a.2	Management development – OfS policy implementation, essentials of management	We will ensure that managers have the core learning they required through the ongoing development and delivery of our Essentials of Management programme and other core learning.
Listen Well	6a	6a.1	Service Centre/Single Point of Contract	In collaboration with e-health colleagues we will identify and develop people workflows for ServiceNow by end of Sept 2023. We will develop a workforce model for the service centre, scoping the people processes involved and begin a pilot by the end of Dec 2023.
Listen Well	6a	6a.2	Process and quality improvement work	We will complete the recruitment rapid process improvement workshop by end of September 2023. Following which we will review, prioritise and implement, actions and recommendations. and prepare a programme of work We will set up a short life working group to review our processes around pay protection and agree a plan of work with the aim of completing that work by the end of end of March 2024.

Listen Well	6a	6a.3	Intranet and website development	We will work with colleagues in our website management team to develop an approach that ensures our people policies, processes and guidance information is available to all employees 24/7 365 days a year at a time that suits them.
Nurture Well	7a	7a.1	Equality/diversity and inclusion	To ensure We have clear understanding of and access to our diverse population across Highland and we know how they would like to engage with us and be supported and contributing towards driving our diversity agenda, we will develop and set up a network of forums each with workplans and priorities set by end of March 2024. In line with our Data Quality Assurance Framework noted under 8a.3 we will launch a campaign for employees to update their ED&I data on e:ESS.
Nurture Well	7a	7a.2	Onboarding review/introduction of onboarding approach	In partnership we will amend our Induction Policy by end of September 2023 to commit to undertaking an onboarding survey for all new start employees to the board. We will collate and analyse the feedback gained from the onboarding surveys and build a programme of improvement work for onboarding by the end of March 2024.
Nurture Well	7a	7a.3	Employability – Socially responsible recruitment/corporate responsibility	Recognising our role as an Anchor Institution within Highland and Argyll and Bute, by March 2024 we will develop a Socially Responsible Recruitment Strategy that reflects our commitment to both providing sustainable employment opportunities and supporting those who require it into sustainable employment with NHS Highland. (Refer across to Social Mitigation)
Nurture Well	7a	7a.4	Develop and implement Health and Wellbeing strategy (Bob)	By the end of March 2024, we will have developed and implemented a Health and Wellbeing Strategy for NHS Highland.

	Plan Well	8a	8a.1	Career pathways – apprenticeships, succession planning, talent pool	Following collaborative work with SDS, DYW, UHI, Highland Council and NHS Highland, By the end of September 2023 we will have inducted and supported the first set of students onto the new health and care apprenticeships pathways. By the end of December 2023, we will have published an Apprenticeship strategy that reflects our position as an Anchor institution within Highland and Argyll and Bute and that will support our ambition to reduce the average age of our workforce.
	Plan Well	8a	8a.2	Transformation – internal (OC), remobilisation, TUPE (nationally and locally driven)	
	Plan Well	8a	8a.3	Integrated WFP – data quality, WFP	We will continue to build processes in collaboration with service and financial planning colleagues and services. We will implement and launch a Data Quality Assurance Framework by the end December 2023, using the roles and responsibilities within to continue to drive the quality of workforce data held.
	Plan Well	8a	8a.4	Health roster implementation	We will continue to roll out HealthRoster to our NMAHP operational teams with the aim of completing by the September 2024. We will begin the roll out of HealthRoster to our Medical teams per the national timetable.

9 Digital

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

Progress Well

This section has been completed in conjunction with our digital lead

No.	Board Action
9.1	**Optimising MS365** NHSH (NHSH) has a well-established MS365 Programme in place which is supported by a growing network of MS365 champions (100 active champions currently in place). The MS365 programme is resourced by a fulltime Programme Manager who is supported by a Project Officer. We also have a technical resource and a Training/Change Manger aligned to the programme. The MS365 programme has formal governance in place with a Programme Board that is chaired by the Deputy Chief Executive, an Assurance Group and Project Team all in place and active. Business change and benefits realisation is embedded into the programme and the main delivery mechanism for this is via the champions' network. NHSH has rolled out Teams & Mail across the organisation and has run a pilot SharePoint migration across several areas. Intune has been rollout to approx. 70% of devices at 22-23 and there are plans in place to complete this work. A summary of the MS365 solutions that have been implemented is below: Teams (May 2020), Approvals (2021), Updates (April 2023), Viva Insights (August 2022), Outlook (May 2020), SharePoint (pilot migrations in 2022), OneNote, Lists, Forms, Planner, Sway (all during 2022). The plans for future role outs are detailed below:

Plans for Future Role Out of MS365 Applications	
Viva Engage	A 2023 phased rollout and engagement plan has been developed, aiming to commence with a pilot programme in June 2023 which will incorporate 3 groups within NHSH, all of whom will cascade information to the whole of the NHSH employee community. An Acceptable Use Policy has been created with specific parameters to ensure the correct and safe use of the application with a Viva Engage Administrator assigned to each community.

	1.1.1 SharePoint	All NHSH users and their data is to be migrated to SharePoint in Q3 2023; a retention policy of current data <6 months will be implemented, and files in shared drives will become Read-Only. Use of SharePoint will predominately be as a Document Management System. Communication of this migration project will be communicated through a Viva Engage community, NHSH Intranet site, the MS365 Training Resources site, pop-up messages on devices and through the Champions network. Training will be offered to all employees, through webinars and on-line demos for: • SharePoint Use • SharePoint Build (for site owners only) • Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
	1.1.2 Office Online	In Q2 2023, all F3 license users in NHSH will be upgraded to the Office Online and will no longer have access to the desktop applications. Training will be offered to all employees, through webinars and on-line demos for: • Office on the Web • Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
	1.1.3 Office Evergreen	In Q2 2023, all E5 license users in NHSH will be upgraded to the evergreen version of Office. Training will be offered to all employees, through webinars and on-line demos for Sensitivity Labels. Recordings of these webinars/training courses will be available to view in the MS365 Training Resources site.
	OneDrive	In conjunction with the Office on the Web and/or Evergreen versions, all users will be upgraded to OneDrive for storing their personal data. E5 license users will have both online and desktop versions, while F3 license users will have the online version only.
	Security	Security features will be included in the SharePoint Migration and the upgrade to Office Online/ Evergreen version. The security features available will be: • Sensitivity Labels – users will have to apply Sensitivity Labels to Office documents, emails in Outlook, Microsoft 365 groups, Microsoft Teams sites and SharePoint sites. • Retention Policies - these will be in line with NSS Retention Policies • Deletion Policies - these will be in line with NSS Deletion Policies
	Power Platform	Power Platform applications are available to all users in NHSH. Power Platforms applications will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP for each application
	Applications in Power Platform:	

Power Automate	As indicated above, Power Automate will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP. Training sessions through webinars will be offered to all NHSH users as follows: Power Automate - the Basics – 2x 1hour sessions. Power Automate - Intermediate – 2x 1hour sessions
Power BI	As indicated above, Power BI will potentially be rolled out for NHSH in Q3 2023, dependent on a completed DPIA and AUP. Training sessions through webinars will be offered to all users as follows: Introduction to Power Bi - Using Power Bi with Lists – 2x 1hour sessions. More on Power Bi - Create a Power BI Report to Analyze Projects – 2x 1hour sessions

The plans for the retirement of legacy applications are detailed below:

Unsupported Versions of Office – 2007, 2010, 2013, 2016	All unsupported versions of MS Office including 2007, 2010, 2013 & 2016 will be removed within NHSH by end of Q3 2023.

License Management

Below is an overview of the staff within each of these groups:

User Type	User Count
NHSH	12,752
General Practice	1,519
Junior Doctor	319
Community Pharmacy	243
Non-Person Account	193
General Dental Services	181
Community Optometry	79
Care Home	16
Grand Total	**15,302**

The NHSH position when the licenses were last reviewed (May 2022) was 14,500 and since then there has been an overall increase of 802 licenses.

NHSH are using People and Culture systems e.g., eESS to help manage the license usage, NHSH has also appointed an Identity Management Officer who has a responsibility for licence management.

Information Security/Information Governance & data Protection Standards

The Information Security, Information Governance and Data Protection elements of the national MS365 project are being considered at both national and Board level. Due to this being a single tenancy managed at a national level Board are reliant on the national design implementation and support teams delivering a system that has adequate technical security controls and configurations in place to comply with applicable IS/IT/DP standards are being applied. At present there is limited national documented assurance available to the Board to evidence compliance to these standards.

A national information Security & Information Governance group has been in place to have oversight of the MS365 implementation. This group has representatives from multiple NHS Scotland Boards and draws on

	the knowledge and expertise of the Project Management, Information Security, IT Security, Information Governance, Data Protection and Record management professionals that make up the membership. At a Board level NHSH has committed project management, data protection and records management representation at the national IG&S group The NHSH MS365 assurance group has Data Protection, Information Governance, IT Security, and records management representation within its membership NHSH use national Data Protection Impact Assessments (DPIA) and System Security Policy (SSP) templates to risk assess new data processing activities and systems including those that utilise MS365 applications and functionality NHS endeavours to adopt the MS365 security tooling where national restrictions allow, in order to maximise benefits while minimising operational impact **Document Management Classification Scheme, Compliance with GDPR guidance** The NHS Scotland Business Classification Scheme will be implemented into 365 for asset tagging when we go live with the roll out of SharePoint. The 365-project manager is arranging for a demonstration of the business classification scheme to the Information Assurance Group w/c 8th May. As more is understood of this functionality business processes will be developed to utilise core aspects to manage records throughout their lifecycle (in line with national guidance and code of practice + Public Records 2011 legislation) on SharePoint. In respect to legacy data both that will remain on premise and what may be migrated onto SharePoint we are engaging with the supplier Varonis to apply sensitivity labels to files and looking at methods of identifying sensitive clinical records that may be saved as PDF files and indexing them with appropriate classifications and retention labels. This work is actively occurring and will be progressed fully in the first 3 quarters of 23/24 and or no later than any wider roll out of 365. **Digital Skills** NHSH has numerous initiatives have been devised and established by the NHSH MS365 team to allow for the continuation of developing and improving staff digital skills and ensuring the whole NHSH workforce recognise the operational benefits of MS365 in NHSH. These initiatives include: • Identifying the MS365 Skills Gap • Setting MS365 Adoption Goals • Understanding the MS365 eco-system and all its tools • The Champions' Team, Champion Team Site & Induction Pack for new MS365 Champions • SharePoint Site - NHSH MS365 Training Resources • MS365 Campaigns & Engagement Plans 2023
9.2	**National programmes** National and regional programmes are embedded in our Digital Plans, including areas outstanding, risks and mitigations, milestones for 23-24 **CHI/Child Health - Position** NHSH has a Programme Manager assigned to both the CHI and Child Health programmes. The Board Lead Officer has been confirmed as the Head of eHealth. NHSH is working on the local tasks required to support these programmes • High Level Milestones 23/24: Working to the plan as provided by the national team. **GP IT Re-Provisioning - Position** Programme structure and Programme Manager in place. 92 practices and 22 branches to be re-provisioned. The Cohort Collective Decision Group is in place chaired by a GP. Project timeline established and currently

NHSH is the 5th Board in line for migration. Work has started with the Local Finance Team on how we support the local costs involved in the migration.

- Issues: Local finance – which is being worked on with the help of the local Finance Team, though there are no identified funding streams
- High Level Milestones 23/24: Commence migration from Q3

eRostering - Position

We are preparing for implementation for the medical workforce during 2023 with the initiation stage being complete by September 2023. Engagement of the workforce and the implementation plan is currently underway.

- **Issues:** Local finance – which is being worked on with the help of the local Finance Team, though there are no identified funding streams

LIMS - Position

NHSH is not part of the LIMS consortium. NHSH has a modern laboratory system in place (Cirdan Ultra), when the current system is due for renewal then NHSH will consider moving to the national solution

HEPMA - Position

NHSH is part of the regional North of Scotland consortium implementing HEPMA on a regional basis. NHSH is now live with HEPMA in the Caithness Area (3 hospitals), The National Treatment Centre and parts of New Craigs. Plans are in place for further rollouts during 23-24.

- Issues: Whilst the Wi-Fi network in all hospitals is being updated, the lack of a robust, performant Wi-Fi network is limiting, and lack of capital funding is a significant issue.
- High Level Milestones 23/24: Project completion in hospitals by Mar24

Endoscopy Reporting System: Position

NHSH currently use a modern cloud-based Endoscopy Reporting System which meets the needs of the Endoscopy users. This is in contract until 2026. There are no plans in place for replacing this system until 2026.

Diagnostics (PACS) - Position

Awaiting the outcome of the National Procurement. The replacement PACs programme is in the current NHSH Digital Delivery Plan and work will need to be supported by a local business case to identify the local costs associated with this work.

Near Me - Position

As part of the NHSH Strategy, we will deliver a hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources.

To deliver this NHSH is moving to a 'virtual first' approach to new and return outpatient appointments to maximise clinical resources, ultimately reducing waiting times for appointments and delivering best possible patient experience. This approach is recognised as part of the solution to meet the current challenges.

There are continual changes to the Near Me system giving more flexibility for clinicians following the introduction of Connect Me (this allows a patient to go straight into a consultation on receipt of a link from their clinician without entering any personal details); Group consultations for up to 60 people, plus upgrades and development to the system. Continual offer of training/refresher training to anyone on request to the Near Me team.

Issues: Optimising the system within clinical services

High Level Milestones 23/24

	• Adoption of Near Me Position Statement by Senior Management and at Board level to ensure all non-hands-on appts or where tests are not required, virtual appointment are automatic and first option • Collaboration with 3rd party organisations as part of the Digital Inclusion Project set by the Scottish Government • Working with libraries to finalise provision of additional 'local' Hubs for patients without Wi-Fi/device/safe space at home, including lending service (including mobile libraries) provided by library service funded through grants from SG **<u>Connect Me: Position</u>** NHSH has been successfully using remote health monitoring since 2015, first using Philips Healthcare's Motiva tablet-based system, then using the Florence automated text messaging service, and now using Connect Me (powered by Inhealthcare). We are currently using the following Inhealthcare services: • **Asthma** monitoring & management - 37 active patients, with 74 still to be moved over from Florence • **BP** monitoring & management - 1,553 active patients, with a total of 2,626 enrolled to date. All patients discharged from Florence • **Heart failure** monitoring & management - 3 active patients, with a total of 8 patients enrolled to date • **COPD** monitoring & management - 0 active patients, with a total of 25 patients enrolled prior to stopping use of this service. The respiratory team opted to use the Lenus COPD service in preference. • **Chronic pain** pre-assessment questionnaire - 104 patients enrolled to date In addition, we are looking forward to using: • **Long term condition annual reviews** - we await the availability of this service, which may be of interest to GP practices • **Lymphoedema** pre-assessment & follow-up questionnaires - we have been involved in the development of this service, which is now in the final stages of testing, and should be deployed soon • **Spasticity** pre-assessment & follow-up questionnaires - we have been involved in the specification for this service and hopefully will also be involved in its development. The service is currently awaiting approval by the National Implementation Group Issues: N/A High Level Milestones 23/24 • Final patients discharged from Florence and Florence licence lapses – end of August 2023 • Ongoing recruitment of GP practices to use of Inhealthcare for BP monitoring and (when it becomes available) long term condition annual reviews - ongoing • Deployment of other Inhealthcare services - when they are made available by the national team **<u>Scottish Vaccination Immunisation Programme - Position</u>** Awaiting information from Highland Communities
9.3	**Digital Maturity review** We are undertaking the Digital Maturity exercise for the 9 June deadline and look forward to any digital optimisation opportunities this will identify, both within NHSH from our staff survey and the assessment and from others' undertaking the exercise.
9.4	**Leadership in Digital**

	The NHSH Digital Health & Care Group is chaired by the Deputy Chief Executive and has wide clinical and non-clinical membership. This group is responsible for agreeing the Digital strategy and the delivery of the supporting Digital Delivery Plan. The Digital Health & Care Group have started a discussion around maximising the value of the digital system in use across the Board to ensure that this is being maximised. NHSH is also committed to looking at how digital solutions could be used to create efficiencies and 'returning time to care'. Our Digital Health & Care Group is committed to optimising digital and technology enabled care. We have carried out, and plan further digital and Electronic Patient Record visioning events for Maternity, Mental Health, and condition management with our clinical leaders. The Digital Maturity Assessment will help us to develop our plans for further optimisation. NHSH has several staff taking part in the Digital Health & Care Transformational Leaders Masters Programme and the Digital Health & care Leadership Programme. A commitment has been given to participants that they will be supported by the digital function within NHSH and that any project work will be linked to the existing digital delivery plan.
9.5	**Compliance with Cyber Resilience framework** NHSH is fully engaged with the Cyber Centre of Excellence and sits on the governance board. Our recently introduced core mandatory Cyber Security Training currently has over 3,000 trained employees across the organisation. **Scottish Health Competent Authority/Network & Information Systems Regulations (NI)s Regulation Audits** NHSH has adopted the new evidence template ready for our audit in Oct 2023. Weekly reviews are being held so that the appropriate evidence is gathered in preparation for this Audit.

10 Climate
Climate Emergency & Environment

Progress Well

No.	Board Action
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).
	NHSH will: • work with our external stakeholders in reducing our carbon commitments and contributing to a highland wide strategy. NHSH is unlikely to meet the target of having a 100% electric fleet by 2025 due to the unique geographical challenges faced in remote and rural areas. NHSH are continuing to deploy charging facilities across the region in key locations, both urban and rural, and electric vehicles in communities where these meet the needs of the service. NHSH is working with colleagues in Transport Scotland to scope additional projects, unique to the Highlands, that can help to move us towards this target as well as continuing to decarbonise the existing fleet by introducing a mix of new electric, PHEV and hybrid vehicles. 50 Electric Vehicles (EV) are on order for A&B and a further 35 EV's expected for North Highland in 2023/24. This including the existing EV's on fleet would equate to 23% of the total fleet being EV by the end of this financial year. We have 53 EV's currently between North Highland and A&B, with an additional 85 coming in this Financial Year. Our current all fuel types of fleet number is 598. The 85 EV's coming in 2023/24 represents an additional 16% of EV's.
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.
	NHS Highland will be looking to develop their own strategy in line with Scottish Government Climate Emergency & Sustainability strategy 2022-26. The waste targets as defined in the Scottish Government Climate Emergency & Sustainability strategy 2022-26 document will be the target that NHS Highland will look to meet. NHS Highland are currently engaging with NHS Scotland Assure on a trial project on paper towels, this will feed into the work that is underway on the national contract. Non-clinical waste contract has been extended and NHS Highland are currently serviced by Northern Recycling for general and recycling waste for the following areas - Inverness, South and Mid, North to Golspie, Lochaber and Badenoch & Strathspey, North sites are serviced by Highland Council. Other waste streams - ad hoc requests by appropriate waste contractors locally where possible. The current status is with National Procurement and it is understood that this will go out for tender in the coming months. NHS Assure are currently revising the national waste strategy which is due to be released in October 2023. NHSH has been working with NHS Assure to develop this and will look to align with the national waste strategy when it is released. NHSH is in the process of installing innovative technology that will remove microplastics and pharmaceuticals from wastewater. The new system is anticipated to be online by autumn 2023.

	Medical waste reduction and appropriate recycling and disposing of medicines is part of the realistic medicines programme of work.
10.3	Set out plan to reduce medical gas emissions – N20, Entonox and volatile gases – through implementation of national guidance.
	NHSH will: • develop plans to look for Entonox alternatives where clinically appropriate, building on progress of a programme of work has taken place that has minimised the use of volatile inhalation anaesthetic gases that have detrimental impact on the environment NHSH has 4 sites that have operated piped gases: • Raigmore - N20 has been removed, Entonox still in use. • Caithness General Hospital - N20 has been removed, Entonox still in use. • Belford - N2O has been removed and decommissioned, bottled Entonox used by select depts. • Lorn & Isles - N20 in process of being decommissioned, No Entonox on site. N2O - Lorn & Isles N2O removal to take place in the next couple of months, with a contractor arranged to do the works. Programme to be agreed. Entonox - There has been discussions around an alternate to Entonox but nothing has been agreed yet. As there is still a clinical need for the use of Entonox, NHS Highland does not have a timeline for the removal within the remaining sites (Raigmore, Caithness General, Belford). NHS Highland's Medical Gas Safety Group are the collaborative group that make decisions on Medical Gas use across the Board area.
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.
	The Green Theatre programme was initiated in NHSH. There are regular meetings and consultation relating to the implementation of the innovations identified through the work carried out by the Green Theatre Group. Ongoing development of Green Theatres is now led by the centre of sustainable delivery and NHSH are represented in this group by consultant anaesthetists, procurement, and others. Bundles are being released by the CFSD. Green Theatre "Bundle A" was released in late May with 6 actions: • Action 1 (Desflurine) was complete in 2019 • Action 2 (Nitrous oxide) – planned completion in 2023/24. • Action 3 (Pre-op paracetamol to oral) - complete • Action 4 (Surgical fluid suction systems) - We have clinically appropriate use of 5 machines in high volume areas. Complete. • Action 5 (Embed waste segregation) - Raigmore is complete • Action 6 (Switching off OOH gas and ventilation heating) - plan in place, with National Treatment Centre being used as our pilot site and Raigmore to follow in 2023/24 using lessons learned and further development of our rollout plan. We will develop plans for Bundle B when released from Sept 23. We have a number of innovations taking place. These include 3 main pilot projects in association with industry and clinical quality improvement studies feeding into this programme of work.

10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.
	NHSH has had an external party carry out a NCZ route map for the region. The findings and outcomes from this report are being utilised to drive the priorities for the board in reducing energy use and improving generation solutions. NHSH has already begun to find solutions to the largest carbon contributors with feasibility studies being carried out. NHSH will liaise with NHS Assure transition lead to discuss boards progression. Our Energy Transition actions for 2023/24 are:- 1. Design and implementation of LED Lighting systems utilising SMART technology in some instances (i.e. SMART emergency light systems, PIR controls). Designs and quotations have been received for sections of Raigmore, Fort William Health Centre (HC), Robertson HC, various smaller HC's and ASC properties. BMS upgrades - currently being done at Raigmore Hospital. Initial plans to develop further across the estate has begun and look to progress over this year. 2. Decarbonisation actions. Please refer to answer provided in part 10.1. 3. Feasibility Study sites. This has been carried out at Raigmore by Hoare Lea. According to the NCZ route map created by Jacobs, Raigmore contributes to 57% of NHS Highland's carbon emissions. NHS Highland has seen this as a priority to decarbonise the heat network at Raigmore. Initial discussions have begun around the decarbonisation of heating systems at New Craigs Hospital. NHS Highland will be working with Robertson FM (PFI Operator) to create a decarbonisation plan for the site. NHS Highland have begun discussions with a 3rd party consultant about applying for additional funding for feasibility studies of sites. The priorities for this funding will be aligned with NCZ route map findings and the future anticipated use of buildings that will be defined by primary care.
10.6	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.
	NHSH has undertaken a Formulary review of inhalers, removing propellant inhalers where appropriate, removing high HFA inhalers where appropriate. NHSH is recommending dry powder inhalers first line where clinically appropriate, and communications are being developed to identify patients with target respiratory medicines. NHSH are developing guidelines to identify a pathway for clinicians to identify SABA patients, to reduce appropriately. (As per national therapeutic indicators). A plan is being developed to make this 'business as usual' as part of annual respiratory patient reviews.
10.7	Outline plans to implement an approved Environmental Management System.
	EMS is currently in development by NHS Assure, NHSH will request to be added to the SLWG developing this so NHSH will be actively involved in this development and implementation. Following advice / guidance provided by NHS Assure, NHS Highland has opened dialogue with a local further education body to utilise the student body to help NHS Highland create an EMS system. It is anticipated that this partnership will begin to put together an EMS system in the next 12 months.

Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

Perform Well

The plan also included our sustainability and value programme opportunities, which would not meet our projected 23-24 deficit.

Risks

The following risks were identified alongside NHSH's financial plan submission in March 2023.

- Pay inflation has been assumed at 2%, as directed by the PRG. Latest information suggests the pay settlement will be higher for 23-24. We have assumed any additional costs will be funded. There is an associated risk here around pay uplift for ASC staff as this sits out with baseline funding – there is no uplift in the funding transfer from Highland Council which creates a pressure due to pay awards and inflation.
- Ability to deliver cost improvement targets – a £29.5m programme has been proposed and delivery will be challenging and high risk.
- New pressures in Adult Social Care, for example, sustainability of some private care providers in remote and rural areas resulting in additional support being requested or packages of care being returned to the Board to provide.
- Changes to the SLA costs, particular with NHS Greater Glasgow and Clyde. GG&C are working on a new costing model – the impact of this is unclear; any change will be significant as the budget for the A&B IJB SLA with GG&C is more than its pay budget.
- The cost of untaken annual leave. The latest DL allows a relaxation of the rules.
- Inflation higher than planned level.
- Continuing recruitment difficulties – resulting in ongoing use of premium cost staffing.
- The 23-24 plan assumes full funding of the National Treatment Centre including the increased cost of depreciation.

The plan also included a high-level summary of savings/ cost reduction proposals. These proposals mirror the Sustainability and Value Programme. However, further programmes of work will need to progress locally to deliver financial balance. A savings programme of £29.5m has been proposed which leave an unfunded gap of £68.672m – work continues to identify actions to mitigate this position both locally and at a national level.

2023-24 Summary

	2023-24
	£m
Total Funding Uplifts	36.700
Total Additional Costs	76.233
In Year Gap	**(39.533)**
Deficit B/F	**(58.639)**
Total Gap	**(98.172)**
Cost Reduction Estimate	**29.500**
In Year Gap	**(68.672)**

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

Grow Well, Listen Well, Nurture Well, Plan Well

NHSH is progressing our People and Culture ambitions that help create and nurture a sustainable workforce for all roles. The following is a summary of our recent successes and challenges that our workforce plan is striving to address.

NHSH continues to face unprecedented workforce shortages, which are exacerbated by the complex geography of the region, competition for scarce resources from other sectors and more recently, significant challenges with affordable and available housing in all parts of the Board. Whilst we are trying locally to address this issue in partnership with other agencies, it does require national intervention, and has been escalated to Scottish Government for further support on longer term provision.

Effective workforce planning across the partnership is vital to mitigate this and many other significant risks and this workforce plan builds on all the existing work giving us a clear direction for the next 3 years.

Transforming service delivery and the workforce to support will play a key role in ensuring NHSH manage the budget through this and successive financial years, and integrated planning, as noted above, will ensure that services and workforce are planned within budget.

Key elements to this will be:

- Reducing agency and locum spend and ensuring it's aligned to priorities and best value as well as performance
- Ensuring that all roles are working to the top of their licence
- Using advanced practice roles
- Developing new training pathways and career progression routes
- Ensuring appropriate support roles are available
- Reviewing our skills mix and workforce plans and vacancies so we recruit what we need most
- Scrutinising pay protection, grade protection, redeployment, long term bank and fixed term contract usage
- Absence management
- Identifying and reducing unfunded posts
- Identifying bank / locum / agency spend not linked to vacancies
- Reviewing vacant posts: do we need it, do we need the same, do we need it now, do we need it all - linked to finance and performance outcomes

NHSH commenced rollout of eRostering to our NMAHP teams across the organisation in 2020. We are preparing for implementation for the medical workforce during 2023 with the initial stage being complete by September 2023. Engagement of the workforce and development of the fully costed implementation plan is currently underway.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Perform Well

In line with strategic ambitions, NHSH will have meaningful conversations with people to plan and agree care which will support all staff and patients to base care around what matters most to people. This will include a shared understanding of what healthcare might realistically contribute to this.

NHSH has a Realistic Medicine Clinical Lead and a dedicated programme manager in place.

NHSH Realistic Medicine action plan sets out how we will deliver the 5 specific actions in the planned care guidance:

- Ensure all health and care professionals in Scotland complete online shared decision- making training available on TURAS;
- Ensure that patients and families are encouraged to ask the BRAN (Benefits? Risks? Alternatives? do Nothing?) questions.
- Ensure health and care teams begin to evaluate the impact of shared decision-making conversations from their patients' perspectives.
- Support local teams to work with the Centre for Sustainable Delivery on full roll out of ACRT, PIR, and best practice pathways, including the EQUIP pathways, as quickly as possible and report uptake in the six-monthly progress reports.
- Ensure local clinical teams engage with the Centre for Sustainable Delivery to consider current and future Atlas of Variation data to help identify unwarranted variation in health, treatment, service provision or outcomes and demonstrate how the board can improve

Over a longer period, NHSH will:

- Identify opportunities where Realistic Medicine can be further integrated into existing activities within NHSH to promote shared decision making and person-centred care Develop a bank of educational resources & use innovative methods to deliver education
- Empower our workforce to practice Realistic Medicine through engagement, education with leadership from the Board RM team
- Continue to promote and embed the principles of Realistic Medicine working with our communities
- Provide a service which is environmentally, socially, and financially sustainable while improving value, outcomes and experience
- Long Terms Conditions Model: develop long term condition model for the management of long-term conditions including a reduction in key polypharmacy and co-design of pathways, realistic medicine to be woven into pathways and solutions for management of Long-Term Conditions
- Waiting Well: Preventative & proactive support for those waiting for health and social care interventions with goals of ensuring their health & wellbeing does not deteriorate
- Promote educational resources & use innovative methods to deliver education around RM and VBHC

- Build a partnership with our community in order to promote Realistic medicine with a focus on prevention and self-management
-

NHS Highland has a Realistic medicine steering group and network of people, linking their work. Examples include those involved in green theatres project, polypharmacy/pharmaceutical waste work, values-based medicine.

Our local plan will monitor progress of actions, ADP reporting will monitor ADP actions and 6 month progress reports as per the REALISTIC MEDICINE FUNDING OFFER – 2023/24 and annual assurance reports will be provided to the Clinical Governance committee

Clinical Lead: Dr Kate Arrow Executive
Sponsor: Dr Boyd Peters (Board Medical Director)
Programme Manager: Kirsty Forman.

Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

Enable Well

Together We Care (TWC) launched in 2022. It is our first Board wide strategy, and clearly communicates the strategic vision, mission, and objectives we need to achieve over the next five years. At NHS Highland we have two integration authority models, in Highland Council area we operate the lead agency model with health leading on adult health and social care, actions relating to that part of our system as such as already noted, the contents of the NHS Highland ADP 1 are inclusive of the health and social care partnership actions for that area. In Argyll and Bute we have an Integration Joint Board (IJB)and as already noted given the delegation of all NHS services locally to the IJB and the connection to the NHS Greater Glasgow and Clyde system of healthcare the local HSCP have developed a separate version. It should be emphasised that there are significant interdependencies between the strategies and ADPs. Work between with the IJB and in the context of the lead agency is well connected and managed through the agreed governance arrangements.

To create the NHS Highland strategy, we engaged with our communities, population, colleagues, partners, and 3rd sector organisations to find out what was most important to them and what they thought we should prioritise for health and care delivery. We ensured that we engaged with all age groups and all localities across our remote and rural geography. We worked with partners to ensure that those harder to reach communities and those with protected characteristics had an opportunity to be heard. We received over 1700 group and individual responses through a range of mediums (e.g., surveys, virtual and face to face sessions, email, post, social media, etc).

The responses we heard covered all areas of health and care, from preconception to end of life. For this reason, we have taken a cradle to grave approach within our strategy. Likewise significant engagement on the Argyll and Bute Joint Strategy took place and we are currently out engaging on the Joint Plan for health and social care in Highland. We have taken care to ensure the learning and feedback gained across all engagement activities informing the ongoing development of our ADPs.

In addition to the health and care services we provide, people cited other things that they felt were important factors to NHSH. These elements are the things that underpin our delivery of health and care, and that we need to progress to ensure a sustainable future. These were things such as the reduction of health inequalities, sustainable finance, realistic medicine, digital developments and working to reduce our impact on the environment.

Whilst our NHS Highland strategy unites our focus and direction, our progress towards achieving its aim is set out and monitored in our Annual Delivery Plans (ADP). Our Senior Leadership Teams and Programme Boards are responsible for monitoring the progress and completion of these delivery plans and we have aligned these to our cradle to grave approach and strategy, ensuring that there is no area of health and care left uncovered. Our business-as-usual function of performance management will also have scrutiny and will oversee the progress.

In Argyll and Bute, the monitoring and programme of change will happen via the Senior Leadership Team and the Transformation Board as well as through the business as usual functions of performance management.

We recognise that, whilst our strategies cover longer periods than the ADP, this is not a finite process, it is dynamic and ever changing. We will embed lived experience in service development, ensuring that those who need our services inform practice, policy, and change. We will check and recheck our objectives to ensure that, as our population changes and grows, we can respond to their needs accordingly.

This indicates that more areas are covered by the TWC Strategy and Transforming Together Strategy and the ADP than are specifically mentioned in the most recent Annual Delivery Plan Guidance from SG. Additionally, we continue to be committed to executing our Scheduled Care Recovery Plan.

The Joint Strategy for Highland Health and Social Care Integration is currently being co-written by NHSH and THC, with a focus on Adult Social Care services, prevention and care closer to home. There will be participation and engagement with our community to finalise the strategy over the summer months with a publication date of 30 October 2023. Children's Services planning is being articulated through the Highland Integrated Children's Services Plan currently going through final approvals.

Other areas of significant collaboration in the wider partnerships:-

End of Life Care Together - By working together in the wider context of partnership with third sector partners and communities will make sure that our population has access to palliative and end-of-life services that support 24-hour care and allow people to live and die in the environment of their choice.

National Treatment Centre - We have been focussing on the establishment of National Treatment Centre Highland (NTCH), we can expand the capacity for orthopaedics and provide full-service capacity for ophthalmology in the brand-new facility that was specifically developed for those purposes. The new facility will house all surgical and outpatient eye care resources for NHSH. Additionally, the NTCH will provide a variety of elective orthopaedic services, including simple foot, ankle, and hand surgeries as well as hip and knee replacements. We are developing capacity in orthopaedics in stages, beginning in September 2023 with ophthalmology. The NHS Grampian's 434 primary joints will be managed, and cataract commissioning conversations are ongoing.

Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

Enable Well

We have an NHSH Performance Framework which was adopted in July 2022. The NHSH 5 Year Strategy (Together We Care) and our Annual Delivery Plan will bring together our strategic objectives, outcomes, and priorities and this will help structure our performance oversight through the Performance Oversight Board. Each Programme Board has dedicated support to enable this to be executed across our system.

Each improvement programme has a dashboard which will encompass performance (finance/targets), workforce overview and quality standards. Corresponding key performance indicators will be reviewed by the governance committee and embedded in our Integrated Performance and Quality Report which gets submitted to the Board bi-monthly for assurance.

No	Outcome	Description	Main Service
1	**Start Well**	Give every child the opportunity to start well in life by empowering parents and families through information sharing, education, and support before and during pregnancy	Maternity & Neonatal Services / PNIMH
2	**Thrive Well**	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Pediatrics
3	**Stay Well**	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services
4	**Anchor Well**	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement
5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

9	**Care Well**	Work together with health and social care partners by delivering care and support together that puts our population, families, and carers experience at the heart	Adult Social Care
10	**Live Well**	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a “home is best” approach	Urgent and Unscheduled Care Services
12	**Treat Well**	Give our population the best possible experience by providing person centered planned care in a timely way as close to home as possible.	Planned care and support services
13	**Journey Well**	Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, and personal support	Cancer services
14	**Age Well**	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalized care planning at the heart	AHP services / Dementia / Long Term Conditions
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services
16	**Value Well**	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers
17	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Realistic Medicine / Health Inequalities / Financial Planning
18	**Progress Well**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate
19	**Enable Well**	Ensure we enable well by embedding all these areas at a whole system level that create the conditions for change and support governance to ensure high quality health and care services are delivered to our population	Strategy & Transformation / Resilience / Risk / Infrastructure / Corporate / Procurement / Regional / National

Annual Delivery Plan - Argyll and Bute HSCP

Section 2: Argyll and Bute Argyll and Bute HSCP

Template: Argyll and Bute HSCP ADP1

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Joint Strategic Plan 2022-2025

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Argyll and Bute

Argyll and Bute Integration Joint Board approved the Joint Strategic Plan (JSP) to cover the period April 2022 to March 2025.

The JSP was launched in March 2022. The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Integration Joint Boards to develop a JSP for integrated functions and budgets that they control, reviewing the plan at least every three years.

With regards to the reporting of Board wide NHS performance, Argyll & Bute HSCP data is either aggregated from central reporting via the NHS Highland Data Mart or provided to NHS Highland separately.

The focus for A&B HSCP has been the development of a HSCP wide Integrated Performance Management Framework with a focus on integrated local and national reporting across both health and social care.

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1 Primary & Community Care

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Argyll and Bute HSCP Primary Care Actions
	• Establish immunisation teams to administer vaccines in all localities and assess recruitment priorities based on the impact on workload of delivering Covid vaccines and the additional flu vaccine cohorts. Majority of vaccinations will be carried out by HSCP nursing teams. • Full flexibility for island practices to continue to provide vaccinations. • Develop an HSCP model for travel health and travel vaccinations. Service Level Agreement with community pharmacists has commenced in some areas. • Recruit to primary care nursing posts as agreed in the Primary Care Modernisation Implementation Plan to support community treatment and care and some aspects of urgent care. • Implement transitional arrangements where practices continue to provide some services. • Provide information of what services will not transfer from GP practices as an outcome of the rural options appraisal process. The Scottish Government and Scottish General Practitioner's Committee of the British Medical Association (SGPC) will negotiate a separate arrangement including funding for these practices who will continue to provide services after 1 April 2022 • Work with independent practices to support practice sustainability and resilience. Continue to deliver and improve (cost and quality) GP services delivered directly by the HSCP. • Promote and develop the support for training (GPs, Practice Nurses, Administrators) of key roles within Argyll and Bute. • Monitor access to general dentistry, and work engage with national partners around the reform agenda, recognising the worsening picture within general dentistry.

2 Urgent & Unscheduled Care

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No	Argyll and Bute HSCP Right Care Right Time Actions
	• Enhancing multi-disciplinary community teams to be responsive, flexible, highly skilled, continually assessing with a re-able and rehabilitation ethos and high-quality end of life care with the skills to provide simple care that currently involves a hospital admission. • Enhance clinical education for all staff develop skill mix, apprenticeships and health care support worker skilled roles. • Provide enabling care at home that is effectively commissioned and planned for those who need it, with enough capacity to be provided following assessment at home and at the point of need.

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3 Mental Health

Improve the delivery of mental health support and services.

No.	Argyll and Bute HSCP Mental Health Action
	• Progress planned developments associated with Transforming Together agenda for mental health. • The 2018 review outcomes continue to progress such as developing a Mental Health directorate, Consultant sector/locality model, developing Primary care teams and crisis interventions. This agenda was paused through Covid and will be refreshed to ascertain the aspects and recommendations remain outstanding. • Psychological Therapies (PT) – we are working with the Scottish government to develop a business case to enhance and develop our PT services across A&B and to assist us to meet the expectations and demand for services in a timely and effective manner. The teams are now realigning to make an A&B wide service under one management structure to ensure better oversight of waitlist and service delivery at tier 3 and 4. • We continue to work with the Scottish Government to develop services and capacity planning to address waiting times. In the past 2 years we have realigned psychological therapies for tier 3 and 4 to develop a team with appropriate governance, oversight and ownership. • We recruited a Consultant Psychologist and strengthened the relationship with the Director of Psychology in NHS Highland. The business case was submitted, and we continue to apply developing capacity models and standards currently under development. • The primary care mental health team have also realigned to work across GP surgeries and to support those presenting with mild and moderate mental health concerns. This team have a Multidisciplinary Team approach and have a wellbeing nurse, Occupational Therapy (OT), guided self-help worker and primary mental health worker in each locality.

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4 Planned Care
Recovering and improving the delivery of planned care

We are not asking you to duplicate your planned care response again within this return. For reporting purposes, we will be incorporating the planned care response into the wider ADP to enable single quarterly returns.

No.	Argyll and Bute HSCP Older Adults/Adults and Hospitals Actions
	• Support care at home through a challenging winter, linking unscheduled care elements to limit duplication and make best use of the total resource available. • Develop a care at home strategy to agree and monitor key developments to build a flexible and sustainable service. • Develop an Older Adult Strategy. • Develop a robust plan around winter planning, mapping out all elements of service delivery, what the pressures are and how they impact on each other. • Work in partnership with providers, supporting elements such as recruitment, training to ensure best use of resources. • Review the use of Extended Community Care Teams (ECCT) and link them to other community services. • Complete a building appraisal for internal care homes and develop an overarching care home and housing strategy. This will include the position of intermediate care within Argyll and Bute. • Complete a needs assessment and collaborative health and social care plan for Coll, as a template for island approaches. • Strengthen, develop and sustain patient care pathways into secondary care services in Glasgow and Clyde for Argyll and Bute residents. • Maximise patient choice by providing and commissioning services in settings that are closer to home and more convenient to patients. • Provide an environment that supports innovation, service redesign and delivery • Ratify and streamline patient care pathways to improve accessibility and build resilience. • Develop improved referrer guidance based on pathways into Glasgow and Clyde to improve oversight and governance of patients accessing services out with Argyll & Bute.

5 Cancer Care
Delivering the National Cancer Action Plan (Spring 2023-2026)

No	Argyll and Bute HSCP Prevention Actions
	Argyll and Bute HSCP Prevention Group, related to the Living Well Strategy, links to prevention measures and incorporates our priority of Self-management and Healthy Living.

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6 Health Inequalities

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Argyll and Bute HSCP Public Health Action
	• Develop joint Health Improvement plan between Argyll and Bute and North Highland. • Pandemic recovery - Social Mitigation Strategy: child poverty; financial inclusion; children's rights; equalities; mental health improvement and support. • Deliver on the 5-year implementation plan for Living Well strategy: workforce development; self-management; community link working; physical activity; mental wellbeing; suicide prevention; smoking cessation. • Building capacity for health improvement: education; Living Well Networks; community planning; locality planning groups; engagement; place-based work. • Respond and deliver national strategy and targets – suicide prevention; smoking cessation; Fairer Scotland. • Alcohol and Drug Strategy actions – reduce drug deaths; recovery orientated support.

7 Innovation Adoption

Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

No.	Argyll and Bute HSCP Planning Actions
	• We are currently implementing a centralised booking project which will maximise capacity across our hospital sites, facilitating joint working leading to efficiencies and ultimately improved patient care. • The analogue to digital TEC programme is underway and we are working to ensure clients who transfer to a digital line have continuity in service and remain supported with Telecare. • Ensure the innovative 'Just Checking' system is being fully utilised to support reablement and support decision making with appropriate care packages, leading to improved outcomes. • Introduce Near Me within unscheduled care with a view to transforming patient retrieval and instant access to clinically appropriate advice.

8 Workforce
Implementation of the Workforce Strategy.

No.	Argyll and Bute HSCP Workforce Action
	There is a Workforce Planning Group within the Argyll and Bute HSCP. In line with Scottish Government workforce planning guidance for health and social care, the HSCP have a 3-year Strategic Workforce Plan. This plan supports the tripartite ambition of recovery, growth and transformation of our workforce and details strategic actions and commitments that will be taken to achieve this vision and ambition, using the national Five Pillars of Workforce strategic framework (Strategy (Plan, Attract, Train, Employ, Nurture). Following agreement and publication of the 3-year Strategic workforce plan an oversight group was established, with meetings being held initially every 6 weeks. Building on these initial discussions a questionnaire was circulated in March to gather feedback, comments and commitments from the wider group. This informed a workshop, which was held on 20th April to further review, the feedback and actions contained in the plan, grouping them into appropriate themes. Working groups were agreed and streamlined channelling pieces of work into existing groups as appropriate. The 3 groups going forward are: • Accommodation • Culture and Wellbeing • Attracting and Developing the workforce While work has been underway developing a robust framework for delivery of the Strategic workforce plan, it is important to note that all the usual workforce planning activity has been ongoing. Services continually review their service requirements, considering the opportunities for remodelling, development and succession planning. The development of the framework detailed in this report seeks to capture this activity and streamline it, supporting shared practice and collaboration across services. Service wide, key development that support improved attraction and recruitment have been: • Increased promotion and involvement in career fayres • Involvement in the existing DYW (developing the young workforce) and Employability partnership meetings/events • Supporting HSCP focused recruitment, supporting further development of existing promotional activity. Boosting posts on social media and targeting specific audiences. • Agreement to improve the visibility of HSCP adverts, linking and promoting A&B aplace2be and tapping into new advertising sources such as Calmac ferries and local visual marketing. • NHS Highland are currently recruiting a Careers Lead to focus on board wide careers development

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9 Digital

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

This section has been completed in conjunction with our Digital Lead.

No.	Argyll and Bute HSCP Technology Enabled Care Actions
	• Continue to promote digital care across the HSCP ensuring no digital exclusion in Argyll and Bute • Ensure TEC is a core service embedded in all aspects of delivery of care • Continue to develop NHS NearMe clinics to support clinicians in delivering remote clinics and supporting patients to attend appointments without the need to travel. • Educate patients on the ability to request their appointment via NearMe where clinically appropriate, irrespective of where the appointment is being held. • Transition to InHealthcare system and continue expansion of Silvercloud cCBT programmes, conduct training and advertising. • Work with Mental Health to develop SOP for directing patients waiting for treatment into cCBT programmes. • Identify referral patterns and provide familiarisation resources to increase awareness and referral rates into TEC services among staff. • Facilitate closer working with hospital sites, promoting Telecare team presence at board round, virtual ward etc. • Develop a TEC strategy prioritising the importance of a proactive approach across the HSCP

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10 Climate
Climate Emergency & Environment

No.	Argyll and Bute HSCP Corporate Services/Digital Strategy Actions
	• Harness the opportunities of 'big data2 and the internet of things to improve services to users, patients and clients and reduce burden of work on staff • Continue with co-location of health and social care corporate staff to work together in the same locations and in the same teams both physically & virtually • Integrate health and social work administration and implement digital technology- progress digital health and care record • Facilitate and support agile and mobile working for community-based staff across the health and social care partnership including the independent sector • Progressing the plan to implement a single health, social care, and education catering service in Argyll and Bute • Explore further opportunities to rationalise estates and properties by co-location of staff • Continue to improve the cost and use of Health and Social care business fleet to improve service to users and reduce cost and CO2 footprint achieve 2025 target. • Complete the final phase of our 'Drone service' beta service for clinical logistics in the West of Argyll leading national innovation in the Scottish Health Service. • Move to Eclipse- single integrated HSCP Community Case Management System- June 2023 • HSCP- Integrated Performance Management Framework- May 2023 • PORTAL Project-Dynamic Patient Summary- North of Scotland Portal & Orion Health- Dec 2023 • CIVICA- Electronic Document Management System- roll-out 2023/26 • Argyll & Bute will remain on the Medilogik Endoscopy Management System until 2026 at which point this contract will expire. Feedback and experience will be sought from boards moving to the National Endoscopy Reporting System in phase one and based on this should we look to do the same a pan-Highland business case will be developed alongside eHealth.

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Section B: Finance and Sustainability

Identify any risks and issues to delivery of the ADP, with reference to the need for financial balance and associated improvements through, for example, Sustainability and Value Programme.

Section C: Workforce

Please include an update on the implementation of Board workforce plans.

Section D: Value Based Health and Care

Please outline work underway with your local Realistic Medicine Clinical Lead to deliver local RM Plans.

Section E: Integration

Please demonstrate how the ADP has been developed with partner Integration Authorities.

Section F: Improvement Programmes

Please summarise improvement programmes that are underway, along with the expected impact and benefits of this activity.

The SLA held with NHS Greater Glasgow & Clyde to provide outpatient, inpatient/daycase, plus a range of specialist services such as Renal Dialysis etc. is key to sustaining safe and high quality remote and rural patient access to either local secondary or outreach specialist secondary NHS services from NHS GG&C to the Argyll and Bute population.

Over time there have been significant changes to personnel, acutely impacted by the pressures seen throughout recent years by the Pandemic, and many changes to clinical practice and availability.
A number of outreach specialties within Argyll & Bute are fragile; this includes outreach specialties provided by NHS GG&C. There are key risks associated with these including service continuity, clinic schedules and provision frequency/referral options to NHS GG&C framed within increasing demand, compromising waiting times and treatment targets. As such we are working alongside Glasgow to review and refresh the SLA principles and arrangements and this piece of work is ongoing.

Across the HSCP there is a lack of standardised clinic access and appointment templates, sometimes due to different receiving hospital pathways, clinician preferences and varying waiting times. The introduction of a centralised appointing service has begun to address this risk, ensuring consistency and equity across sites. It will also embed the increased use of virtual appointments, either via NHS Near me or telephone, improving accessibility and ultimately patient care.
The transformation work within medical records has also seen the implementation of the Electronic Patient Record across all A&B sites, and we are in the process of rolling out ophthalmology imaging hubs which will reduce reliance on singled handed practitioners by allowing images to be reviewed by sub-specialists in GG&C asynchronously, increase the sustainability of the service and ensure patients requiring urgent review can be escalated appropriately.

Wherever possible we are looking to maximise our Allied Health Professional (AHP) services to support consultant led activity. During the past few years advanced physiotherapy practitioners have been triaging and treating patients referred to the orthopaedic consultant where clinically appropriate and based on the success of this we are now in the process of implementing a complete redesign of the orthopaedic service.

Joint working with the Endoscopy service in Northern Highland allowed for a centralised booking model to be put in place. This standardised approach has led to improved patient care and has protected clinical capacity for those most in need, leading to quicker diagnoses and improved condition management.
As part of this project Argyll & Bute now have an established Colon Capsule service which has already saved over £12,500 in clinical and travel costs, and 190 hours of travel time as patients are able to be seen close to home. Latest data on CCE return rates indicates a 26% return for colonoscopy thus saving 74% true scope capacity.

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Appendix 1

Planned Care Monthly Activity Plan

Template 2 - Planned Care - Mon

Appendix 2

CAMHS – North HIghland	Trajectory Template_CAMHS AB_
CAMHS – Argyll & Bute	Trajectory Template_PT_AB_(AM
Psychological Therapies – North Highland	Trajectory Template_PT_North H
Psychological Therapies – Argyll & Bute	Trajectory Template_CAMHS NH

Agenda Item 8

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**25 July 2023**
Title:	**Corporate Parenting**
Responsible Executive/Non-Executive:	**Dr Tim Allison, Director of Public Health and Policy**
Report Author:	**Dr Tim Allison, Director of Public Health and Policy**

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Government policy/directive

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

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

been renamed the Promise Board in recognition of the promise made to care experienced children and young people in Scotland: "You will grow up loved, safe and respected. And by 2030, that promise must be kept."

2.2 Background

Corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy though to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them .... It establishes a framework of duties and responsibilities for relevant public bodies, requiring them to be systematic and proactive in their efforts to meet the needs of looked after children and care leavers. (Scottish Government, 2015). In recent years the term "looked after" has been replaced by "care experienced" which better reflects the experiences of people and is believed to be less stigmatising.

2.3 Assessment

Arrangements for corporate parenting differ across the two parts of NHS Highland in light of the different governance arrangements and lead agency in the Highland HSCP area. Work is needed to develop NHS Highland's corporate parenting activity especially within the Highland HSCP area and develop a comprehensive plan with appropriate consultation. This work will benefit from the forthcoming appointment to the Child Health Commissioner post. An improvement plan is attached as Appendix 1 to demonstrate current and planned activity.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

The work outlined in the plan needs to be completed to ensure a higher level of assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Two areas of importance with respect to corporate parenting are ensuring that staff are aware of the needs and circumstances of care experienced children and young people and the development of opportunities for employing those who are care experienced.

3.3 Financial

There are no specific financial implications in this paper, although as with all areas meetings needs and demand has implications for resources.

3.4 Risk Assessment/Management

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

3.5 Data Protection

There are no specific data protection implications.

3.6 Equality and Diversity, including health inequalities

Addressing the needs of care experienced children and young people will help reduce health inequalities.

3.7 Other impacts

There are no other specific implications.

3.8 Communication, involvement, engagement and consultation

NHS Highland is represented on the corporate parenting boards and representatives are engaged in their work. Further plan development will require wide engagement.

3.9 Route to the Meeting

The plans have been developed through individual meetings and further governance arrangements will be confirmed for future reports.

4 Recommendation

Board members are asked to note and comment on this report

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

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1, NHS Highland Corporate Parenting Improvement Plan

2023 – 2024

NHS Highland Corporate Parenting Improvement Plan
2023 – 2024

The NHS Highland Board has corporate parenting responsibilities as detailed in the statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 as applied to infants, children and young people to the age of 26 years. (https://www.gov.scot/publications/statutory-guidance-part-9-corporate-parenting-children-young-people-scotland/)

"Corporate parenting refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy though to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them .... It establishes a framework of duties and responsibilities for relevant public bodies, requiring them to be systematic and proactive in their efforts to meet the needs of looked after children and care leavers. (Scottish Government, 2015)." (CELCIS | Corporate parenting)

The six duties are as follows:

1. To be alert to matters which, or which might, adversely affect the wellbeing of looked after children and care leavers.
2. To assess the needs of those children and young people for services and support it provides.
3. To promote the interests of those children and young people.
4. To seek to provide looked after children and care leavers with opportunities to participate in activities designed to promote their wellbeing.
5. To take action to help looked after children and care leavers access the opportunities being provided (as per number 4 above) and to make use of the services, and access the support, which they provide.
6. To take any other action it considers appropriate for the purpose of improving the way in which it exercises its functions in relation to looked after children and care leavers.

To note:

1. In the past, the term “looked after children” was used and this is still present in some documents. This phrasing has now been replaced by the term “Care Experienced” which is understood to be less stigmatising as a term of phrase. Similarly, the term corporate parenting may be seen as not ideal and in Highland the Corporate Parenting Board has been renamed the Promise Board.

2. In this report the use of children, also includes/references infants and young people to the age of 26 years.

Care experience may involve a range of formal and informal measures and options, as determined through the Scottish Children Reporter Administration, from fostering and, or, adoption, to supervision while living at home, or measures to be in under the care of the local authority in a residential setting. This might be on a voluntary or compulsory basis. In 2019/20 the number of infants, children and young people in the care system in Argyll and Bute was 162, and in the north Highland partnership, 450. (https://www.gov.scot/publications/childrens-social-work-statistics-2019-20/)

NHS Highland Board has oversight and responsibilities for the health and health services for Care Experienced children across the Argyll and Bute Health and Social Care Partnership, the Highland Health and Social Care Partnership and commissioned health services in Highland Council as part of the Lead Agency model for integrated services. The Board ensures participation and representation on the Argyll and Bute and Highland integrated Corporate Planning Boards by the involvement of Chief Officers, Director of Public Health and the Board Nurse Director supported by the Child Health Commissioner.

The NHS Highland approach to Corporate Parenting is underpinned by the wider drivers to work preventively to best meet the health and health care needs of all children as follows:

- A rights respecting approach reflects the aspirations and expectations of The United Nations Convention on Rights of the Child.
- A trauma informed and responsive approach infused across leadership, management, systems, services and practice, reflecting the primacy of experiencing safety that lends to trust, collaboration, choice and empowerment.
- A system of care approach that reflects the understanding that the health and wellbeing of infants children and young people is heavily influenced by parental relationships and family life, the support and services they can access and the wider structural and community environments in which they grow and develop.
- Delivering on The Promise as a framework to meet the needs of all infants, children and young people to reduce the need and likelihood of requiring formal care measures.

Children who become Care Experienced, or are at risk of becoming so, along with their families, are some of the most vulnerable citizens in our society. Children may become looked after for a number of reasons, involving a range adversity and trauma from pre-birth or subsequent to events as they grow and develop, often aligned to troubling family experiences and circumstances.

The Board's Corporate Parenting Plan will be reviewed during the year as a new longer-term plan is drawn up.

Theme One: Governance and Accountability Duties 1-6
Improvement priority: **1.1 The NHS Highland Board will ensure awareness, understanding and action regarding its Corporate Parenting responsibilities and duties.** **1.2 The Board will work with senior leaders to ensure operational managers and professional/clinical leads are creating cultures that demonstrate an understanding of the needs of Care experienced children and to develop a workforce who are qualified, skilled, capable and confident to meet their needs.** **1.3 The Board will ensure the voices of Care Experienced children and their families are heard and are seen to be shaping the understanding of health and health care needs and the design and delivery of health improvement and health care.**
Policy Drivers Statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 Statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014 - gov.scot (www.gov.scot) The Promise (2020) [1] Home - The Promise UNCRC Incorporation of the UN Convention on the Rights of the Child | Together Scotland UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland (cypcs.org.uk)
Rationale for action • The NHS Board has duties and responsibilities to ensure the needs of Care Experienced children are understood and met across health services and with integrated service planning partners and Corporate Parenting Boards in the Argyll and Bute and north Highland Partnerships. • Successful corporate parenting requires passion, commitment, partnership working and engagement across all agencies. This requires everyone, from Chief Officers to the heads of services, managers and front-line practitioners, to understand the circumstances in which a child may become care experienced and to take a non-judgmental, proactive approach to understanding and responding to the needs of families and children in the context of the communities in which they live.

• The UNCRC and The Promise demonstrate the commitment for the voices of care experienced children and their families to be at the forefront of service consultation and engagement and the design and delivery of health care.				
Actions	**Measures / evaluation**	**Timescale**	**Lead**	**RAG**
Undertake a self-assessment of how duties and responsibilities for the Board are currently being met and identify improvement priorities for 2023/24.	Completed self-assessment	October 2023	Child Health Commissioner once in post	
Ensure training for Board members and Senior Leaders on Corporate Parenting responsibilities every two years.	Board training last delivered in October 2022	September 2024	Director of Public Health	
Ensure the NHS is represented on Corporate Parenting Board in Argyll and Bute and Promise Board in Highland.	Evidence of participation in the respective Boards.	August 2023	Director of Public Health and Child Health Commissioner.	
Explore options for Care Experienced young people to gain employment opportunities within NHS Highland	Scoping of options	September 2023	Director of Culture and People	
Current arrangements and options for service consultation and engagement by children and their families, and their involvement in service design and delivery will be explored in Argyll and Bute and north Highland and further action as indicated will be identified and undertaken.	A review of current processes and options for health services to ensure the voices of children and young people are co—producing opportunities health resources and health care pathways and to identify opportunities for 2024	December 2023	Child Health Commissioner and Chief Officers	

Theme Two: Understanding the health and health care needs of Care Experienced Infants Children and Young People through a Whole System Approach Duties 1, 2 and 5.
Improvement priority: **NHS Highland will work with senior leaders, operational managers, professional leads and clinicians to ensure services understand the physical, social and mental health needs of care experienced children.**
Policy drivers The Looked After Children (Regulations)(Scotland) 2009 Guidance on health assessments for Looked After Children (Scottish Government) 2015 Guidance on Health Assessments for Looked After Children in Scotland - gov.scot (www.gov.scot)

The Children and Young Peoples (Scotland) Act 2014
Chief Executive Letter 16, 2008 Guidance on Health Assessments for Looked After Children in Scotland - gov.scot (www.gov.scot)
Highland Interagency Child Protection Guidance. 2020
Argyll and Bute Corporate Parenting Plan 2021-24
Highland Looked After Children Policy. 2015
The Independent Care Review: Independent Care Review – The root and branch review of Scotland's care system.
The Promise 2020 https://thepromise.scot/
UNCRC Incorporation of the UN Convention on the Rights of the Child | Together Scotland
UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland (cypcs.org.uk)

Rationale for action

Care Experienced children are recognised as a population group who are likely to have experiences of adversity and trauma that have impacted on their growth and development and experiences of wellbeing. An understanding of the role of toxic stress on growth and development presents opportunities to design health care that understands the physiological impacts and how these influence physical and mental health needs and behaviours as children grow and develop. Relationships, age and developmentally appropriate focused care is recognised to be route to address and offset the adverse consequences of adversity, with support for families being key, even as exceptional circumstances may require the child not to live with their parent/s. Shifting cultures and practice from "What is wrong with you?" to "What happened to you?" presents opportunities for empathy and compassion in supporting parents and understanding their difficulties and helping them to develop their capabilities and capacities to parent well.

Health is impacted by problematic experiences of family life and exacerbated by experiences of poverty, troubled parental relationships, substance and alcohol use, parental mental health needs and vulnerabilities and wider challenges from insecure/low family income, housing and food insecurity and disadvantaged communities lacking in green space and leisure options. A whole systems approach helps understanding of the issues and what responses are required while evidencing the need for an integrated approach across organisations with Corporate Parent responsibilities. Such approaches create opportunities to interrupt intergenerational adversity and poorer outcomes across the life course.

Understanding health and health care needs requires the recording and communication that a child is Care Experienced and associated actions to assess need and risks be this universal health contacts, uptake of immunisations and timely access to dental care.

Activity	Measures / evaluation	Timescale	Lead	RAG
Children who are Care Experienced will have this recorded in their universal health record and clinicians will be advised of a child being Care Experienced in referrals on to secondary and tertiary care.	Care Experience will be recorded in the Child Health Surveillance System at core contacts c/o Quarterly Data Completeness Reports	Reported annually. March 2024	Lead Nurse Highland Council and A+B HSCP	

	Balanced Score Card CYP 05: 6–8-week Child Health Surveillance contact uptake between the general population and Looked After Children Sample audit of referral letters to Acute Paediatric clinicians and practitioners to understand if care experience is reflected in the communication SAERs/DATIX are monitored for actions and themes	Reported annually March 2024 Reported annually March 2024 Reported annually March 2024	Public Health Intelligence Team Head of Operations Acute Services Women and Children's Directorate and Head of Children and Families Argyll and Bute HSCP Head of Operations Acute Services, Women's and Children's Directorate Head of Children and Families Argyll and Bute HSCP	
Children who become Care Experienced will have a health assessment within 8 weeks and this will be reflected in the Child Plan/GIRFEC Assessment	Performance as per Balanced Score Card CYP 21:	Reported Annually March 2024	Head of Health Highland Council and Lead Nurse Children's Services Argyll and Bute	
A whole system approach to the health and health care needs of care experienced children in Argyll and Bute and north Highland will detail the opportunities to understand health needs and responses across a continuum of primary secondary and tertiary prevention approaches with related detailing of the responsibilities of health care clinicians in	Completion of whole system pathway summary and guidance Sample case record audit of pathway uptake	November 2023	Lead Nurse Children's Services Argyll and Bute and Lead Nurse Highland Council.	

assessing needs and referring on from pre-birth to 26 years. This will be informed by the principles detailed in The Promise				
Highland and Argyll and Bute will demonstrate knowledge of the health care needs and risks for the Care Experienced population of children in their services.	Annual report with overview of health and health care needs for Argyll and Bute and north Highland with consideration of related performance reporting data and improvement plan activity, where indicated • Percentage of statutory health assessments done within 4 weeks of becoming looked after • New Performance Measures CYPs • Uptake of primary immunisation schedule • Uptake of MMR • Access and uptake of dental services by case record review	Annual Report March 2024	Head of Health Highland Council/Head of Children and Families Services, Argyll and Bute	
Needs of Care Experienced infants, children and young people will be raised with Community Planning Partners presenting opportunities for wider preventive approaches to support family and community wellbeing.	Annual review of discussions with Community Planning Partnerships with regard to care experienced children.	March 2024	Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP	
Board Executives, Senior Leaders and Heads of services, clinical service managers and front-line practitioners in children's services will undertake Trauma training to a minimum of Level One and ideally Level 2	Completion of NES Trauma Training modules	Annual reporting March 2024	Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP	

Theme Three: Access to physical and mental health care Duties 1,3 and 5.

Improvement priority:
NHS Highland will work with Argyll and Bute and north Highland health colleagues operational managers and professional leads to ensure Care Experienced Children and access physical and mental health care across a continuum of need from universal to more specialist health care services.

Policy Drivers

The Promise (2020) [1] Home - The Promise
Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification (2020)
Neurodevelopmental Services Scotland National Service Specification (2021)
School nursing – transformation programme
Whole systems mental health approach
Developing a Trauma Informed Workforce (NES/ Scottish Government)

Rationale for action

- A range of sources consistently indicate that Care Experienced children are at risk of poor health across their lives and access health care later than their peers. The Promise (2020) [1] Home - The Promise UNCRC and Corporate Parenting - Useful Resources
- Around half of mental health problems (excluding dementia) start before 15 years of age and 75% before 18. Nine out of 10 children who have suffered early trauma or adverse experience and been abused or neglected at a young age, will develop a mental health problem by the age of 18. https://www.iriss.org.uk/resources/esss-outlines/care-experienced-children-and-young-peoples-mental-health
- Measures of the emotional and behavioural health of looked after children using the Strengths and Difficulties Questionnaire (SDQ) found that 37% had scores considered a cause for concern, compared to 12% of children in the general population (Alliance For Children In Care And Care Leavers, 2017).
- Access to health care in a timely manner can be compromised by multiple placements moves delaying assessments, treatment and access to support. For children who are placed out with NHS Highland it can be more challenging to fully understand and meet their health care needs.
- Care experienced children across NHS Highland feature in the deaths over recent years of young people from suicide and drug related deaths.

Actions	Measures / evaluation	Timescale	Lead	RAG
There will be a stock take /status report of the current work to provide specialist CAMHS input to foster and residential care in north Highland and Children's Houses in Argyll and Bute with related consideration of resources into CAMHS to ensure the mental health needs of Care Experienced	Review/status report Outcomes from CAMHS investment	Annual March 2024	Head of Health Highland Council and Head of	

Children are understood and reflected in investment decisions with related consideration of the assessment of neurodevelopmental needs and conditions to 26 years.			Children's and Families Argyll and Bute HSCP	
Partnership working with social care partners in Argyll and Bute and north Highland will seek to reduce the need for placements out with NHS Highland and where this is required, systems will be established and maintained to ensure children's health care needs are assessed and action taken to ensure they are met in a timely manner.	Sample audit of child plans where a care experienced child is placed out with NHS Highland to understand health care needs and how these were assessed and met	Annual March 2024	Head of Health Highland Council and Head of Children and Families Argyll and Bute HSCP.	

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**25 July 2023**
Title:	**NHS Highland Board Risk Register**
Responsible Executive/Non-Executive:	**Dr Boyd Peters, Board Medical Director**
Report Author:	**Grace Barron, Programme Manager**

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 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.

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, Programme Boards, Senior Leadership Teams, Governance Committees and NHS Highland Board.

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

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

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

2.2 Background

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

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

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

2.3 Assessment

Risks no. 1103 (Financial Efficiencies) and no. 1102 (Financial Balance) were approved as being closed from the NHS Highland Board risk register, as these 2 risks pertinent to financial year 22/23. These risks were therefore replaced by risk no. 1181 (Financial Position). The closure and addition of risks onto the NHS Highland board risk register were approved by the appropriate board

governance committee. In this case, Finance, Resources and Performance committee provided approval of these risk updates prior to Board submission.

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.

Current Risk Level: Very High

Risk no. 706 – Workforce – Score 20

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.

A Workforce Board will be established in the Autumn to oversee development and delivery of an integrated and co-ordinated workforce plan which achieves our vision of a sustainable, skilled workforce with attractive career choices including career pathways, apprenticeships, recruitment campaigns and compliance of the Health & Care (Staffing) Act

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1056 – Statutory and Mandatory Training Compliance – Score 20

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 Board Nurse Director has current responsibility for Executive Leadership for Statutory and Mandatory training. The next step entailed with mitigating this risk will be to progress an agreed improvement plan with an agreed level of oversight to ensure the delivery on the remaining audit actions. This will be considered by EDG in July.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 1101 – Impact of Current Socio-Economic Situation – Score 20

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.

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.

Planning for industrial action for Junior Doctors has been underway for the last few weeks. The preparation regarding information, rotas and emergency planning will be useful in considering how we plan for any potential action and business continuity.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Current Risk Level: High

Risk no. 666 – Cyber Security – Score 16

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.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 712 – Fire Compartmentation – Score 16

Works continuing to improve the compartmentation within Raigmore Hospital. Raigmore SMT currently working to provide decant facilities to allow for a full programme moving forward.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 959 – COVID and Influenza Vaccinations – Score 12

The spring/summer COVID vaccination programme has as of 11 June 2023 given uptake rates of above 91% for adult care home residents and 76% for people in the community aged 75 and over in NHS Highland. For care homes this is slightly higher than the Scottish average and for the community it is lower. Uptake rates for people with a weakened immune system are similar to the national average. The influenza immunisation programme finished several months ago and will resume in the autumn. Vaccinations in general are now almost all delivered through the board rather than by general practice following the Vaccination Transformation Programme. Delivery risks remain for the

programme, including finance, workforce and ensuring the most appropriate service design. These risks are most pronounced in the Highland HSCP area. Therefore, it is proposed that the risk level remains as high.

Strategic Objective: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk no. 1097 – Transformation – Score 16

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.

Strategic Objective: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk no. 1181 – Financial Position – Score 16

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.

Strategic Objective: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk no. 632 – Culture – Score 15

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.

Colleague engagement and co-production is key to progressing the Culture improvements required The local partnership forums, the Argyll & Bute Culture and Wellbeing group and our listening and learning panel are already in place to support specific areas. The Culture Oversight group's remit and membership will be refreshed and an Organisational Development framework established to capture all areas of development to support the improvements. The proposal will be shared with Staff Governance Committee and Board during September.

Strategic Objective: Grow Well, Nurture Well, Listen Well
Governance Committee: Staff Governance Committee

Risk no. 714 – Backlog Maintenance – Score 15

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.

Strategic Objective: Progress Well
Governance Committee: Finance, Resources & Performance Committee.

Risk no. 877 – Engagement and Service Design – Score 15

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.

Strategic Objective: Anchor Well
Governance Committee: TBC

Current Risk Level: Medium

Risk no. 715 – Impact of COVID and Influenza on Health Outcomes – Score 8

COVID levels have reduced over recent months. However, population surveys of COVID have ceased and widespread testing has also stopped, so it is less easy to get an accurate picture of disease prevalence. Monitoring of virus levels in sewage shows continued presence at relatively low levels and cases are still being reported from health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. The seasonal influenza season has finished, and influenza cases are close to baseline levels. Therefore, it is proposed that the risk level is reduced from high to medium.

Strategic Objective: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk no. 1182 – New Craigs PFI Transfer – Score 9

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.

Strategic Objective: Enable Well
Governance Committee: Finance, Resources and Performance Committee.

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. The risk management process with alignment to the strategy will be presented to the next Board meeting
- **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:	**25 July 2023**
Title:	**Implementing the Blueprint for Good Governance Self-Assessment Findings**
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 and 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 to take forward the findings arising from a recent self-assessment exercise against the new Blueprint for Good Governance issued to Boards in December 2022. The Board is asked to consider and agree a draft Implementation Plan arising from the self-assessment exercise findings.

2.2 Background

DL (2022)38 – NHS Health Boards and Special Health Boards Blueprint for Good Governance Second Edition was published in December 2022. This edition builds on the original Blueprint issued in 2019 and sets out the methodology for assessing the effectiveness of healthcare governance systems against the principles of good governance. The aim is for Boards to develop a programme of activity to drive continuous improvement in the delivery of 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

NHS Highland agreed to act as a pathfinder to inform a national approach for Board self-assessment. The pathfinder exercise took place between January and March 2023 and was assisted by Neena Mahal, former Chair of NHS Lanarkshire.

2.3 Assessment

Board Blueprint Pathfinder Self-Assessment Activity

The following describes the activity the Board has undertaken since the Blueprint for Good Governance was released in December 2022.

Jan 2023	Board briefing session on the 2022 Blueprint for Good Governance, led by its author Mr John Brown, Chairman, NHSGGC.
Feb 2023	Board members and Director/Senior manager attendees completed the self-assessment survey, addressing all Blueprint functions, enablers, and delivery systems to support good governance.
March 2023	Board workshop facilitated by Neena Mahal to collectively reflect on the feedback from the self-assessment survey. This session identified areas of success and where improvements and opportunities exist.
April 2023	Board Development session considered the identified improvement areas, agreed the priority areas for initial implementation, and the governance of an Improvement Plan.
May 2023	Board agreed that a draft Improvement Plan be submitted to the 25 July 2023 Board meeting and agreed the main improvement themes on which it should be based. Board endorsed the involvement of Committee Chairs and Governance Committees in the Improvement Plan's oversight and agreed that biannual progress updates be provided to Board meetings.

Improvement Plan Overview

The following improvement themes have arisen from the Board's self-assessment exercise and were agreed at the last meeting of the Board:

1. Performance	**5. Quality**
2. Finance and Best Value	**6. Board Members development**
3. Risk	**7. SBAR development**
4. Culture	**8. Engagement**

Since the last Board meeting, discussions have been held with Governance Committee Chairs and Executive Leads to develop the specific actions to deliver the objectives of the self-assessment findings. Appendix A to this report is the draft Improvement Plan for Board members' review and approval.

Oversight and Monitoring of the Plan

The Board agreed that formal updates on the plan's progress be provided to the Board at six monthly intervals.

It is proposed that Executive Leads and Chairs agree an appropriate format and frequency of reporting to Governance Committees so that their respective individual actions are delivered within the agreed timeframe.

Both the Executive Directors Group and Chairs Group will maintain an oversight role.

Future Self-Assessment Activity

Scottish Government will expect to receive updates on the delivery of the Board's agreed Improvement Plan.

The Improvement Plan will be reviewed to respond to address new and emerging issues and concerns. It will therefore roll forward to future years and be subject to annual updates according to the Board's future self-assessment findings.

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 as soon as they are 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 the grounds that the draft Improvement Plan is the result of a thorough self-assessment against the Blueprint for Good Governance expectations, and significant engagement with those responsible for its delivery. It is now presented to the Board as a cohesive plan with deliverable actions.

Future Board reports will record assurance against the delivery of the plan.

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 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 been considered by the Board Chair, Vice Chair, Chief Executive, Deputy Chief Executive, and the Board Secretary. The Improvement Plan has been generated by Committee Chairs and Lead Executives with final checking prior to submission to this Board meeting.

4 Recommendation

The Board is asked to:

(a) take substantial assurance from the report,
(b) **agree** the draft Blueprint for Good Governance Improvement Plan,
(c) **note** that oversight of implementation and progress will be provided informally through the Chairs Group and Governance Committees, and
(d) **note** that a progress update will be submitted to the Board in January 2024.

4.1 List of appendices

- Draft Blueprint for Good Governance Improvement Plan 2023

Agenda Item 11

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**25 July 2023**
Title:	**Review of Committee Memberships and Chair positions**
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 and Chair positions.

2.2 Background

At the meeting in May 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.

This report invites the Board to complete the appointments to Committee positions which will be in place until the current Board member vacancies have been filled.

2.3 Assessment

Appendix 1 to this report highlights the changes and **Appendix 2** illustrates the spread of Non-Executive memberships and appointments across all governance committees. The following provides a brief description of the changes:

Argyll and Bute Integration Joint Board

- Vacancy to fill Jean Boardman's former membership

Endowments Committee

- Two vacancies one of which to fill Jean Boardman's former membership

Pharmacy Practices Committee

- Ann Clark to be appointed to the Committee and take the position of Chair.

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:
(a) take substantial assurance from the report,
(b) **agree** the changes to Committee memberships and Chair positions 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 November 2022 **Appendix 1**

Committee	Current Membership
HHSCC **5 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	• Graham Bell – Vice Chair / Chair • Sarah Compton Bishop • Susan Ringwood • Gaener Rodger
Audit Committee **5 Non Executive members** **1 Co-opted member in post until end April 2024**	• Gaener Rodger – Chair • Susan Ringwood -V Chair • Alasdair Christie • Alex Anderson • Garret Corner • Independent Lay Member
Finance, Performance and Resources Committee **5 Non Executives**	• Alex Anderson - Chair • Graham Bell - V Chair • Ann Clark • Garrett Corner • Gerry O'Brien
Clinical Governance Committee **4 Non Executives** ***And*** **Chair ACF**	• Alasdair Christie – Chair • Joanne McCoy – V Chair • Gaener Rodger • Muriel Cockburn • Catriona Sinclair, ACF Chair
Staff Governance Committee **4 Non Executives** ***And*** **Employee Director**	• Ann Clark – Interim Chair • Philip MacRae – V Chair • Sarah Compton Bishop • Bert Donald • Elspeth Caithness (Employee Director)
Endowment Funds Committee **5 Non Executives**	• Philip Macrae - Chair • Elspeth Caithness (Employee Director) • Gaener Rodger • Joanne McCoy • Alasdair Christie
Remuneration Committee **5 members *including* Board Chair, Vice Chair and Employee Director**	• Ann Clark - Chair • Sarah Compton Bishop • Elspeth Caithness (Employee Director) • Gerry O'Brien • Bert Donald
Pharmacy Practices Committee **At least 2 trained Non-Executives**	• Ann Clark (Chair) • Gaener Rodger • Susan Ringwood • Joanne McCoy

Joint Monitoring Committee

• 4 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: 1 Non-Executive Board Member, Chief Executive, Director of Public Health	• Ann Clark • Pamela Dudek • Tim Allison
Public Protection Chief Officers Group Chief Executive of NHS Highland Director of Nursing	• 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 etc.

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 July 2022

	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 Employee Director							✓	✓		✓
Alasdair Christie				✓		✓ Chair				✓
Ann Clark	✓	✓			✓		✓Interim Chair from April 2023	✓ Chair	✓ Chair	
Muriel Cockburn	✓					✓				
Sarah Compton-Bishop			✓				✓	✓		
Garret Corner				✓	✓					
Bert Donald							✓	✓		
Philip MacRae	✓ V Chair						✓			✓ Chair
Joanne McCoy	✓					✓			✓	✓
Gerry O'Brien	✓ Chair	✓			✓			✓		
Susan Ringwood			✓	✓					✓	
Gaener Rodger			✓	✓ Chair		✓			✓	✓
Catriona Sinclair ACF Chair						✓				

*** 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**
Sarah Compton Bishop	Member	Member	Member	Member	
Graham Bell			Chair	Member	Representative of the IJB
Susan Ringwood	Vice Chair				
Gaener Rodger					

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 NHS Board Audit Committee Microsoft Teams	**20 June 2023 9.00 am**

Present:
Gaener Rodger, NHSH Board Non-Executive (Chair)
Susan Ringwood, NHSH Board Non-Executive (Vice Chair)
Alexander Anderson, NHSH Board Non-Executive
Alasdair Christie, NHSH Board Non-Executive
Garret Corner, NHSH Board Non-Executive
Stuart Sands, Independent Lay Member

Other Non-Executive Directors Present:
Ann Clark, NHSH Board Vice Chair & Non-Executive (until 10.50am)

In Attendance:
Tim Allison, Director of Public Health
Gaye Boyd, Deputy Director
Louise Bussell, Director of Nursing
Kate Cochrane, Head of Resilience (item 8 only)
Heledd Cooper, Director of Finance
Pam Cremin, Chief Officer
Ruth Daly, Board Secretary
Pam Dudek, Chief Executive
David Eardley, Azets, Internal Auditors
Patricia Fraser, Audit Scotland, External Auditors
Claire Gardiner, Audit Scotland, External Auditors
Stephanie Hume, Azets, Internal Auditors
Kay Jenks, Audit Scotland, External Auditors
Sophie Kiff, Head of Financial Services
Arlene Johnstone, Head of Service
David Park, Deputy Chief Executive
Boyd Peters, Medical Director
Donald Peterkin, Data Protection Officer (item 9 only)
Liz Porter, Assistant Director Financial Services
Iain Ross, Head of eHealth (item 9 only)
Katherine Sutton, Chief Officer, Acute
Alan Wilson, Director of Estates
Stephen Chase, Committee Administrator

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

1.2 DECLARATION OF INTERESTS

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 2 MAY 2023

The Committee

- **APPROVED** the amended minute of the meeting held on 2 May 2023.
- **NOTED** The Workplan, and that the Rolling Actions would be updated for the June meeting.

1.4. MATTERS ARISING

There were no matters arising.

INDIVIDUAL INTERNAL AUDIT REPORTS

2.1 Community Planning Partnership

The Committee **noted** the report.

2.2 Governance and Accountability of Finance and Performance

The Committee **noted** the report.

2.3 Consultants Contracts Job Planning

The Committee **noted** the report.

2.4 Protection Payments

The Committee **noted** the report.

2.5 2023/24 Internal Audit Plan Timetable

The Committee **noted** the report.

3. Management Follow-Up Report on Outstanding Audit Actions

The Committee Chair explained that there would be no update provided for the Management Follow-up Report on Outstanding Audit Actions due to an extensive update being provided at the May 2023 Audit Committee.

4. Summary/Schedule of Losses and Special Payments

The Director of Finance spoke to the circulated spreadsheet that summarised the losses and special payments for both financial years ending in March 2022 and March 2023. It was noted that a change had been made to the spreadsheet to provide values with the pound sign to improve visualisation. Cash loss had been recorded at a lower value and had been assessed through the Datix process. The Claims abandoned value included estates, oversea patients, road traffic accidents and adult social care write offs. Larger Clinical Compensation payments go through Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Ex Gratia Payments on the spreadsheet are payments made to staff who go through the healing process. The other losses listed at five thousand pounds include some dental and ophthalmic write offs.

The Committee **noted** the report.

5. NHS in Scotland 2022 Report

P Fraser (Audit Scotland) asked to defer the item to 27 June Audit Committee meeting as a presentation had not been prepared. It was noted that the extra time would allow for members of Performance, Audit and Best Value could be available to give a presentation.

Action: S Chase to ensure P Fraser has the relevant information to pass on to performance audit and best value members ahead of the 27 June meeting.

The Committee **agreed** to defer the item.

6. Framework for Review of Policies

The Board Medical Director spoke to the presentation 'Controlled Documents Update' explaining that a review of how control documents are held by the organisation had begun. The Policies and Procedures Oversight Group (PPOG) has been split into key deliverables of accessibility, simplicity, consistency and good governance. Phase one included a system wide assessment of controlled document "clean up"; review amendment and ratification of simplified NHS Highland Policy for Controlled documentation; and an Intranet Library Clean up. Cultural improvement was noted as an outcome to ensure controlled documents are the responsibility of everybody involved with NHS Highland. Phase two launched 19 June to inform staff about the new policy and policy library through communications. Non-executive Directors who Chair Governance Committees to be aware of new policies and correct paperwork being used. The Strategy & Transformation Business Informatics manager developing SharePoint site to house controlled documents, all staff to have access and will have features such as audit tools and functionality such as automation.

7. Draft Audit Committee Annual Report

The Chair advised that internal audit have provided information to complete the highlighted section in item 5 of the report 5 Key Performance Indicators.

The Committee **noted** the report.

8. Counter Fraud

The Committee Chair explained that there would be no update provided for the Counter Fraud due to a detailed report being provided at the May 2023 Audit Committee.

The Committee **agreed** to defer the report.

9. Risk Management

The Board Medical Director spoke to the presentation 'Risk Update' explaining that risk documents had been developed and would be taken to the next Executive Director Group Development Session. The Highland Risk Appetite statement developed after the 'Risk appetite' discussion at a previous Board Development session that would be presented to the Executive Directors Group with a paper being prepared for Board meeting. It was noted that the 12 outcomes from the audit on risk, 11 had been completed with one remaining open due to training options.

10. Audit Scotland Reports

The Chair recommended the deferral of this agenda item to the August 2023 meeting.

Action: P Fraser to check availability of those required to speak to the item if it was deferred to August 2023.

The Committee **agreed** to the item deferral.

11. Any Other Competent Business

The Director of Finance explained there had been delays with the external audit process. The next Audit Committee would enable the draft accounts and reports to be submitted to Scottish Government within the required timeframe and for any changes to be identified. The July Audit Committee would provide detail of audit opinion from wider testing and formally submit accounts to Scottish Government.

12. DATE OF NEXT MEETING

The next meeting will be on **Tuesday 27 June 2023** at **9.00 am** on a virtual basis to have a detailed review of the annual accounts.

The will be an additional audit meeting held on **Monday 24 July 2023** at **9:00 am** on a virtual basis to get our external audit opinion.

The meeting closed at **11.04 am**.

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 NHS Board Audit Committee Microsoft Teams	**27 June 2023 9.09 am**

Present:

Gaener Rodger, Non-Executive Director (Chair)
Susan Ringwood, Non-Executive Director (Vice Chair)
Alexander Anderson, Non-Executive Director
Alasdair Christie, Non-Executive Director
Garret Corner, Non-Executive Director
Stuart Sands, Independent Lay Member

In Attendance:

Tim Allison, Director of Public Health
Graham Bell, Non-Executive Director
Gaye Boyd, Deputy Director
Elspeth Caithness, Non-Executive Director
Ann Clark, Non-Executive Director
Sarah Compton Bishop, NHSH Board Chair
Heledd Cooper, Director of Finance
Ruth Daly, Board Secretary
Bert Donald, Non-Executive Director (until 11am)
Pam Dudek, Chief Executive
David Eardley, Azets, Internal Auditors
Claire Gardiner, Audit Scotland, External Auditors
Philip Macrae, Non-Executive Director
Joanne McCoy, Non-Executive Director
Gerry O'Brien, Non-Executive Director
David Park, Deputy Chief Executive
Boyd Peters, Medical Director
Liz Porter, Assistant Director Financial Services
Nathan Ware, Governance & Corporate Records Manager
Stephen Chase, Committee Administrator

The meeting was immediately preceded by a meeting of the Trustees of the Endowment Fund.

1.1 WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

Apologies were received from Louise Bussell, Catriona Sinclair and Fiona Davies.

1.2 DECLARATION OF INTERESTS

There were none.

1.3 MINUTE AND ACTION PLAN OF MEETING HELD ON 20 JUNE 2023

The minutes of the meeting held on 20 June 2023 were approved as an accurate record.

It was clarified that the approval of the 2021/22 accounts was minuted and that the minutes were approved at the subsequent meeting of the Committee in September 2022.

It was noted that the rolling actions would be considered at the September meeting with the aim of closing the items off.

The Committee

- **APPROVED** the minute of the meeting held on 20 June 2023, and
- **NOTED** that the rolling actions would be considered at the September meeting.

1.4. MATTERS ARISING

There were no matters arising.

2. INTERNAL AUDIT ANNUAL REPORT

It was the opinion of the Internal Auditor, Azets, that NHS Highland had a framework of governance, risk management and controls that provided limited assurance regarding the effective and efficient achievement of objectives. Across the reviews that were carried out, there were identified a number of cross cutting themes relating to assurance reporting, capacity, data-led and cost/benefit decision making, and policies & procedures. These areas were identified as having contributed to issues with the effectiveness of reporting, progress monitoring, with aspects of scrutiny and challenge, and of adherence to processes across a number of areas reviewed within the year.

The Chair introduced the item and asked the Internal Auditor to provide reasons for the 'Limited' level of assurance recommended by the report.

- D Eardley provided an overview of the report, noting how it brought together the audits carried out over the previous year and that it had summarised themes for clarity and a more strategic overview.
- It was commented that the four reports which came to the Committee on 20 June had a number of issues and observed the impact this had had on the overall assurance level offered and the wording of the opinion. D Eardley noted that he and his team had spoken with the Director of Finance and other colleagues to ensure that the audits were drawing out and presenting the data in the most useful way.
- It was felt by the Internal Audit that the assurance level ought to be brought down from 'reasonable' to 'limited' to reflect the wording agreed within the firm for 2022 to 2023 onwards. D Eardley noted that this was a subjective judgement but that it was a professional judgement reflecting the spread of issues over the year as elaborated in the report.

The Director of Finance commented that there had been discussion around the report and the assurance level with the Internal Auditors and had agreed with the issues identified but noted that the scope of the audit had changed considerably over the course of the year and that the organisation had got much better at addressing actions with most of the outstanding actions from previous years having now been closed.

- It was felt that there were no real surprises in the requested areas audited and that the findings aligned well with current risk register activity.

- The governance statement had been updated subsequent to its circulation at the meeting and would be recirculated to the Committee taking account of the Internal Audit report and recognising the work that had been carried out to progress the issues raised.
- The Chair commented on her surprise at the assurance level when compared to how far the organisation had travelled in terms of recognising areas of risk or concern, putting mitigations in place to address them, and using audits to assist and verify.
- The Chief Executive also commented that she had been challenged by the limited assurance status in terms of the journey undertaken by the organisation over the past few years. She noted that the Executive Directors' Group had recognised areas where audits could be more focussed and supported and confirmed that discussion had been had within the EDG to agree terms of a process for forthcoming audits.

During discussion, it was commented that in-year tracking of audit plan progress could be beneficial in terms of avoiding the surprises of the report and would assist a better overarching view of progress.

- S Sands commented that the audit reports show that the control environment is not as strong as it could be even though risk and control awareness is much improved in the organisation which should mean a better position could be reported for the next year.
- D Eardley answered that he would be happy to incorporate the Committee's suggestion of tracking into future work and that further discussion could help to contextualise reporting and assist both the Committee and the Internal Audit to steer the work in an impactful way.
- A Clark noted that the report comments that minuting is an area that could be stronger within the organisation in terms of governance.
- The Chair confirmed that the present meeting was an opportunity to consider the first draft of the annual report and accounts and that the additional meeting on 24 July would consider and recommend the final version of these reports along with the External Audit opinion to the Board for formal approval at an In Committee meeting.
- The Director of Finance invited members to comment on the reports before final versions are provided to External Audit to complete their opinion and submit the accounts in time for approval by Scottish Government ahead of the Board's formal approval.
- D Eardley commented on the language of the report that the technical committee within Azets had dissuaded colleagues from the use of the term 'moderate' for future reporting due to its similarity to 'reasonable'. He noted that a context is always provided for the given assurance level and that health boards had been facing increasing challenge. It was hoped that the policies and procedures work, cross cutting themes and increased clarity in the reporting (for example, through the use of colour coding) would help to steer the organisation towards better mitigation.
- The Medical Director noted that even though his name was nominally placed against the policy and procedures work it needed to be owned by the EDG due to its massive scope in order to ensure that it be addressed particularly in relation to the strategic transformation and improvement work of the organisation. He noted that this work will take time but that work was proceeding steadily.

The Committee **noted** the report.

3. Audit Assurance Report on External Systems

The report outlined assurance for the Committee collated from the respective service organisations that the external systems utilised by NHS Highland had adequate controls in place.

The Assistant Director of Financial Services drew the Committee's attention to the reports and outlined the different areas covered and noted that it was conclude that the Committee could take assurance from the reports.

The Committee **noted** the report.

4. Audit Committee Annual Report

The report provided assurance to be presented to the Board that the Committee had undertaken the responsibilities under its Terms of Reference, including recommendation of approval of the Annual Report and Accounts to the Board for approval.

The Chair commented that the report had been considered at the meeting on 20 June and noted amendments to the number of grade 3 and 4 issue reports following the four reports considered at that meeting.

The Committee **noted** the report.

5. Assurance for the Consolidation of Endowment Fund Accounts

The Chair noted the report from the Chair of the Trustees of the Highland Health Board Endowment Fund and that it had been approved by the Trustees at the meeting that immediately preceded the Audit Committee.

The Committee **noted** the approved Endowment Fund Accounts which had been audited with a unqualified opinion, and **agreed** that they be consolidated into the NHS Highland Board accounts.

6. Draft Final Annual Audit Report

The Chair noted that this item would be presented for consideration at a meeting on 24 July and requested that the Committee accept the deferral.

The External Auditor was invited to provide comment on the audit work. She thanked members for their patience while audit work continued. She noted that it had been a challenging year for everyone and that a large amount of audit work had been conducted including in areas where it may not have been conducted in the past, and expressed thanks to Finance colleagues for their assistance to the audit team in working to conclude the audit reporting on a timely basis to provide assurance to Scottish Government.

The External Auditor noted that at the last meeting it was mentioned that some control issues had been identified which had led to additional auditing, sampling and a higher level of

testing. To date, no significant misstatements had been found and therefore no amendments are envisaged for the accounts as presented to the Committee.

In discussion, the External Auditor commented that they had been prioritising financial statements and that the wider scope of the audit work would be concluded within the first two weeks of July.

The Committee **noted** the update and that the report would be brought to the meeting on 24 July.

7. Letter of Representation from NHS Highland to Audit Scotland

The Committee **noted** that the letter of representation from NHS Highland to Audit Scotland would be tabled on the meeting at the 24th of July.

8. Draft Annual Report and Accounts 2022/23 for NHS Highland

The Chair drew the Committee's attention to the draft report and accounts and commented that the draught auditor certificate would be tabled on the 24th of July, and invited discussion.

The Director of Finance highlighted some of the key messages for the Committee around the report and the accounts, noting its structure providing the financial position and key governance information.

- She noted that in terms of staff costs there had been no exit packages paid in 2022/23 and that the Statement of Losses had been seen at the last meeting.
- In terms of accounting policies, there had been no significant changes to highlight apart from the addition of the NFL rest 16, which had been adopted in the last year.

In discussion, the Chair noted that there was to have been an Environment and Sustainability statement this year and commented if a more substantial statement was required by Scottish Government than the reporting on page 33 of the document. The Director of Finance confirmed that she would check the details and update the report if necessary. The External Auditor commented that some of her team were looking at the content of the performance report and would be reviewing it against checklists and would liaise with the Director of Finance to ensure requirements were met.

- A Anderson commented on the limited information about Dental Services
- A Clark noted the difficulty in representing achievement in certain areas such as Community Services and the mitigations carried out in the Care Home sector
- In answer to questions, the Director of Finance commented that it had been a challenge to establish more data around Community Services and therefore a more narrative slant was necessary for this area.
- The Director of Finance noted that she would confirm what reserves the Highalnd Council had held on behalf of NHS Highland and of this what had been brought in to the organisation's position in the last year.
- The Chief Officer for Community Services commented that she could provide more narrative and detail for Dental Services to the Director of Finance for the report.
- A Clark commented that many parts of the document were some of the best she had seen in her time on the Board.
- The Chair thanked the Director's team for their work on behalf of the Committee.

The Committee **noted** the report.

9. Patient and Client Private Funds

The report detailed the requirement of the Board by the Scottish Government Health and Social Care Directorates to provide an abstract of receipts and payments of patients' and clients' private funds for the financial year 2022-23 to confirm that the required responsibilities had been discharged during the period.

The Assistant Director of Financial Services introduced the report and noted that there had been no concerns expressed by the auditors Johnson Carmichael.

The Committee **noted** the report.

10. Any Other Competent Business

The Director of Finance confirmed that a meeting to recommend the annual accounts to the Board, followed by an exceptional meeting of the Board to sign off on the accounts and annual reports had been scheduled for 24 July in the expectation that audit assurance work would be complete to allow the Audit Committee to consider any audit findings and to formally recommend the accounts. The Chair noted that the Vice Chair would chair the meeting in her absence.

11. DATE OF NEXT MEETING

The next meeting will be on **Monday 24 July 2023** at **10.00 am** on a virtual basis to consider and agree the accounts.

(The next regular meeting of the Committee will be held on **Tuesday 5 September 2023** at **9:00 am** on a virtual basis.)

The meeting closed at **11.25 am**

There followed a private session with the Non-Executives, and the Internal and External Auditors.

STAFF GOVERNANCE COMMITTEE
Report by Ann Clark, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 28th June 2023 with attendance as noted below.
- **Approve** the report and agreed-on actions resulting from the review of the specific topics detailed below.

Present:

Ann Clark, (Chair)
Philip Macrae, (Vice Chair)
Elspeth Caithness, (Employee Director)
Bert Donald, (Non-Executive)
Sarah Compton-Bishop (Non-Executive)
Claire Lawrie, (Staff side representative)
Kate Dumigan, (Staff side representative)
Pam Dudek, (Chief Executive)

In Attendance:

Gaye Boyd, Interim Director of People & Culture
David Park, Deputy Chief Executive
Katherine Sutton, Chief Office, Acute, left 11.30 until 12.20
Heledd Cooper, Director of Finance
Louise Bussell, Nurse Director
Pam Cremin, Interim Chief Officer for Community
Ruth Daly, Board Secretary
Kate Patience-Quate, Deputy Director of Nursing, until 10.15am
Tim Allison, Director of Public Health & Policy
Fiona Davies, Chief Officer, A & B HSCP
Kevin Colclough, Head of People Planning, Analytics & Reward, until 11.30am

Karen Doonan, Committee Administrator (minutes)
Nathan Ware, Governance & Corporate Records Manager

Jennifer McAndrew, Guardian Service, Item 6.3
Derek McIlroy, Guardian Service, Item 6.3

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from R Fry and B Summers. The Chair thanked Sarah Compton Bishop for all her work over the years of holding the post and J Boardman for her work as previous Vice Chair. The

Chair went on to thank the Interim Director of People & Culture and the Board Administrator for their work in bringing the papers to committee.

It was noted that the Board had agreed that P MacRae be nominated as Vice Chair, and this would be discussed under AOCB later in the meeting.

It was noted that Agenda Item 5.4 should read substantial assurance and not moderate assurance.

1.2 Declarations of Interest – Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any Member making a declaration of interest should indicate whether it is for financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from the Board Secretary's Office prior to the meeting taking place.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 10 May 2023

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

2.2 ACTION PLAN

The updates to the Action plan were given as:

Action no 72 - Engagement, particularly in regard of PDP's and one to ones. Guidance was issued via the Weekly Round to colleagues along with dates of training that were available within the Turas system. It was agreed to close this action.

Action 100 – Statman training (this action came out of the estates spotlight session), the Nurse Director stated that there is a paper being developed with a proposal for discussion at EDG. This paper will now be completed within the coming few weeks.

Action 104 – EDG for Health & Safety, this discussion is ongoing but has not completed.

The Committee **Approved** the updates to the Action Plan.

2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Interim Director of People & Culture stated that there would be a review of the workplan as there was a new Chair in place and a new Director of People and Culture, to this end a meeting is in place for August to discuss further.

The Chair noted that the ADP update in the May meeting did not include a forward look but was focused on last year. The Interim Director of People and Culture confirmed a forward look would be considered for inclusion in the proposed agenda item for September.

The Interim Chief Officer for Community asked for an update on the junior doctor's industrial action that was due to take place.

The Chief Executive advised:

- A letter confirming industrial action would take place over 4 consecutive days, these being 12 July to the 15 July inclusive which included a Saturday.
- Local group has been working on this with action planning within the Gold, Silver Bronze arrangement. This is being led both managerially and clinically primarily in the Acute settings.
- Other areas are being checked but the main affected areas are Acute including New Craigs.
- Plans are in place and are revised daily.
- There is a national structure looking at queries regarding pay etc. to ensure a consistent national response
- There will be an impact on service delivery NHS Boards are also looking to a national response for the costs that this will incur.

The Committee:

- **Approved** the minutes of the meeting held on 10th May
- The Committee **Approved** the updates to the Action Plan.
- **Noted** the latest version of the Staff Governance Committee Workplan 2023 to 2024 was still a work in progress.
  Noted the updates to 'hot topics'

3 MATTERS ARISING NOT ON THE AGENDA

None

4 SPOTLIGHT SESSION – Acute Services
Presentation by Katherine Sutton, Chief Officer, Acute

The Chief Officer spoke to her presentation. Discussions were had around the need for more work to be done to make sure that managers were appropriately managing colleague absence. The Chief Officer explained that when there is repeated short time absence there is often a situation where the managers are not comfortable with contacting the absent member of staff to enquire further as to the reason. However, there are policies that can be put in place and often managers who are given support with implementing the policies are then able to manage the absence more effectively. New managers especially are helped by this strategy. There are some areas that have been highlighted through the data regarding colleague absence through muscular skeletal issues, when the risks have been addressed these absences tend to reduce. It is important that the risks are identified and addressed to protect and support colleagues working in these areas.

Statman training for medical colleagues has been ongoing, nurses and midwives have an approach to this that allows for more colleagues to be given the appropriate time to complete this training. Medical colleagues are now addressing this and changing the way that this is approached. Appraisals are also being addressed with the importance of those giving appraisals having the necessary support and confidence to complete them.

B Donald asked if an update could be given to committee regarding the Statman training to ensure that committee were kept informed of the process as it was rolled out.

Discussions were had around the need to identify the areas in which there were high colleague absence rates, low appraisal rates and low Statman training completion. The Chief Officer explained that this information was being revealed when the information

was broken down further into the different directorates and down to ward levels. Areas could then be identified, and strategies could then be put in place to address.

Information regarding vacancies and impact was identified as something that the Chief Officer could include in further updates to committee.

Discussions were had around the capturing of data for absence and the question of duty of care was raised in respect of those absences where the reason for absence was not captured. S Compton-Bishop asked how colleagues could be supported when the reason for their absence was not being identified and raised the issue of managers being held responsible for managing colleague's absence. The Head of People Planning, A & R explained that often it was a data collection issue and not a management issue as the software used to capture absence was not always updated by the manager after the initial recording of absence. Work was ongoing to address this issue. S Compton-Bishop highlighted the risk this posed to committee being able to take assurance that absence data was being recorded accurately.

The Chief Executive agreed that the recording of absence was an issue but agreed that responsibility still sat with the managers to make sure that the absence was being captured correctly and that colleagues were being supported. With support for management being put in place these figures should start to reflect the changes that are implemented across the organisation. Discussions were had around the pressures on colleagues not just locally but nationally. Project Wingman was discussed with it noted that colleagues who had interacted with this project had had a positive response.

The Interim Chief Officer for Community raised the issue of delegation and that what could be expected as 'Leader standard work' was not being practiced. This had been discussed in other meetings with managers and highlighted that there is work that cannot be delegated to other colleagues. The example of recording of absences was given with it being noted that due to confidentiality, delegation of this work would see the reasons for absence not being noted on the system. It was noted that there was a survey of colleagues who had interacted with the Project Wingman bus and that this data could be used to look at other ways to help support colleagues. The Interim Director of People & Culture confirmed that a position paper would be written when the data was collated from this survey and this paper would come to committee in due course.

Discussions were had around appraisals and how these would be increased with colleagues. The Chief Officer explained that the ambition was to have all colleagues going through the appraisal process. It was hoped that an increase in the percentage of colleagues going through the process would occur in due course and this information when collated would be brought back to committee. Discussions were had around risk assessments in areas where there were higher colleague absence and where stress and anxiety were pinpointed as the cause of absence. It was noted that often the stress and anxiety aspect affected teams as well as individuals and it was important that risk assessments were carried out to address this issue. There is work ongoing regarding Health & Safety and risk assessments and how these are to be done. As this work is done it should see a clearer picture forming of what requires to be put in place.

The Chief Executive stated that she was involved in the Protected Learning Time negotiations nationally and this would also influence the requirements of what colleagues needed to fulfil their roles and Statman training. There is a nationally recognised challenge in putting in place the necessary requirements, but it was something that had to be done as it was part of the pay deal.

Discussions were had around the figures that were in the presentation regarding the high number of absences that had no further information as to the reasons for the absence. It was noted that the two main categories were stress & anxiety and muscular skeletal.

The Head of People Planning, A & R explained that part of the issue of capturing the reasons for colleague absence was in the software systems that were in place. He went on to explain that a new system was being rolled out, but this was not available across the entire organisation at present. There are also departments that use rostering and time sheets, and this also affects the recording of absence. It was noted that further data could be shared at future meetings.

Action: Chief Officer to report back to committee with further information regarding Statman training and how medical colleagues are addressing this.

Action: Interim Deputy Director of People & Culture to report back to committee with further data regarding Project Wingman.

5 ITEMS FOR REVIEW AND ASSURANCE

Due to time constraints the items were not taken in the order presented on the Agenda.

5.1 Area Partnership Forum minutes of the meeting held on 6 June 2023

The Interim Director of People & Culture highlighted:

- Band 2/3 programme, this is now concluded and payments are now being made
- Exit Interviews – the policy has been reviewed and ratified and the survey has now been launched

The Chair asked if the potential missing whistleblowing case discussed in the minutes had been resolved. It was confirmed that this will be reported in the Q1 Whistleblowing report which is not yet available to committee.

The committee **noted** the minutes of the Forum

5.2 Health and Safety Committee Minutes of the meeting held on 6 June 2023

These minutes were not available and will come to the next meeting.

5.3 Whistleblowing Q4 Report

Report from Report from Gaye Boyd, Interim Director of People and Culture

The Interim Director of People & Culture highlighted:

- Report covers Jan – March 2023 and will be included in the annual report when this is available
- H Cooper is in the Executive Lead Role until new Director of People & Culture takes up post
- Guardians and B Donald have continued to promote the whistleblowing standards and processes
- Training materials available on TURAS

- New investigation documents are being launched nationally; these will be considered within the awareness training done within the organisation
- Revised guidance as to what will be included in the annual reports: B Donald, H Cooper, and the Interim Director of People & Culture have met to discuss this to make sure that the document being written meets this guidance. There will be a further check to the report before circulation to committee
- Q4 – one case was closed, one remained open, and one case continued with the appropriate communication in place every 20 days to keep those involved updated

B Donald stated he felt it was time to "pause and reflect" on the work that had been done. This would allow for learning to be identified and further processes to be put in place. Discussions were had around the figures in the report and how adequate assurance can be taken that learning and feedback to managers was being done and actioned. The Chief Executive explained that there was a development session planned for August that would be looking at this with the new Director of People & Culture.

The Chair asked for clarification regarding the other approaches to investigations mentioned in the report. The Interim Director of People & Culture stated that this was linked to the new national documentation guidance on investigation. This guidance came out in March 2023 and there is work ongoing to identify how this will be implemented in the organisation given the low numbers of cases involved.

The Committee **reviewed** the report and took **Moderate Assurance** from the report

5.4 Staff Governance Standard Monitoring

Report from Gaye Boyd, Interim Director of People and Culture

The Interim Director of People & Culture highlighted:

- Annual compliance monitoring for Scottish Government
- Last year the reporting format was changed, and a small working group was set up to look at the report. This worked well so the proposal is to do the same again this year
- Work together to look at the options to respond to the questions by November
- Due date for response is December

Discussions were had around any potential issues in reporting back to Scottish Government, it was noted that the feedback from Scottish Government was only received a few weeks ago. The feedback was very positive, there are areas of good practice, and this has been shared

There were no anticipated issues with responding to Scottish Government it was a question of collating the examples necessary across the organisation to respond in the timescales set

The Committee **reviewed** the report which gave confidence of compliance with policy and objectives and took **Substantial Assurance**

5.5 Staff Governance Metrics

Report by Kevin Colclough, Head of People Planning, Analytics & Reward

The Interim Director of People & Culture stated that there had been work done on metrics and todays presentation is a proposal for how these will be presented going forward. Workforce data has always been presented to committee and this data has been improving continually.

The Head of People Planning, A & R spoke to his presentation and explained that dashboard information was continuing to be developed not only for internal use within the analytics team but also for managers across the organisation. Dashboards are continuing to be rolled out across the organisation.

The Nurse Director stated that she would be keen to see data regarding new starts and how the induction process has been completed. Discussions were had around whether data could be obtained around the induction package and statutory and mandatory training. This would identify areas where colleagues are not interacting and are not fulfilling what is asked of them.

S Compton-Bishop asked for clarification of the period involved in the "time to fill" section of the data shown. Discussions were had around the vacancies that are re-advertised and how this data is used. It was noted that it was important to identify these vacancies to understand why they remained unfilled in order that role redesign could be considered, or job descriptions updated. The Head of People Planning, A & R explained that the "time to fill" information starts from the point that the vacancy is advertised. There are plans to move towards online approvals within Job Train, this would then give more accurate information to be worked with.

Discussions were had around the frustration and anxiety with advertising vacancies and the length of time it takes for an advert to go live. It was noted that there are different stages involved in putting a vacancy to advert and work was ongoing to identify the stages and break down the information in ways that identified where the process could be streamlined and sped up. Updates for the various stages would then be fed back to committee through various spotlight sessions. It was noted that this data helps with redesign as it is important to make sure that work that is being done is focused in the correct areas and is addressing the issues in the most appropriate way.

Discussions were had around the data for exit interviews and whether it was possible to identify the number of colleagues who declined exit interviews as well as the number who went through the process. This was important from a culture point of view and a question that was asked regularly at various other committees.

It was noted that this paper had been discussed at EDG and the Interim Director of People & Culture stated it was important that the correct level of detail was given. There were further discussions to be had at EDG but it was important that committee agreed that this gave the correct level of assurance.

The Committee **reviewed** the report and took **moderate assurance** and to progress with the proposal presented

Comfort Break from 11.35 until 11.45am

5.6 Whistleblowing Annual Report

Report by Gaye Boyd, Interim Director of People & Culture

It was noted that Agenda Item 5.6 had not been completed in time for the meeting. The Interim Director of People & Culture stated that this paper would be circulated round committee in due course asking for members feedback and this would then go to the Board, before coming back to committee for further discussion in September.

6 ITEMS FOR INFORMATION AND NOTING

6.1 IMatter High Level Results

Report from Gaye Boyd, Interim Director of People & Culture

The Chair stated that this report is for noting, there was no assurance being offered at this time as it was providing the detail on the position at this time. There will be a report submitted to the September committee meeting which will be for assurance.

The Interim Director of People & Culture highlighted:

- Reports have been sent out to teams since 19th June
- Teams are being asked to consider what action is required
- Response rate has increased slightly
- Appendices have been included in the papers detailing the board report, board components and responses to the raising concerns question added this year which received a very positive response

Discussions were had around the response rates, and it was noted that it was good to see the responses to raising concerns. Teams will look at their actions plans and determine how to update them. It was noted that due to the pressures in the system it may be challenging for some conversations to be had and this would have to be looked at and addressed by the broader leadership teams.

Discussions were had around whether to take assurance from this report as the report could be considered very positive. It was noted that the assurance would come from the actions from the report and the report was written as a position paper. The next paper to come to committee would be for assurance as it would detail what the actions were and who was responsible for them.

The Chair stated that the results of the Listening and Learning Survey scheduled for later this year along with this report and further discussion would reveal a clearer picture of the resilience within the organisation given the pressures in the system. The Chief Executive agreed and stated that this report was only part of the picture, and it was important that there were further discussions at EDG and with partnership to understand this further. It was important to understand the cultural conversation about what the results meant for a team and how to improve it further.

The Committee **noted** the report

6.2 Culture Progress

Verbal Report from Pam Dudek, Chief Executive

The Chief Executive explained that a lot of work has been done having conversations with colleagues to create the proposal as to how to move this work forward. It is important

that the next steps taken are appropriate. A formal paper will come to committee in September.
It was highlighted:

- Leadership and management – this is the most crucial component having being highlighted repeatedly within the conversations looking at how can colleagues thrive within the workplace and what requires to be put in place to support this
- Management programmes are being reviewed - all managers and leaders need to have right skills, capability and confidence to undertake role and will apply to all regardless of length of time in post
- Compassionate leadership is something that is required, and managers require to be trained in what this involves as well as the technical qualities that are required to fulfil the role.
- Work requires to be done to challenge the default position of "formal procedure" in order that early resolution can be achieved
- There is a position paper being developed which will be presented to the Chief Executive by the end of July. This work is already in place in other areas of the UK which allows NHS Highland to look at this work in context and localise this over the coming few years.
- Expectation of every leader and manager to engage with this and this will be part of the proposal.
- Work continues to be done by H Freeman around civility. Trying to create some movement from the ground up with, for example, guest speakers such as Michael West
- There will be a look back at the Culture programme and what needs to be progressed – for example People processes – onboarding, exit interviews and grievances
- Work being done on partnership and how this can be addressed and how employee engagement can be improved.
- Continual challenging of leadership management and style to address issues and provide support across the organisation.
- Culture Oversight Group will be re-instated, will refresh this once the workplan and position paper have been completed. In A & B the relevant group is more open to a wider staff group, and this will also be looked at. It is envisaged that this will be launched in the Autumn.

B Donald noted the amount of work done and the time reflecting which has been important to identify the next steps. It was heartening to see this data and information and stated that the key to addressing these issues were the managers and how they are trained and supported in their roles.

The Committee **noted** the update

6.3 Guardian Annual Report
Report from D McIlroy and J McAndrew, Guardians

The Chair introduced the item by highlighting that, although it was for noting as an independent report from the Guardian Service, the report was a very significant item on the Committee's agenda.

J McAndrew spoke to the presentation and D McIlroy highlighted:

- The two main questions to be asked – "what does speak up mean to you" and "what does speaking up mean to your colleagues"

- Aware that not all managers believe their colleagues when someone does come forward to speak up, often work to do to address this
- Aware of areas that are underrepresented due to colleagues not feeling that they can raise concerns

The Chief Executive stated that NHS Highland was the only Board in Scotland that has a Guardian service, and it would be interesting to compare the report with other Boards out with Scotland who use this service and who are of similar size to NHS Highland. Discussions were had around the need for early intervention to resolve issues and how this has worked to support those involved. There has been an increase in medical colleagues accessing this service and early intervention preventing the issue becoming a formal process. It was noted that a formal process is not a process that anyone would like to be involved in due to the procedures it follows and often it can be a destructive process. It was noted that the increase in numbers within the report is a sign that the process is working, and colleagues feel that they can access this service and be heard.

The Interim Director of People & Culture meets with the Guardians monthly to go through the calls and to identify any learning that requires to be implemented because of the information. This report is part of the data that is gathered to clarify the picture of how the organisation supports colleagues and what is in place to maintain this support. Work is ongoing with the learning and making sure that appropriate measure and procedures are in place.

The Employee Director raised the question around staff safety in the report and the indicators used as colleague safety appeared to be in two categories. D McIlroy explained that colleague safety should be in both categories, namely red and amber. If colleague safety is highlighted to the Guardians, then this is escalated to the organisation with an expected response within 48 hours from the organisation. Where there are colleagues in crisis, this is dealt with immediately hence this appears in both categories.

The Employee director challenged the categorisation in the report that stated that the biggest colleague group were nursing and midwifery, this needed to break down the information to get a clearer picture. a. J McAndrew stated that if it was possible to break down this information further and if confidentiality allowed it, then it would be helpful to do this and report back.

It was noted there is work to be done to support managers to prevent issues going into a formal process straight away. D McIlroy agreed that there is more work to be done. It was important that colleagues who move into supervisory and managerial roles are given appropriate training and guidance to support them.

Discussions were had around triangulating the IMatter Survey, Listening and Learning Survey and the Guardians report to give a fuller picture of what was going on within the organisation.

D McIlroy agreed that information regarding other organisations of similar size to NHS Highland who use the service could be presented to give further context. He went on to state that there is further information available from the National Guardian Office. It was noted that there were more escalated cases within NHS Highland than there are in other organisations who use the Guardian Service and this could be looked at positively in that employees were able to contact the service with their concerns.

The Chair agreed that the report would help in the triangulation of data to get a clearer picture of what was happening within the organisation. Committee agreed to note the report and that assurance would be looked at in due course. It was noted that at present the Guardian service was able to cope with the capacity of calls, whilst busy they were still able to deal with the workload.

The Committee **noted** the report

7 AOCB

Appointment of Vice Chair

It was noted that P MacRae was appointed to Vice Chair of committee.

8 Date of NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 6th September 2023 at 10.00 am** on **MS Teams**.

8.1 Meeting dates for 2023

8 Nov 23

The meeting closed at 12.55 pm

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held BY MICROSOFT TEAMS on WEDNESDAY, 31 MAY 2023

Present: Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Vice Chair)
Graham Bell, NHS Highland Non-Executive Board Member
Councillor Kieron Green, Argyll and Bute Council
Councillor Gary Mulvaney, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Shona Barton, Governance Manager, Argyll and Bute Council
Evan Beswick, Head of Primary Care, NHS Highland
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
Jennifer Dryden, Alcohol and Drugs Partnership Co-ordinator, Argyll and Bute ADP
Kristin Gillies, Senior Service Planning Manager, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Julie Hodges, Independent Sector Representative
Lorna Jordan, Interim Principal Accountant, Argyll and Bute Council
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Pippa Milne, Chief Executive, Argyll and Bute Council
Laura Stevenson, Alcohol and Drugs Co-ordinator, Argyll and Bute ADP
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, Argyll and Bute HSCP
Beth Wiseman, Senior Manager – Child Health and Maternity, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Fiona Broderick, Kevin McIntosh, Betty Rhodick and Caroline Cherry.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 29 March 2023 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) Argyll and Bute HSCP Clinical and Care Governance Committee held on 6 April 2023

The Minutes of the Meeting of the Clinical and Care Governance Committee held on 6 April 2023 were noted.

(b) Argyll and Bute HSCP Audit and Risk Committee held on 11 April 2023

The Note of the inquorate meeting of the Audit and Risk Committee held on 11 April 2023 was noted.

(c) Special Argyll and Bute HSCP Audit and Risk Committee held on 23 May 2023

The Minutes of the Special meeting of the Audit and Risk Committee held on 23 May 2023 were noted.

The Chair of the Committee, Councillor Kieron Green, advised that unfortunately the meeting on 11 April 2023 had been inquorate and therefore in terms of preparing the annual report there was a requirement to hold a special meeting for this prior to it coming to the IJB.

(d) Argyll and Bute HSCP Strategic Planning Group held on 25 May 2023

The Minute of the meeting of the Strategic Planning Group held on 25 May 2023 was noted.

Kristin Gillies, who had Chaired this meeting of the Strategic Planning Group, advised that the meeting had considered updates on the Joint Strategic Plan and Joint Commissioning Strategy and provided assurance to the Board that these strategies were on track.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report by the Chief Officer for May 2023 which included a welcome to Councillor Amanda Hampsey to her first meeting as Chair of the Board; thanks to the previous Chair Sarah Compton Bishop; congratulations to Sarah Compton Bishop on her appointment as Chair of the NHS Highland Board; thanks to Jean Boardman, NHS Highland Representative who's last Board meeting it was; and thanks to Stephen Whiston, Head of Planning, Performance and Technology who was retiring. The report highlighted some examples of the good work that had been taking place across the Health and Social Care Partnership; the challenges that they were facing as an HSCP and what they were doing to tackle them. The report included information on public engagement activities that had been taking place and on the HSCP's Excellence Awards that had taken place on 12 May 2023.

Decision

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

(Reference: Report by Chief Officer dated 31 May 2023, submitted)

6. REVIEW OF COMMITTEE MEMBERSHIPS AND CHAIR POSITIONS

The Board gave consideration to a report advising that the current Vice Chair of the Board, Sarah Compton Bishop, had been appointed as Chair of NHS Highland Board and proposing changes to Committee membership and Chair positions in respect of this; and noting the end of term for NHS Highland Board Member Jean Boardman.

Decision

The Integration Joint Board –

1. noted the proposal by NHS Highland to replace the NHS Executive member in the Vice Chair role;

2. noted that the NHS Highland Board had agreed at their meeting on 29 May 2023 that Graham Bell would be put forward for the Vice Chair position;

3. noted the proposal for the current Vice Chair to remain as a member;

4. noted that Jean Boardman's term of office would conclude on 30 June 2023 and that NHS Highland were working with the Scottish Government's Public Appointments Team to recruit to vacancies;

5. agreed the proposal that the newly appointed Vice Chair would take on the role of Vice Chair of the Finance and Policy Committee, Chair of the Clinical and Care Governance Committee and attendee at the Strategic Planning Group in line with the Committee Terms of Reference;

6. agreed the proposal that the former Vice Chair take up the committee positions vacated by the previous NHS non-executive member; and

7. agreed that the co-chair of the Strategic Planning Group be appointed on recruitment of new members following the end of Jean Boardman's term.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

The Chair thanked the former Chair, Sarah Compton Bishop, for her time and dedication to the Board and welcomed Graham Bell to his new role as Vice-Chair of the Board.

Sarah Compton Bishop advised that she was working to expedite the recruitment process for NHS Highland Board Executive Membership as it was normally a lengthy process and that she was also working to ensure that there was representation from Argyll and Bute on the NHS Highland Board and putting planning in place for the future to ensure that this remained the process. She advised that she would remain as a member of the IJB in the interim to support the transition period.

7. COMMITTEE ANNUAL REPORTING

The Board gave consideration to a report providing a summary of the Committee Annual Reports which were required to provide assurance that the committee structure was functioning well and provide the appropriate scrutiny that the Board delegates through the terms of reference.

Decision

The Integration Joint Board –

1. noted that committees have concluded their annual reporting;

2. noted the participation and engagement with the assurance questionnaire and support for a hybrid approach to this for 2023-24; and

3. noted that committees have identified their own continuous improvement plan to be implemented.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

8. FINANCE

(a) Provisional Year End - 12 months to 31 March 2023

The Board gave consideration to a report providing a provisional summary of the financial position of the Health and Social Care Partnership as at 31 March 2023 and year end position which would be reported in the Annual Accounts. The report also provided a summary of the delivery of the savings programme and reserves.

Decision

The Integration Joint Board –

1. noted that the HSCP expected to report an underspend of £9.1m for 2023/24, equivalent to 2.7% of the resources allocated to it;

2. noted that it is anticipated the HSCP would be able to carry this underspend forward to fund the 2023/24 budget gap and key infrastructure and transformation projects;

3. noted confirmation that savings of £4.1m had been delivered, 68% of savings plan;

4. noted that total reserves held had reduced from £21.2m at the start of the year to £16.9m at the year-end; and

5. noted that all figures provided in this report were provisional and subject to external audit.

(Reference: Report by Head of Finance and Transformation dated 31 May 2023, submitted)

9. ARGYLL AND BUTE HSCP DRAFT ANNUAL PERFORMANCE REPORT 2022/23

The Board gave consideration to a report presenting the draft Annual Performance Report 2022/23 for approval.

Decision

The Integration Joint Board approved the draft Annual Performance Report for the Health and Social Care Partnership for the year 2022/23 subject to scrutiny by the Strategic Planning Group.

(Reference: Report by Senior Service Planning Manager dated 31 May 2023, submitted)

The Integration Joint Board took a 10 minute comfort break at this point.

10. HSCP DIGITAL HEALTH AND CARE MODERNISATION STRATEGY 2022-2025

The Board gave consideration to a report presenting the Digital Modernisation Strategy that had been developed to direct the operation, investment plans and future use of information technology and digital services in Argyll and Bute Health and Social Care Partnership.

Decision

The Integration Joint Board –

1. agreed to support and endorse the strategy which had been presented and approved at the HSCP Digital Modernisation Programme Board; and

2. noted that the HSCP Digital Health and Care strategy would continue to be iterated and developed and was being used to inform the strategies and digital/IT/ICT priorities of NHS Highland and Argyll and Bute Council.

(Reference: Report by Head of Planning, Performance and Technology dated 31 May 2023, submitted)

The Chair thanked Stephen Whiston, Head of Planning, Performance and Technology for his time and dedication to the work of the HSCP and for his contribution to the Board; and wished him well for the future.

11. CHILDREN AND YOUNG PEOPLE'S SERVICE PLAN 2023 - 2026

The Board gave consideration to a report presenting the Argyll and Bute Children and Young People's Service Plan 2023-26, which succeeded the previous plan.

Decision

The Integration Joint Board -

1. endorsed the joint plan for 2023-26 which succeeded the previous plan; and

2. noted that it would be reported on annually to partners.

(Reference: Report by Head of Children and Families dated 31 May 2023, submitted)

12. HSCP STRATEGIC WORKFORCE PLANNING - UPDATE

The Board gave consideration to a report summarising the activities that had taken place since the Strategic Workforce Plan was published in October 2022, outlining the consultative approach taken across the partnership, developing a Workforce Planning Oversight Group and 3 action focused working groups to deliver on the key priorities of the workplan.

Decision

The Integration Joint Board –

1. noted the content of the report, advising the IJB of the HSCP approach to delivering the commitments and priorities of the Strategic Workforce Plan as agreed at the IJB in July 2022 and published in October 2022; and

2. took the opportunity to ask questions relating to the content of the report.

(Reference: Report by People Partner dated 31 May 2023, submitted)

13. WORKFORCE REPORT QUARTER 4 (2022/23)

The Board gave consideration to a report focusing on work force data for financial quarter four (January 2023 to March 2023). The report aimed to show the current demographic position, highlighting trends and advising of the changes and progress made, as well as actions taken to address areas of concern.

Decision

The Integration Joint Board –

1. noted the content of the quarterly workforce report;

2. took the opportunity to ask any questions on issues that were of interest or concern; and

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

(Reference: Report by People Partner dated 31 May 2023, submitted)

14. ARGYLL AND BUTE ALCOHOL AND DRUGS PARTNERSHIP (ADP) STRATEGY UPDATE: 2021-2023 ADP REPORT AND REFRESHED 2023 PRIORITIES

The Board gave consideration to a report presenting the Argyll and Bute Alcohol and Drug Partnership Report 2021-2023 and a refresh of the priorities for the Alcohol and Drug Partnership for 2023 in Argyll and Bute.

Decision

The Integration Joint Board –

1. noted the progress made on addressing the Alcohol and Drug Partnership (ADP) strategy priorities between 2021-2023 as detailed in supplementary paper A; and

2. noted the work undertaken to refresh the ADP strategy, with renewed partnership priorities for 2023 as detailed in supplementary paper B.

(Reference: Report by Interim ADP Co-ordinators dated 31 May 2023, submitted)

15. UPDATED PLANNING WITH PEOPLE GUIDANCE 21 APRIL 2023

The Board gave consideration to a report outlining the updated Planning for People Guidance and its role in supporting the delivery of its legal duty.

Decision

The Integration Joint Board –

1. noted the updated guidance; and

2. agreed the recommendation of self-assessment against the Health Improvement Scotland Quality Framework.

(Reference: Report by Business Improvement Manager dated 31 May 2023, submitted)

16. DIRECTIONS LOG UPDATE - 6 MONTHLY REPORT

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

Decision

The Integration Joint Board noted the directions log update.

(Reference: Directions Log as at 31 May 2023, submitted)

17. DATE OF NEXT MEETING

The date of the next meeting was noted as 31 August 2023.

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/
DRAFT MINUTE	**22 June 2023 – 9.00am (via MS Teams)**

Present
Alasdair Christie, Non-Executive Board Director and Chair
Tim Allison, Director of Public Health
Ann Clark, Non-Executive Board Director
Muriel Cockburn, Non-Executive Board Director
Rebecca Helliwell (For Chief Officer Argyll and Bute IJB)(from 9.10am)
Joanne McCoy, Non-Executive Board Director
David Park, Deputy Chief Executive
Kate Patience-Quate, Deputy Director of Nursing
Dr Gaener Rodger, Non-Executive Board Director
Emily Woolard, Independent Public Member

In attendance
Natalie Booth, Board Committee Administrator
Robert Cargill, Deputy Medical Director
Claire Copeland, Deputy Medical Director
Ruth Daly, Board Secretary
Jane Gill, Whole System Transformation Manager
Margo Howatson, Clinical Governance Manager, Argyll and Bute
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Ian Rudd, Director of Pharmacy
Simon Steer, Interim Director of Adult Social Care
Bob Summers, Head of Occupational Health and Safety

1 WELCOME AND APOLOGIES

Apologies were received from R Boydell, L Bussell, F Davies, Dr B Peters and C Sinclair.

1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

2 MINUTE OF MEETING ON 27 APRIL 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 27 April 2023 was **Approved.**

In relation to the circulated Committee Action Plan, members were advised this would be updated by relevant Lead Executives prior to submission to the next meeting. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** updated Committee Action and Work Plans would be brought to the next meeting.

2.1 MATTERS ARISING

2.1 Adult Social Care/Commissioned Services Update

K Patience-Quate advised as to a review of Children's and Young Peoples Services, in relation to which an Internal Audit review was being considered and two workshops had been held. A further review of governance arrangements was being led by C Steer, Head of Health Improvement and a meeting of the children's services planning meeting had been scheduled for the following week. A further update would then be brought back to the Committee.

The question was raised as to how best clinical assurance could be taken in relation to commissioned children's services (Clinical Governance Committee)/adult services (to Highland Health and Social Care Committee) and it was suggested this be discussed at the Executive Directors Group. It was reported discussions were ongoing in relation to relevant care governance aspects.

The Committee:

- **Noted** the reported position.
- **Noted** an update on Children's & Young People's Services would be brought to the next meeting.
- **Agreed** wider clinical assurance and care governance aspects be discussed by the Executive Directors Group and updates be brought back to the next meeting.

3 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 Committee Noted the detail of the circulated Case Study documents.

4 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. It was reported recent Complaints performance had improved, with the number of Stage 2 Complaints having increased significantly over the same period. Similar improvements were being evidenced in relation to Significant Adverse Event Review activity, with work ongoing in Operational Units to ensure appropriate levels of staff training etc. A revised Dashboard was in the process of being developed ahead of reporting to the next meeting. It was proposed the Committee take **Moderate Assurance.**

The following areas were discussed:

- Quality of Complaint Responses. Advised responses were reviewed by Board Medical and Nurse Directors. New measures being developed regarding contact with complainant. Outcome sharing was formal aspect of existing process. Confirmed Complaints monitored by location, theme, and communication aspects. Detailed update to be provided to next meeting.
- Significant Adverse Event Reviews. Advised would provide month to month review schedule position updates on outstanding Reviews in future reports.
- Visit by National Falls Team. Advised visit by Health Improvement Scotland (HIS) multi-professional team had met with NHSH workstream leads for falls prevention and management in March 2023. Positive discussions held around aspects relating to associated research, application of relevant methodology and signposting activity etc. Improvements had been made in relation to Care Planning activity. Activity underway in relation to gathering evidence base relating to application of sensor mat technology in falls prevention.

After discussion, the Committee

- **Noted** the reported position.
- **Noted** detailed update on Complaints processes to be brought to next meeting.
- **Noted** existing dashboard measures were to be reviewed ahead of the next meeting.
- **Agreed** to take **Moderate** assurance.

5 ANNUAL DELIVERY PLAN 2023/2024 AND MEDIUM-TERM PLAN UPDATE

J Gill spoke to the circulated report and gave a presentation to members advising as to the process for development and submission of the Annual Delivery Plan (ADP1) 2023/24 and Medium-Term Plan 2023/2026 to the Scottish Government, and the high-level content within each. Members were advised the focus of the ADP would be in relation to recovery and renewal phase activity, based on ten recovery drivers; longer term redesign/renewal and transformation of services; sustainable delivery of healthcare; improved population health and reduced health inequalities. The 2023/24 planning objectives were outlined in terms of capacity and sustainability, key ambitions, and innovation and transformation. Arrangements and submission dates relating to the ADP and Medium-Term Plan were indicated. In terms of strategic context, there were ten areas of focus, as indicated and in relation to which a number of brief outlines were provided. Detail of the ten recovery drivers was also provided, these being suitably aligned to the Well elements of the NHSH Together We Care Strategy. With specific reference to the ADP, it was indicated this should set out in detail how NHSH would achieve and maintain the expected levels of operational performance, particularly with regard to waiting times, with specific detail and trajectories required in relation to the first year of the Plan. The overall budget context and financial improvement aspects were detailed, as were the elements relating to workforce and safe staffing. Detail of all relevant submission dates was provided, and it was confirmed ADP1 had been submitted to Scottish Government in draft from. It was proposed the Committee take **Moderate Assurance.**

The following areas were discussed:

- Environment and Sustainability (Climate Emergency and Environment). Noted Environment and Sustainability Board had invited Scotland Assure Team to visit to discuss various aspects. Update sought on plans in place to date. Noting would become greater area of focus, advised environmental summary had been provided and overall element would be updated to include relevant links and ongoing activity references. Stated ADP1 content represented a compromise position statement and should be taken in the wider context of the Together We Care Strategy. A number of activity areas were the subject of ongoing national discussion. Noted the Audit Committee had looked at the current strategy for Environment and Sustainability and identified the need for this to be reviewed, developed and further documented.
- Timeline for ADP1 Submission. Advised the EDG approved draft had been submitted to Scottish Government. Comments awaited and will be updated prior to seeking NHS Board approval.

- Committee Role and Feedback. Advised comments from Committee members at this stage were welcomed, with particular reference to the items identified around clinical and care delivery and wider engagement and activity rollout. Comment was also invited in relation to quality aspects and associated monitoring arrangements, strategy implementation context, and the wider opportunities presented in relation to cross cutting themes and subjects i.e. Realistic Medicine.
- Wider Application of Commission Framework Format. Noting the current Commission format did not align with the Together We Care Strategy, it was confirmed internal communication could be based on format of the Strategy. Members were reminded the ADP1 document represented commitments to Scottish Government, agreed by NHS Highland, and not series of dictated elements. In terms of performance assessment, much of the activity was ongoing and presently monitored via existing governance Committee arrangements.

The Committee:

- **Noted** the reported position.
- **Noted** relevant feedback to be relayed prior to NHS Board approval at their July 2023 meeting.
- **Agreed** to take **Moderate** assurance.

6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

6.1 Argyll and Bute

R Helliwell spoke to the circulated report advising Clinical Governance personnel continued to review existing process and priorities; identify service improvements and maintain high quality services. The new Clinical Governance framework and structure, and a higher profile for clinical governance generally provided the opportunity to enhance accountability for Clinical Governance among relevant staff members and within meeting structures. Ongoing improvements in Quality and Patient Safety (QPS) arrangements included locality incident focussed groups to report into QPS, and new senior monthly meetings to overview regulatory feedback, high level responses and litigation. Updates were also provided in relation to wider ongoing QPS improvements, locality Datix meetings and development of a new Standard Operating Procedure; monthly Locality Clinical Governance meetings, a planned review of all SAER cases; staff support in relation to an ongoing FAI investigation; SPSO review of all historic cases and associated feedback; ongoing discussion around improvements for complaints handling; and ongoing quality improvement work relating to falls prevention. It was reported a number of Hospital at Home pilot schemes had also been launched. With a current focus on training activity, it was reported two new part-time Violence and Aggression trainers, replacing the current incumbent, had been appointed and were to take up post by end July 2023. There had also been circulated Minute of Meeting of the HSCP Clinical and Care Governance Committee held on 1 June 2023. The report proposed the Committee take **Moderate Assurance.**

The following was then discussed:

- Clinical Governance Group. Advised Minute from last meeting would be circulated to members.
- Clinical Governance Overview of Hospital at Home Pilots. Advised cohesive and collaborative approach being taken, following successful bid to HIS for embedding of pilot schemes. Unscheduled Care Programme Board to consider relevant SBAR document relating to development of an integrated service. In terms of wider clinical governance, mandatory reports would be submitted to HIS (capacity, length of stay, incidents etc), with clinical oversight at local level including both patient and staff safety elements.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** to circulate the last Clinical Governance Group Minute out with the meeting.

- **Agreed** to take **Moderate** assurance.

6.2 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. Care Safe updates were provided in relation to establishment of a short life working group on StatMan training for medical staff; medication errors; and HEPMA rollout across Caithness and New Craigs Hospitals. With regard to person-centred care, updates were provided in relation to workforce matters (recruitment, onboarding, sickness absence, primary care workforce survey and general adult psychiatry workshop); Complaints activity; SPSO matters, and compliments received. In relation to learning and improvement activity updates were provided on the process for considering Adverse Events as well as the current position in relation to Significant Adverse Event Reviews as at 1 June 2023. It was reported that Board Level 1 and Primary Care Out of Hours risks required updating on Datix. The report went on to highlight areas of concern relating to fragility within Adult Social Care; issues relating to Community Nursing; dentistry and wider recruitment processes. Issues relating to prison pharmacy services had been resolved. Updates were also provided in relation to the actions arising from the Clinical Governance Committee meeting on 27 April 2023. Data was provided in relation to recent activity relating to Stage 2 Complaints; Adverse Events; Serious Adverse Event Reviews; Hospital Inpatient falls; Tissue Viability; Medication Errors; and Violence and Aggression incidents. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 1 June 2023. The report proposed the Committee take **Moderate Assurance.**

The following matters were discussed:

- Receipt of Area Reports at Clinical and Care Governance Group. Advised there had been improvement in level of reports being submitted, with work ongoing to understand current barriers to reporting. Requirement for additional support arrangements were being considered.
- Committee Role in Highlighting Issues. Noted resource issues, including eHealth concerns, remain a constant theme of reporting to Committee. Advised increasing demand levels can lead to calls for additional staffing resource however the key question should relate to how can services and systems be adjusted to work differently or more efficiently to reduce associated risk. How can teams be utilised to their best advantage. Transformational Care will be crucial to NHS Highland alongside improved local recruitment and Onboarding processes.
- Onboarding Processes. Agreed to provide a detailed update regarding Onboarding processes to the next meeting. Detailed consideration of this matter would primarily be undertaken by the Staff Governance Committee. The new Director of People and Culture would be in post later in July 2023. The incoming Chair of the Staff Governance Committee would meet with C Copeland to ensure a full understanding of the issues concerned.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to provide a detailed update on Onboarding processes to the next meeting.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

6.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, advising previously reported excess winter deaths had returned to baseline seasonal effect, with no exceptions or outliers in respect of variability across Rural General Hospitals. Updates were provided in relation to cases of both Clostridium difficile and infections associated with Arthroplasty activity, the latter being subject to continuing robust surveillance in relation to actions arising from a multi-disciplinary team review

to reduce infection rates. It was indicated that capacity and flow on all acute sites continued to impact Emergency Department performance. A short life working group, working with Clinical Support, had been established to deliver optimum service delivery in relation to the post-menopausal bleeding clinic through reducing the level of inappropriate referrals. Further updates were provided in relation to activity relating to falls prevention; Scottish Ambulance Service handover times; stroke performance; development of a Maternity dashboard, and development of an Audiology Service Improvement Plan for submission to the Acute Services Clinical Governance validation meeting on 9 June 2023. He took the opportunity to advise members the Colorectal Oncology service had been temporarily suspended, following attempts to secure provision through partner NHS Boards, reflecting wider concerns relating to specialist workforce capacity at that time. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 23 May 2023. The report proposed the Committee take **Moderate Assurance.**

The following points were raised in discussion:

- National Treatment Centre Clinical Governance Arrangements. Question asked if this aspect was included in the Surgical Division update. Confirmed would be included in future reports.
- Workforce Concerns. View expressed the range of workforce issues being reported across NHS Highland Services required to be brought together and considered in the round. The unique recruitment position faced by NHSH was highlighted, noting the Board Medical Director was currently in the process of meeting with the Scottish Government to discuss relevant issues.
- Reporting Format. View expressed members would benefit from greater consistency in reporting format from operational areas. Further consideration would be given to this point.
- Colorectal Oncology Service. Members recognised the challenging position faced by existing staff members and highlighted the need to ensure appropriate learning was being taken. The need to support relevant staff and ensure improved communications was emphasised. Members were advised learning had been taken and applied in relation to future patient communication and staff support arrangements. The wider service position had improved following agreement as to formal support being provided by NHS Grampian.

After discussion, the Committee:

- **Noted** the report content.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

7 INFECTION PREVENTION AND CONTROL REPORT

K Patience-Quate spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators, outlining NHSH remained on track to meet all nationally set antimicrobial prescribing targets but was not on track to meet the targets for EColi and CDI which both remained within predicted limits. It was expected to meet the challenging SAB target. It was reported infection prevention and control activity levels were high and considerable time was being spent focusing on preventing and managing outbreaks in hospitals, care homes and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Two additional fixed term posts established during the COVID pandemic to support community, Care Homes and Care at Home would end June 2023 and Sept 2023. As a result, the Infection Prevention and Control Community team were reviewing service provision moving forward. A review of staffing was underway as part of a national Infection Prevention Workforce Strategy Plan. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. There had been an outbreak of scabies within Raigmore Hospital and the situation continued to be monitored. There had been no Healthcare Environment Inspections undertaken since the last

update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of areas of challenge, relating to the new targets for 2023/24; actions arising from receipt and consideration of the ARHAI Clostriododes Difficile Exception Report (October -December 2022); compliance with Statutory and Mandatory training requirements; review of the Infection Prevention and Control staffing; a future review of weekend working; and sickness absences within the Microbiology team. There had also been circulated NHS Highland Control of Infection Committee Annual Report 2022/23. The report proposed the Committee take **Moderate Assurance.**

There followed discussion of the following:

- Improving Stated Assurance Level. Advised this would involve embedding an "everyone's business" approach, ensuring a proactive focus and maintaining sufficient workforce capacity.

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.
- **Noted** the NHS Highland Control of Infection Committee Annual Report 2022/2023.

The Committee adjourned at 10.30am and reconvened at 10.40am.

8 SERVICE UPDATES

8.1 Update on Dentistry State of Play and Impact on Acute Services

T Allison spoke to the circulated report advising as to deterioration of access to Primary Care dental services; increasing concern in relation to Primary Care service sustainability; and ongoing national reform of the same. There had been long-standing challenges in providing NHS Dental Services, many of which had been exacerbated by the Covid-19 pandemic. There were limited numbers of Practices accepting new NHS patients and some practices faced challenges providing routine dental care for registered patients. Main reasons for dental access issues were reported as recruitment and retention of Dentists willing to provide NHS dental care. The NHS (GDS) (Scotland) regulations 2010 applied to provision of General Dental Services. NHS Boards were not required to provide a full dental service to their respective population but were required to keep a list of Dentists providing NHS services within their area and publish the same. NHS Boards did provide Urgent Dental Care, via the Health Board Public Dental Service, for unregistered patients. The position across NHS Highland practices was outlined, with concern expressed new patients could not access routine NHS dental care and registered dental patients may encounter limited access to routine care. It was likely oral health inequalities would become more pronounced. It was advised most Practices offer patients access to private dental care options and therefore patients may opt to access the same. T Allison took the opportunity to highlight difficulty accessing even private dentistry in some areas of Highland, increasing the burden on emergency care and adding to the wider range of health inequalities. A request had been made to meet with the Minister for Public Health and Women's Health to outline and discuss a review of the particular issues affecting Highland. It was noted that recruitment of practitioners from overseas had been a relative success to date.

For a number of years Oral Health in Scotland, and Highland had improved significantly, measured by the National Dental Inspection Programme. It was likely a reduction in access to NHS Dental Services would result in significant deterioration of the oral health of the population. There was ongoing Scottish Government Reform of Dental Services, with definitive detail on payment reform awaited, following negotiation with the British Dental Association (BDA). There was risk of further delay in the reform process, or limited acceptance of the same, thereby accelerating de-stabilisation of NHS dental services. The Scottish Government had confirmed their intention to implement payment reform from the beginning of November 2023. Payment reform would constitute the first phase of the planned reform of Primary Care Dental Services. The Scottish Parliament Covid-19

Recovery Committee was also carrying out a short enquiry into NHS Dental Services in Scotland. The report proposed the Committee take **Limited Assurance.**

The following points were raised in discussion:

- Patient Deregistration. Noted increased numbers being deregistered across all geographical areas including Inverness.
- Impact of Provision of Non-Dental Treatment on Dental Services. Questioned role of the national contract in prioritising NHS dental care. Role for national consideration of relevant skill mix.
- Longer Waiting Times for Appointments. Noted this applied both private and NHS patients and can result in routine care requirements becoming more serious.
- Improving Stated Assurance Level. Advised NHSH had limited scope or control in relation to what it could do to seek improvement in this area.
- Role and Impact of Scottish Dental Access Initiative Grants. Noted national scheme had had limited success in Highland to date. Lack of access further impacts on prevention activity.
- Temporary Intervention. Suggested extending patient travel expenses to dentistry, especially for those on low incomes. Acknowledged the distances involved in accessing care increasing. Agreed matter would be raised with relevant Minister.
- Mobile Services. Suggested mobile services, working in association with school nurses etc could have positive impact on prevention agenda. Question raised as to priority being given to children.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Limited** assurance.
- **Agreed** a verbal update be provided to the next meeting.

8.2 Update on Pharmacy Services

I Rudd spoke to the circulated report and gave a short presentation to members providing an update in relation to the pharmacy and medicines governance systems in place to support safe and effective care in NHS Highland. He provided an overview of the breadth of pharmacy governance activity, noting measurement of elements relating to quality, effectiveness, efficiency, staffing, and risk and safety. The scope, strengths and challenges relating to pharmacy governance were outlined. The same elements were outlined in relation to medicines governance, noting challenges included ensuring appropriate level of representation by all healthcare professions on relevant governance groups resulting in tension between operational delivery and associated governance arrangements. A range of transformational activity was underway in Highland, including working with North of Scotland Planning Group on Patient Group Directions (PGDs) to improve efficiency and reduce workloads; and working on a more collaborative basis. The seven pillars of Clinical Governance were then referenced, noting the aim of ensuring Pharmacy and Medicines activity addressed these requirements for good governance. Working examples of activity relating to both medicines and pharmacy governance were also provided. It was reported the General Pharmaceutical Council had proposed the introduction of a Chief Pharmacist role under relevant legislation, noting in Scotland this would be undertaken by Directors of Pharmacy with additional regulatory responsibility for pharmacy and medicines. The report proposed the Committee take **Moderate Assurance.**

The following was discussed:

- Improving Stated Assurance Level. Noted would involve “raising the level of system governance to match the better Boards in Scotland”. Advised on the journey, with recent recruitment assisting in this regard. Activity may relate to people, process, or technological aspects.
- Dispensing by Boards for Patients in Other Board Areas. Noted MHRA showing interest in subject. Advised issues relating to associated risks had been raised with Scottish Government.
- Community Pharmacy. Questioned impact to date of activity moving from GP practice to community pharmacy. Advised further work to be undertaken to map associated impact on

activity levels and identify range and location of available services. Noted Pharmacists in Highland had been enabled access to certain pertinent patient information, the positive impact of which would be fully realised in due course.

- Implementation of HEPMA in Highland. Advised working with North of Scotland Collaborative on the largest system trial of its type in the UK, including an intense learning and review process. System rollout had gone well to date, with New Craigs Hospital and National Treatment Centre the next to go fully live. Noted implementation activity can be reliant on improvement of IT infrastructure. In terms of positive impact, this had been evidenced in relation to on-site management of diabetes in Caithness General Hospital.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance.
- **Agreed** a detailed report on Community Pharmacy activity be brought to a future meeting.

9 STRATEGIC RISK REGISTER (PUBLIC HEALTH)

T Allison spoke to the circulated report providing an update on action being taken in relation to the two Risks identified, highlighting Covid levels had reduced over recent months as had the serious effects of Covid as a result of vaccination activity. There was no current major concern regarding new variants and mutations. It was reported the spring/summer Covid vaccination programme had reached uptake rates of above 90% for adult care home residents and 73% for people in the community aged 75 and over in NHS Highland (at 6 June 2023). For care homes this was slightly higher than the Scottish average and for the community it was lower. Uptake rates for people with a weakened immune system were higher than the national average. The influenza immunisation programme had finished several months prior and would resume in autumn 2023. Vaccinations were generally almost all delivered through the NHS Board rather than by General Practice following implementation of the Vaccination Transformation Programme. Delivery risks remain for the Programme in relation to finance, workforce and ensuring the most appropriate service model design. These risks were most pronounced in the Highland HSCP area. It was proposed the stated level be reduced to Medium for Risk 715 and remain High for Risk 959. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee Considered the relevant Strategic Risks and:

- **Agreed Moderate** assurance be given to the NHS Board, based on the updates provided.
- **Agreed** the EDG be recommended to reduce the current Risk Level assigned to **Risk 715 to Medium** and maintain the current Risk Level assigned to **Risk 959 as High.**

10 SIX MONTHLY EXCEPTION REPORTS

10.1 Health and Safety Committee

B Summers provided a short presentation to members, giving a summary of Health and Safety Executive (HSE) Interventions and Enforcement over the prior six-month period; an update in relation to the HSE focus on both Violence & Aggression and Moving & Handling activity; updates in relation to two HSE Improvement Notices received by NHS Highland (Preventing & Managing Violence & Aggression, and Ligature Reduction); and a position statement in relation to the updated and revised NHS Highland Health and Safety Policy.

There was discussion of the following:

- Statutory and Mandatory Training Activity. Noted the significant rise in training compliance rates.

- Ligature Reduction Activity. Noted issues associated with end of PFI contract for New Craigs. Reported all Places of Safety across NHSH had been audited, in addition to the New Craigs site.

The Committee:

- **Noted** the reported position.
- **Agreed** relevant presentation detail be sent to members after the meeting.
- **Agreed** an update on the revised Health and Safety Policy be submitted to the next meeting.

10.2 Information Assurance Group

The Committee Noted consideration of this Item had been deferred to the next meeting.

10.3 Resuscitation Committee

The Committee Noted consideration of this Item had been deferred to the next meeting.

11 PUBLIC PROTECTION

There were no matters discussed in relation to this Item.

12 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

The Chair advised he would request the Board Medical Director provide an update for members in relation to Oncology Services for dissemination after the meeting.

K Patience-Quate then advised members that, at the request of the Board Medical and Nurse Directors, an audit on quality across all service areas had been undertaken since autumn 2022. The findings of the associated report had been well received by the Executive Directors' Group, with a number of key themes emerging in relation to embedding quality, including ensuring the voice of patients was being heard. The final report included a range of recommendations for NHS Highland.

The Committee:

- **Noted** the reported position.
- **Noted** an update on Oncology would be disseminated to members out with the meeting.
- **Agreed** an update on the quality audit report be submitted to a future meeting**.**

13 ANY OTHER COMPETENT BUSINESS

There were no matters discussed in relation to this Item.

14 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the issues and concerns identified in discussion in relation to both Dentistry and Oncology Services.

The Committee so Noted.

15 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2023 as follows:

31 August
2 November

16 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 22 June 2023 at 9.00am.

The meeting closed at 11.40am

Agenda Item 3

NHS Highland

Meeting: NHS Highland Board Meeting

Meeting date: 25 July 2023

Title: Finance Report – Month 3 2023/2024

Responsible Executive/Non-Executive: Heledd Cooper, Director of Finance

Report Author: Alison Rodgers, Finance Manager

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 3 2023/2024 (June 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. This report summarises the position at Month 3, 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 June 2023 (Month 3) an overspend of £20.656m is reported. This overspend is forecast to increase to £55.788m by the end of the financial year. The improvement on the residual gap in the plan is due to additional funding allocations from Scottish Government. The current forecast assumes full delivery of the savings in Acute, Support Services and the HHSCP, and the significant majority of A&B IJB's target will be achieved.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	
Limited	X	None	

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

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

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 Quality Impact Assessment 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 getting dedicated tailored support to assist in response to the size of the financial challenge.

3.4 Risk Assessment/Management

There is a risk NHS Highland will overspend on its 2023/2024 revenue budget by more than £55.788m in this forecast as this assumes the cost improvement programme is delivered in full. 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
- Quarterly financial reporting to Scottish Government

3.8 Route to the Meeting

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

- EDG

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 3

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**25 July 2023**
Title:	**Finance Report – Month 3 2023/2024**
Responsible Executive/Non-Executive:	**Heledd Cooper, Director of Finance**
Report Author:	**Alison Rodgers, Finance Manager**

1 Financial Plan

1.1 NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of £68.672m. Scottish Government have now allocated further funding for 2023-2024 of £14.673m to support the financial position to reduce the funding gap. This report summarises the position at Month 3, provides a forecast through to the end of the financial year, and highlights current and ongoing service pressures

1.2 Recognising the size of the financial challenge the Board faces the Scottish Government are providing tailored financial support to assist the Board with data and challenge in reviewing and reducing it recurrent cost base, alongside the usual monthly review of financial reporting submissions.

2 Financial Position YTD & Forecast

2.1 For the three months to the end of June 2023 NHS Highland has overspent against the year-to-date budget by £20.656m and is reporting a forecast of £55.788m at financial year end. This forecast includes additional funding allocated to all Boards by Scottish Government to support the financial position. NHSH received £8.030m Sustainability and NRAC parity funding and £6.590m New Medicines funding and assumes delivery of the savings target in North Highland and the significant majority of the A&B IJB target; forecast savings delivery totals £28.754m.

2.2 A breakdown of the year-to-date position and the year-end forecast is detailed in Table 1.

Table 1 – Summary Income and Expenditure Report as at June 2023

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,147.755	**Total Funding**	278.741	278.741	-	1,147.755	-
	Expenditure					
440.799	HHSCP	109.135	113.143	(4.009)	445.848	(5.049)
286.617	Acute Services	73.373	79.817	(6.444)	302.101	(15.483)
162.890	Support Services	34.562	44.117	(9.555)	197.195	(34.305)
890.306	**Sub Total**	**217.070**	**237.077**	**(20.008)**	**945.144**	**(54.838)**
257.449	Argyll & Bute	61.671	62.320	(0.649)	258.399	(0.950)
1,147.755	**Total Expenditure**	**278.741**	**299.397**	**(20.656)**	**1,203.542**	**(55.788)**
	Total Expenditure			**(20.656)**	**55.788**	**(55.788)**

2.3 A breakdown of the forecast by unachieved savings and the net operational position is detailed in Table 2.

Table 2 – Breakdown of YTD & Forecast as at June 2023

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Operational (Over)/ Under	Savings
1,147.755	**Total Funding**	**278.741**	**278.741**	-	**1,147.755**	-		
	Expenditure							
440.799	HHSCP	109.135	113.143	(4.009)	445.848	(5.049)	(5.049)	0.000
286.617	Acute Services	73.373	79.817	(6.444)	302.101	(15.483)	(15.483)	0.000
162.890	Support Services	34.562	44.117	(9.555)	197.195	(34.305)	(34.305)	0.000
890.306	**Sub Total**	**217.070**	**237.077**	**(20.008)**	**945.144**	**(54.838)**	**(54.838)**	**0.000**
257.449	Argyll & Bute	61.671	62.320	(0.649)	258.399	(0.950)	(0.203)	(0.746)
1,147.755	**Total Expenditure**	**278.741**	**299.397**	**(20.656)**	**1,203.542**	**(55.788)**	**(55.041)**	**(0.746)**
-	**Surplus/(Deficit) Mth 3**	**-**	**20.656**	**(20.656)**	**55.788**	**(55.788)**	**(55.041)**	**(0.746)**

3 Highland Health & Social Care Partnership

3.1 The HHSCP is reporting a year-to-date overspend of £4.009m with this forecast to increase to £5.049m by financial year end, assuming delivery of their full savings plan. Table 3 shows the breakdown across service areas and the split between Health & Social Care.

Table 3 – HHSCP Breakdown as at June 2023

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
246.338	NH Communities	62.601	64.500	(1.899)	250.669	(4.331)
48.259	Mental Health Services	12.330	15.061	(2.732)	51.822	(3.563)
147.241	Primary Care	35.719	35.726	(0.006)	149.073	(1.831)
(1.040)	ASC Other includes ASC Income	(1.515)	(2.144)	0.628	(5.716)	4.676
440.799	**Total HHSCP**	**109.135**	**113.143**	**(4.009)**	**445.848**	**(5.049)**
	HHSCP					
268.364	Health	66.495	70.503	(4.008)	273.413	(5.049)
172.434	Social Care	42.640	42.640	(0.000)	172.435	(0.000)
440.799	**Total HHSCP**	**109.135**	**113.143**	**(4.009)**	**445.848**	**(5.049)**

3.2 Within Health the forecast assumes the savings target of £6.546m is delivered. The position reflects the following cost pressures:

- £0.328m of service pressures in Enhanced Community Services
- £1.140m prescribing costs above planned. This reflects increases in the cost of some drugs in the national drug tariff, and activity
- £0.774m relating to two out-of-area patients previously funded by National Services Scotland but who are now considered delayed discharges in respect of having completed the specialist treatment; these patients are being charged at specialist rates whilst awaiting transfer back to NHS Highland.
- £1.062m agency nurses
- £0.800m relating to additional locum costs in 2c practice
- Unfunded supplementary staffing spends of £2.749m

The above pressures are partly offset by vacancies.

3.4 Adult Social Care is currently reporting breakeven at year end. This position assumes funding being drawn from the funds held by Highland Council over the 2021-2022 financial year end, and delivery of the savings target of £4.113m

3.3 Supplementary staffing at the end of month 3 totals £5.288m for the HHSCP.

4 Acute Services

4.1 Acute Services are reporting a YTD overspend of £6.444m with this forecast to increase to £15.483m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at June 2023

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
73.937	Medical Division	19.046	22.388	(3.341)	79.590	(5.653)
19.929	Cancer Services	5.082	5.600	(0.518)	21.121	(1.193)
64.549	Surgical Specialties	16.329	17.547	(1.218)	67.517	(2.969)
33.287	Woman and Child	8.773	8.343	0.430	32.135	1.151
44.133	Clinical Support Division	11.486	11.254	0.232	43.516	0.617
(3.718)	Raigmore Senior Mgt & Central Cost	(1.175)	1.402	(2.577)	3.813	(7.531)
25.646	NTC Highland	6.476	5.668	0.808	24.703	0.943
257.761	**Sub Total - Raigmore**	**66.017**	**72.201**	**(6.184)**	**272.395**	**(14.634)**
14.069	Belford	3.543	3.648	(0.106)	14.059	0.011
14.787	CGH	3.813	3.968	(0.155)	15.647	(0.860)
286.617	**Total for Acute**	**73.373**	**79.817**	**(6.444)**	**302.101**	**(15.483)**

4.2 The following pressures are the main drivers for the operational overspend:

- Delayed discharges within the Medical Directorate and medical boarders within surgical wards has cost £2.525m YTD and is estimated to cost £6.267m in the full year.
- £1.000m of Acute Drugs.
- Several unfunded developments including the increase in critical care and the infectious diseases capacity during the pandemic; other unfunded developments include gastroenterology medical staff, clinical educators, the expansion of opening times for the cardiac catheterisation lab, and radiology outsourcing.
- Theatre costs, including agency staff of £0.854m

4.3 Supplementary staffing has cost £7.387m in the year to date, some of which is driving the cost pressures detailed above. The Acute forecast assumes delivery of the £9.813m savings target.

5 Support Services

5.1 Support Services are reporting a YTD overspend of £9.555m with this forecast to increase to £34.305m by financial year end. This includes the balance of the carried forward deficit from previous years within the central reporting unit.

5.2 Table 5 breaks this position down across service areas.

Table 5 – Support Services breakdown as at June 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					
26.349	Central Services	1.528	10.094	(8.566)	59.750	(33.401)
45.779	Corporate Services	10.758	10.198	0.561	44.237	1.542
50.931	Estates Facilities & Capital Planning	12.293	13.403	(1.110)	52.801	(1.871)
14.568	eHealth	3.666	3.698	(0.031)	14.661	(0.094)
25.264	Tertiary	6.316	6.724	(0.408)	25.746	(0.482)
162.890	**Total**	**34.562**	**44.117**	**(9.555)**	**197.195**	**(34.305)**

5.3 The forecast position assumes delivery of the savings target of £5.057m

5.4 Within Estates & Capital Planning the overspend position continues to include costs which would previously have been charged to Covid. In addition, the agreement to pay staff employed by Robertsons Facilities Management as part of the New Craigs PFI at new pay rates will cost £700k in this financial year. Other pressures include utilities and provisions costs above the estimate of inflation included in the 2023-24 plan

5.5 Out of area placements continue to drive the forecast overspend within Tertiary.

6 Argyll & Bute

6.1 Argyll & Bute are currently reporting an overspend of £0.649m with this forecast to increase to £0.950m by financial year end. Table 6 provides a breakdown of this by operational area.

Table 6 – Argyll & Bute breakdown as at June 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					
123.160	Hospital & Community Services	30.955	30.759	0.196	123.375	(0.215)
38.483	Acute & Complex Care	9.766	10.115	(0.349)	39.833	(1.350)
10.403	Children & Families	2.539	2.505	0.034	10.103	0.300
37.751	Primary Care inc NCL	9.064	9.076	(0.012)	37.751	(0.000)
22.009	Prescribing	5.394	6.585	(1.191)	24.109	(2.100)
10.702	Estates	2.632	2.671	(0.039)	10.897	(0.195)
5.678	Management Services	0.637	0.641	(0.004)	5.768	(0.090)
9.263	Central/Public health	0.685	(0.031)	0.716	6.563	2.700
257.449	**Total Argyll & Bute**	**61.671**	**62.320**	**(0.649)**	**258.399**	**(0.950)**

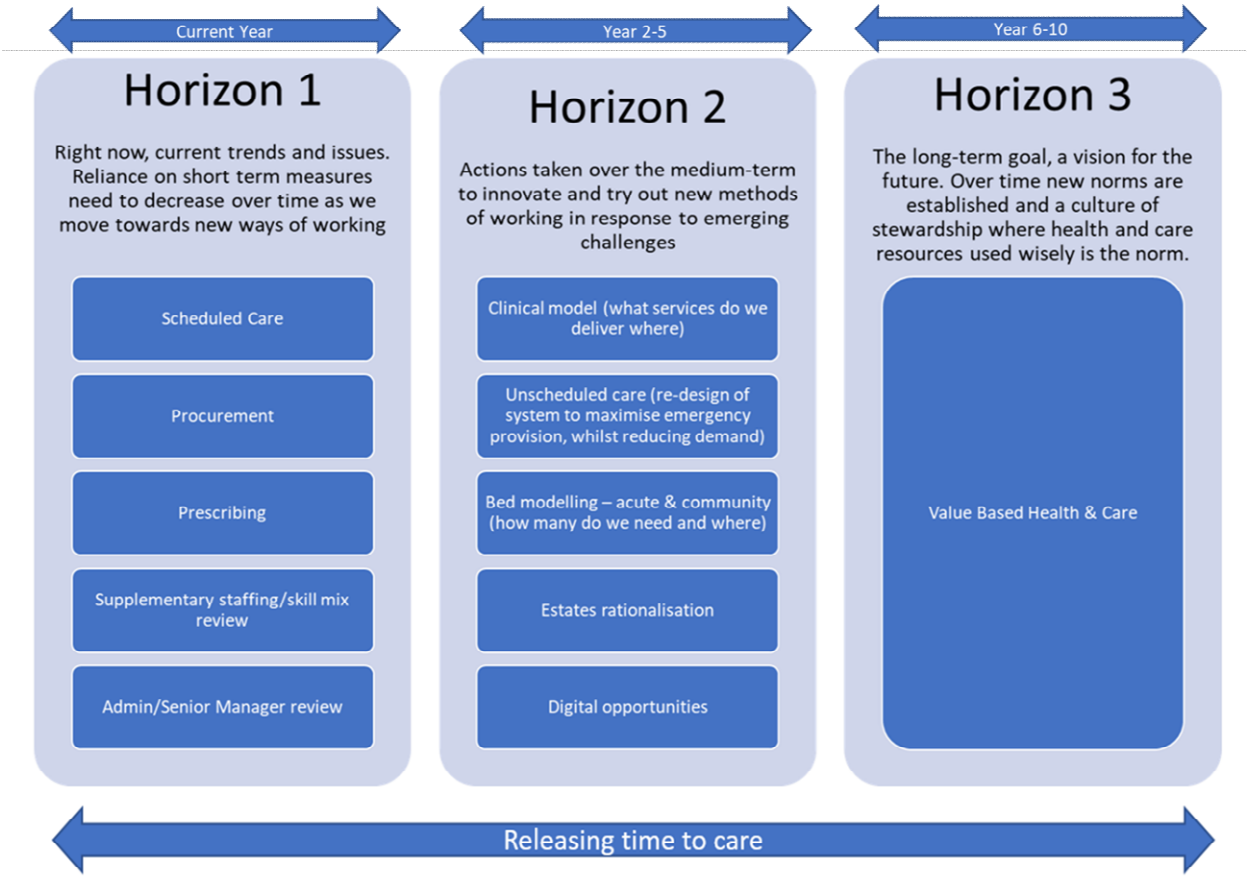
6.2 The forecast position includes slippage on savings of £0.746m. New cost pressures are emerging in several areas, including prescribing. The forecast assumes release of IJB reserves to cover the recurring budget deficit of £3.500m. Spend on supplementary staffing was £3.144m at the end of June 2023.

7 Financial Sustainability

7.1 The Financial Plan presented to the Board in May proposed a CIP of £29.500m. The YTD position includes delivery of £28.754m of savings by year end. A&B IJB is forecasting slippage on savings of £0.746m. North Highland operational units are forecasting savings targets will be met. This is the best-case scenario.

7.2 £55.788m is dependent on these schemes being delivered. The Efficiency and Transformation Governance Group has been meeting weekly to ensure savings plans are being co-ordinated and will monitor their progress. All operational areas have been working up savings schemes using a Three Horizons approach to reduce the Board's recurrent cost base this financial year and beyond.

Figure 1 Horizon's description and examples



7.3 Table 7 provides a summary of the forecast savings position included in the month 3 forecast.

Table 7 Forecast Savings at Month 3

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s	Forecast £'000)
HHSCP	10,660	2,665	395	**2,270**	**10,660**
Acute	9,813	2,453	0	**2,453**	**9,813**
A&B	3,970	993	534	**458**	**3,224**
Estates	2,027	507	0	**507**	**709**
E Health	176	44	0	**44**	**176**
Corporate	680	170	56	**114**	**680**
Central	794	198	198	**(0)**	**2,112**
Tertiary	1,380	345	0	**345**	**1,380**
Total	**29,500**	**7,375**	**1,184**	**6,191**	**28,754**

7.4 Scottish Government has been working closely with the Finance team and Executive Director Group (EDG) to examine the cost drivers and opportunities within the organisation. There are some key areas of control that have been identified as potential areas of focus, which are being considered and will implemented over the coming weeks and months.

7.5 In addition, all NHS Boards and Scottish Government are working together on the national Sustainability and Value Programme to ensure best practice is shared to develop value-based healthcare, improve operational performance and deliver financial sustainability.

7.6 The forecast position is based on significant delivery of the savings target. As we progress through the year a confidence level will be presented alongside the plan. As a high-level estimate early into the financial year the following table represents the current range of financial deliver.

Figure 2 Best and worst case assessment:

	Operational delivery	Savings delivered	Forecast Position
Best Case:	-83.795	29.500	-54.295
Worst Case	-92.175	8.243	-83.932
Likely	-83.795	17.700	-66.095

8 Supplementary Staffing

8.1 Reduction in supplementary staffing costs is an area of focus for NHS Boards. Scottish Government are co-ordinating work being carried out nationally through the Medical Workforce Sustainability Group and the Supplementary Staffing Task and Finish Group. Outputs from these groups will assist the work in NHS Highland to reduce the use of supplementary staff. Table 8 compares spend in Month 3 of 2023-2024 to the previous year. Reduction in agency costs and medical locums is crucial if the Board is to deliver on the savings targets.

Table 8 Supplementary Staffing as at June 2023

	2022/2023 YTD £000s	2023/2024 YTD £000s	Inc/(Dec) £000s
Locum	5,068	5,593	525
Agency	3,469	5,643	2,174
Bank	4,272	5,415	1,143
	12,809	**16,650**	**3,842**

9 Financial Risk

9.1 The highest risk to the forecast is that the savings targets will not be met.

9.2 It has been assumed that anticipated allocations will be at the same level as 2022/2023 plus uplifts for inflation and pay awards. The SG are planning to provide earlier notification of allocations and include many of them as part of our recurring baseline going forward. This will provide more certainty on funding and assist in the planning and monitoring process. However, to date confirmation of most anticipated allocations has not been received, thus risk exists that we will receive less than planned. Other risks include:

- Potential for continuing recruitment difficulties and associated reliance on Agency and Locum staff to deliver services above the current plan.
- Pay inflation has been assumed at 2%, as directed by the national finance peer review group. SG Funding has provided for the additional agenda for change uplift - we have assumed any additional costs of the medical pay award will also be funded.
- SLA increases due to activity adjustments and changes to the costing models of provider boards are a risk; NHS GG&C are working on a new costing model; any change could have a significant impact given the level of service provided to A&B. NHS Lothian have reviewed its costing model with a potential additional cost for NHS Highland of £0.230m.
- Short supply of commodities and drugs and higher inflation than planned is already impacting on catering provisions and utilities.

10 Revenue Summary

10.1 The forecast deficit of £55.788m at this stage is dependent on the delivery of £28.754m of savings, the management of emerging cost pressures, and correct assumptions in relation to both expenditure levels and funding.

11 Capital

11.1 The total anticipated Capital Funding for NHS Highland for 2023/2024 is £28.397m.

11.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £5.068m has been incurred.

11.3 The main areas of investment to date include:

Project	Spend to end June 2023
National Treatment Centre – Highland	£0.503m
Estates Backlog Maintenance	£2.644m
Equipment Purchase	£0.153m
Raigmore Car Park	£0.632m

11.4 At this stage of the financial year it is estimated that the Board will spend the Capital Resource Limit in full.

12 Recommendation

NHS Highland Board members are invited to discuss the contents of the Month 3 Finance Report.

Appendix 1

Capital Expenditure at Month 3

Draft Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Project Specific Schemes		
3,230		Radiotherapy Equipment	0	3,230
500		NTC (H)	503	(3)
2,400		Belford Hospital replacement	103	2,297
1,500		Caithness redesign project	68	1,432
2,500		Grantown HC upgrade	44	2,456
2,820		Broadford HC extension	0	2,820
		Other Centrally Provided Capital Funding		
2,650		Raigmore Maternity capacity	186	2,464
2,200		Cowal Community Hospital GP relocation	(2)	2,202
1,350		Raigmore car park project	632	718
500		Laundry Water Filtration Equip	0	500
50		Raigmore oncology unit	0	50
500		Campbeltown boiler replace	9	491
0		EV charging points A&B	276	(276)
1,250		Backlog maintenance additional funding	0	1,250
21,450	**-**		**1,819**	**19,631**
		Formula Allocation		
827		PFI Lifecycle Costs	213	614
2,010		Equipment Purchase Advisory Group (EPAG)	154	1,856
2,350		Estates Capital Allocation	2,644	(294)
1,500		eHealth Capital Allocation	237	1,263
260		Minor Capital Group	0	260
0		Other	1	(1)
6,947	**0**		**3,249**	**3,698**
28,397	**0**	**Capital Expenditure**	**5,068**	**23,329**

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 28 June 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Philip Macrae, Non-Executive, Committee Vice Chair (in the Chair)
Tim Allison, Director of Public Health (until 3pm)
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Interim Chief Officer
Kate Dumigan, Staffside Representative
Cllr, David Fraser, Highland Council (until 3pm)
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Gerry O'Brien
Kaye Oliver, Staffside Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)

In Attendance:
James Bain, Transaction & Income Manager, Adult Social Care
Sarah Bower, Healthcare Improvement Scotland
Rhiannon Boydell, Head of Strategy and Transformation
Louise Bussell, Nurse Director
Sarah Compton Bishop, NHS Highland Board Chair
Stephen Chase, Committee Administrator
Fiona Duncan, Chief Social Worker, Highland Council
Gillian Grant, Head of Commissioning
Arlene Johnstone, Head of Service, Health and Social Care
Donellen Mackenzie, Depute Director Adult Social Care
Nathan Ware, Governance and Assurance Co-ordinator

Apologies:
Simon Steer, Catriona Sinclair, Cllr Chris Birt, Cllr David Fraser, Mhairi Wylie, Fiona Malcolm.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting began at the later time of 2pm and was introduced by the P Macrae who noted that he would chair the meeting at the request of G O'Brien, who would return in full to committee duties following the present meeting.

The meeting opened at 2pm, 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.

1.2 DECLARATIONS OF INTEREST

There were none.

1.3 Assurance Report from Meeting held on 26 April 2023

The draft minute from the meeting of the Committee held on 26 April 2023 was approved by the Committee as an accurate record pending the following amendment:

- K Oliver noted a correction regarding her recorded job role.
- Item 3.5: clarify the agreed level of assurance.

The Committee

- **Approved** the Assurance Report pending the amendments noted, and
- **Noted** the Action Plan.

1.4 Matters Arising From Last Meeting

- M Stevenson read a letter from former member Michael Simpson to the Committee:
  The letter noted that a promised meeting to discuss the North Coast Redesign with the Chief Officer and colleagues had not taken place and expressed disappointment with the lack of engagement with him on this issue. He also noted that he had not received a promised official letter acknowledging these services.
  The Chair expressed regret that the meetings had not taken place and that this had been due to work pressures. It was clarified on the latter point that a letter from the regular Chair had been posted but had not been received.

- G O'Brien noted that he had met with the Chairs of the Clinical Governance Committee and the Audit Committee in relation to care, governance and that he and the Chief Officer would discuss this further to bring a proposal having determined the appropriate governance route, to the Board. A further update would come to the next meeting.

The Committee:

- **NOTED** the updates.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023

The Chair gave apologies to the Committee that a report had not been available due to illness, noting that this was especially unfortunate as no update had been provided to the previous meeting.

- A Clark suggested that, though there may be extenuating circumstances, this was a significant matter which should be mentioned in the Committee's update to the Board at its next meeting.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Care At Home Assurance Report

This report set out the current issues in relation to the provision and delivery of care at home services across the Partnership area and described plans to co-create a care at home delivery vision and co-develop an accompanying and supporting commissioning approach. The report was provided to the Committee for awareness of the proposed areas of activity and with a proposed level of moderate assurance as to the steps being taken to address current and forecast challenges.

During discussion, the Committee considered the following areas,

- In terms of collaborative commissioning, this work had been driven in response to the Feeley Report to work more with Third Sector partners and assist with their sustainability through coproduction. This would enable contracts to be extended as opposed to repeatedly returning to market and would ensure better workforce experience through continuity.
- G Grant commented that there was a short life working group looking at collaborative commissioning which was considering the issues from the ground up, ways to encourage and promote collaboration, and the practical issues faced by workers on the road between clients.
- The need to support flexibility for staff was discussed and it was noted that the Reservists programme had been a good means to address the needs of staff who wish to work in alternative ways due to care and other responsibilities. It was also noted that some of the reservists have gone on to take permanent contracts due to the experience of having been afforded the opportunity of this experience of work. The response to the programme has been positive but there are infrastructure issues to address to support the larger than expected uptake.
- It was commented that the engagement work around the first objective outlined in the report around improving outcomes was integrated with the strategic plan. The engagement work had addressed areas of confusion around the Joint Strategy and the Together We Care programme and areas of engagement fatigue.
- It was suggested that the assurance level offered by the report maybe did not address the scale of the challenge faced from a workforce perspective and that previous measures mentioned in the paper had not had the intended impact. It was felt that the failures outlined were largely due to the larger than expected impact of external providers pulling out of care home provision due to sustainability issues.

The Chair noted the change from an initial assurance level of substantial to moderate. This was to acknowledge the challenges ahead but to note the robust procedures and work streams in place to mitigate against the challenges.

It was requested that an update on the immediate actions arising from the report be brought to the Committee in six months' time either as a standalone item or via the Chief Officer's report.

The Committee:

- **NOTED** the report, and
- **Agreed** to accept **moderate** assurance and that an update on the immediate actions would come to the Committee in six months.

3.2 Annual Report of Care Home Oversight Collaborative

The previous report provided to the Committee on 26 April 2023, gave an overview of independent sector care home provision, focusing on the recent sector turbulence experienced over 2022-23 and the mitigating actions in relation to the care home

closures which had been or were being managed. This further report provided an overview of wider sector oversight during 2022-2023 and sets out the move towards collaborative care home support arrangements and proposed a level of substantial assurance to the Committee.

- G Grant spoke to the paper and noted that the collaborative continued to oversee activity meeting fortnightly over 2022/23. It had addressed issues around black and red status care homes and provided oversight of large-scale investigations, any suspension of admissions, and bed vacancies.
- The second part of the report related to the shift in approach from Scottish Government and they requested partnerships to move away from oversight towards a collaborative support approach and with the intention of improving lives of people in care homes.
- Scottish Government had allocated the Highland Partnership £681,000 on the basis of putting in a submission detailing how that resource would be directed and targeted toward the collaborative working.
- Appendix 5 of the paper included information that submitted as part of the bid (appendix one of this appendix 5 outlined the NHS Highland element) and set out specific proposals for the use of the allocation.
- The collaborative Care Home support team will be invested in to broaden capacity and scope. This will include among other things, speech and language therapy as a drawdown resource when needed.
- The second element regards collaborative workforce solutions for work with the independent sector.
- The third element concerned bed availability and supporting beds to become available.

During discussion,

- It was clarified that Scottish Government were still to come back to the Collaborative with its responses to the plan.
- The shift from the Care Homes Strategic Group and the new Collaborative arrangement was noted as having been welcomed by partners and that partners had been keen not to have activity imposed and appreciated a more ‘draw down’ responsive resource approach.
- It was noted that NHS Highland is well placed to effect the new collaborative approach and that it had good engagement from partners but that work will need to be intensive as soon as the proposals from the Collaborative are agreed by Scottish Government.
- The Nurse Director noted her ongoing and continuing responsibility in the role for care homes and that this would not change with the new arrangement in ensuring quality controls for patients.
- It was noted that there is a separate Care Home Oversight Collaborative for Argyll and Bute with collaborative working with North Highland in the area of infection control via Public Health.
- It was noted that care home residents were at the centre of the initiatives and that service users and their families were helping to steer the direction.
- The risks around the new arrangements were discussed and it was clarified that the models developed in the response to Scottish Government were intended to reduce the risks around a collaborative way of working. It was added that the pandemic had seen the development of a more positive and trusting relationship with care homes and that this had led to productive working with earlier recognition shared of the issues.

leaving you to to wait and we're we're a bit running behind, but if you could give us your presentation, not much appreciated.

The Committee:	
– **AGREED** to accept **substantial** assurance from the report.	

3.3 Dental Services position paper

The report noted the current situation and actions being taken to mitigate, current reduced access to Primary Care Dental Services detailing a deterioration in access to Primary Care Dental Services, increasing concerns about the sustainability of Primary Care Dental Services, provided information about ongoing national reform of Primary Care Dental Services, and proposed a level of limited assurance to the Committee.

The Director of Dentistry noted that it was disappointing to be bringing little in the way of good news to the Committee and commented that the situation in Highland with regard to lack of access to primary care dental services was a national matter.

- It had been acknowledged that the system of administration for General Dental Services required reform, and that services were still recovering slowly from the impact of COVID where dental services were suspended in the main leading to significant backlogs of treatment and practises effectively looking at the future viability.
- He noted that it is often thought that health boards have a statutory obligation to provide General Dental Services but that this is not actually the case. Access to emergency dental services for unregistered patients is provided but in terms of General Dental Services, health boards are only required to maintain a list of dentists who provide or are contracted to provide the service.
- In terms of local pressures, there had been three recent practice closures across the region and ongoing deregistration of patients was sitting at about 1% of the total number of NHS deregistrations. However, many patients are being retained on a temporary lists awaiting recruitment of a dentist to their practice. In terms of private practices, Bupa had made a national corporate decision to withdraw many practises from the NHS.
- Around 16% of practices in the region were currently delivering less than 50% of the pre COVID level of activity.
- The dental helpline for the partnership area dealt in the last year with approximately 13,000 calls, and it was anticipated that this would increase.
- Workforce recruitment and retention was one of the main issues for patient access to services and a reason as to why practises may be deregistering patients.
- Current data showed that early career dentists were not committing to the NHS. The Director of Dentistry had spoken to some recently qualified dentists who had gone straight from training into private practice with no intention of working in the NHS.
- COVID had led to a delay in graduating dental students for a year, which was a temporary blip, but this had knock on effect for vocational training. In addition, the pandemic had led a number of dentists to change their work life balance reducing availability.
- More than 50% of practices in the region were now corporate dentists and these had also experienced significant issues around recruitment in spite of their greater buying power.
- It was felt that the key to progress was Scottish Government reform of Primary Care Dental Services. Final information was awaited from the government following a period of engagement with the main stakeholder, the British Dental Association, about what reform may look like but this review currently only covered payment reform with other areas to follow and progress had been slow.
- Provision of care for priority group patients is handled by the PDS (Public Dental Service) and the impact on the PDS was becoming significant due to the need to support emergency dental services and support services where GDP dentistry was not currently available.
- Recruitment to PDS has been very difficult with a general lack of suitable applicants for a number of roles.
- Scottish Government had made Scottish Dental Access initiative grants available to extend and establish dental practises. Two bids had recently been accepted in Alness and Inverness.
- Initiatives to improve recruitment and reduce barriers to recruitment of dental professionals are outwith the control of NHS Highland. They sit at national level and with the UK General Dental Council.

- Where it had not been possible to recruit dentists, there had been some successes with the recruitment of dental therapists recently. This was supported by the School of Dental Therapy at UHI in Inverness with a new cohort of students due to graduate soon. The scope of practise of a dental therapist is less than a dentist and they are required to work to prescription, but approximately 60% of NHS work can be carried out by a dental therapist.
- But yet another barrier that sitting at at Scottish Government level at at this moment in terms of action, need to ensure that our help lines have the resilience to deal with increased calls that are public dental service look at or EDS and being able to meet demand for services and we utilise where there is any public dental service capacity bearing in mind that we're currently running at 25%.
- If planned reforms of dentistry are not accepted by practitioners general dental services could see further deterioration and risk overwhelming the health board's public dental service.
- There is evidence from oral health inspections of school children of deterioration and widening health inequalities.

During discussion,

- It was clarified that there is no waiting list maintained by Primary Care for patients looking to be newly registered in the region and that an idea of figures is gained via calls to the helpline for patients wanting to register as new or those who have been deregistered.
- The issue of public messaging was raised and it was confirmed that work is underway in partnership with other health boards to provide clear messaging about what NHS dentistry can offer in light of the stated aims of Scottish Government to eventually provide free dental treatment and to avoid issues around self-dentistry.
- The potential for the Board to 'buy-in' independent and private dentistry was discussed and it was noted that this sector is suffering similar issues around recruitment to NHS dentistry.
- It was noted that the difficulties in local recruitment were not especially affected by the remote and rural geography of the region and that it reflected a national picture. In addition, any impact on the specific circumstances of Highland from the reform process is currently unknown.
- The Director of Dentistry commented that there was a very effective oral health promotion team across Highland and Argyll and Bute in conjunction with a series of national programmes including the highly successful Child Smile programme. Colleagues liaise with care homes, schools and nurseries, and there was an active fluoride varnishing programme supported via NHS Highland.
- The pay reforms were discussed and it was noted that Scottish Government's current preference was for a blended model based on treatment allowances and capitation. That's probably not the professions preferred model and we'll wait to see how that plays out. I'm not party to those discussions. Those are between the stakeholders.
- Workforce planning had shown that that there would be a shortfall of new dentists by 2030. It was felt by the Director of Dentistry that dental complementary professionals such as dental therapists were underused and that Highland was in a very good position with the School of Dental Therapy in Inverness which graduates about 11 students per year. Changes to regulation would need to be ensured to support more dental therapists if the scope of their work is to widen.
- The PDS had been recruiting more dental therapists due to a shortfall in dentists and that this had worked well in dealing with priority groups but there would still need to be more brought in to the service.
- The Director of Dentistry noted that currently health boards had limited control over General Dental Services and only ensured the maintenance of a GDS list and provided emergency dental services. It was thought that this area would form the third part of the general reform process. Practices with NHS patients were required to offer the full range of NHS care.

The Committee:

- **AGREED** to accept **limited** assurance from the report.

The committee held a short break at 2.55pm and reconvened at 3.05pm.

3.4 Self-Directed Support: Personal Assistant rates for Direct payment, Option 1's

The report provided an update to the Committee of the significant progress towards establishing a co-produced reference hourly rate for Options 1's in partnership with the SDS Peer Support Group by establishing a fair, transparent, and mutually understood personal assistant hourly rate for Option 1s, and recommended implementation of the new proposed reference hourly rate(s) from Monday 3 July 2023, noting the additional cost commitment for this financial year of £0.750m based on the current service user profile.

J Bain provided an overview of the report for the Committee and noted that the SDS Highland Peer Support Group consisted of recipients of SDS and family members involved in organising Option 1's with a current membership of about 12 supported by a couple of officers from NHS Highland. The prosed figure was arrived at in part by recognising the difficulty of recruiting and retaining staff across health and social care and current rates of inflation. The growth in Option 1's highlighted an unavailability of other options but also showed a need for more independence and decision making ability from patients.

The Chair noted the significant cost attached to the proposals against the backdrop of current cost pressures and invited discussion.

- It was commented that the Joint Officer Group had found Option 1 to be the most cost-effective for many people. In house services and commissioned external services were found to be more expensive, and there had been a significant reduction over the last two years for external care home hours of provision.
- Rates for bespoke packages were discussed. The SDS Peer Support Group had recognised the complexity of this issue but that a base rate to set the framework for packages more widely and to address recruitment issues in making the work more attractive would be desirable.
- It was noted that the starting point for the pay model was the UK Home Care Association rate for care at home packages in conjunction with a consideration of the overheads for individuals with a premium for travel. It was added that robust standard operating procedures were in place to ensure that if packages were not delivered that the monies were recoverable. It was thought that reclaimable monies for the current year would be between £¾ million and £1 million.
- The Chair summarised from the discussion that there was a desire to support the proposals in principle but that there was a difficulty around recommending the proposals when it was not certain where the money would come from.
- It was noted that Option 1 is not the only available option to be rolled out for individuals but that Option 1 enabled access to other areas such as Day Care services.
- G O'Brien noted that the Committee would need to be mindful of adding to the cost burden of the Board and the Partnership and that it would need to be clarified if the Committee has the deciding vote in recommending the proposals.
- The Chief Officer noted that the proposals would go to the Senior Leadership Team when it next met.
- N Wright noted the difficulty of seeing purely financial benefits arising from the proposals but that the outcomes would be qualitative and impact on various areas of the service as shown through items such as the IPQR.
- The Chief Officer noted that a number of transformational and efficiency programmes were in process and would return soon to the Committee.
- The Committee accepted moderate assurance from the paper and supported the recommendations in principle but noted that it could not recommend the proposals in full without the Senior Leadership Team and Joint Officer Group having considered the proposals and without a consideration of the financial position of the Partnership.

The Committee:

- Accepted **moderate** assurance from the report, and
- **Noted** its support for the proposals in principle but added that
- The Committee it could not recommend the proposals in full without the Senior Leadership Team and Joint Officer Group having considered the proposals and without a consideration of the financial position of the Partnership.

3.5 IPQR Dashboard Report

The report set out performance indicators used to monitor progress and evidence the effectiveness of the services that North Highland provides aligned to the Annual Delivery Plan. An increase in Care At Home unmet need was shown and an increase in delayed discharges since the last report, with figures for care home occupied beds remaining static. Psychological therapies waiting times showed improvements with reduced waits.
Following a request at the last meeting detail of unmet need in terms of waiting times was added to the data presented.

During discussion, the following areas were raised:

- It was asked if it was possible to show the balance for Care At Home unmet need in in terms of getting waiting times down versus new assessments of need and how decisions are made around priorities. The Chief Officer noted the multifaceted nature of the issue but that this was an area that should be reflected upon in terms of data. D Mackenzie commented that multidisciplinary teams were involved in making daily decisions around facilitating patient flow and avoiding inappropriate admissions and that this had provided early insights into community needs.
- It was noted that of data documented by hand that this could include anything that was not reported directly to government which may include community mental health data and non-reportable specialties.
- J McCoy requested that the following information might be included in the next iteration of the IPQR:
  - To include total number of beds for each area in North Highland care homes or the percentage occupied;
  - To include numbers for each hospital in North Highland regarding delayed discharges so as to better see trends, and to add lines to the graph for each hospital to help give a clearer picture for assurance;
  - To include trend data for North Highland Community Hospital delayed discharges from the information collected so far;
  - To include more detail, trends and optimal wait times for ongoing waits for non-reportable specialities;
  - To show trend data around reasonable wait times for each service on Community wait lists.

The Committee:

- **NOTED** the report.

3.6 Chief Officer's Report

The Chief Officer's report provided project updates for North Skye Healthcare, the Lochaber redesign, and Caithness Redesign. The HSCP Annual Performance Plan was noted and answers regarding the plans for the Ross Memorial Hospital were outlined. News of NHS Highland colleagues who had received awards in the Kings Honours list were announced which included an MBE for Cathy Shaw, Lead Advanced Practitioner for the Remote and Rural Support Team (West) and the Hospital at Home Team Skye with NHS Highland, has

been recognised and awarded an MBE for services to nursing in rural Scotland. Dr Miles Mack, a GP with Dingwall Medical Group, was recognised and awarded an OBE for services to general practice

M Stevenson raised the following questions regarding the Ross Memorial Hospital:

- What steps or measures are being planned within the RMH to address and resolve the fire compliance issues that pose a significant organisational risk?
- Is there an organisational commitment to oversee the reconfiguration of existing services on the RMH site?
- Why is it that Estates, as a support service, are leading the NHS strategy instead of the clinical personnel who should be guiding the strategy while support services follow?
- And if this is not the case then my next question is….
- Given that Estates have not yet actively pursued the reconfiguration project; Funding has not been secured, and Layout plans have not been developed, what exactly are the intentions of Estates at this point of the project?
- Is there an intention to evaluate the entire RMH building and services rather than solely focusing on fire compliance works, including a potential decision to close the RMH?
- The district manager who has been overseeing the reconfiguration of works was unable to give assurances to stakeholders recently that work is progressing, so where should stakeholders be looking for assurances that the work is progressing within RMH?
- Which stakeholders as mentioned on Wednesday, other than patient groups, are involved in the reconfiguration of the RMH works?
- Has there been any consideration given to relocating the GW patients to Invergordon Hospital, which is a newer and more suitable building, and if not, why not?
- Previous Questions still awaiting answers, which I would like to bring up at this time.
- What is the name of the project manager appointed by Estates, that was mentioned at the HHSCC meeting on 26 April 2023?
- Despite assurances made during the HHSCC meeting on 11 January 2023 that the HRU would remain unaffected by any changes, it appears that the situation has changed. What guarantees can be provided to ensure the safety of the remaining 5 Inpatient rheumatology beds from closure?
- Where there is a need for works to relocate the GW beds to the HRU, how will the active Rheumatology services be able to continue without interruption?
- Where will the Rheumatology outpatients and Infusion services be temporarily relocated to in order to ensure uninterrupted continuity of the service as promised from the senior leadership team earlier this year?

The Acting Chair and the regular Chair noted the valid questions raised and commented that he did not believe there was any deliberate stonewalling around the information. He commented that there was an engagement group set up to deal with the Ross Memorial Hospital and that this was a better forum than the current Committee in which to receive assurances about the work in question.

- The Chief Officer clarified that the Estates Department do not make decisions around which projects to invest in and that they respond to requests. She noted that the Assistant Medical Director had visited the hospital the previous week and that the Chief Executive was due to visit with the Chief Officer and that they were completely engaged with the project.
- The Chair requested that the Chief Officer pick up the issues to ensure M Stevenson receives the necessary responses.
- M Stevenson noted that she was not satisfied with the response and felt that there had been some stonewalling.

The Committee:

- **NOTED** the report.

4 HEALTH IMPROVEMENT

District Reports

This item was postponed to the August meeting due to local system pressures.

- A Clark noted that it would be useful to consider how best to address this item in response to the recent Internal Audit on Community Planning and the context of system pressures.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Work Plan

The Chair introduced the Work Plan for approval by the Committee and noted that the June meeting was likely to be a busy one.

- In discussion it was suggested that a rethink was needed to address health improvement and Community Planning within the context of highly pressured agenda.
- The Chief Officer proposed a development session be held on community planning which would address both service redesign programmes and locality issues, and the recent Internal Audit report on community planning.
- G O'Brien noted that on his return to chairing duties he would consider future agendas and the work plan with the Chief Officer.
- It was suggested that the duration of the next meeting be extended to cover what would be a very full agenda.

The Committee

- **noted** the planned revisions and **agreed** the Work Plan for 2023-24 in its current form.

6 AOCB

A development session was scheduled for 19 July from 1pm to consider Transformational Change and Health and Social Care.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 30 August 2023** at **1pm** on a virtual basis.

The Meeting closed at 5.20pm

DRAFT	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	NHS Highland
MINUTE of MEETING of the AREA CLINICAL FORUM	**6th July 2023 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson, Area Optometric Committee (Vice Chair)
Kara McNaught, Team Manager, Adult Social Care
Al Miles, Area Medical Committee
Zahid Ahmad, Area Dental Committee (from 3.45pm)
Patricia Hannam, Area Pharmaceutical Committee
Helen Eunson, NMAHP Committee
Catriona Dreghorn, NMAHP Committee

In Attendance

Boyd Peters**,** Medical Director (from 2.20pm)
Ann Clark, Non-Executive Director (until 3.50pm)
Joanne McCoy, Non-Executive Director
Tim Allison, Director of Public Health & Policy (from 2.20pm)
Louise Bussell, Nurse Director (from 2.20pm)

Helen Robertson, NHS Highland NTC, Item 4.1
Lorraine Cowie, Head of Strategy, Item 4.2
Ruth Daly, Board Secretary, Item 10
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from C Fraser and A Javed.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 9 March 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

Due to time constraints these items were not taken in the order presented on the agenda

4.1 NTC Update – Helen Robertson, NHS Highland National Treatment Centre

H Robertson spoke to her presentation. H Eunson congratulated H Robertson and colleagues on the move to the National Treatment Centre (NTC). H Robertson stated that patient feedback with regards to the actual building itself was very positive with many patients stating how tranquil they felt attending the building for treatment. A Miles highlighted the issue with regards to paperwork being sent back to GP Practices instead of an Immediate Discharge Letter (IDL) and asked if there was an established formal route for GP's to feedback to the NTC regarding any issues that arise and H Robertson stated that the NTC were keen to hear feedback and she would look into this.

- It was noted that there was a Kindness & Civility Champion within the building, to enable colleagues to highlight detrimental behaviours
- Distributed Leadership model within the building, this allows colleagues to make decisions and be supported in doing this.
- Model empowers staff and this is promoted further through the NTC through promotion material that is placed in team bases.

Discussion was had around the monitoring of the feedback and how effective the teams are by checking various strands of work and determining the resilience of the model being used. This involves questionnaires and various other methods of communicating which will then be collated to establish how things are going and what requires to be adjusted. This allows for learning to drive the model.

Discussions were had around the cataract waiting lists and H Robertson explained that once there were more colleagues recruited then the number of patients of the cataract waiting list would reduce as they opened more theatres within the NTC.

An open invitation was given to committee for those who wished to visit the NTC and be shown around the new centre, with H Robertson asking those who were interested to get in touch with her directly.

4.2 Cancer Performance & Quality – Lorraine Cowie, Head of Strategy

L Cowie spoke to her presentation.

- Cancer referrals have been increasing significantly
- Target for initial consultation is 14 days
- Many aspects of cancer services are dependent on other Boards
- Recruitment and retention, an ongoing issue
- Dependency on other Boards is a risk
- Remote and rural is a challenge due to distances travelled etc

Discussion was had around the challenges around Oncologists who are a specialised discipline, cancer referrals are increasing, new treatments are becoming available and cancer services will need more funding. There will be challenging conversations to be had which will feed into the redesign process.

Discussion was had around the support from and to other Boards within cancer services. It was noted that due to the size of other Boards there was more resilience built into their services. The shortage of specialist colleagues is a nationwide issue and affecting all Boards. Recruitment within the radiology service was discussed with it being noted that recruitment has been successful within this service. NHS Highland do not operate an on-call service within radiology, and this is seen as a benefit by applicants.

It was noted that other Boards with resilience built in can navigate the training of new colleagues in a way that Highland cannot due to the way that NHS Highland is structured. There is a need to look at the wider picture within Scotland also, there is also a need to give the patient the reasons as to why they may require to travel to other parts of Scotland to receive their treatment.

4.3 Auditor General's Review

A Miles explained that this document was discussed at a previous Area Medical Committee (AMC). Concerns are around the provision of services and non-provision of services within NHS Highland due to lack of funding by Scottish Government. AMC is not aware of any Board response to this paper and there is no direction been given around provision of services. There was also a query as to how the Board were going to engage with the public about provision of services due to financial constraints.

H Eunson on behalf of NMAHP also supported the ask of the AMC for direction and a response from the Board. Discussion was had around interaction with the public and whether the Board could have the necessary interaction with the public that was being asked for. It was noted that whilst there was the 5-year Strategy plan there needed to be more interaction and feedback from the public in response to services and their delivery.

A Clark explained that this report had been highlighted at Audit Committee who were aware of the report. NHS Highland has gone from doing reasonably well in comparison to other Boards but has recently regressed from this, this is due to external influences mostly with it being noted the cost of the pandemic and inflation in general is adding to the pressures experienced by the Board. Where there is opportunity to redesign services then there are conversations that are being had with the public. There is a need to do more to identify the medium- and long-term picture and this is something that requires to be done in conjunction with Scottish Government. It was important that clinicians were appropriately involved in the discussions in order that redesign was clinician led and it was important that the processes in place worked to allow this to happen and where there were processes that did not work that they were identified and rectified.

The Chair stated that H Cooper was to participate in a Board Development session to discuss further the financial aspects. It was noted that L Cowie was presenting to committee today and this was highlighted as a good way to address the situation that cancer services are in.

Discussions were had around the need to have assurance from the Board that there was a strategic plan in place to address the various issues within the services. It was noted that there had been a few instances where it appeared that service issues had been addressed but did not appear to be part of a wider plan. Discussions covered the need to have clinicians and managers in a place where they feel supported to make the decisions and take the actions that are required. Many clinicians do not have the necessary experience required in respect of service redesign and have the conversations that require to be had.

It was noted that Scottish Government have a survey open at this time regarding remote and rural services and that they are actively looking for feedback from the public.

Healthcare in Remote & Rural Areas (parliament.scot)

Discussions were had around the transformation process and the redesign of services; it was noted that this is both an international and domestic issue. Involving the public at a deeper level would perhaps be more beneficial than a more general question to the public with what services they wish to have. Committee noted that this was a complex and challenging issue that there were no clear answers to.

- How do we quantify the work that is already being done
- How do we gain the feedback from the public with regards to services
- Report been written by former Chief Nursing Officer for B Peters and L Bussell which requires to be launched. Identifies various areas to be looked at further.

- Need to understand where the services are at currently in order to then identify how to go forward.
- Need for equality of service as much as possible.

B Peters outlined the key questions from the Care Quality Commission (CQC) that England use:

- Safety – putting in safeguards and monitoring risks
- Effectiveness – outcomes, supporting staff
- Caring – challenging to measure but can be done through patient surveys. How do we look after each other as well as patients.
- Well led – how well are teams led? Patient facing teams' culture is vital

Discussions were had around patient feedback and the need to listen to those who do not have a loud voice. It is important to note that the NHS was founded to provide care to those who would not be able to afford it. It is important to address this when redesigning services and looking at transformation. There was also a need to focus on what is done at this time which has good feedback and then look at moving forward with these services as well.

It was highlighted the need to support teams as many colleagues were reporting stress and tiredness, support needs to be in place to address this within the teams affected. Information needs to flow up as well as down to ensure good communication.

B Peters proposed putting the report that both himself and L Bussell were looking at to be added to the agenda for the next meeting. This was supported by committee.

Action: K Doonan to add this item to the agenda to the next meeting.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee meeting – 29 March & 31 May 2023

The Chair noted there would be no update due to no member of the Area Dental Committee in attendance of the meeting. It was noted that there would be a Dental contract update provided at the next Area Clinical Forum for oversight into the issues in Dentistry.

Action: The Chair to contact Dental to discuss further.

5.2 Adult Social Work and Social Care Advisory Committee – 30 March & 25 May 2023

K McNaught spoke to the circulated minutes of the meetings and noted:

- New members had been informed of how the Committee linked into the Area Clinical Forum. Broader updates had been provided on the Highland Health and Social Care Committee and how it linked into the leadership team.
- Annual Delivery Plan and Together We Care Strategy discussions had been held to determine what it would mean for the committee. Feedback had been received stating there was a disconnect in terms of the strategy and how it had been applied operationally.
- The Vice Chair had attended the May meeting to provide updates from the Board. The May meeting had seen a high level of participation from members and attendees.

- At the next meeting there would be discussions on the self-directed support strategy and implementation project.

5.3 Area Healthcare Sciences Forum meeting - No Meeting took place

It was confirmed that no meeting had taken place. B Peters provided a verbal update to inform the Forum that there would be a forthcoming National Audiology Report on Geological services and this links to a significant issued raised in Lothian.

5.4 Area Pharmaceutical Committee – 10 April & 12 June 2023

The Chair of the Committee spoke to the circulated minutes noting that the General Pharmaceutical Council's had issued guidance on the gender reassignment challenges and committee noted that the BMC has also had similar discussions. The committee would communicate further with GPs to coordinate information for providing guidance for patients. Prescriptions from private clinics based within and out with the UK create professional decision-making challenges within community pharmacy.

5.5 Area Medical Committee meeting – 21 March & 6 June 2023

A Miles spoke to the minutes of the meeting and noted:

- There had been a recurring issue around the Nephrostomy training for community nurses and it was noted that the Nursing Director would investigate.
- Discussion was had regarding issues with the pay of junior medical staff and hospital workers, with the Hospital Sub-committee highlighting that this had affected the retention of staff. BMA Industrial Action had been discussed with junior doctor industrial action put on hold.
- Investigation & Treatment Rooms(ITR) and Community Treatment & Care Centre (CTACC) services could be merged in order to maximise the finite budgets applicable to both.
- Environment and Sustainability had been made a standing item on the agenda with K Arrow being invited to discuss realistic medicine and the environment.
- The Committee Chair would be leaving the organisation and Hospital Sub-Committee had been tasked with appointing a new Chair.

The Chair took the opportunity to thank E Anderson for all her hard work on both the Hospital Sub Committee and this committee and wished her well for the future.

Action: The Chair to contact K Arrow to invite to committee.

The Chair advised that the pilot that saw recycling of inhalers had now been withdrawn nationally.

5.6 Area Optometric Committee – 17 April 2023

F Jamieson spoke to the circulated explaining that the Optometric Committee meet twice per year, with the next meeting being held in October. The following points were noted:

- Delays were noted in the Organisation of a direct Optometry to Stroke Clinic pathway.
- Discussion was had about raising the issue of charging patients for non-attendance at short notice appointments. Data would be collected to provide evidence to support how costly missed appointments are for optometrists.
- Care Portal is still not accessible for optometry within the organisation

F Jamieson asked committee for advice on who can be contacted regarding administrative support for the meeting of the Optometric Chairs across various Boards. After much discussion the advice was to connect to colleagues in dentistry to see how they are supported in this.

5.7 Area Nursing, Midwifery, and AHP Advisory Committee – 25 May 2023

H Eunson stated that the May meeting was a short one, L Currie was not available to Chair the meeting and P Chapman had stepped in to Chair for this meeting.

- Looking at how to increase membership for the committee
- Hoping to have discussions with L Bussell around the new professional structure and the priorities.
- Discussions around the 4 reps to attend ACF as two reps are stepping down
- Ongoing discussions around the Terms of Reference (ToR) to enable more front-line clinicians to attend the meeting.

L Bussell welcomed the conversations to discuss structure and priorities.

Action: H Eunson to contact L Bussell's P.A to discuss further.

5.8 Psychological Services meeting – No Meeting took place

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

6 ASSET MANAGEMENT GROUP

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of the Meeting of 15 March & 26 April 2023

There had been a development session, and a further meeting in June. K McNaught explained that the meetings were very in depth and whilst she could update on all that transpired in the meetings it may not be all relevant to committee. She asked committee for further guidance on what to bring from these meetings to future committee meetings so that the update was more structured.

Action: The Chair to look through previous minutes to identify the key areas to report to committee on.

Action: All to identify key areas to feed back to committee

The Forum is asked to note the circulated minutes

8 Dates of Future Meetings

31/08/2023
02/11/2023

9 FUTURE AGENDA ITEMS

Kate Arrow – Environment & Sustainability

Healthcare Science - audiological services

Dental - new contract

B Peters & L Bussell – report

Heledd Cooper – development session for finances

The Chair asked if any member had anything else they wished added to contact her directly.

B Peters asked if it was appropriate that the advisory committees that fed into this committee could make their views known of what was discussed at this meeting and these comments/views be collated by the Chair to take to the Board. The Chair agreed but also stated that to do this information needs to go to the advisory committees but said information is not available yet.

Action: Chair to discuss offline further with B Peters.

10. ANY OTHER COMPETENT BUSINESS

NHS Annual Review – 29 Sept 2023
Ruth Daly, Board Secretary

The Chair explained that the next meeting which is scheduled for the end of August is too late for the information that is required by Scottish Government. R Daly explained that the review is returning to the format that was there before the pandemic.

- Jenny Minto, Minister for Public Health is attending in person, and the review will be held in Inverness all day
- The ACF involvement will be for one hour in the morning. This will be available online and in person.
- A venue is yet to be confirmed
- Hot topics need to be identified for the meeting to be discussed further at the meeting
- Scottish Government need to know what the topics are, who is attending whether in person or virtually
- K Doonan will write out to member of this committee to request names of those who wish to attend
- Need briefing paper from the Chair well in advance
- Public meeting will take place in the afternoon, and all are welcome to attend
- Information requested to be with R Daly no later than the end of this month

11 DATE OF NEXT MEETING

The next meeting will be held on the 31 August 2023 at **1.30pm on Teams.**

The meeting closed at 4.10pm

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	**7 July 2023 at 9.30am**

Present
Alexander Anderson, Chair
Tim Allison, Director of Public Health and Policy
Louise Bussell, Board Nurse Director
Graham Bell, Non-Executive Director
Ann Clark, Non-Executive Director, NHS Board Vice Chair
Sarah Compton-Bishop, NHS Board Chair
Garret Corner, Non-Executive Director
Heledd Cooper, Director of Finance
Richard MacDonald, Deputy Director of Estates, Facilities and Capital Planning
Gerry O'Brien, Non-Executive Director
Dr Boyd Peters, Board Medical Director (from 11.00am)

In Attendance
Rhiannon Boydell, Head of Strategy & Transformation
Lorraine Cowie, Head of Clinical Support and Cancer (from 9.50am)
Ruth Daly, Board Secretary
Brian Mitchell, Board Committee Administrator
David Park, Deputy Chief Executive
Katherine Sutton, Chief Officer (Acute)
Elaine Ward, Deputy Director of Finance

1 WELCOME AND APOLOGIES

Apologies were received from M Cockburn, F Davies, P Dudek and A Wilson.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 5 MAY 2023

The Minute of the Meeting held on 5 May 2023 was **Approved.**

4 FINANCE

4.1 NHS Highland Financial Position as at end May 2023 (M2) Update

Members were reminded NHS Highland had submitted a financial plan to Scottish Government for the 2023/2024 financial year, with an initial budget gap of £98.172m and with a Cost

Improvement Programme of £29.500m proposed. No funding source had been identified to close the associated residual gap of £68.672m. E Ward then spoke to the circulated report and presented an outline of the NHS Highland financial position as at end Month 2, advising the Year-to-Date (YTD) Revenue over spend amounted to approximately £15.565m, with a forecasted overspend of £93.422m as at 31 March 2024, reflecting an assessment of savings achievement to date and recently notified additional Scottish Government funding. Members noted this was a high-level estimate, with detailed forecasting across operational areas to be provided in reporting from Month3. The reported position was £24.750m worse than presented in the financial plan submitted to Scottish Government in March 2023. Members were then taken through the underlying financial data relating to Summary Income and Expenditure.

Specific detailed updates were also provided in relation to the Highland Health and Social Care Partnership area; Acute Services; Argyll and Bute; Support Services; financial sustainability, three horizons activity and savings to date; supplementary staffing; and Capital Spend. Updates had also been provided in relation to the Scottish Government tailored financial support package for 2023/24, the first allocation letter in relation to which was expected in early July 2023. It was expected additional allocations would be made in respect of New Medicines Fund (non-recurrent) and NRAC Parity & Sustainability (recurrent). This allocation could not be treated as additional resource to spend in 2023/2024 but would support reduction of the £68.672m budget gap. Emerging financial risks had been identified as relating to pay inflation; the ability to deliver cost improvement targets; new pressures within Adult Social Care; changes to Service Level Agreement (SLA) costing models; overall inflation and recruitment/continuing reliance on agency and locum staff. The report proposed the Committee take **Limited Assurance**.

4.2 NHS Highland Financial Plan – Scottish Government Tailored Support

H Cooper advised members she had been working with A Gray, a Scottish Government representative on a number of relevant internal and external data sources, from which a slide pack had been received and would be considered by EDG the following week. Mr Gray would attend the meeting to present the slide pack and there would a be a focus on aspects relating to the savings plan, business cases and cost pressures. There would be a review of activities with a view to working with Lead Officers to identify those that may be reduced or stopped. This work was required in advance of a meeting with Richard MacCallum, Director of Finance (Scottish Government) and others at end August 2023. It was expected that NHS Highland would be asked to fulfil its financial plan, as submitted, as a minimum request.

4.3 NHS Highland Financial Savings Plan 2023/24

H Cooper then advised an Efficiency and Transformation Governance Group had been established; an associated template developed; and with activity based on the three horizons approach. There had been a meeting the previous day, which had received a presentation on locum and agency spend, providing financial monitoring data and highlighting service sustainability issues to consider. It had been proposed that reporting on financial savings be included within future financial position reports and this had been agreed.

There followed general discussion, with the following points then raised:

- Reporting on PMO Pipeline Progress. Agreed to include this information in future financial updates to Committee.
- Scottish Government Support (Opportunity Areas). Advised many opportunities discussed had already been identified through internal processes. Opportunity areas highlighted included aspects relating to an increasing headcount, administration costs and delayed discharge activity. More detailed discussion would be held in September 2023. Confirmed the associated reporting framework combined financial, performance and benchmarking data and, in some cases, illustrated relatively strong service performance within a poor financial position overall. The horizons approach being taken was welcomed.

- Delivery of Savings Target. Stated to enable assurance to be given to NHS Board, reporting of progress on horizons activity to this Committee was required in early course. On the point raised, advised target of £29.5m had been based on the 3% minimum target level set by Scottish Government and allocated to Operational areas according to budgetary percentage of overall target level. Adult Social Care budget based on a break-even position at financial year end.
- Supplementary Spend. Questioned if the areas where spend levels had increased had been identified. Advised much of the associated detail was known and highlighted issues relating to the level of staff vacancies and costs associated with patients in the wrong care setting etc. There was a need to identify framework and non-framework spend. Work ongoing in relation to identification of unfunded costs, the associated impact of recruitment activity, and resource required to achieve current performance levels. More detail to follow.
- Delayed Discharge/Wrong Place of Care/Adult Social Care Pay Award. Absence of financial update to last Joint Monitoring Committee noted. Advised discussion generally undertaken as and when pressures emerge, with monitoring against plan in place. On the issue of the associated quantum to be received by NHS Highland, it was emphasised Adult Social Care was the financial responsibility of Highland Council for the North Highland area.
- Assurance Level Considerations. View expressed that the detail in relation to financial recovery, pipeline delivery, transformational direction of travel and future horizons activity was required. Crucial to be able to articulate the range of activity being taken forward at local level. Advised NHS Highland on track to meet the agreed financial plan for 2023/24.
- Performance Versus Costs. Advised performance can be favourable compared to other NHS Boards but still not meet stated targets. Future discussion may be required in relation to pace and scope of agreed recovery plan. Emphasised impact of delayed discharge in Highland greater than in most other geographical areas.

After discussion, the Committee:

- **Noted** the circulated report and verbal updates provided.
- **Agreed** future reports include aspects relating to financial recovery, PMO pipeline delivery, transformational direction of travel and future horizons activity for assurance purposes.
- **Agreed** to take **Limited** assurance regarding delivery of the agreed financial plan 2023/24.

5 EXCEPTION REPORT ON CANCER

L Cowie spoke to the circulated report, providing background information on the risks and mitigating actions relating to 31 and 62 day cancer pathway performance. It was reported NHS Highland was meeting the 31 day target despite a large increase in demand and small clinical teams. The 62 day target was more challenging however the strategic issues being reported were applicable to both standards. An outline of the 62 day pathway and associated escalation protocols was provided, noting this was based on three associated targets relating to referrals seen within 14 days; Diagnostics; and Decision to Treat to First Treatment (performance reviewed weekly). With specific reference to diagnostics, it was advised there were challenges in relation to MRI and PET-CT activity; with the Endoscopy team having risen well to their respective challenges. Improvements had recently been introduced in relation to the Gynaecology service, with successful recruitment activity and changes introduced in relation to the relevant ultrasound and radiology pathways. The position in relation to Colorectal Oncology was outlined, confirming plans were in place with all partner NHS Boards for all patients receiving oncological treatment for colorectal cancer at all stages of their respective journeys. Psychological support was available for both patients and staff. The reliance on other NHS Boards was central to maintaining the reported performance levels. Current 62 day targets for all cancer types were detailed, along with data illustrating NHS Highland performance against the national position. Wider national benchmarking data was also provided, along with an indication of the volume of patients who had breached their target. Breach analysis activity was being undertaken. The report went on to highlight the issues and

agreed actions associated with individual cancer types and provided an outline of those actions being planned and to be taken forward at a strategic level to support the highland population cancer journey, in line with the Effective Framework for Cancer Management. Plans had been accepted by Scottish Government. A Rapid Cancer Diagnostics Group had been established for those patients with cancer of unknown primary. All patients were individually managed through the pathway process. It was reported workforce planning activity was taking place with a view to ensuring the appropriate skill mix and capacity in each tumour type, with this being reported to the Cancer Programme Board. Relevant strategic risks were reported as being in relation to recruitment and retention activity; dependency on other NHS Boards; new treatments and associated patient expectations; finance; prevention resource; and remote and rural practice and provision. The report proposed the Committee take **Moderate Assurance**.

The following points were then discussed:

- Equality Issues. Advised working with E Sage on Lung and Upper GI pathways, looking at distance from cancer centre location and associated impact. Work ongoing. Access issues applicable across services. Current focus on lung cancer welcomed. Any move to greater focus on prevention and early diagnosis activity would be further welcomed.
- Impact of Post-Menopausal Bleeding (PMB) Guidelines. Advised a number of referrals had been received. Consideration being given to adoption of Glasgow/Grampian Guidelines by July 2023. Consultation underway with Clinical Directors and GP Sub Committee. Dedicated slots for Ultrasound made available and would reduce overall burden on Gynaecology Service.
- Urology Service Recruitment. Advised Service historically carried a number of vacancies, with 2 of 6 Consultant posts now vacant. A single application had now been received. Different approaches tried over number of years including use of Specialist Nurse roles, changing skill mix and a reduction of the On Call service. Further consideration required, in partnership with other relevant NHS Boards. National Elective Coordination Unit (NECU) sighted on issue and regular discussion held with Scottish Government colleagues.
- Argyll and Bute Referrals. Advised included in Greater Glasgow and Clyde figures.
- Referrals Seen Within 14 Days. Advised referral levels had been relatively steady but were now increasing. Urgent Suspected Cancer (USC) referral numbers were increasing. Rate of referral conversion similar to national position. A rise in referral numbers, for whatever reason, can have significant impact on diagnostic and wider service efficiency.
- AI Diagnostics. Advised pilot schemes would be conducted in relation to MRI (Scottish Government funded) and breast screening activity.
- Laser Treatment for Prostate Cancer. Advised not introduced in Scotland to date.

The Committee:

- **Noted** the reported position.
- **Noted** a Board Development Session on Cancer had been scheduled for September 2023.
- **Agreed** to take **Moderate** Assurance.

L Cowie left the meeting at 11.00am

6 UPDATE ON DRAFT ANNUAL DELIVERY PLAN 2023/2024

R Boydell spoke to the circulated report and associated draft NHS Highland Annual Delivery Plan (ADP1) 2023/24 and advised this had been designed in the same format as the Together We Care Strategy, with programmes of work and governance by way of Programme Boards aligned to the “wells” and plans aimed at delivering the Together We Care (TWC) strategic objectives over 4 years. Government feedback had been received and a revised version would be re-submitted the following week. Programme Boards were accountable for monitoring their plans, managing associated risks, and ensuring arrangements for scrutiny and assurance. The

ADP was reported on a quarterly basis to the Board and Scottish Government, with relevant plans having Board/Committee approval prior to submission to Scottish Government.

It was noted Annual Delivery Plan reports were required by the Scottish Government, and for 2023/24 the relevant commission had been modified to give a focus on recovery and renewal as well as medium-term planning. Over the next 12 to 18 months, the Scottish Government defined Recovery and Renewal phase would prioritise acceleration of the completion of ongoing projects. An early and urgent focus would be placed on actions to boost capacity and sustainability quickly, supporting system performance through 2023/24. NHS Boards had to continue planning work for longer term redesign/renewal and transformation of services. Scottish Government had referred to this as the Medium-Term Plan (MTP) and expected NHS Boards to submit plans from 2023-2026. The TWC Strategy and supporting ADP represented a five-year plan that had been centred on Basics, Build, Better, and Best, and therefore NHSH were able to respond to the Scottish Government commission. Scottish Government had also created 10 recovery drivers covering all of NHS Scotland's activities. NHSH were able respond to the commission on behalf of Scottish Government as these correspond to the TWC "wells". The ADP 2023/24 showed those actions achieved in 2022/23 and also the actions planned in 2023/24 for review. A Workforce Action plan had also been included for the first time. The Medium-Term Plan was required to be submitted to Scottish Government by end July 2023.

There followed points were raised in discussion:

- Scope of ADP1 Document. Advised this covered approximately 75% of all NHSH activity.
- Prioritisation Elements. Advised no activity had been prioritised that would not otherwise have been. Scottish Government feedback had indicated the NHSH Plan represented a strong response to the relevant commission. Further detail had been requested in relation to particular trajectories including for mental health, CAMHS and workforce planning etc.
- Medium Term Plan. Advised existing three horizons financial plan well aligned to both the ADP1 and MTP. Relevant transformation activity also well aligned. Primary focus would be in relation to performance planning activity however alignment activity progressing well.
- Discharge without Delay. View expressed could have been more robust when describing the associated pressures being faced. Agreed to reflect on this point.

After discussion, the Committee:

- **Noted** the Draft NHSH Annual Delivery Plan 2023/24.
- **Noted** a revised draft Plan, based on comments received and including supplementary information, would be re-submitted the following week.
- **Noted** the Medium-Term Plan was to submitted by end July 2023.

7 INTEGRATED PERFORMANCE AND QUALITY REPORT

R Boydell 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. It was advised all Local Delivery Plan Standards were included in the report, excluding GP access figures. IVF Waiting times were to be reported six monthly in line with reporting timescales. Further Indicators continued to be worked on in line with Together We Care and the Annual Delivery Plan. Members were then provided with specific updates on performance relating to screening activity; vaccination activity; alcohol brief interventions; smoking cessation; drug and alcohol waiting times; Maternity Services; CAMHS; NDAS/Integrated Children's Services; Urgent and Unscheduled Care performance; TTG performance; Outpatients; Diagnostics (Radiology and Endoscopy); Cancer Care; Delayed Discharges; Adult Social Care; and Psychological Therapies. Relevant trajectory detail had been included for four of the relevant Indicators. It was proposed the Committee take **Moderate Assurance**.

Matters raised in discussion were related to the following:

- Outpatients. Noted number of referrals increasing significantly. Advised USC referrals having an impact. More generally, members of the public and primary care clinicians were increasingly reverting to pre-pandemic patterns of accessing healthcare services. Noted associated length of wait was reducing, as was length of stay. Ongoing and planned transformational activity would look to address a number of current issues and ensure efficient use of available capacity. NHSH on track to meet planned recovery plan, with Scottish Government urging that this be taken further.
- CAMHS. Noted improvement progress had slowed. Advised current position being maintained. Increased capacity was being created and a wraparound model of care being discussed with Highland Council. Further discussion was planned.
- MRI/Diagnostics. Position recognised as challenging, with MRI scanners being utilised for a greater variety of activity. How this facility was being utilised, and the prescription being given for its use were being considered. NHSH delivered a "Gold Standard" in this area. Discussion ongoing with North Imaging Alliance. Use of mobile services being pursued. An increasing level of demand was expected to continue. Consideration being given to installing a third scanner and/or access to spare capacity likely to be available in Elgin.
- TTG performance. Noted trajectory increase expected in September/October 2023. Advised strong activity plan agreed with Scottish Government and additional resource received. Outpatient referrals were increasing, and improved efficiency was being sought.

After discussion, the Committee:

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

L Bussell, B Peters and K Sutton left the meeting at 11.30am.

8 ENVIRONMENTAL AND SUSTAINABILITY UPDATE

R MacDonald spoke to the circulated report providing an update on how NHSH was proposing to move towards Scottish Government Net Carbon Zero targets and demonstrating the progress made in relation to the NHSH Environmental and Sustainability agenda. The report included an environmental and sustainability update (Environment & Sustainability Board, National Sustainability Auditing Tool (NSAT) and report submission, Net Carbon Zero Route Map progress, and Internal Audit review activity relating to strategy, communications plan, finance, Board reporting and staffing); a copy of the latest iteration of the Net Carbon Zero route map; and minute of Meeting of the NHSH Environment and Sustainability Board Group held on 14 February 2023. It was proposed the Committee take **Moderate Assurance**.

The following points were discussed:

- Scope Three Emissions Elements. Advised had been included within the relevant strategy by virtue of the NSAT. This included Green Theatres activity, active travel and biodiversity.
- Scope of Challenge. Scale of issue recognised as requiring to be nationally driven and applied. Advised working closely with NHS Assure, ensuring consistency of approach. The strategy being applied included investigating external funding sources etc. It was likely external funding would be aligned to Road Maps, with similar approaches applied across NHS Boards.
- Level of Risk Associated with National Strategy. Stated need to be able to define activity required, consider associated risk in terms of what can and cannot be delivered over the short, medium, and longer term and be able to demonstrate progress against Strategy. Noted Audit Scotland will be monitoring progress from a governance standpoint.
- NHS Highland Position. Advised strong progress had been made and challenge was to maintain the level of progress to date. Noted alternative green funding sources were

available, and strong business cases required to be continually developed. A continued focus on large pieces of work would require associated capital resource. Much of the technology required had yet to be fully developed.

The Committee:

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

S Compton-Bishop left the meeting at 11.50am.

9 ASSET MANAGEMENT GROUP MINUTES

There had been no Minutes circulated for this meeting. It was confirmed there had been discussion at the last meeting in relation to the capital allocation received for 2023/24, and a small number of business cases including that for Ullapool Health Care project. The Minor Capital budget (£260k) had been split and allocated to Argyll and Bute, Community and Acute areas, with a small element held back for contingency purposes.

The Committee so Noted.

10 MAJOR PROJECTS SUMMARY REPORT

There had been circulated a report providing the Committee with updates on the Lochaber and Caithness Redesign Projects. The report provided updates on project status; project programmes, key project deliverables completed and to be completed; key project risks and live project issues/escalations. It was proposed the Committee take **Moderate Assurance**.

The Committee otherwise:

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

11 CORPORATE RISK REGISTER UPDATE

R Boydell spoke to the circulated report, providing an extract from the Corporate Risk Register insofar as it related to this Committee. The report sought to provide assurance that the risks held on the Register relating to the Committee were being actively managed through the appropriate Executive Leads and Governance Committees and to give an overview of the current status of the individual risks. It was reported two new risks had been included within the Corporate Risk Register and applying to the work of this Committee in relation to financial performance (Risk 1181 – High Level) and New Craigs site transfer (Risk 1182 – Medium Level proposed). It was proposed the Committee take **Substantial Assurance**.

The following was discussed:

- Risk 666 (Cyber Interruption). Stated remained an ongoing challenge. Work being taken forward at both local and national level. Position reflects wider external environment. Progress continues to be made.
- Risk Assurance. Question raised as to which aspect members take relevant assurance on. Suggested “in light of the previous agenda and on the information presented, the Committee Agreed to take substantial assurance”. Stated members would welcome additional information relating to the relevant management mitigation actions being taken.

After discussion, the Committee:

- **Noted** the addition of two new Risks and associated Risk levels.
- **Agreed** the stated Risk Level for No.1182 as Medium.
- **Noted** the reported position in relation to all relevant Risks.
- **Agreed** to take **Substantial** assurance.

T Allison left the meeting at 12.00pm.

12 NHS HIGHLAND PRPOSED DIGITAL DELIVERY PLAN 2023/24

I Ross spoke to the circulated report and gave a presentation to members, advising NHS Highland had a requirement to agree an NHS Highland Digital Delivery Plan for 2023-24. This Plan detailed the work being delivered during the current financial year and provide clarity on the work being progressed and what work is not. The plan had been aligned with the Annual Delivery Plan and had been discussed and agreed by the Digital Health & Care Group at their meeting in April 2023. It had been based on what was achievable within agreed financial and resource budgets. The Plan had been developed around a new process, as outlined, giving all parties an awareness of where their request was on Plan and enabling alignment of resources to ensure projects were delivered successfully and on time. A summary of the proposed Plan, as agreed by the Digital Health & Care Group was provided. Members were taken through an outline of eHealth Service operation and contingency requirements (including Core Infrastructure Projects and Committed to Programmes), illustrating where ADP Projects sat within the Digital Plan. It was proposed the Committee take **Substantial Assurance**.

The following areas were discussed:

- Projects Not Included in Plan. Confirmed projects not initially included were recorded in a Register and then revisited and reviewed on an annual basis.
- Stage 4 Review and Evaluation. Advised no reviews carried out to date but will be reported to the Digital Health and Care Group, and then more widely in due course, including to this Committee. The level of evaluation involved was considered a vital organisational aspect that should from part of any initial Business Case process.
- Contingency Capacity. Advised 5% represented a typical allocation within NHS IT systems. The key was to ensure an appropriate level of efficiency, utilising private sector expertise where appropriate and maintaining relevant infrastructure requirements. In terms of comparison with other NHS Boards, the results of the Digital Maturity Assessment exercise would allow that to be considered in more detail. Work ongoing in association with Gartner Inc on wider benchmarking activity and the potential financial impact of associated support contracts.
- Mapping Investment and Benefits to Together We Care Strategy Priorities. Advised actively being considered and would be taken forward by Head of Programmes. Work ongoing with Strategy and Transformation Team, including relevant reporting processes.
- Diagnostic AI. Asked if centrally hosted or at NHS Board level. Advised current AI advances were at an early stage. Systems required to be built on appropriate physical and staffing infrastructure. National PACS system datastore held in Central Belt, for example. Stated relevant network and locality concerns had to be recognised and factored into future activity in this area of activity, especially in Highland.
- Process Gatekeeper Activity. Advised to be undertaken by Digital Health & Care Group. Stated consideration should be given to accessing external expertise where appropriate.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to **Approve** the NHS Highland Digital Delivery Plan for 2023/24.

13 AOCB

There was no discussion in relation to this Item.

14 FOR INFORMATION

There was no discussion in relation to this Item.

15 2023 MEETING SCHEDULE

The Committee **Noted** the remaining meeting schedule for 2023 as follows:

8 September
3 November
(All meetings to be held from 9.30am to 12.00pm)

17 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 8 September 2023 was **Noted.**

The meeting closed at 12.30pm