



Meeting: NHS Highland Board
Meeting date: 30 May 2022
Title: Governance Committee Annual Reports 2021-22
Responsible Executive/Non-Executive: Pam Dudek, Chief Executive
Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

All Governance Committees of the Board are required to provide an Annual Statement of Assurance to the Audit Committee and Board, to provide assurance on their activities throughout the financial year. This report encloses the Annual

Governance Committee Reports for the period 1 April 2022 to 31 March 2023 which were endorsed by the Audit Committee on 2 May 2023.

2.2 Background

Governance Committee Annual Reports are required to demonstrate how Committees discharge their role as defined by their Terms of Reference. They also, as appropriate, provide assurance statements about the adequacy and effectiveness of the governance arrangements and systems of control within their respective areas. In doing this, the Annual Reports provide an outline of Committee membership, attendance, frequency of meetings, business addressed, outcomes and assurances provided, and risk management.

The Annual Reports support the Statement of Internal Control in the Board Annual Report and Accounts. Appended to this report are the Annual Reports from the Board’s Governance Committees, viz:

- Clinical Governance Committee
- Finance, Resources and Performance Committee
- Highland Health and Social Care Committee
- Pharmacy Practices Committee
- Remuneration Committee
- Staff Governance Committee

2.3 Assessment

Governance Committees reviewed their Terms of Reference during Autumn 2022 with agreed documents being endorsed by the Audit Committee in December 2022 and January 2023 and incorporated into a refreshed Code of Corporate Governance finally approved by the Board in March 2023.

Committee memberships and chair positions were also reviewed in November 2022.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements includes production of Governance Committee annual reports. This is key to NHS Highland delivering on its key objectives and to improving workforce, clinical and financial governance.

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

Other than the consideration given to the Annual Reports by the respective Committees, consultation and engagement is not relevant to this item. The Board's Annual Report and Accounts will be submitted to Scottish Government and made public later in 2023.

3.9 Route to the Meeting

The appendices to this report have been considered by individual governance committees during March and April 2023.

4 Recommendation

The Board is invited to:

- (a) **note** that the Governance Committee Annual Reports for financial year 2022-23 were considered by the Audit Committee on 2 May 2023; and
- (b) **endorse** the Annual Reports which form a key part of the evidence in support of the Board's Annual Accounts Governance Statement.

4.1 List of appendices

The following appendices are included with this report:

- Appendix A - Clinical Governance Committee
- Appendix B - Finance, Resources and Performance Committee
- Appendix C - Highland Health and Social Care Committee
- Appendix D - Pharmacy Practices Committee
- Appendix E - Remuneration Committee
- Appendix F - Staff Governance Committee

**Draft NHS Highland
Clinical Governance Annual Report**

To: NHS Highland Audit Committee

**From: Gaener Rodger, Chair, Clinical Governance Committee
Alasdair Christie, Chair, Clinical Governance Committee**

Subject: Clinical Governance Committee Report April 2022- March 2023 (to Feb)

1. Background

In line with sound governance principles, an Annual Report is submitted from the Clinical Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts. The TOR were revised and approved on 1 September 2022.

For the 2022/23 financial year the committee chose to focus in on the following areas in addition to its normal business:

- Seek ongoing assurance on the Adverse Event systems and processes
- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with Complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to identify and oversee the development of Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report.
- Support the development and delivery of the NHS Highland Strategy ensuring it fits with national strategies, takes into account local population needs and demographics, and is geared towards quality, sustainable community and acute services.
- Ongoing development of the Clinical Governance Committee Risk Register whilst continuing to scrutinise and give assurance to the NHS Highland Board on the Strategic Risks within the organisation relating to Clinical Governance.

2. Activity April 2022 to February 2023

The committee met formally on six occasions during 2023/23 on 28 April 2022, 30 June 2022, 1 September 2022, 3 November 2022, 12 January 2023 and 8 March 2023. Its minutes and assurance reports were submitted to NHS Highland Board at its public meetings during this period. A list of members and their attendance at the committee meetings is shown in Appendix A.

3. Committees Reporting to the Clinical Governance Committee

The following groups/committees were requested to report to the Clinical Governance Committee during 2022/23:

NHSH Quality and Patient Safety Groups - every meeting

Argyll and Bute Clinical & Care Governance Committee – every meeting

Control of Infection Committee Assurance Report – every meeting

Area Drug & Therapeutics Committee – 6 Monthly Exception Report

Transfusion Committee - 6 Monthly Exception Report

Organ and Tissue Donation Committee - 6 Monthly Exception Report

Health and Safety Committee - 6 Monthly Exception Report on issues relating to Clinical Governance

Information Assurance Group - 6 Monthly Exception Report on issues relating to Clinical Governance

4. Any relevant Performance Indicators

(i) Adverse Events & Duty of Candour

Each Operational Unit has in place a weekly meeting where potential Duty of Candour Adverse Events are assessed. If an adverse event is confirmed as duty of candour, or likely to be duty of candour (but unknown until the case is investigated) an SAER should be commissioned to investigate and the duty of candour status is confirmed when all facts are known.

An Annual Duty of Candour report was prepared and published on the NHS Highland website

[https://nhshighlandsp.archive.nhsscotland.net/publications/documents/duty%20of%20candour%20annual%20report%202021-2022%20\(1\).pdf](https://nhshighlandsp.archive.nhsscotland.net/publications/documents/duty%20of%20candour%20annual%20report%202021-2022%20(1).pdf)

Adverse Event Figures

A total of 12562 adverse events were reported in 2022/23 (to date). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units.

	Acute Services Division	Argyll and Bute	Highland Health and Social Care Partnership (HHSCP)	Corporate Services	Estates	Highland Council - Children's Services	Pharmacy	Total
Negligible (Category 3)	2096	834	2222	38	4	7	23	5224
Minor (Category 2)	1647	439	1217	23	1	5	15	3347
Moderate (Category 2)	450	138	283	7	0	0	29	907
Major (Category 1)	35	2	11	0	0	0	0	48
Extreme (Category 1)	12	8	23	0	0	0	0	43
Total	4240	1421	3756	68	5	12	67	9569

*2629 events do not have a DIF2 consequence recorded

(ii) Complaints Management

Complaints management and performance continues to be an area of focus and scrutiny. In 2022/2023 (01/04/2022 to 31/12/2023) there has been a decrease in Stage 2 complaints by 28%. The performance compared to 2021/2022 has increased by 22%.

Stage 1 complaint volumes In 2022/2023 (01/04/2022 to 31/01/2023) have followed trend with an increase in volume by 25%, with a consistent performance rate of 61%; showing that the operational units are driving first point resolution where possible; this may also be a reason for the fall in Stage 2 complaints being logged.

Weekly reports are issued to each operational unit to track performance. Towards end of 2022 discussions took place to refine the reporting Dashboard and development work has commenced in 2023 to reflect performance in context of volumes of complaint and those which are high level or complex to ascertain where operational support is required to drive continuous improvements.

Improvement activity focuses on the quality and standards of responses being issued out, with a view to supporting the training needs of the Operational units to improve first time resolution.

Complaint Performance

Stage 1 Complaints

Total number of complaints received	331
% responded to within 5 days	61% (average)

Stage 2 Complaints

Total number of complaints received	453
% responded to with 20 working days	46% (average) <i>Caveat, this is total volume of Stage 2, divided by total volume excluding Further Correspondence, SPSO and Withdrawn volumes</i>

(iii) Quality and Patient Safety Dashboard

Each of the Operational Units has a well-established Quality and Patient Safety Group which meet throughout the year and are responsibility for reviewing the Quality and Patient Safety Dashboard for their area. Any exceptions are reported to the committee through the SBAR exception report.

Information in the dashboard (from datix) is used to update the Integrated Quality and Performance Report which is tabled and discussed at each committee meeting. The measures in the report included in the report are adverse events, Significant Adverse Events Reviews (SAERs), Falls, Tissue Viability, Infection Control, Complaints and FOIs.

The Integrated Performance and Quality Report has been further developed and will continue to evolve in 2023-2024.

(iv) Infection Prevention and control.

The Board remains committed to reducing to an absolute minimum the chance of acquiring an infection whilst receiving healthcare and to ensure our hospitals are clean. An Infection Prevention & Control Report is reviewed by the Clinical Governance Committee at each meeting. This report presents an overview of infection prevention and control data and activities. The table below shows NHS Highland Infection Prevention and Control (IPC) indicators and performance data for 2022/23 to date.

	National or Local Indicators	NHS Highland rate	
Clostridium difficile healthcare associated infections	Achieve National performance rate of 14.9 per 100,000 total occupied bed days or less by 2022 for Healthcare Associated Infections (HCAI)	End of year position Apr-Dec 21 rate is 19 (represents 41 cases)	Red based (NHSH data)
Staphylococcus aureus bacteraemia healthcare associated infections	Achieve National performance rate of 15.3 per 100,000 total occupied bed days or less by 2022 for Healthcare Associated Infections (HCAI)	End of year position Apr-Dec 21 rate is 15 (represents 32 cases)	Green based (NHSH data)
Eschaeremia Coli Bacteraemia healthcare associated infections	Achieve National performance rate of 17.1 per 100,000 total occupied bed days or less by 2022 for Healthcare Associated Infections (HCAI)	End of year position Apr-Dec 21 rate is 29 (represents 60 cases)	Red based (NHSH data)
Clinical Risk assessment Compliance	90% National screening target	July – Sept 2021 Meticillin resistant Staph. Aureus (MRSA) 89% NHSH data compared to 81% NHSScot rate Carbapenemase-producing Enterbacteriaceae (CPE) 89%NHSH data compared to 82% NHSScot rate	Amber (validated data from NHS Scotland))
Primary Care (excluding dental) antibiotic usage 10% reduction from 2015/2016	Achieve reduction of antibiotic usage in Primary Care (excluding dental) or prescribing rate to 1.72 items or lower per 1000 patients per day by 2022	Rolling average from last 4 quarters is 1.48 items/1000patients per day	Green (NHSH data)
Secondary Care use of Intravenous antibiotics no more in 2022 than in 2018	Achieve prescribing level at or below 0.66 defined daily doses per 1000 patients per day by 2022	Rolling average of last 4 quarters is 0.52 daily defined dose per 1000 patients per day	Green (NHSH data)

	National or Local Indicators	NHS Highland rate	
Acute hospital use of antibiotics on WHO access antibiotics	Achieve 60% or above use of World Health Organisation Access list antibiotics by 2022	Rolling average of last 4 quarters is 61%	Green (NHS data)
Hand Hygiene	Local target rate 95%	End of year performance Jan – Dec 2021 99%	Green (NHS data)
Cleaning	Local target rate 92%	End of year performance Jan – Dec 2021 96%	Green (NHS data)
Estates	Local target rate 95%	End of year performance Jan - Dec 2021 97%	Green (NHS data)
Infection Control Training compliance	Local target compliance rate 95% across healthcare staff by end of March 2021 (adjusted to Sept 21)	Current Why Infection Prevention and Control matters compliance rate 75% as of 30/11/2021 a 5% increase since Sept 2021 (Acute 77%; A&B 75%; Corporate 67%; NHHSCP 80%) Current hand hygiene training compliance rate 77% as of 30/11/2021 a 5% increase since Sept 2021 (Acute 78%; A&B 77%; Corporate 70%; NHHSCP 82%)	Red (NHS data)

6. Emerging issues and key issues to address/improve the following year

The committee will focus on the following areas next financial year:

- Overview of Clinical Governance processes and systems within Acute & Community Services
- Clinical Governance Assurance for Social Care and Commissioned Children's Services
- Seek ongoing assurance on the Adverse Event systems and processes
- Continue to scrutinise and give assurance to the NHS Highland Board on the progress of NHS Highland in dealing with Complaints in an appropriate and timely way.
- Continue to scrutinise and give assurance to the NHS Highland Board on Infection Prevention and control.
- Continue to scrutinize the Clinical Governance performance measures for the NHS Highland Integrated Quality and Performance report and development of new measures
- Support the delivery of the NHS Highland Strategy and Annual Delivery Plan

7. Conclusion

The Chair of the Clinical Governance Committee is confident, through the scrutiny of internal and external reports and minutes, systematic review of the reporting mechanism and regular presentations that the systems of internal control of the delivery of safe clinical care are adequate. However it will continue to focus on assuring that any identified weaknesses in the system are addressed and that a culture of continuous improvement in clinical governance is fostered across the Board area. The Chair would recommend that the Board can take a moderate level of assurance from the Clinical Governance Committee's activities in 2022/23.

Gaener Rodger and Alasdair Christie
Chair
Clinical Governance Committee
February 2022

NB Reports to be submitted to the
May meeting of the Audit Committee
each year.

APPENDIX A

Clinical Governance Committee Attendance List – 2021/2022

APPENDIX A

Clinical Governance Committee Attendance List – 2022/2023

Members	28/04/2022	30/06/2022	01/09/2022	03/11/2022	12/01/2023	08/03/2023
Gaener Rodger	Y(Chair)	Y(Chair)	Y(Chair)	Y(Chair)	Y	
A Christie	Y	J Boardman	Y	Y	Y (Chair)	
Joanne McCoy	Y	N/A	Y	Y	Y	
Graham Hardie (to 31/5/22)	A	N/A	N/A	N/A	N/A	
Muriel Cockburn (from 1/9/22)	N/A	G O'Brien	Y	A	Y	
Catriona Sinclair (ACF Chair)	A	A	Y	Y	A	
Dawn McDonald (Staffside)	Y	Y	A	A	Y	
R Donkin (Indep't Member)	Y	A	Y	Y	Y	
E Woolard (Indep't Member)	Y	Y	Y	Y	Y	
Dr Boyd Peters	Y	Y	Y	Y	Y	
Dr Tim Allison	Y	Y	Y	Y	Y	
Heidi May (to 31/9/22)	Y	Y	Y	N/A	N/A	
K Patience-Quate, Interim BND	N/A	N/A	N/A	Y	L Higgins	

Annual Report

NHS Highland Finance, Resources and Performance Committee Annual Report

To: NHS Highland Audit Committee

From: Alexander Anderson, Chair of Finance, Resources and Performance Committee

Subject: Finance, Resources and Performance Committee Report – April 2022 to March 2023

1 Background

In line with sound governance principles, an Annual Report is submitted from the Finance, Resources and Performance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Finance, Resources and Performance Committee is a formal Committee of the Board with the following remit :

- a) To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:
 - Resource allocation;
 - Performance management;
 - Environmental sustainability;
 - Strategic planning.
- b) To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Clinical and Audit) to ensure appropriate remedial action takes place.
- c) To consider financial plans, and approve annual budget proposals and business cases for submission to the NHS Board.

The Finance, Resources and Performance Committee met six (6) times in the reporting period, with Minutes of the Committee being submitted to the NHS Board.

2 Activity 1 April 2022 – 31 March 2023

The Finance, Resources and Performance Committee considered the following key items at its meetings throughout the year.

28 April 2022

- Minutes of Asset Management Group – 16 February and 23 March 2022
- Major Project Summary Report
- Performance Recovery Board Update
- Cost Improvement Programme Update
- NHS Highland Financial Position – 2021/222 Final Position and Update on 2022/2023 Budgets
- Annual Operating Plan Process Update

- Complaints Improvement Framework

7 July 2022

- Minutes of Asset Management Group on 20 April and 26 May 2021
- Major Project Summary Report
- NHS Highland Performance Overview
- Performance Framework
- Annual Development Plan Update
- Supporting Financial Balance
- NHS Highland Financial Position 2022/2023 Final Position
- NHS Highland Digital Delivery Plan 2022/23

25 August 2022

- Review of Committee Terms of Reference
- Major Project Summary Report
- Integrated Performance Report
- Together We Care and Annual Delivery Plan
- NHS Highland Financial Position 2022/23 – Final Position and Deep Dive Exercise
- Cost Improvement Programme Update 2022/23
- Supporting Financial Balance
- Future Focus Areas – Assurance Overview

20 October 2021

- NHS Highland Financial Position
- Financial Recovery Programme
- Cost Improvement Programme Update 2022/23 (Month 5)
- Care Home Activity Update
- NHS Highland Winter Plan Update
- Integrated Performance Report
- Minute of Asset Management Group on 21 September 2022
- Major Project Summary Report
- Maternity and Neonatal Business Case
- Corporate Risk Register
- Procurement Annual Report – For Information
- Digital Health and Care Group Update and Update on Progress with NHS Highland Digital Delivery Plan 2022/23

6 January 2023

- NHS Highland Financial Position
- Financial Planning and Budgets
- Adult Social Care Finance Plan
- Scottish Government Letter on Planning
- Integrated Performance Report
- Major Project Summary Report
- National Treatment Centre Update

3 March 2023

- Financial Planning and Budgets
- Update on Transformation Activity
- Digital Health and Care Group update
- Progress with NHS Highland's Digital Delivery Plan 2022/23
- Annual Delivery Plan performance

- Integrated Performance Report
- Minute of Asset Management Group
- Major Project Summary Report
- Revised Maternity and Neonatal Business Case
- Annual Work Plan
- Draft Annual Report

Membership from 1 April 2022 – 31 March 2023:

Committee Members

Alexander Anderson, Non-Executive Board Member (Chair)
 Graham Bell, Non-Executive Board Member (Vice Chair)
 Ann Clark, Non-Executive Board Member
 Garrett Corner, Non-Executive Board Member/Stakeholder (from July 2022)
 Lorraine Cowie, Head of Strategy and Transformation (from October 2022)
 Graham Hardie, Non-Executive Board Member/Stakeholder (to July 2022)
 Pamela Dudek (Chief Executive)
 David Garden, Director of Finance (Lead Officer) (to September 2022)
 Heledd Cooper, Director of Finance (Lead Officer) (from September 2022)
 Dr Boyd Peters (Medical Director)
 Tim Allison (Director of Public Health)
 Heidi May (Board Nurse Director) (to October 2022)
 Kate Patience-Quate (Interim Board Nurse Director) (from October 2022)
 Alan Wilson, Director of Estates, Facilities and Capital Planning (from October 2022)

In Attendance

David Park, Deputy Chief Executive
 Katherine Sutton, Chief Operating Officer (Acute Services)
 Fiona Davies, Chief Officer, Argyll and Bute IJB
 Louise Bussell, Chief Officer, North Highland
 Jane Gill, PMO Director
 Ruth Daly, Board Secretary

Attendance from 1 April 2022 – 31 March 2023:

Member	28 April 2022	7 July 2022	25 Aug 2022	20 Oct 2022	6 Jan 2023	3 Mar 2023
Alex Anderson	Y	Y	Y	Y	Y	
Graham Bell	Y	Y	Y	Y	Y	
Garrett Corner (from 7/22)	-	-	A	Y	Y	
Ann Clarke	Y	Y	Y	Y	Y	
Graham Hardie (to 07/22)	Y	A	-	-	-	-
Pamela Dudek	A	Y	A	Y	A	
David Garden (to 9/22)	Y	Y	Y	-	-	-

Heledd Cooper (from 9/22)	-	-	Y	Y	Y	
Dr Boyd Peters	Y	A	A	Y	Y	
Tim Allison	A	A	Y	Y	Y	
Heidi May	Y	A	A	A	-	-
Kate Paience-Quate	-	-	-	-	A	
Alan Wilson	-	-	-	Y	A	
Lorraine Cowie	-	-	-	Y	Y	

3 Sub Groups

The Asset Management Group minutes are taken as a standing agenda item at the FRP. In addition, all major projects and programmes are discussed with an update on progress provided by the Director of Estates.

The Financial Recovery Board is accountable to the Finance, Resources and Performance Committee and its remit is to performance manage the delivery of the NHS Highland Cost Improvement Programme.

The purpose of the Performance Recovery Board is to drive forward improvement in performance whilst maintaining oversight of the implications of Covid 19 should further waves of activity occur; support the recovery and maintenance of the scheduled and unscheduled care pathways through surveillance of delays and redesign of patient pathways whilst also looking to incorporate winter planning arrangements; and ensure whole system readiness to deliver high quality patient pathways and expected levels of performance.

The Digital Health and Care Group submit a report to the FRP three times per year. This sub group ensures systems are in place and maintained across all digital functions within NHS Highland.

There were quarterly reports submitted by the Environmental and Sustainability Board ensuring that all matters relating to the delivery of the NHS Scotland policy on climate emergency and sustainable development are reported so the FRP can give assurance to the Board.

4 External Reviews

There have been no external reviews of the activity of the Finance, Resources and Performance Committee since its inception in early 2021.

5 Any relevant Key Performance Indicators

NHS Highland have completed two major projects this year with the official opening of new hospitals in Aviemore (Badenoch and Strathspey Community Hospital) and Skye (Broadford Hospital/Ospadal an Àth Leathainn). In addition the new National Treatment Centre in Inverness is nearing completion with the first patients scheduled

for April 2023. The completion of these major projects was a major achievement for all concerned and communities across the NHS Highland area will benefit for many years to come.

Due to a variety of reasons NHS Highland will not meet the financial targets set for 2022/23. Slippage on the Cost Improvement Plan was a major factor caused mainly by the operational pressures on NHS Highland. In addition, there were major overspends in the provision of locums and supplementary staff, provision of drugs (including shortages of certain drugs) and Out of Area activities.

NHS Highland provided the Scottish Government with a Financial Recovery Plan with the aim to bring the required brokerage down from the forecasted figure of £42m to £16m; currently the forecast year end brokerage requirement will be £20m-£22m.

As part of the implementation of NHS Highland Strategy, an Annual Delivery Plan (ADP) was developed which includes a number of KPIs and the performance against these KPIs relevant to this committee has been monitored throughout the year.

6 Emerging issues and key issues to address/improve the following year

Financial performance against required spending targets and bringing NHS Highland into financial balance will be exceedingly challenging in the next year or so. The Financial Recovery Board will focus on this area throughout the coming years and it is expected that the Scottish Government will require any brokerage obtained to be repaid over an agreed timescale. This brokerage repayment will exacerbate the timescale required to reach financial balance overall.

Risk management is a developing area within the organisation and the Committee was tasked with the overview of several of the Risks within the NHS Board Assurance Framework. This work will continue to be a focus of the Committee in the coming year.

Further development of the Integrated Performance Report and the ADP will also be an area of continued focus as part of the Remit of the Committee.

7 Conclusion

The Finance, Resources and Performance Committee has a clearly defined Role and Remit which has been regularly reviewed. Attendance at the Committee has been satisfactory and Non-Executive Directors demonstrate the appropriate scrutiny required.

Alexander Anderson, as Chair of the Finance, Resources and Performance Committee has concluded that the systems of control within the respective areas within the remit of the Finance, Resources and Performance Committee are considered to be operating adequately and effectively.

Alexander Anderson
Chair
Finance, Resources and Performance Committee
February 2023

Highland Health and Social Care Committee

01 March 2023

Item 5.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Gerry O'Brien, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2022/23

1 Background

In line with sound governance principles, an Annual Report is submitted from the **Highland Health and Social Care Committee** to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2022 to March 2023

The Highland Health and Social Care Committee met on six occasions during 22/23. The Board agreed to extend revised governance arrangements introduced in November 2021 into the first quarter of the year. This involved pausing Development Sessions and prioritising Committee business. Development sessions were reintroduced in July with a second session in September. The minutes from each meeting have been submitted to the appropriate Board meeting. Membership and attendance are set out in the table below. Membership and Attendance from 02 March 2022 to 31 March 2023

MEMBER (Voting)	02/03/22	27/04/22	29/06/22	31/08/22	01/11/22	11/01/23	01/03/23
Ann Clark, Chair 2022	✓	✓	✓	✓	✓	✓	✓
Gerry O'Brien, Chair 2023	✓	X	✓	✓	X	✓	✓
Deirdre McKay, VC 2022	✓	X	n/a	n/a	n/a	n/a	
Philip Macrae, VC 2023	✓	✓	X	✓	✓	X	✓
Joanne McCoy	✓	✓	✓	✓	✓	✓	✓
Muriel Cockburn	n/a	n/a	✓	✓	✓	✓	✓
Louise Bussell, CO 2022	✓	✓	✓	✓	✓	✓	n/a
Pam Cremin, CO 2023	n/a	n/a	n/a	n/a	n/a	n/a	✓
Tim Allison, Dir of Public Health	✓	✓	✓	✓	✓	✓	X
Cllr Linda Munro	✓	X	n/a	n/a	n/a	n/a	n/a
Cllr Isabelle Campbell	✓	X	n/a	n/a	n/a	n/a	n/a
Denise Macfarlane, Medical Lead 2022	X	X	X	X	X	n/a	n/a
Claire Copeland, Medical Lead 2023	n/a	n/a	n/a	n/a	n/a	✓	X
Cllr David Fraser	✓	X	X	X	✓	✓	✓

Cllr Chris Birt	n/a	n/a	✓	✓	✓	✓	✓
Cllr Ron Gunn	n/a	n/a	✓	✓	✓	✓	✓
Simon Steer, Dir of Adult Social Care	X	X	✓	✓	✓	✓	✓
Elaine Ward, Deputy Dir of Finance	✓	✓	✓	✓	✓	F Gordon	✓
Nurse Lead (rotational: Julie Petch & Sara Sears)	J Petch	J Petch	J Petch	X	X	X	X
IN ATTENDANCE (Stakeholders)							
Michael Simpson, Public/Patient	✓	✓	✓	✓	✓	✓	✓
Michele Stevenson, Public/Patient	✓	✓	✓	✓	✓	✓	✓
Wendy Smith, Carer	✓	X	✓	✓	✓	✓	
Catriona Sinclair, ACF	X	X	X	X		X	✓
Ian Thomson, ACF 2022	✓	X	✓	P Hannan	n/a	n/a	n/a
Kara McNaught, ACF 2023	n/a	n/a	n/a	n/a	n/a	✓	✓
Neil Wright on behalf of Iain Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓	✓
Mhairi Wylie, Third Sector	✓	✓	✓	✓	✓	X	✓
Kate Dumigan, Staffside	n/a	✓	X	X	X	X	X
Anne Campbell, Staffside	n/a	X	X	X	X	X	n/a

During the period covered by this report the Committee Chair was Ann Clark from 01 April 2022 to 31 December 2022. Gerry O'Brien assumed the role of Chair on 1 January 2023. Deirdre Mackay was Vice Chair from 01 April 2022 to 27 April 2022. Philip Macrae assumed the role of vice-chair from 02 November 2022. The committee enjoyed the benefit arising from the filling of the lay member places in 2021/2022. Efforts continue to fill the vacant staff side memberships and establish regular and consistent medical and nursing representation.

2.1 The Pandemic

The pandemic continued to impact on the business of the Committee with reports regularly received on progress of the pandemic, the impact on business-as-usual services and the implications of measures to control the virus. These reports also included progress reports on the vaccination programme. The Committee heard moving testimony directly from a number of staff involved in supporting services impacted by the pandemic, particularly care homes and care at home services. The continued willingness of all staff to go 'above and beyond' despite the relentless professional and personal challenges of the pandemic has been recognised by the Committee at every meeting. The Committee has been particularly concerned to understand the impact on users and carers of the changes to services necessitated by measures to control COVID-19.

2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across North Highland including: Commissioned Care at Home services, Care at Home

Oversight Group, Primary Care Improvement Plan implementation, Mental Health Services, Children's and Young People's Services, progress with the commissioning of services from the Third Sector, Carer's Strategy implementation and implementation of a new strategy for Self Directed Support services for adult social care. Common themes across all of these reports were the impact of the cost-of-living crisis, rising energy costs and continued recruitment and retention difficulties. The absence of an agreed commissioning strategy for services continues to hinder the introduction of revised commissioning arrangements. Following agreement of the Integrated Joint Strategy in early 2023/204 it is essential that commissioning arrangements are reviewed and revised within that strategic context. The implementation of the Medical Assisted Treatment standards for addiction services highlighted once again the geographical issues facing services and the problem of ensuring that transport issues are not permitted to prevent full access to services. We heard through a number of service reports the vital importance of listening to the voices of carers and ensuring that solutions and services are truly co-designed and implemented appropriately.

2.3 Scrutiny of Performance

2.3.1 Service Delivery

It has been difficult for the Committee to gain a comprehensive overview of performance across all areas of its remit. The Committee has received assurance reports on particular areas of service pressure including mental health services, children's services and adult social care. The assurance provided on Children's and Young People's services is necessarily limited to that obtained from the discussion that was undertaken at the March 2023 meeting. For 2023/2024 it is intended that the requirements of the Integration Agreement will be met with two reports being presented to the committee for discussion and subsequent assurance. The question of assurance on Clinical and Care Governance in relation to areas within the committee's remit remains unresolved despite being outstanding for a considerable period of time; resolution in the early part of 2023/2024 must be achieved. At each meeting the Committee received an exception report from the Chief Officer focusing on risks and mitigations associated with the pandemic and remobilisation of business-as-usual services.

2.3.2 Finance

The Committee received regular reports on the financial position of services within its remit. Due to uncertainty over support for COVID related costs and additional pressures in adult social care, inflationary pressures and the complexity of the 2021/2022 year end in relation to carried forward reserves there was continued uncertainty throughout the year about the overall financial position of the partnership. During the year it became apparent that the £9m target for recurring savings from transformational redesign of services and efficiencies would not be achieved. Forecast savings sit at £3m for the full year, the majority of the savings identified in year are non-recurring. Pressures arose during the year in relation to locum and agency costs, particularly in Primary Care and Mental Health, rising costs associated with care home, care at home and a significant increase in the number and associated cost of care packages for individual clients. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Integrated Joint Strategy and implementation of a new Health and Social Care Partnership Commissioning Strategy addressing continued financial pressures in adult social care.

3 Corporate Governance

The Committee implemented revised Terms of Reference, following the approval of a revised Integration Agreement with the Highland Council. The significant change was the removal of acute services from the Committee's remit. The Committee retains an interest in some aspects of hospital services as community services have a significant part to play in the on-going challenge of reducing delayed discharges and maintaining flow throughout our hospitals. No other significant changes have been made to the Terms of Reference.

4 External Reviews

None

5 Key Performance Indicators

Whilst the Committee continued to meet throughout the year, the severe workforce pressures experienced as a result of the effects of the pandemic meant the NHS Highland Board agreed to operate in 'governance light' mode for several months. This has limited the scope to progress aspects of the Committee's workplan as far as we would have wished, most notably a revised approach to Public Health, Health Improvement and an improved format for the partnership's Annual Performance Report. Following on from a successful development session in September we have been able to make good progress on the introduction of a Highland Health and Social Care IPQR in the final months of the year. Currently this concentrates primarily on adult social care indicators but the information provided is already beginning to influence discussion and scrutiny at the committee. Further development work is required in areas such as mental health, primary care and community services.

A report on performance for the 22/23 year will be published in July 2023. The 21/22 Performance Report showed improvement is required in the following areas: delayed discharges, capacity within Social Work services to undertake legal duties of assessment and review and timescales for accessing drug and alcohol services.

Performance in relation to Children's Acute Mental Health services are of particular concern and NHS Highland has agreed a recovery plan with support from Scottish Government.

6 Emerging issues for 2023/24

It is likely that workforce issues of recruitment, retention and staff wellbeing will be critical to NHS Highland's ability to manage the competing priorities of the pandemic, service recovery and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service and the extreme financial pressure across the entire health and care system will inevitably mean discussions will need to take place about new models of integration and service delivery. Following positive discussions involving committee members and the Director of Public Health the committee will seek to establish a revised methodology for ensuring that key health improvement and preventative messages are fully captured in service design and delivery. This will be aided by a move towards locality reporting during the year whereby we will seek to understand the performance of the entire health and care system at a local level.

7 Conclusion

Gerry O'Brien, as Chair of the Highland Health and Social Care Committee has concluded that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately.

Gerry O'Brien, Chair

Highland Health and Social Care Committee

DATE 23 March 2023

Pharmacy Practices Committee Annual Report 2023

Pharmacy Practices Committee
Date of Relevant Committee
Item ??

NHSH Pharmacy Practices Committee Annual Report

To: NHS Highland Audit Committee
From: Gaener Rodger Chair, Pharmacy Practices Committee
Subject: Pharmacy Practices Committee Report – April 2022 to March 2023

1 Background

In line with sound governance principles, an Annual Report is submitted from the Pharmacy Practices Committee (PPC) to the Audit Committee. This is undertaken to cover the complete financial year and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The remit of the Pharmacy Practices Committee is to consider applications to provide pharmaceutical services within the Board area and to determine whether these applications will be granted, or not.

The Committee's consideration of any application is governed by the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 which were amended following the consultation *Review of the Control of Entry Arrangements* and the recommendations made in the subsequent summary report and came into force on 1 April 2011.

Further amendments were introduced as the 2014 Regulations came into force on 28 June, 2014.

In these Regulations there remains, at Regulation 5.10, the framework against which the Committee makes its decision. This is called the "Legal Test".

The Legal Test states that:

"An applicationshall be granted by the Board, only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list."

Under the Regulations, the manner in which an application is considered, shall be a matter for the Committee to determine. In all circumstances NHS Highland's PPC holds an oral hearing. This ensures that the PPC understands the evidence and that points of clarification can be obtained from both the applicant and any other interested party through listening to evidence and asking questions of those present. The Committee may or may not convene its meetings in accommodation in the area local to the proposed premises and undertakes a site visit to obtain, first-hand, knowledge of the local area and of the suitability of the proposed premises.

The Pharmacy Practices Committee shall consist of seven members unless the application is for premises in a neighbourhood or an adjacent neighbourhood to the location of a dispensing doctor, in which case an additional member will be appointed by the Board from persons nominated by the Area Medical Committee ensuring wider representation on the committee of whom –

- (a) one of whom shall be the chair appointed as such by the Board; the chair shall be a member of the Board but shall not be an officer of the Board nor shall the chair be, nor previously have been, a doctor, dentist, nurse, ophthalmic optician or pharmacist or the employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist;
- (b) three shall be pharmacists of whom –
 - i) one shall be a pharmacist whose name is not included in any pharmaceutical list and who is not the employee of a person whose name is so listed; and such pharmacist shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
 - ii) two shall be pharmacists each of whom is included in a pharmaceutical list or is an employee of a person whose name is so listed; and each shall be appointed by the Board from persons nominated by the Area Pharmaceutical Committee; and
- (c) three shall be persons appointed by the Board otherwise than from the members of the Board but none shall be nor previously have been a doctor, dentist, nurse, ophthalmic optician or a pharmacist, or an employee of a person who is a doctor, dentist, nurse, ophthalmic optician or pharmacist.

The amendments provide that only lay members are now entitled to vote reinforcing the independence of the decisions made. The non-contractor pharmacist is nominated by the Area Pharmaceutical Committee ensuring consistency with appointments to the National Appeal Panel and reinforcing independence.

No business shall be transacted at a meeting of the Pharmacy Practices Committee unless the chair or in the chair's absence, the person acting as chair, one member appointed under each of (b) (i) and (ii) above, and two other members appointed under (c) above are present (a minimum of 5 persons).

The membership of the committee is specified in the Regulations. The current membership of the Committee is made up from:-

Gaener Rodger, Non-Executive Director, Chairman
Ian Gibson, Lay Member
John (Mark) Sutherland-Fisher, Lay Member
Grant Stewart, Lay Member
Susan Ringwood, Lay Member
Jean Boardman, Lay Member
Joanne McCoy, Lay Member
Catriona Sinclair, Area Pharmaceutical Committee contractor representative
John Mitchell, Area Pharmaceutical Committee contractor representative
Caroline Morgan, Area Pharmaceutical Committee contractor representative
Andrew Paterson, Area Pharmaceutical Committee contractor representative
Fiona Thomson, Area Pharmaceutical Committee non contractor representative
Catriona Brodie, Area Pharmaceutical Committee non contractor representative
Dr. Alison MacRobbie, Area Pharmaceutical Committee non contractor representative

Dr. Karen Doonan, GP Sub Committee representative

Gaener Rodger stepped down from the role of Chair of PPC on 1st January, 2023. The post is currently vacant pending the appointment of a non-Executive Board member to the post.

2 Activity – April 2022 to March 2023

There is no schedule of meetings for the PPC; it meets when an application to open a community pharmacy providing NHS services has been received.

One Expression of Interest was received which went out to consultation on 10th December, 2021 and closed on 21st April, 2022. The Applicant decided to proceed with the application and following a period of a further 90 days a PPC was arranged for 31st August, 2022. The PPC deemed this “Necessary” and the new pharmacy opened November, 2022 in Spean Bridge.

3 Sub Groups

This Committee has no sub-groups.

4 External Reviews

There are no specific reviews of the work of the Pharmacy Practices Committee, however, the decisions of this Committee are subject to appeal to the National Appeal Panel (NAP). The external appeal process to the NAP provides a proxy external review. The grounds for appeal are limited to the following circumstances:-

- there has been a procedural defect in the way the application has been considered by the Board
- there has been a failure by the Board to properly narrate the facts or reasons upon which their determination of the application was based
- there has been a failure to explain the application of the Regulations to those facts
- where the Board has erred in law in its application of the provision of these Regulations

If the Chair of the NAP decides there are grounds for appeal they remit the decision back to the PPC for reconsideration, however, the points raised in one appeal may not necessarily readily transfer to a further application unless the points raised are generic and not specific to the particular application.

5 Any relevant Key Performance Indicators

The process, which must be undertaken on receipt of an application, is driven by timescales and requirements set out in Regulations. Similarly, the conduct of the PPC and the reporting of the decision and the appeal process are driven by processes and timescales set out in the Regulations.

6 Emerging issues and key issues to address/improve the following year

A request for additional members to be represented on the group had been forwarded to the APC and Executive Members. As a result of this, the list was expanded to include those mentioned above.

7 Conclusion

I confirm that the systems of control within the respective areas within the remit of the Committee are considered to be operating adequately and effectively and adhere to the statutory requirements as set out in the appropriate Regulations



Gaener Rodger
Chair
Pharmacy Practices Committee
30th March, 2023

NB Reports to be submitted to the May meeting of the Audit Committee each year.

Annual Reports

NHS Highland Remuneration Committee Annual Report:

To: NHS Highland Audit Committee

From: Ann Clark, Chair, Remuneration Committee

Subject: Remuneration Committee Report – April 2022 – March 2023

1 Background

In line with sound governance principles, an Annual Report is submitted from the Remuneration Committee to the Audit Committee. This is undertaken to cover the complete financial year, and forms part of the supporting arrangements for the Statement of Internal Control, ending with the certification and submission of the Annual Accounts.

The Remuneration Committee is a formal Committee of the Board. The Role of the Remuneration Committee is:

- To consider and agree performance objectives and performance appraisals for staff in the Executive cohort, and to oversee performance arrangements for designated senior managers, and to endorse pay and terms and conditions for the Executive cohort. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance.
- To direct the appointment process for the Chief Executive and Executive Directors.
- Additionally, for the duration of the NHS Highland Healing Process, the Committee was responsible for reviewing and approving the recommendations of the Healing Process Independent Review Panel. The Committee received its final report on the Healing Process in June 2022 and accordingly reviewed its Terms of Reference in December 2022.

The membership of the Committee is limited to the Board Chair, Vice Chair, Employee Director and two other Non-Executive Board members.

The Remuneration Committee has met on five occasions during the financial year on 18 April 2022, 20 June 2022, 19 December 2022, and 27 February 2023.

2 Activity

Throughout the period of this annual review, the Remuneration Committee has provided the Board with assurance regarding the discharge of its remit through regular submission of minutes of meetings and, with reference to the Board's Healing Process, through culture updates to the Board and Board member briefings.

In April 2022 the Committee agreed to roll forward the existing **Executive cohort objectives** for 2021-22 to permit alignment with the 'Together We Care' Strategy once approved. Common Executive objectives were considered and approved by the Committee in February 2023. The Executive cohort's general objectives for 2023-24 were brought to the Committee in March 2023, ahead of the next performance year. Individual objectives will be reviewed in April 2023.

In terms of performance against Board Level Objectives, the Committee took substantial assurance in relation to **overall board performance** against the one-year strategic objectives for 2021-2022 and that this was reflected in the assessment of Executive and Senior Manager performance and scoring. It was evident that there was strong performance reflected in the Executive and Senior

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Manager appraisal scores. The Committee noted that future mid and end of year assessments would be aligned with the emerging 'Together We Care' strategy with commentary against key elements.

The Committee provided assurance to the Board by way of its approval of the **Executive cohort End of Year Reviews** for 2021-22 in June 2022. This was reflected in the assessment of Executive and Senior Manager performance and scoring, and the outcomes were submitted to the National Performance Committee.

The Committee received substantial assurance on the **Mid-Year Reviews** for 2021/22 Executive cohort performance in December 2022.

In terms of discharging its duties to oversee Executive Director appointments, in June 2022 the Committee agreed the terms of the appointment of the Director of Finance and oversaw the recruitment process for the Director of Nursing. In December 2022 the Committee received an update on the impact of recent appointments within the Executive cohort on the wider group. The Committee took assurance that an assessment of the existing Executive complement would be undertaken to determine how imminent vacancies would be covered and filled.

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were rolled forward to the first meeting of the next financial year on 28 April 2023.

The Committee considered the final suite of recommendations of the Independent Review Panel for the Board's Healing Process at its meeting held in April 2022. In June 2022 the Committee received a final report from the Independent Review Panel and the Committee took assurance on the take-up of the process, its thoroughness and robustness and the fact it had been underpinned by an internal audit review. The report considered by the Committee was shared with the wider Board for the public meeting on 28 June 2022.

The Committee agreed revised Terms of Reference in February 2023. The Committee also agreed in February 2023 to appoint Mr. Albert Donald as Vice Chair, following confirmation of the competency of this decision given Mr. Donald's status as the Board's appointed Whistleblowing Champion.

Membership from 1 April 2022 – 2023:

Professor Boyd Robertson, Board Chair
Ms Ann Clark, Board Vice Chair
Ms Elspeth Caithness, Employee Director
Mr Gerry O'Brien, Non-Executive Director
Mr Albert Donald, Non-Executive Director Committee Vice Chair

In Attendance:

Ms Pam Dudek, Chief Executive
Ms Fiona Hogg, Director of People and Culture

Attendance from 1 April 2021 – 31 March 2022:

Meeting date	Boyd Robertson	Ann Clark	Elspeth Caithness	Gerry O'Brien	Albert Donald	Pam Dudek	Fiona Hogg
18-04-22	✓	✓	Apology	✓	✓	✓	✓
20-06-22	✓	✓	✓	✓	✓	✓	✓
19-12-22	✓	✓	✓	✓	✓	✓	✓
27-02-23	Apology	✓	✓	✓	✓	✓	✓

3 Sub Groups

The Remuneration Sub Committee does not have any Sub Groups.

4 External Reviews

The outcomes of the End of Year Reviews for the Executive Cohort were submitted to the National Performance Monitoring Committee and approved.

5 Any relevant Key Performance Indicators

There are no Key Performance Indicators for the Remuneration Committee. No External Audits were progressed in year.

6 Emerging issues and key issues to address/improve the following year

The Remuneration Committee is well established with a clearly defined Role and Remit and Work Programme, in the main set by national requirements. There has been very good attendance at the Committee and Non-Executive Directors demonstrate the appropriate scrutiny required in delivering assurance to the Board.

7 Conclusion

Ann Clark, as Chair of the Remuneration Sub Committee, has concluded that the systems of control within the respective areas within the remit of the Remuneration Committee are considered to be operating adequately and effectively.

Ann Clark
Chair April 2023

**NHS Highland
Staff Governance Committee Annual Report**

To: NHS Highland Audit Committee
From: Sarah Compton Bishop Chair, Staff Governance Committee
Subject: Staff Governance Committee Report – April 2022 – March 2023

1 Background

In line with sound governance principles, an Annual Report is submitted from the Staff Governance Committee to the Audit Committee. This is undertaken to cover the complete financial year, and allows the Audit Committee to provide the Board of NHS Highland with the assurance it needs to approve the Governance Statement, which forms part of the Annual Accounts.

2 Activity April 2022 - March 2023

The Staff Governance Committee has continued to review and improve how we work over the course of the year. Attendance is set out in Appendix 1.

Sarah Compton Bishop has continued as Committee Chair, alongside Jean Boardman, as Vice Chair. Leadership attendance from professional, operational and support functions has been good throughout the year with consistent Staffside and Non-Executive Director attendance as well. This ensures high quality discussions which adds to the level of assurance and oversight that can be taken.

Over the course of the year, the Staff Governance Committee has met on all 6 agreed occasions and minutes have been prepared, reviewed and submitted to the Board for approval. The Committee Chair, Director of People and Culture and Deputy Director of People and the committee administrators meet on several occasions ahead of each meeting to set the agenda and revise the workplan.

We further reviewed our agenda structure this year, to ensure that items for assurance and oversight are clearly prioritised and dealt with first, which has worked well in ensuring they get the right focus. Our workplan has been built on over the year, to also include hot topics and items which need a regular slot on the Committee, but don't need to return for every meeting. It also includes our development topics and a schedule for the Spotlight Sessions. This has further helped in ensuring the agenda is manageable in the time available. We've refined our action list and addressed many long running items and ensured items that required to be added to the workplan for future meetings are closed as soon as this is completed.

Our Spotlight sessions have continued in most meetings and we have covered Public Health, E-Health and Corporate Services. Our March meeting was for the Estates, Facilities and Capital Planning Spotlight, with a revised format to include an update on Level 2 People and Culture Risks as well as information on how the directorate is adhering to the Staff Governance Standards.

Oversight and Assurance of our Strategic People and Culture Risks has also been a key focus for the Committee across the year. We review progress with these at every meeting and updated and added to the risks and their mitigations at our November meeting, which

were then approved by the Board. We shared our approach for oversight of the risks as part of this, as other Committees may wish to use a similar format.

The mitigating actions are aligned to the ADP which ensures these are being progressed and monitored as part of day to day business. We reviewed the relevant Level 2 Risk Registers at our September meeting, and going forward, each directorate will present these at their Spotlight session, so we can be assured the Strategic Risks, where relevant, are translated into Level 2 Risks and are being actively management and mitigated at that level.

The Committee has continued to maintain oversight of Culture, but rather than through a standalone Culture Programme and it's dashboard, which was in place until June, this is now primarily overseen through the delivery of the Strategy and ADP, and the 4 People and Culture Intentions. Discussion have been ongoing through the latter part of the year about the future oversight and metrics in this area, to ensure Culture and Engagement can be owned and be driven by local teams with agreed reporting through our performance framework, whilst new forums are commissioned by EDG take forward Workforce oversight and Statutory and Mandatory training compliance as well as any specific projects.

The Committee has been regularly updated on progress with the ADP throughout the year, as well as reports on compliance with our Statutory and Mandatory training requirements and progress with the outstanding Audit actions. Much work has been done, but a new approach and focus as set out above is needed for the coming year, to move us into a different phase of transformation that is seen as everyone's business and responsibility.

The Annual Health and Safety report, first delivered last year, was again put to the Committee in March, with a clear action plan for the year ahead and review of what was achieved last year. This allows the Committee to be sighted on the key areas of focus and to be assured beyond the minutes of the Quarterly Health and Safety Committee and time was also given in a development session for wider discussion and debate.

The Annual Medical Education report was also received by the Committee in January 2023, with lots of positive feedback on our training and support and innovation in many areas of training and some challenges in finding placements, particularly in primary care.

The Committee continues to actively receive reports and assurance on our implementation of the Whistleblowing Standards, the work of the Guardian Service and our focus on Speaking Up and responding to concerns.

We've continued to hold Development sessions of the Committee, which allow for a fuller discussion and debate of key items, ensuring that the Committee time can be more efficiently utilised to focus on assurance and oversight. These have been well received and have covered a range of items across the year, including focus on Risks, the Workforce Plan, the ongoing development of the metrics and data which the Committee wishes to receive as well as Culture, Health and Safety, Whistleblowing and Speaking Up.

3 Sub Groups

Health and Safety Committee acts to assure the Staff Governance Committee those effective systems are in place for the management of Health and Safety, to monitor performance in this area and to highlight significant risks where appropriate. It meets 4 time per year, in the period leading up to the Staff Governance Committee. The Committee is co-chaired by the Director of People & Culture and Lead Executive for Health and Safety, and the Staffside Lead for Health & Safety.

Culture Oversight Group has been paused for the second half of the year reflecting that the delivery of the People and Culture intentions is being delivered as part of the ADP and a revised approach to governance and oversight is being developed in this area. The Group has been engaged in several discussions on this to date.

The Area Partnership Forum (APF) acts as the operational group of the Staff Governance Committee and considers any relevant agenda items prior to submission to the Committee. The Forum meets 6 times per year, typically 3 weeks before the Staff Governance Committee.

The Committee met for the full 6 meetings in this year, with good attendance from Management, HR and Staffside. The meeting is co-chaired by the Employee Director and the Chief Executive

Reporting to APF are further subgroups: HR, Terms & Conditions, Medical and Dental Bargaining and Organisational Change Oversight. Membership of the subgroups also includes representatives from management, staffside and HR. The APF also receives reports from the Local Partnership Forums and the Argyll and Bute Joint Partnership Forum.

4 External Reviews

Progress on culture, leadership and governance has been reviewed by the Scottish Government, the Health and Sport Committee, the External Auditors as well as by the Board throughout the year. This led to the de-escalation to Level 2 of the Escalation Framework in October 2022 in these areas.

The Committee has also reviewed audits throughout the year, including recruitment and workforce planning, and approved the submission of the Workforce Plans in the November 2022. In November, the Committee reviewed and approved the Staff Governance Standard Monitoring submission to Scottish Government.

5 Any relevant Key Performance Indicators

The Committee continues to approve the IPQR submission to the Board and receives regular metrics on the workforce and culture, which are continually being reviewed. The dashboards which have been used for the last few months have allowed the committee to review key metrics and further measures are being added. Our Absence rates are increasing, although still below NHS Scotland rates and our turnover has stabilised following high levels of retirements in the early part of the year.

The Committee also reviewed the IMatter 2022 responses, noting the low level of engagement with this national survey and concerns that the scores which have remained high over the last 5 years, do not reflect how it feels to be at work for many people. Our own Listening and Learning survey and more local measures will be used to 2023/4 in addition to Imatter.

6 Emerging issues and key issues to address/improve the following year

We now have our 5 year Strategy, and our ADP for 2023/4 is being developed and will align to this. We've made significant progress on our 2022/3 priorities as set out in the ADP.

Our focus for the year ahead will be on Workforce, ensuring we understand what a sustainable affordable workforce looks like and improving our efficiency and prioritisation of recruitment and training. The Committee will need to be assured on the implementation of the requirements of the Health and Care Staffing Act and delivery of our ADP and Workforce Plan.

Wellbeing is also a key priority for the year ahead, and we need to reset our Culture and Engagement approach so this is locally driven, supported and owned with everyone understanding their roles in this. Finally, we also need a strong focus on improving our Statutory and Mandatory training compliance, whilst redesigning and reviewing our approach to this as an enabler.

7 Conclusion

As the Chair of the Staff Governance Committee, I can confirm that the systems of control within the respective areas within the remit of the committee are considered to be operating **adequately and effectively.**

Sarah Compton Bishop
Chair
Staff Governance Committee
[Date]

Staff Governance Attendees 2022- 2023

Members	Date of Meeting					
	11/05/22	20/07/22	07/09/22	09/11/22	11/01/23	08/03/23
Sarah Compton- Bishop	Y	Y	Y	Y	Y	Y
Jean Boardman	Y	N	Y	Y	Y	Y
Philip MacRae	Y	N	N	Y	N	Y
Bert Donald	N	Y	Y	Y	Y	N
Elsbeth Caithness	Y	N	Y	Y	Y	N
Kate Dumigan	Y	Y	Y	N	Y	Y
Claire Lawrie	N	N	N	N	N	N
Dawn Macdonald	N	N	N	N	N	Y
Pam Dudek	N	Y	N	N	Y	Y
Ex Officio						
Boyd Robertson	N	N	N	Y	N	N
Attendees						
Fiona Hogg	Y	Y	Y	Y	Y	Y
Gaye Boyd	Y		Y	Y	Y	Y
Geraldine Collier	N	Y	N	Y	N	N
Bob Summers	Y	N	Y	Y	Y	Y
David Park	Y	N	Y	Y	Y	Y
Katherine Sutton	N	Y	Y	N	Y	Y
Louise Bussell	Y	N	Y	N	Y	N
Fiona Davies	N	N	N	Y	N	Y
Kate Patience-Quate	N	N	N	N	N	N
Boyd Peters	Y	N	N	Y	Y	N
Tim Allison	N	N	N	Y	Y	N
Ruth Fry	Y	Y	Y	Y	Y	Y
David Garden	Y	N	N	N	N	N
Heledd Cooper	N	N	N	N	Y	Y
Jo McBain	Y	N	N	N	Y	Y