

NHS Highland

  
Highland  
na Gàidhealtachd

Meeting:

NHS Highland Board

Meeting date:

27 May 2025

Title:

Governance Committee Annual Reports  
2024-25

Responsible Executive/Non-Executive:

Fiona Davies, Chief Executive; Sarah  
Compton-Bishop, Chair

Report Author:

Nathan Ware, Governance & Corporate  
Records Manager

Report Recommendation:

The Board is asked to:

(a) **note** that the Governance Committee Annual Reports for financial year 2024- 25 were considered by the Audit Committee on 13 May 2025; and

(b) **approve** the Annual Reports which form a key part of the evidence in support of the Board’s Annual Accounts Governance Statement.

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 and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

All Governance Committees of the Board are required to provide an Annual Statement of Assurance on their activities throughout the financial year to the Audit Committee and Board. This report encloses the Annual Governance Committee Reports for the period 1 April 2024 to 31 March 2025 which have been endorsed by the Audit Committee on 13 May 2025.

2.2 Background

Governance Committee Annual Reports are required to demonstrate how Committees discharge their role as defined by their Terms of Reference. They are also expected to comment on how effectively the systems of control within their respective areas are operating. 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.

2.3 Assessment

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

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

Governance Committees reviewed their Terms of Reference during November 2024 and January 2025 with agreed documents being endorsed by the Audit Committee in March 2025 and incorporated into a refreshed Code of Corporate Governance approved by the Board in March 2025.

The final annual reports for all the above Committees have been agreed throughout the March/April/May cycle of meetings. All the Governance Committee annual reports have been endorsed by the Audit Committee.

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 2025.

**3.9    Route to the Meeting**

The appendices to this report have been considered by individual governance committees and the Audit Committee on 13 May 2025.

**4     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

# **NHS Highland Clinical Governance Annual Report**

**To: NHS Highland Audit Committee**

**From: Karen Leach, Chair, Clinical Governance Committee**

**Subject: Clinical Governance Committee Report April 2024 - March 2025**

## **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 in January 2024 to clarify the list of formal attendees at meetings with no other changes being made.

For the 2024/25 financial year the committee chose to focus in on the following areas in addition to its normal business:

- 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.
- Continue to scrutinise and give assurance to NHS Highland Board on Quality and Patient Safety in each of the Operational Areas.
- To review the Annual Delivery Plan Outcomes

## **2. Activity April 2024 to March 2025**

The committee met formally on six occasions during 2024/25 on 2 May 2024, 11 July 2024, 5 September 2024, 7 November 2024, 9 January 2025 and 6 March 2025. 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 2024/25:

- NESH 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
- Research, Development and Innovation Committee

#### 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://www.nhshighland.scot.nhs.uk/media/uvybs4du/duty-of-candour-annual-report-2023-2024.pdf>

The 2024/25 annual report has not yet been finalised.

##### Adverse Event Figures

A total of 13749 adverse events were reported in 2024/25 (to date 10/02/2025). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units.

	Estates	Argyll and Bute	Pharmacy	Acute Services Division	Highland Council - Children's Services	Corporate Services	Highland Health and Social Care Partnership (HHSCP)	Total
Negligible (Category 3)	1	700	35	2981	1	61	3399	7178
Minor (Category 2)	0	483	12	1434	1	19	1264	3213
Moderate (Category 2)	0	153	7	480	3	8	367	1018
Major (Category 1)	0	9	0	34	0	2	16	61
Extreme (Category 1)	0	13	0	18	0	0	33	64
<b>Total</b>	<b>1</b>	<b>1358</b>	<b>54</b>	<b>4947</b>	<b>5</b>	<b>90</b>	<b>5079</b>	<b>11534</b>

\*2215 events do not have a DIF2 consequence recorded

##### (ii) Complaints Management

Complaints management and performance continues to be an area of focus and scrutiny. This year there has been an increase in the number of stage 2 complaints received and decrease in the performance against the 20 day timescale.

During the year, the Internal Auditors undertook an audit of the complaints process with a focus on implementing improvement actions from complaints. An action plan has been prepared to address the recommendations. This includes training, sharing outcome of complaints and auditing complaints records.

### **Complaint Performance (to January 2025)**

#### **Stage 1 Complaints**

Total number of complaints received	402
% responded to within 5 days	56% (average)

#### **Stage 2 Complaints**

Total number of complaints received	726
% responded to with 20 working days	33% (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 who are responsible for reviewing the Quality and Patient Safety Dashboard for their area.

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 adverse events, Significant Adverse Events Reviews (SAERs), Falls, Tissue Viability, Infection Control and Complaints

The QPS Dashboard continues to take an iterative approach, which means changes have always been identified to help improve user experience and user interactions on the dashboard. Specific reports that have been improved this year are Feedback, Medication Errors, Health & Safety and Tissue Viability. The QPS Dashboard has also been set up to include visuals that assist with meeting reporting requirements such as Board Reports, Annual Reports and Freedom of Information.

### **(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.

## **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 each of the operational areas
- Continue to receive annual reports from committees reporting into the Committee

- 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 that through the scrutiny of internal and external reports and minutes, as well as systematic reviews of the reporting mechanism and regular presentations, the systems of internal control of the delivery of safe clinical care are adequate. However, the Committee 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 take assurance of the Clinical Governance Committee's activities in 2024/25.

**Karen Leach**  
**Chair**  
**Clinical Governance Committee**  
**March 2025**

<p>NB Reports to be submitted to the  May meeting of the Audit Committee  each year.</p>
--

APPENDIX A

Clinical Governance Committee Attendance List – 2024/25

Members	2/5/2024	11/7/2024	5/9/2024	7/11/2024	9/1/2025	06/03/2025
Alasdair Christie Chair until 9 Jan 2025 Member from 10 Jan 2025 Dr Gaener Rodger until 31 July	P  P	Apol  Apol	P  N/A	P  N/A	P  N/A	Apol  N/A
Joanne McCoy Muriel Cockburn	P Apol	P P	P P	P P	P P	P P
Karen Leach member from 1 August 2024 Chair from 10 January 2025	N/A	N/A	P	Apol	P	P
Catriona Sinclair (ACF Chair)	P	-	-	-	-	-
Elspeth Caithness	-	-	-	-	-	-
Liz Henderson (Indep't Member)	P	P	P	Apol	P	P
Dr Boyd Peters	P	P	P	P	P	P
Dr Tim Allison	P	P	P	P	P	Apol
Louise Bussell	P	Apol	P	Apol	P	P
S Compton-Bishop (Ex Officio)	-	-		P part meeting Sub by Ann Clark	P	-
F Davies (Ex Officio)	-	Apol		P	-	-
Gerry O'Brien (substitute)	P					P
Emily Austin (substitute)		P		P		P
Ann Clark (substitute)		P		P		



# 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 2024 to March 2025

### 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 12\* times in the reporting period, with Minutes of the Committee being submitted to the NHS Board. Due to the increasing concerns relating to the financial performance, it was agreed to move to monthly meetings of the committee.

### Membership from 1 April 2024 – 31 March 2025:

<b>Committee Members</b>	<b>In Attendance</b>
Alexander Anderson, Non-Executive Board Member (Chair) Graham Bell, Non-Executive Board Member (Vice Chair) Gerry O'Brien, Non-Executive Board Member Garrett Corner, Non-Executive Board Member/Stakeholder Ann Clark, Non-Executive Board Member until 30 July 2024 Steve Walsh, Non Executive Board Member from 1 August 2024 Fiona Davies, Chief Executive David Park, Deputy Chief Executive Heledd Cooper, Director of Finance (Lead Officer) Dr Boyd Peters, Medical Director Tim Allison, Director of Public Health Louise Bussell, Board Nurse Director Richard MacDonald, Director of Estates, Facilities and Capital Planning	Katherine Sutton, Chief Operating Officer (Acute Services) Evan Beswick, Chief Officer, Argyll and Bute IJB Pamela Stott, Chief Officer, Highland HSCP Kristin Gillies, Interim Head of Strategy and Transformation Elaine Ward, Deputy Director of Finance Ruth Daly, Board Secretary

**Attendance from 1 April 2024 – 31 March 2025:**

Member	12/04/24	03/05/24	14/06/24	05/07/24	09/08/24	06/09/24	11/10/24	01/11/24	16/12/24	10/01/25	07/02/25	14/03/25
Alex Anderson	P	P	P	P	P	P	P	P	Apol	P	P	P
Graham Bell	P	P	P	P	P	P	P	P	P	P	Apol	P
Garrett Corner	P	P	P	P	P	P	P	P	P	P	P	P
Ann Clark	P	P	P	P	N/A	N/A	N/A	N/A	P	N/A	N/A	N/A
Gerry O'Brien	P	P	P	P	P	P	P	P	Apol	P	P	P
Steve Walsh	N/A	N/A	N/A	N/A	Apol	Apol	P	P	P	P	P	P
Fiona Davies	P	P	P	Apol	P	P	P	P	P	Apol	P	P
David Park	P	P	Apol	P	-	-	-	P	P	P	P	P
Heledd Cooper	P	P	P	P	P	P	Apol	P	P	P	P	P
Dr Boyd Peters	P	-	-	-	Apol	P	Apol	P	-	-	P	
Dr Tim Allison	P	P	P	Apol	-	P	P	P	P	P	P	P
Louise Bussell	P	P	P	Apol	P	Apol	P	P	P	P	Apol	
Richard McDonald	P	P	Apol	P	-	Apol	P	P	P	P	P	Apol
Sarah Compton Bishop Ex Officio	P	P	Apol	P	P	P	-	Apol	-	P	-	

## 2 Activity 1 April 2024 – 31 March 2025

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

[illegible]

### **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 Strategy & Transformation Assurance Group (STAG) 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 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.

The Environmental and Sustainability Board routinely report to the FRP ensuring that all matters relating to the delivery of the NHS Scotland policy on climate emergency and sustainable development are reported so the FRP Chair can give assurance to the Board.

As of September 2024, the Resilience Committee also reports to the Finance Resources and Performance Committee on a twice yearly basis.

### **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**

At the beginning of the financial year the initial budget gap for NHS Highland was £112.5m, and, with a brokerage cap limited to £28.4m, this led to the requirement to save some £84m through efficiencies, cost improvements and transformation, which was an impossible task in a 1 year timeframe. A Financial Plan for 2024-2027 was submitted to the Scottish Government and the budget for 2024/25 was set, which included an overspend target of £50.62m (a brokerage gap of £22.2m). A considerable amount of work has continued throughout the year and the forecast overspend has been reduced to some £45.5m, assuming the Adult Social Care provides a breakeven position at year end.

The Scottish Government informed NHS Highland in January 2025 that £49.7m of brokerage was now available, but included in the notification that no brokerage would be available in 2025/26. As a result of the increased brokerage the Board should deliver a breakeven position at the end of the financial year.

NHS Highland continues to be escalated at level 3 for finance and is receiving dedicated tailored support from the Scottish Government to assist in response to the size of the financial challenge in the reporting year and in future years.

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.

The Strategy & Transformation Assurance Group (STAG) has developed a change/transformation framework delegating responsibility to colleagues to make change within the parameters agreed for each programme. Monitoring progress against these programmes will continue as part of the FRP remit.

## **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 over the next 5 years or so. Savings brought about through the STAG ABC programmes will hopefully reduce the overspend but it will take a considerable period of time for the Board to achieve a balanced position. The Scottish Government have stated, in writing, that there will be no brokerage available on 2025/26 financial year and therefore a financial deficit will have to be declared if, as expected, there is an overspend. This will create the requirement for a Section 22 audit/report in 2026.

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 and Quality Report (IPQR) and the Annual Delivery Plan (ADP) including KPIs, will also be an area of continued focus as part of the remit of the Committee. Performance monitoring, to determine if targets and KPIs are being achieved will continue to be a key area on the agenda of each meeting.

## **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 have demonstrated the appropriate challenge and 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**  
**March 2025**

## 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 2024/25

## 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 2024 to March 2025

The Highland Health and Social Care Committee met on six occasions during 2024-25. Development sessions formed an important element of committee development opportunities and two were held during financial year 2024-25. The minutes from each Committee meeting have been submitted to the appropriate Board meeting for assurance purposes. Membership and attendance are set out in the table below.

## Membership and Attendance from 01 March 2024 to 31 March 2025

MEMBER (Voting)	6/3/24	8/5/24	10/7/24	4/9/24	6/11/24	15/1/25	5/3/25
Gerry O'Brien, Chair	P	P	P	P	P	P	P
Philip Macrae, VC	P	P	Apol	P	P	P	P
Ann Clark	P	P	P	P	P	P	P
Joanne McCoy	Apol	P	P	P	P	P	P
Muriel Cockburn	P	P	P	P	P	P	P
Pam Stott, CO	P	P	P	P	P	P	P
Tim Allison, Dir of Public Health	P	P	P	P	P	P	Apol Sub Jennifer Davies
Claire Copeland, Medical Lead	P	P	-	P	-	-	P
Cllr David Fraser	P	P	-	P	Apol	P	P
Cllr Chris Birt	P	P	Apol	P	Apol	Apol	P
Cllr Ron Gunn	Apol	-	-		Apol	P	Apol
Simon Steer, Dir of Adult Social Care	P	-	P	P	P	P	P
Elaine Ward, Deputy Dir of Finance	Apol Sub Frances Gordon	P	P	P	P	Apol Sub Frances Gordon	Apol Sub Frances Gordon
Julie Gilmore Associate Nurse Director	P	P	P	P	P	P	P
IN ATTENDANCE (Stakeholders)							
Kaye Oliver (Staffside representative)	P	P	P	P	P	P	P

<b>Diane Van Ruitenbeek</b> (Public/Patient rep)	P	P	Apol	P	P	Apol	N/A
<b>Michelle Stevenson</b> (Public/Patient Rep Until 31 May 2024)	Apol	P	N/A	N/A	N/A	N/A	N/A
<b>Wendy Smith</b> (Carer Rep Until 31 May 2024)	-	-	N/A	N/A	N/A	N/A	N/A
<b>Mhairi Wylie</b> (Third Sector Rep)	Apol	P	P	P	P	-	-
<b>Neil Wright</b> (Lead Doctor)	P	P	P	P	P	P	P
<b>Catriona Sinclair</b> (Area Clinical Forum)	-	-	-	-	-	-	-
<b>Kara McNaught</b> (Area Clinical Forum)	-	-	P	P	-	-	P
<b>Fiona Malcolm</b> (Highland Council Executive Chief Officer for Health and Social Care)	Apol	P	P	Apol	P	P	-
<b>Fiona Duncan</b> (Highland Council Chief Social Work Officer)	P	P	P	Apol	P	Apol	P

During the period covered by this report the Committee Chair was Gerry O'Brien and Philip Macrae was Vice Chair. At the end of May 2024, the terms of appointment lapsed for one of the Committee's Public/Patient representatives and the Carer representative. Further recruitment exercises were held but with no suitable candidates having been identified. Efforts continue with further consideration being given as to how these roles can be filled.

## 2.1 Post Pandemic

The long-lasting changes arising from the 2020 pandemic continue to impact on the business of the Committee and delivery of services with reports regularly describing the long-lasting impact of the pandemic. The Committee has been particularly concerned to understand the impact on users, carers and our workforce and the changes necessitated by measures to reflect revised delivery requirements and in many instances the change in behaviours of service users and workforce in 2024 and beyond.

## 2.2 Service Planning and Commissioning

The Committee considered various aspects of the planning, commissioning and co-ordination of services across Highland Health and Social Care Partnership including: Commissioned Care at Home services, Care at Home Collaborative 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, Carers' Strategy implementation and implementation of a new strategy for SelfDirected Support services for adult social care. Common themes across all 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 Joint Strategic Plan 2024-2027 in January 2024, it is essential that commissioning arrangements are reviewed and revised within that strategic context. The Committee noted on several occasions' issues arising from the utilisation of the National Care Home Contract as a basis for commissioning care home services. The construct of the contract appears to be unsuitable for most care homes across North Highland leading to increased sustainability issues for service providers.

## 2.3 Scrutiny of Performance

### 2.3.1 Service Delivery

The Committee has received assurance reports on particular areas of service delivery including mental health services, learning disability services, children's services and a range of reports covering adult social care services and Primary Care Services. The question of assurance on Clinical and Care Governance in relation to areas within the committees remit is now close to being resolved with significant work having been undertaken by Highland Health and Social Care Partnership Quality and Patient Safety forum which is multi professional and now reflects care governance in line with the Vincent Framework. The Committee received regular updates on the vaccination programme option appraisal and was pleased with the recent decision by the Scottish Government to permit the development of a locally delivered service for adults. At each meeting the Committee received an exception report from the Chief Officer focusing on current service issues, developments in relation to local care home discussions, the National Care Service, significant capital developments underway, and celebration of team and individual staff awards and achievements and recognition for service delivery.

Although an undoubted success story, 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.

### **2.3.2 Finance**

The Committee received regular reports on the financial position of services within its remit. The 24/25 financial position was extremely challenging with the opening financial plan supported by the requirement for NHS Highland to deliver a savings target of £84.091m in order to deliver against a brokerage cap of £28.4m and an opening financial deficit in Adult Social Care of £17.5m. Across NHS Highland delivery of recurring savings has been a challenge with a total forecast delivery of £17m across North Highland and Adult Social Care. Additional expenditure 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. Prescribing costs, driven by volume of prescriptions and drug costs presented a significant challenge in year. The forecast outturn position at month 09 sits at an overspend of approximately £4.6m and this position assumes a degree of non-recurring support, £18.3m, from The Highland Council in relation to the delivery of Adult Social Care. Progress on the transformational change required to return to a sustainable financial position can only be achieved through the implementation of the Joint Strategic Plan 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 undertook a self-assessment exercise in January 2025 and the results and resulting actions will be reflected in our 25/26 work plan and operational methodology. Terms of Reference have been reviewed and no significant changes have been made although there may be changes arising from the self-assessment exercise.

### **4 External Reviews**

None

### **5 Key Performance Indicators**

The agreed workplan for the year attempted to group key service issues together to allow committee members the opportunity to explore areas in more detail at individual meetings. Following implementation in 22/23 we have been able to make use of the Highland Health and Social Care IPQR for all the year. This report has graphically illustrated the unmet need in our Adult Social Care Services with the report regularly showing a shortfall of circa 2,800 hours per week in Care at Home services, utilisation of available Care Home beds at 94%-95% and a steadily increasing number of Hospital Delayed Discharges, sitting at 225 at January 2025. These stark figures mask the collective efforts of our staff to deliver health and care services in an extremely challenging environment. On a more positive



note, we have seen a steady increase in Self Directed Support Option One, with current performance now at 15% of all clients. However, there must be a sense of caution when looking at this figure as it may well be a manifestation of no other options being available. Currently the IPQR concentrates primarily on adult social care indicators, further development work is required in areas such as mental health, primary care and community services and this will be a major thrust of 25/26 work.

Performance against the Psychological Therapies target has been encouraging in the first half of the year with an increase to 87% in those receiving services within the 18-week target. Performance against the NDAS target is significantly below required levels. This area continues to be a major focus for scrutiny.

A report on performance for the 24/25 year will be published in July 2025. The 23/24 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.

## **6 Emerging issues for 2025/26**

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 post pandemic service recovery and improving outcomes for our population. 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. As the vaccination programme moves to a locality-based model the committee will closely monitor performance level as well as the more qualitative aspects of patient experience. Implementation of Delayed Discharge actions will be closely monitored although it must be noted that the wide ranging system issues resulting in delayed discharges will be monitored across the full range of Board governance committees.

## **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 operating adequately.

**Gerry O'Brien, Chair**

**Highland Health and Social Care Committee**

**DATE 5 March 2025 (Approved by Committee)**

# Suggested Template for Committee Annual Reports

[Name of Committee Reviewing  
the Report]  
Date of Relevant Committee  
Item ??

NHS Highland  
Pharmacy Practices Committee Annual Report

**Note: A maximum of approximately 4 sides of A4 should be aimed for. There should be no appendices unless fundamental to the work of the Committee.**

To: NHS Highland Audit Committee

From: Ann Clark Chair, PPC

Subject: PPC Committee Report – April 2024 to March 2025

## 1 Background

In line with sound governance principles, an Annual Report is submitted from the Pharmacy Practices 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 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 application .....shall 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. Due to the remote and rural nature of much of the services delivered by NHS Highland the site visit may be undertaken virtually.

The Pharmacy Practices Committee shall consist of seven members of whom—

- a) one 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, ophthalmic optician or

pharmacist or the employee of a person who is a doctor, dentist, ophthalmic optician or pharmacist;

- b) three shall be pharmacists of whom—
  - 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
  - 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, ophthalmic optician or a pharmacist, or an employee of a person who is a doctor, dentist, ophthalmic optician or pharmacist.

Where the premises that are the subject of the application are located in the same neighbourhood as premises from which a dispensing doctor dispenses, the Pharmacy Practices Committee shall have an additional member appointed by the Board from persons nominated by the Area Medical Committee.

The current membership of the Committee is made up from:

Ann Clark, Non-Executive Director, Chairman  
Garret Corner, alternate Non-Executive  
Joanne McCoy, alternate Non-Executive  
Ian Gibson, Lay Member  
John (Mark) Sutherland-Fisher, Lay Member  
Catriona Sinclair, Area Pharmaceutical Committee contractor representative  
Gayle MacDonald, Area Pharmaceutical Committee non contractor representative  
Jen Moncur, Area Pharmaceutical Committee Contractor representative  
Susan Paterson, Area Pharmaceutical Committee Contractor representative  
Fiona Thomson, Area Pharmaceutical Committee non contractor representative  
Catriona Brodie, Area Pharmaceutical Committee non contractor representative  
GP Sub Committee representative

## **2 Activity – March 2024 to April 2025**

One Joint Consultation commenced on 29<sup>th</sup> January 2024 and ran until 5<sup>th</sup> June, 2024. This proceeded to a PPC Hearing which was held and granted on Friday 1<sup>st</sup> November, 2024. The new community pharmacy is due to open in April, 2025.

Two subsequent Joint Consultations were commenced – one running from 28<sup>th</sup> October 2024 and closed on 6<sup>th</sup> March 2025. A PPC Hearing is currently being arranged for this Application. The second commenced on 19<sup>th</sup> December 2024 and will run until 17<sup>th</sup> April 2025.

One Expression of Interest was received and the first formal meeting arranged on 12<sup>th</sup> December, 2024. This has not yet progressed to a Joint Consultation as information still awaited to complete this paper.

Three further Expressions of Interest were received. However, they have not been progressed as yet.

## **3 Sub Groups**

The 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.

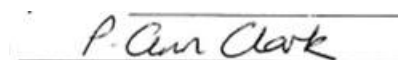
#### **6 Emerging issues and key issues to address/improve the following year**

In view of changes to the PPC committee, training will be required to allow the new members obtain a full understanding of the purpose of the committee. This has still to be arranged. It is anticipated that one PPC Hearing will be held in June, 2025 and one in September, 2025.

Additional lay membership of the Committee will require to be sought to comply with the Committee's constitution.

#### **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.



**Ann Clark**  
**Chair**  
**Pharmacy Practices Committee**  
**27<sup>th</sup> March, 2025**

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 2024 – March 2025**

#### 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.

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 four occasions during the financial year: 27 May 2024, 15 July 2024, 25 November 2024, and 24 February 2025.

#### 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 to the Board in private.

In May 2024 the Committee took substantial assurance on a suite of **Executive Director objectives, including corporate objectives, for 2024-25**. The Committee took assurance that both the corporate and individual objectives were aligned with the Annual Delivery Plan as well as being appropriate for the individuals. The Committee discussed and received full assurance that the objectives to ensure responsibility for vaccinations were explicit.

In terms of **Executive Director performance** against Board Level Objectives, in July the Committee took substantial assurance and agreed objective scoring and overall ratings for all end of year appraisals for 2023-2024. It was noted there were no changes in evidence or narrative required prior to final approval, and appraisals were submitted to National Performance Management Committee by the 26 July 2024 submission deadline.

The Committee accepted substantial assurance on the **Executive Cohort Mid-Year Performance Reviews** for 2024/25 in November 2024.

The Committee discharged its duties to oversee and take assurance on a range of **Executive Director appointments** throughout the year: In May 2024, the Committee noted that the process to

## OFFICIAL

appoint to the position of Chief Officer for Argyll and Bute Health and Social Care Partnership was underway and managed through Argyll and Bute Council. In July it received an update and then confirmation of the appointment at the November 2024 meeting.

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were ratified by the Committee in May 2025.

The Committee considered and re-affirmed its Terms of Reference in November 2024 and held a self-evaluation exercise of its functions during January 2025.

### **Membership from 1 April 2024– 2025:**

Ms Ann Clark, Board Vice Chair (Committee Chair)  
Mr Albert Donald, Non-Executive Director (Committee Vice Chair)  
Ms Sarah Compton Bishop, Board Chair  
Ms Elspeth Caithness, Employee Director  
Mr Gerry O'Brien, Non-Executive Director

### **In Attendance:**

Ms Fiona Davies, Chief Executive  
Mr Gareth Adkins, Director of People and Culture.

### **Attendance from 1 April 2024 – 31 March 2025:**

Meeting date	Ann Clark	Sarah Compton Bishop	Elspeth Caithness	Gerry O'Brien	Albert Donald	Fiona Davies	Gareth Adkins
<b>27 May 2024</b>	P	P	Apol	P	P	P	P
<b>15 July 2024</b>	P	P	P	P	P	P	P
<b>25 Nov 2024</b>	P	P	P	P	P	P	P
<b>26 Feb 2026</b>	P	Apol	Apol	P	P	P	P

## **3 Subgroups**

The Remuneration Sub Committee does not have any Subgroups.

## **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 operating adequately and effectively.

**Ann Clark, Chair March 2025**

NHS Highland  
Staff Governance Committee Annual Report

To: NHS Highland Audit Committee  
From: Ann Clark Chair, Staff Governance Committee  
Subject: Staff Governance Committee Report April 2024 – March 2025

## 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 2024 - March 2025

The Committee has performed with full membership and with consistent professional, operational and support functions throughout the financial year.

The Staff Governance Committee gives assurance to the Board on the operation of Staff Governance systems within NHS Highland, regarding progress, issues, risks and mitigation and actions being taken, where appropriate. The Committee has met on six occasions throughout the year, with minutes being submitted to the Board for approval and attendance as shown on Appendix 1. The Committee Chair and Director of People & Culture meet ahead of each meeting to agree the agenda according to an agreed workplan. The workplan is also driven by the people elements of the Together We Care strategy and Annual Delivery Plan. As such the Committee has received frequent updates on the development and work of the **People and Culture Portfolio Board** which oversees the programmes included in the directorate's strategic portfolio and reports to the Area Partnership Forum. The main areas of oversight are: Culture and Leadership; Employability; Health & Wellbeing; Equality, Diversity and Inclusion; Health & Care Staffing Act; Corporate Learning & Development; and Workforce Transformation and Planning. The Committee's work is summarised below.

### Spotlight sessions

Each Committee meeting receives a spotlight presentation from a chosen Board directorate outlining how they uphold the Staff Governance Standard. There have been presentations throughout the financial year from the following directorates: Deputy Chief Executive's Directorate covering Transformation and eHealth, Medical Directorate, Public Health, Estates and Acute Services. These sessions have helped the Committee understand the different operational areas and directorates in terms of their functions, workforce profile, performance, development work, headcount, sickness absence, statutory and mandatory training compliance, and iMatter results, among other things.

### Well Informed

Good governance is essential in providing high quality, safe, sustainable health and social care services. The Committee interrogates metrics relating to the Staff Governance Standard at each meeting and takes assurance from it. Headline metrics are then incorporated into the Board **Integrated Performance and Quality Report (IPQR)**.

The Committee has also committed to ensuring it stays well informed by holding **development sessions** and in June 2024 the Committee refreshed its understanding of its own remit and responsibilities. The Committee also considered its provision of assurance to the Board on the operation of Partnership working with staffside representatives. In October 2024 the Committee explored the format and content of workforce data presented to it for assurance purposes through the Integrated Performance and Quality report.

### Well Trained

A key priority for the Committee during 2024/25 was to provide assurance to the Board on continued improvements to **statutory and mandatory training** compliance and **staff appraisal** completions. The Committee has maintained focus on the work of a Statutory and Mandatory Training Short Life Working Group to develop proposals to refresh the overall learning and development framework. It has also constructively challenged the barriers to statutory and mandatory training compliance and taken assurance from an organisation wide Statutory and Mandatory Training Improvement Plan. Regarding staff appraisal completions, the Committee received a full analysis in January 2025 and noted the system challenges in reporting completion rates. Further sustained effort will be required in 2025/26 to continue to improve compliance.

The **Annual Medical Education report** was received by the Committee in March 2025, focusing on the support, development, delivery, innovation and quality assurance of medical education across NHS Highland and ensuring General Medical Council (GMC) standards are met.

### **Involved in Decisions**

Regular updates have been provided on the development and implementation of the iMatter **Staff Engagement Plan**. Communications and Engagement six monthly updates have been received and the Committee agreed the **Communication and Engagement three-year Strategy** in July 2024. The Committee will consider a report on a new approach to engagement involving focus groups and various on-line engagement sessions exploring those elements of the iMatter survey that consistently score less well.

### **Fair and consistent treatment of staff**

The Committee continues to actively scrutinise quarterly **Whistleblowing Standards** reports and took assurance from the Whistleblowing Standards Annual Report in July 2024. Throughout the year additional administrative support had been allocated to support the Whistleblowing processes. Low case numbers and the requirement for confidentiality of participants limits the level of detail that can be provided and efforts continue to find ways of providing substantial assurance of organizational learning and completion of actions.

The Committee took assurance from the **Guardian Service** annual report in July 2024. The annual report described the organisational learning arising from the service and the support for colleagues in supervisory and managerial roles. A key finding was that there was confusion for staff regarding the role of the Guardian Service. The Committee noted that this impacted on trade union work and the Whistleblowing process. Noting that this had been considered at the Area Partnership Forum, the Committee took assurance that work would continue to provide better clarity for staff.

In July 2024 the Committee welcomed and took assurance from the **Workforce and Equalities Monitoring Annual Review report**. It was noted that the data gathered as part of the reporting exercise would be used to drive further improvements within the organisation. The data also has informed the **Diversity and Inclusion Strategy** developed throughout the year, agreed by the Committee and the Board in March 2025 and launched in April 2025. The Committee also agreed the Board's **Employability Strategy** in March 2025. This strategy was one of the outcomes of the Annual Delivery Plan to address outstanding work required on employability programmes to close workforce gaps and enhance more diverse career pathways for staff.

The Board submits an annual return to Scottish Government to provide assurance that NHS Highland is compliant with the **Staff Governance Standards**. This is fundamental in ensuring NHS Highland achieves and maintains exemplary employer status. In May 2024, the Committee took assurance and learning from Scottish Government feedback on its submission for 2022/23 highlighting areas of good practice and areas for future focus. It was noted at this time that the NHS Staff Governance monitoring arrangements were to be considered by Scottish Government's Scottish Workforce and Staff Governance (SWAG) Committee. Boards were initially informed that the process for 23/24 would be paused however subsequently Scottish Government requested a general submission on progress during that year. As yet, management and staffside have not reached consensus on a draft submission. A number of actions are underway to address concerns raised about partnership working in NHS Highland and the Committee will continue to receive updates on progress.

### **Safe Working Environment**

The Committee has received progress updates throughout the year on the development and launch of the **Health and Wellbeing Strategy** which brings together all the elements of staff support across the organisation into one document. The Strategy aims to support colleagues' physical and mental health and wellbeing through all the stages of their life and career with the organisation and to foster an inclusive and kind culture where difference is valued and respected. The Strategy was launched in January 2025 following organisation-wide consultation, and consideration by both Local and Area Partnership fora, Senior Leadership teams, the Health and Wellbeing Group and Argyll and Bute Culture and Wellbeing Group. The Committee assured itself of how the Strategy would be evaluated and welcomed its release and reporting to the Board in January 2025. The Strategy was approved by the Board in January 2025.

The Committee has scrutinised quarterly reports and an annual report of the Board's compliance with the **Health and Care (Staffing) (Scotland) Act 2019**. The Act provides a statutory basis for the provision of appropriate staffing in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. Reports have covered the Board's workforce planning approach, how the Board is fulfilling its responsibilities with associated risks being managed, and how the short, medium and long term risks are being addressed.

The Committee maintained oversight of NHS Highland's approach to **Health and Safety** throughout the year, particularly in addressing HSE recommendations. A changed format for assurance reporting from the Health



and Safety Committee was introduced in May 2024 as part of a wider review of the Committee's function. In July 2024 the Committee received the Health and Safety Annual Report incorporating an action plan for the year ahead and a review of the previous year's achievements. 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 meetings. Throughout the year the Committee has received progress reports on the development of a Health and Safety Strategy and Improvement Plan which will be launched during financial year 2025/26.

Oversight and Assurance of our **Strategic People and Culture Risks** has also been a key focus for the Committee across the year. The Committee retains close oversight and reviews mitigation as appropriate, with assurance being provided to the Board. The mitigating actions are aligned to the ADP which ensures these are being progressed and monitored as part of day-to-day business. The Committee reviews the relevant Level 2 Risk Registers related to people and culture and each directorate presents these at Spotlight sessions, so the Committee can be assured the Strategic Risks, where relevant, are translated into Level 2 Risks and are being actively managed and mitigated at that level. A complete review of Level 2 risks is underway within the People and Culture Directorate and this is due to be completed during 2025.

### 3 Sub Groups

The **Health and Safety Committee** acts to assure the Staff Governance Committee that 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 has reported to the Staff Governance Committee for oversight and assurance through minutes of its meetings and an Annual Report. 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. The Staff Governance Committee takes assurance and supports policy ratification by the Health and Safety Committee.

The **Area Partnership Forum (APF)** acts as the operational group of the Staff Governance Committee and considers relevant agenda items prior to submission to the Committee. The Forum meets six times per year, typically 3 weeks before the Staff Governance Committee. This year has seen good attendance from Management, HR and Staffside at APF meetings. The meeting is co-chaired by the Employee Director and the Chief Executive. In terms of achieving the Staff Governance Standard, the Staff Governance Committee takes assurance and supports policy ratification by APF.

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

An internal audit report on attendance management confirmed in December 2024 that the organisation uses the Once for Scotland (OFS) Attendance Policy in line with national guidance, and that management are using the reporting produced on absences, with an aim to identify initiatives to encourage attendance. Completion of necessary improvement actions will be monitored by the Audit Committee.

An audit on supplementary staffing was completed and the final report being considered by the Audit Committee in March 2025.

### 5 Any relevant Key Performance Indicators

The dashboards which have been used for the last year have allowed the committee to review key metrics according to the various organisational operating units. The data includes staff turnover, sickness absence, time to fill vacancies, appraisal completion and statutory and mandatory training compliance. Issues with recruitment processes, completion rates of appraisals and personal development plans and Stat Man training have been a consistent focus of scrutiny throughout the year. In November 2024 the Committee received a fuller report on the time to fill vacancies which explained the many factors affecting the organisation's ability to achieve the target. The Committee welcomed the further clarity and took assurance that the median time to fill vacancies was under 100 days, well within the KPI.

The Committee reviewed the high-level staff **iMatter 2024 survey** responses in November 2024, with an iMatter engagement report also being considered in March 2025. It was noted that the 2024 survey results had seen small improvements in overall response rates and employee experience index results.

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

Work is planned in the coming months to build on existing foundations and to engage further with the **Area Partnership Forum**. This work will explore consultation pathways that impact on staff and which require staffside comment and agreement, particularly for major service change and proposals flowing from our strategy. Improvements required to the functioning of the Health and Safety Committee will also be progressed.

A key priority for this coming year will be ensuring strong partnership working is embedded through local and joint partnership forums and through programmes of work that impact on staff at various levels within the organization.

The Committee will continue to provide informal oversight of delivery of the Board's Blueprint Improvement Plan relating to areas within its terms of reference.

All Committee members were invited to complete a **self-assessment** questionnaire during January/February 2025 and a summary of responses and key themes for improvement were shared with the Committee in March 2025.

## **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 operating **adequately and effectively**.

**Ann Clark**  
**Chair**  
**Staff Governance Committee**

## Staff Governance Attendance 2024- 2025

Members	Date of Meeting					
	7/05/24	9/07/24	03/09/24	05/11/24	14/01/25	04/03/25
Ann Clark, NED, Committee Chair	P	P	P	P	P	P
Philip MacRae, NED, Vice Chair	P	P	P	P	P	P
Bert Donald, NED Whistleblowing Champion	P	P	P	P	P	Apol
Steve Walsh, NED	P	P	P	P	Apol	P
Elspeth Caithness, Employee Director	P	P	P	Apol	P	Apol
Kate Dumigan Staff side	P	P	Apol	-	P	
Claire Lawrie Staff Side	P	-	P	P	P	P
Dawn Macdonald Staff Side	P	P	P	P	Apol	P
Fiona Davies Chief Executive	P	Apol	Apol	Apol	P	P
Alison Fraser Staff Side	P	-	-	-	-	Apol
Janice Preston, Non Executive as observer						P
<b>Ex Officio</b>						
Sarah Compton Bishop	-	-	-	P	P	-
<b>Attendees</b>						
Director of People & Culture	P	P	P	P	P	P
Deputy Chief Executive	P	P	-	P	P	-
Nurse Director	-	Apol	-	-	P	P
Medical Director	-	-	P	-	-	-
Director Of Public Health	-	-	-	P	P	-
Chief Officer, Acute	-	P	P	DeputyP	P	-
Chief Officer, A & B HSCP	-	P	-	P	P	P
Chief Officer, Highland HSCP	P	Apol	-	-	P	P
Director of Estates & Facilities	P	P	P	P	P	P
Director of Finance	P	P	P	P	P	-
Director Adult Social Care	-	-	-	-	P	-
Deputy Director of People	P	P	P	P	P	P
Deputy Nurse Director	P	P	-	-	-	-
Head of Comms & Engagement	P	P	P	P	P	P
Director Medical Education	-	-	-	-	-	-
Highland H&SCP Service Manager	-	P	-	P	P	P