



**Meeting:** NHS Highland Board  
**Meeting date:** 31 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 Corporate Objective(s)**

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Keeping you safe</li> <li>• Innovating our care</li> </ul>	X	<b>Partners in Care</b> <ul style="list-style-type: none"> <li>• Working in partnership</li> <li>• Listening and responding</li> <li>• Communicating well</li> </ul>	X
<b>A Great Place to Work</b> <ul style="list-style-type: none"> <li>• Growing talent</li> <li>• Leading by example</li> <li>• Being inclusive</li> <li>• Learning from experience</li> <li>• Improving wellbeing</li> </ul>	X	<b>Safe and Sustainable</b> <ul style="list-style-type: none"> <li>• Protecting our environment</li> <li>• In control</li> <li>• Well run</li> </ul>	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 2021 to 31 March 2022 which were endorsed by the Audit Committee on 3 May 2021.

### 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.

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, 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

#### **Covid19 Pandemic Response**

NHS Highland continued to face unprecedented pressure as it responded to the Covid-19 pandemic. The Board has assessed and adapted its governance framework within the financial year to accommodate the pressures on the system. While Governance Committees have met throughout the year, the Board has nonetheless been mindful of the impact on Executives and accepted that many agenda items may not always be accompanied with full written reports, with verbal updates being acceptable in some cases.

Annual self assessments for Committees were established in 2020. Given the continuing pressure in responding to the Covid-19 pandemic, Committee Chairs and Lead Executives carried out a desk exercise to assess progress against the previous year's self-evaluation feedback rather than repeating the process in 2021.

The operation of the Audit and Remuneration Committees was excluded from any governance adaptation, thereby ensuring compliance with the UK Corporate Governance Code and the Scottish Public Finance Manual.

**Review of Terms of Reference**

Governance Committees reviewed their Terms of Reference during September 2021 with agreed documents being endorsed by the Audit Committee in December 2021 and incorporated into a refreshed Code of Corporate Governance approved by the Board in January 2022.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

**3 Impact Analysis**

**3.1 Quality/ Patient Care**

**3.2 Workforce**

**3.3 Financial**

The Code of Corporate Governance provides a framework which defines the business principles of the NHS Board and the organisation, in support of the delivery of safe, effective, person-centred care and Quality Outcomes. The provision of robust governance arrangements 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 2022.

**3.9 Route to the Meeting**

The appendices to this report have been considered by individual governance committees during March and April 2022.

## 4 Recommendation

The Board is invited to:

- (a) **note** that the Governance Committee Annual Reports for financial year 2021-22 were considered by the Audit Committee on 3 May 2022; 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**

**Subject: Clinical Governance Committee Report April 2021- March 2022**

### **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.

For the 2021/22 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 Performance score card.
- Support the development and implementation of a Clinical and Care Strategy within NHS Highland
- Develop a 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.
- Support the development and implementation of a new Quality and Patient Safety structure within NHS Highland.
- Seek assurance that the Remobilisation Plan takes due cognisance of the quality and safety of care and treatment.

### **2. Activity April 2021 to February 2022**

The committee met formally on six occasions during 2021/22 on 29 April 2021, 1 July 2021, 2 September 2021, 4 November 2021, 13 January 2022 and 3<sup>rd</sup> March 2022. Its minutes and assurance reports were submitted to NHS Highland Board at

its public meetings during this period. A revised ToR for the committee was approved by the Board in January 2022. A list of members and their attendance at the committee meetings is shown in Appendix A. In addition, members met on two occasions for informal committee development sessions relating to the Clinical Governance Committee Self Evaluation exercise and the development of the committee workplan for 2022/23. Two Independent Public Members joined the committee formally in July 2021 and took part in two bespoke induction sessions as part of their preparations for these roles.

### **3. Committees Reporting to the Clinical Governance Committee**

The following groups/committees were requested to report to the Clinical Governance Committee during 2021/22:

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

Due to the ongoing pandemic some disruption to reporting from these committees has occurred throughout the year.

The Control of Infection Committee informed the Clinical Governance Committee in January 2022 that the Board would not meet its targets for Clostridium difficile healthcare associated infections for this reporting year and this was escalated to the Board.

### **4. External Reviews**

The committee received links to the Ockenden Report (<https://www.ockendenmaternityreview.org.uk/wp-content/uploads/2020/12/ockenden-report.pdf>), an independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust for information alongside an NHS Highland Gap Analysis of NHSH maternity services. In addition, the committee received, for information only the NHSH Response to HSE Visit to Raigmore Hospital on 3 December 2020 and HSE Covid-19 Secure Action Plan.

### **5. 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/Publications/Documents/Duty%20of%20Candour%20Annual%20Report%202020-2021.pdf>

### Adverse Event Figures

A total of 11609 adverse events were reported in 2021/22 (to date). The following table gives a breakdown of the confirmed investigation (DIF2) consequence and operational units. This includes operational structures prior to the reorganisation.

	Acute Services Division	Argyll and Bute	Highland Health and Social Care Partnership (HHSCP)	Corporate Services	Estates	Highland Council - Children's Services	Pharmacy	North and West Highland	Raigmore (IMFOU)	South and Mid Highland (IMFOU)	Total
Negligible (Category 3)	1693	716	2234	45	1	5	24	161	144	182	5205
Minor (Category 2)	1190	370	1039	9	1	16	12	44	95	76	2852
Moderate (Category 2)	329	137	257	2	0	3	26	16	30	23	823
Major (Category 1)	20	8	13	0	0	0	0	2	1	0	44
Extreme (Category 1)	9	6	26	0	0	0	0	1	0	2	44
<b>Total</b>	<b>3241</b>	<b>1237</b>	<b>3569</b>	<b>56</b>	<b>2</b>	<b>24</b>	<b>62</b>	<b>224</b>	<b>270</b>	<b>283</b>	<b>8968</b>

\*2641 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 2021/2022 (to date) there has been an increase in Stage 2 complaints by 33%. The performance compared to 2020/2021 has reduced by 44%. The increase in the number of complaints received and performance against the 20 working day target reflects the impact of the pandemic and the pressures on services.

Stage 1 complaint volumes have followed trend with an increase in volume by 21%, however, the performance has improved by 27%; showing that the operational units are driving first point resolution where possible.

Weekly reports are issued to each operational unit to track performance. Towards end of 2021 the reports were refined to target areas of focus; for example, the performance of responding to the 20 day target and volumes with the Chief Officers for sign off.

New processes have been introduced for handling High Level complaints. Improvement activity focuses on the quality and standards of responses being issued out, with analysis taking place on further correspondence.

### Complaint Performance

#### Stage 1 Complaints

Total number of complaints received 218  
 % responded to within 5 days 56% (average)

#### Stage 2 Complaints

Total number of complaints received 631  
 % responded to with 20 working days 24% (average) *Caveat, this is total volume of Stage 2, divided by total volume excluding Further Correspondence, SPSO and Withdrawn volumes*

### (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 responsible for reviewing the Quality and Patient Safety Dashboard for their area. Any exceptions are reported to the committee through the exception report.

Information in the dashboard 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 2022-2023. During the next financial year the report will include outcome measures for service areas such as cancer and stroke

### (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 2021/22 to date.

	National or Local Indicators	NHS Highland rate	
<b>Clostridium difficile</b> 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)	<b>Red based (NHSH data)</b>



	National or Local Indicators	NHS Highland rate	
<b>Staphylococcus aureus bacteraemia</b> 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)	<b>Green based (NHS data)</b>
<b>Eschaeremia Coli Bacteraemia</b> 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)	<b>Red based (NHS data)</b>
<b>Clinical Risk assessment Compliance</b>	90% National screening target	July – Sept 2021 Meticillin resistant Staph. Aureus (MRSA) 89% NHS data compared to 81% NHSScot rate  Carbapenemase-producing Enterbacteriaceae (CPE) 89%NHS data compared to 82% NHSScot rate	<b>Amber (validated data from NHS Scotland))</b>
<b>Primary Care (excluding dental) antibiotic usage 10% reduction from 2015/2016</b>	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	<b>Green (NHS data)</b>
<b>Secondary Care use of Intravenous antibiotics no more in 2022 than in 2018</b>	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	<b>Green (NHS data)</b>
<b>Acute hospital use of antibiotics on WHO access antibiotics</b>	Achieve 60% or above use of World Health Organisation Access list antibiotics by 2022	Rolling average of last 4 quarters is 61%	<b>Green (NHS data)</b>
<b>Hand Hygiene</b>	Local target rate 95%	End of year performance Jan – Dec 2021 99%	<b>Green (NHS data)</b>
<b>Cleaning</b>	Local target rate 92%	End of year performance Jan – Dec 2021 96%	<b>Green (NHS data)</b>
<b>Estates</b>	Local target rate 95%	End of year performance Jan - Dec 2021 97%	<b>Green (NHS data)</b>
<b>Infection Control Training compliance</b>	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%)	<b>Red (NHS data)</b>

	National or Local Indicators	NHS Highland rate
		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%)

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

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

- 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.

## 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 2020/21.

**Gaener Rodger  
Chair  
Clinical Governance Committee  
March 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

<b>Members</b>	29/04/2021	01/07/2021	02/09/2021	04/11/2021	13/01/2022	03/03/2022
Gaener Rodger	Y	Y	Y	Y	Y	
A Christie	Y	G O'Brien	Y	Y	Y	
Adam Palmer (to 30/9/2021)	Y	A	A	N/A	N/A	N/A
Joanne McCoy (from 25/1/2022)	N/A	N/A	N/A	N/A	Elspeth Caithness	
Graham Hardie	A	Y	Y	Y	Y	
Margaret Moss (ACF Chair)	Y	A	A	A	N/A	N/A
Catriona Sinclair (ACF Chair)	N/A	N/A	N/A	N/A	Y	
Elspeth Caithness (Staffside) (To end December 2021)	Y	Y	A	A	N/A	N/A
Dawn McDonald (Staffside)	N/A	N/A	N/A	N/A		

(From 1 January 2022)

R Donkin (Indep't Member)	N/A	Y	Y	Y	Y
E Woolard (Indep't Member)	N/A	Y	Y	Y	Y
Dr Boyd Peters	Y	Y	Y	Y	Y
Dr Tim Allison	Y	J Wares	Y	Y	Y
Heidi May	Y	Y	Y	Y	Y

## **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 2021 to March 2022**

### **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 and its remit is:

To scrutinise the overall performance of NHS Highland across the following functions of the NHS Board:

- Resource allocation;
- Performance management;
- Strategic planning.

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.

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 five (5) times in the reporting period, with Minutes of the Committee being submitted to the NHS Board.

### **2 Activity 1 April 2021 – 31 March 2022**

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

#### **29 April 2021**

- Cost Improvement Programme – Year End Report
- Integrated Performance Report
- Minute of Asset Management Group – 17 February 2021
- Major Project Summary Report
- Annual Accounts Report

- Finance, Resources and Performance Risk Register
- NHS Highland Remobilisation Plan

**24 June 2021**

- Minutes of Asset Management Group on 17 March, 21 April and 19 May 2021
- Estates/Facilities Strategy – Update and Progress
- Relocation of GP Premises/Services into Cowal Community Hospital
- Major Project Summary Report
- Cost Improvement Programme (Month 2) Report
- Integrated Performance Report

**26 August 2021**

- Cancer Services Update
- Review of Committee Terms of Reference
- Minutes of Asset Management Group on 16 June and 21 July 2021
- Major Project Summary Report
- Cost Improvement Programme (Month 4) Report
- Integrated Performance Report
- Procurement Annual Report 2020/2021

**21 October 2021**

- Minute of Asset Management Group on 18 August 2021
- Caithness Redesign Project – Initial Agreement
- Lochaber service Redesign – Initial Agreement
- Major Project Summary Report
- Integrated Performance Report
- Cost Improvement Programme Update (Month 6)
- Month 6 Finance Update
- Digital Health and Care Update (October 2021)

**24 February 2022**

- Minute of Asset Management Group on 19 January 2022
- Major Project Summary Report
- Integrated Performance Report
- NHS Highland Remobilisation Plan
- Development of NHS Highland Annual Operating Plan
- Annual Accounts Update - Pharmaceuticals
- Cost Improvement Programme Report
- NHS Highland Financial Position
- Committee Annual Report 2021/2022
- Committee Annual Work Plan 2022/2023
- Committee Self assessment Review 2021/2022

**Membership from 1 April 2021 – 31 March 2022:**

**Committee Members**

Mr Alexander Anderson, Non-Executive Board Member/Stakeholder (Chair)  
 Graham Hardie, Non-Executive Board Member/Stakeholder (Vice Chair)  
 Ann Clark, Non-Executive Board Member  
 Graham Bell, Non-Executive Board Member  
 Pamela Dudek (Chief Executive)  
 David Garden, Director of Finance (Lead Officer)  
 Dr Boyd Peters (Medical Director)  
 Tim Allison (Director of Public Health)  
 Heidi May (Board Nurse Director)

**In Attendance**

David Park, Deputy Chief Executive  
 Katherine Sutton, Chief Operating Officer (Acute Services)  
 Joanna Macdonald, Chief Officer, Argyll and Bute IJB  
 Louise Bussell, Chief Officer, North Highland  
 Jane Gill, PMO Director  
 Ruth Daly, Board Secretary  
 Alan Wilson, Director of Estates, Facilities and Capital Planning

**Attendance from 1 April 2021 – 31 March 2022:**

Member	29 April 2021	24 June 2021	26 Aug 2021	21 Oct 2021	24 Feb 2022
Alex Anderson	Y	Y	Y	Y	Y
Graham Hardie	A	A	Y	Y	A
Ann Clarke	Y	Y	Y	Y	Y
Graham Bell	Y	A	Y	Y	Y
Pamela Dudek	Y	A	Y	Y	Y
David Garden	Y	Y	Y	A	Y
Dr Boyd Peters	A	A	A	A	A
Tim Allison	A	A	Y	Y	A
Heidi May	Y	Y	A	A	A

**3 Sub Groups**

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.

#### **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 will meet all of its financial targets in 2021/22. Scottish Government have provided additional funding in respect of Covid related costs, slippage on the Cost Improvement Plan and have also covered in year overspends in recognition of the financial pressures on Boards as a result of Covid and remobilisation/recovery.

The Remobilisation Plan (4) has a large number of KPIs within the document and the performance against these KPIs relevant to this committee will be monitored throughout the coming year.

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

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.

The Initial Agreement Business Cases for the Caithness Redesign Project and the Lochaber Services Redesign were taken and approved at the October 2021 meeting, subsequently approved at the NHS Board and submitted to the Scottish Government for approval. In January the Caithness Redesign Initial Agreement was approved by the Scottish Government and work has commenced on outline business case for the project.

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 will also be an area of continued focus as part of the Remit of the Committee.

#### **7 Conclusion**

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**  
**April 2021**



## Highland Health and Social Care Committee

02 March 2022

Item 5.2

NHS Highland

Highland Health and Social Care Committee Annual Report

To: NHS Highland Audit Committee

From: Ann Clark, Chair, Highland Health and Social Care Committee

Subject: Highland Health and Social Care Committee Report 2021/22

### 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 2021 to March 2022

The Highland Health and Social Care Committee met on six occasions during 21/22. Two development sessions were held prior to the Committee meeting in April, June and August. Development sessions were suspended and Committee meetings held in 'governance light' mode in late 2021/early 2022 due to the operational pressures as a result of the Third Wave of the pandemic. 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 03 March 2021 to 31 March 2022

MEMBER	28/04/2021	30/06/2021	01/09/2021	03/11/2021	12/01/2022	02/03/2022
Ann Clark, Chair	✓	✓	✓	✓	✓	✓
Cllr Deirdre MacKay, Vice Chair	A	✓	✓	A	✓	✓
James Brander		✓	✓	✓	n/a	n/a
Louise Bussell, Interim Chief Officer	T Ligema	✓	✓	✓	✓	✓
Elsbeth Caithness, Employee Director	n/a	n/a	n/a	A	✓	A
Cllr Isabelle Campbell	A	✓	A	A	✓	✓
Paul Davidson, Medical Lead	✓	✓	✓	✓	A	n/a
Denise McFarlane, Associate Medical Lead	n/a	n/a	n/a	n/a	n/a	A
Cllr David Fraser	n/a	n/a	✓	✓	✓	✓
Philip Macrae	✓	✓	✓	✓	✓	✓
Cllr Linda Munro	A	A	✓	✓	✓	A
Gerry O'Brien	✓	A	✓	✓	✓	✓
Adam Palmer, Employee Director	A	✓	A	n/a	n/a	n/a
Cllr Nicola Sinclair	✓	A	n/a	n/a	n/a	n/a

Simon Steer, Head of Adult Social Care	✓	✓	✓	✓	✓	A
Nurse Lead (rotational)	A	✓ J Petch	A	A	✓ J Petch	✓ J Petch
Elaine Ward	✓	✓	✓	✓	F Gordon	✓
<b>IN ATTENDANCE</b>						
Tim Allison, Director of Public Health	✓	E Smart	E Smart	✓	✓	✓
Michael Simpson (Public/Patient)	✓	✓	✓	✓	✓	✓
Catriona Sinclair (ACF)	A	✓	A	A	A	A
Wendy Smith (Carer)	✓	✓	✓	✓	✓	✓
Michelle Stevenson (Public/Patient)	✓	✓	✓	✓	✓	✓
Ian Thomson (ACF)	A	✓	✓	✓	✓	✓
Neil Wright for Ian Kennedy, Lead Doctor (GP)	✓	✓	✓	✓	✓	✓
Mhairi Wylie (3 <sup>rd</sup> Sector)	✓	A	A	✓	✓	✓
Kate Dumigan (S'side)	n/a	n/a	n/a	n/a	n/a	✓
Anne Campbell (S'side)	n/a	n/a	n/a	n/a	n/a	✓

During the period covered by this report the Committee Chair was Ann Clark and Deirdre Mackay was Vice Chair. The vacant lay member places were successfully filled during the year and efforts were made to fill the vacant medical and staff side places. An induction programme was undertaken for the new lay members. Efforts continue to fill the vacant staff side memberships.

## 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: redesign of unscheduled care and enhanced community health services, mental health services including learning disability services, implementation of the Primary Care Improvement Plan, progress with the commissioning of services from the Third Sector and approval of a new strategy for Self Directed Support services for adult social care, potentially one of the most significant pieces of work considered by the Committee during the year. The revised strategy for SDS was heavily influenced by the recommendations of the Feeley Review and the Scottish Government's proposals for a National Care Service which were considered at the September meeting.

## 2.3 Scrutiny of Performance

### 2.3.1 Service Delivery

NHS Highland Board approved a revised Integration Agreement with Highland Council in March 2021. This necessitated a review of the Performance Framework for scrutiny of services at the Committee, which for a variety of reasons, including the pandemic pressures, has not concluded. As a result it has been difficult for the Committee to gain a comprehensive overview of performance across all areas of its remit. The Committee has however received assurance reports on particular areas of service pressure including mental health services and adult social care. 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. The Committee also received a preliminary assurance report on the delivery of the Highland Council commissioned children's services, the framework for which is also under review.

### **2.3.2 Finance**

The Committee received regular reports on the financial position of services within its remit. Due to the pandemic there was continued uncertainty throughout the year about the overall financial position of NHS Highland and government support for costs associated with the pandemic. Despite all of the challenges faced during the year, work continued on both NHS Highland's cost efficiency programme and the adult social care workstreams associated with the Joint Project Board established with the Council in 20/21. Significantly staff were able to realise the target for 2021/22 of 3 million savings in the adult social care budget, albeit on a non-recurring basis. During the year it became apparent that recurring savings from transformational redesign of services would not be achieved without a comprehensive review of the Highland Health and Social Care Partnership's commissioning strategy and approach to community engagement. Proposals are being drawn up for discussion with the Council following the local authority elections in May and publication of the Scottish Government's response to the consultation on a National Care Service. Due to additional in year allocations and special measures announced by the Scottish Government, the Board will end the year in financial balance and it is possible that the Partnership will have more scope for investment in 2022/23.

### **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.

The Committee also undertook a self- assessment exercise as part of a wider drive to improve the NHS Board's corporate assurance framework. An action plan to address improvements was agreed in September and progress reported to the March 22 Committee

### **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 Third Wave and the demands of the revised NHS Highland vaccination strategy 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, most notably a revised Performance Framework for integrated community health and social care services and an improved format for the partnership's Annual Performance Report.

A report on performance for the 21/22 year will be published in July 2022. The 20/21 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.

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 2022/23**

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 remobilisation and improving outcomes for our population. Decisions about the scope and implementation of a National Care Service will inevitably mean discussions will need to take place about new models of integration and service delivery. Relationships will need to be quickly re-established with the Highland Council following local authority elections in May and a new approach to strategic commissioning within the Highland partnership agreed.

## **7 Conclusion**

Ann Clark, 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.

**Ann Clark, Chair**

**Highland Health and Social Care Committee**

**17 February 2022**

# Pharmacy Practices Committee Annual Report 2022

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 2021 to March 2022

### 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 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.

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  
Alasdair Christie, Non-Executive Director, Vice Chair  
Ian Gibson, Lay Member  
John (Mark) Sutherland-Fisher, Lay Member  
Grant Stewart, Lay Member  
Gareth Dixon Area Pharmaceutical Committee contractor representative  
Catriona Sinclair, Area Pharmaceutical Committee contractor representative  
John MacDonald, 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  
Dr. Alison MacRobbie, Area Pharmaceutical Committee non contractor representative  
Jennifer Lumsden, Area Pharmaceutical Committee non contractor representative  
Dr. Susan Taylor, GP Sub Committee representative

## **2 Activity – April 2021 to March 2022**

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 10<sup>th</sup> December, 2021 and due to close on 21<sup>st</sup> April, 2022. Should the Applicant decide to proceed with the application a period of a further 90 days shall commence to allow for Interested Parties to become involved.

One Application was completed on 23<sup>rd</sup> February, 2021 and the Community Pharmacy opened on 25<sup>th</sup> January, 2022.

## **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 has been forwarded to the APC for consideration due to the fact there may be a Hearing arranged this year should the Application go ahead.

**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**  
**18<sup>th</sup> February, 2022**

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 2021 – March 2022**

### **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. 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 Members of the Board.
- Additionally, for the duration of the NHS Highland Healing Process, the Committee will be responsible for reviewing and approving the recommendations of the Healing Process Independent Review Panel.

The membership of the Committee is limited to the Board Chair, Vice Chair, Employee Director and two other Non-Executive Board members. The Committee's Terms of Reference were revised in January 2022 at which point it was agreed that the position of Chair of the Committee should be held by the Board Vice Chair and not the Board Chair. The membership was increased also in January 2022 with the addition of two other Non-Executive Board members. During the year there was a change in the Board Employee Director and therefore a change in the personnel on the Committee.

The Remuneration Committee has met on 10 occasions during the financial year on 4 April 2021, 6 May 2021, 26 May 2021, 28 June 2021, 9 August 2021, 4 October 2021, 1 November 2021, 10 January 2022, 7 February 2022, and 14 March 2022.

### **2 Activity**

The Remuneration Committee has considered the recommendations of the Independent Review Panel for the Board's Healing Process at each meeting throughout the year. In acknowledging the confidential nature of the information presented to it, the Committee has explored how best to achieve transparency in reporting since significant costs associated with payments and the running of the process are recorded in the annual accounts. The Committee has ensured the Board has received the assurance it needs regarding the Healing Process through regular submission of the minutes of its meetings, frequent development session briefings, brief statistical summaries of caseloads and expenditure, and by virtue of the culture update report being included on Board agendas as a standing item of business.

The Committee received the 3<sup>rd</sup> Organisational Learning report from the Independent Review Panel in October 2021. This was a positive and balance report which built on the actions and themes of previous iterations and introduced newer issues for the Committee to consider. The report was submitted to the Board in November 2021, together with assurance on actions arising from previous reports, as well as the usual culture update delivered at Board Development sessions and in regular Board reporting. The Board's Whistleblowing Champion was also apprised of the report.

The Committee agreed the Executive cohort objectives for 2021/22 in May 2021 and it was welcomed that there was coherence with the organization's 1-year strategy, 'Remobilise, Recover, Redesign', that had been agreed in March 2021. Executive cohort objectives remained under review and an update on progress with the 2022/23 objectives was given to the Committee in March 2022.

The Committee provided assurance to the Board by way of its approval of the End of Year Reviews (2020/21) for the Executive cohort in June 2021. The outcomes were submitted to the National Performance Committee. The ratings for the Senior Managers cohort were also reported to the Committee in June 2021. It was acknowledged that ratings would not be as evenly distributed as in previous years as a result of the significant efforts made over the performance year in leading through the pandemic and recovery, with a higher proportion of "Superior" ratings than usual.

The recommendations of the Discretionary Points Advisory Committee for the award of discretionary points for consultants were ratified by the Committee in May 2021.

The Committee has received updates relating to the performance management arrangements for staff in both Executive and Senior Manager cohorts and has received an update on the progress with the Executive cohort Mid-Year reviews for 2021/22.

Throughout the performance year, notification has been given to the Committee of the terms of a number of Pay and Conditions of Services circulars, notably those relating to Executive and Senior Management Pay 2021-22 and the 2021-22 pay settlement.

The Remuneration Committee Self-Assessment Pack was considered in May 2021 and the Committee undertook a development training session with David Garbutt, Chair NES Board, in November 2021 on the role and function of the Committee. This session clarified the necessity for the Committee to change its chairmanship to avoid any conflict of interest arising from the Board Chair's grandparenting role for Executive cohort performance reviews. The Chair of the Committee therefore changed with the Board's Vice Chair assuming this role in January 2022.

**Membership from 1 April 2021 – 2022:**

Professor Boyd Robertson, Board Chair  
Ms Ann Clark, Board Vice Chair  
Mr Adam Palmer, Employee Director until 30 September 2021  
Ms Elspeth Caithness, Employee Director from 1 October 2021  
Mr Gerry O'Brien, Non-Executive Director from February 2022  
Mr Albert Donald, Non-Executive Director from February 2022

**In Attendance:**

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

**Attendance from 1 April 2021 – 31 March 2022:**

<b>Meeting date</b>	<b>Boyd Robertson</b>	<b>Ann Clark</b>	<b>Adam Palmer</b>	<b>Elsbeth Caithness</b>	<b>Gerry O'Brien</b>	<b>Albert Donald</b>	<b>Pam Dudek</b>	<b>Fiona Hogg</b>
04-04-21	✓	✓	✓	N/A	N/A	N/A	✓	✓
06-05-21	✓	✓	Apol	N/A	N/A	N/A	✓	✓
26-05-21	✓	✓	✓	N/A	N/A	N/A	✓	✓
28-06-21	✓	✓	✓	N/A	N/A	N/A	Apol	✓
09-08-21	✓	✓	✓	N/A	N/A	N/A	✓	✓
04-10-21	✓	✓	N/A	✓	N/A	N/A	✓	✓
01-11-21	✓	✓	N/A	✓	N/A	N/A	✓	✓
10-01-22	✓	✓	N/A	✓	N/A	N/A	✓	✓
07-01-22	✓	✓	N/A	✓	✓	✓	✓	✓
14-03-22	✓	✓	N/A	✓	✓	✓	Apol	✓

**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 good attendance at the Committee and Non-Executive Directors demonstrate the appropriate scrutiny required and delivering assurance to the Board.

In particular, the Remuneration Committee's remit includes review and approval of all Independent Review Panel recommendations associated with NHS Highland's Healing Process which was agreed in March 2020. The Committee sees anonymised recommendations and, given the inherent sensitivities, all Committee attendees adhere to the need for strict confidentiality in relation to all information from the Independent Review Panel shared with the Committee.

**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 2022

**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 – 2021-2022**

**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 2020 – March 2021**

The Staff Governance Committee has undergone significant transformation over the course of this year and also been operating under unprecedented times, with the ongoing Covid-19 pandemic.

Sarah Compton-Bishop took over as Committee Chair with effect from 1<sup>st</sup> June 2020, following the previous chair Alistair Lawton completing his maximum tenure as a NHS Highland Board Member.

Previously, our committee met 4 times per year, however, following a review with the new Chair and Lead Executive, it was decided that the committee should meet 6 times per year, and should be scheduled to fall around 3 to 4 weeks before the NHS Highland Board. This would ensure the committee could provide timely assurance to the Board and ensure there were sufficient meetings and time to consider all the relevant areas.

This increase in meetings also reflected the additional responsibilities taken on by the Staff Governance Committee, in that the Health and Safety sub-Committee moved to report directly to Staff Governance, as did the Culture Oversight Group (formally Culture Programmed Board). Remuneration Committee now reports directly to the Board.

At the same time, the Chair and Lead Executive restructured the agenda, to align to the areas of the Staff Governance Standard more closely. In addition, a “Spotlight” section was added, where at each meeting, the relevant Executive would present an update on their key people initiatives, risks and plans. This would cycle over the course of the year, to cover Argyll & Bute, Acute, Community, Corporate Services, Medical and Dental and Nursing, Midwifery and Allied Health Professionals. It was felt that this would give the Committee further insight and opportunity to understand the different areas of the organisation and their specific challenges, alongside the wider NHS Highland context.

The final change was that a structured workplan was introduced for the committee, to schedule the key topics to be covered at each meeting and provide a clear look ahead for the committee. This has been updated throughout the year, to reflect the changing agenda and priorities and also the ongoing impact of Covid-19.

It is notable that despite all of the challenges of the pandemic, including a period from March to June where committee meetings were suspended, the committee has implemented all of these changes and has met 5 times over the course of the year, which is 1 additional meeting than previous years. Minutes for all meetings have been prepared, reviewed and submitted to the Board for approval.

### **Membership for 2020–2021:**

#### Attendance 2021-2022

Members	Date of meeting					
	05/05/2021	07/07/2021	08/09/2021	10/11/2021	12/01/2022	09/03/2022
Ms Sarah Compton-Bishop (Chair)	Y	Y	Y	Y	Y	Y
Mr James Brander	Y	Y	Y	Y	N/A	
Ms Jean Boardman	N	N	Y	Y	N	Y
Mr Adam Palmer	Y	Y	Y	N/A	N/A	N/A
Mr Philip Macrae	N/A	N/A	N/A	N/A	Y	Y
Mr Albert Donald	Y	Y	Y	Y	Y	Y
Ms Elspeth Caithness	Y	Y	N	Y	Y	Y
<b>Ex-Officio</b>						
Mr Boyd Robertson	N	N	N	N	N	N
Ms Pam Dudek	Y	Y	N	Y	Y	N
<b>In Attendance</b>						
Ms Fiona Hogg	Y	Y	Y	Y	Y	Y
Ms Gaye Boyd	Y	N	Y	Y	Y	Y
Ms Etta MacKay	N	Y	Y	Y	N	Y
Ms Katherine Sutton	Y	N	N	N	Y	N
Mr David Park	N	N	N	N	Y	Y
Ms Emma Pickard	Y	Y	Y	Y	Y	N
Dr Boyd Peters	N	N	N	Y	N	N
Ms Ruth Fry	Y	Y	Y	Y	Y	Y
Mr Tim Allison	N	N	Y	Y	Y	N
Ms Heidi May	N	N	N	N	Y	N
Ms Louise Bussell	N	N	Y	Y	Y	Y
Mr Bob Summers	Y	Y	Y	N	Y	Y
Ms Jane Fowler	N	N	N	N	N	N
Ms Fiona Davies	N	N	N	Y	N	Y

### **3 Sub Groups**

**Health and Safety Sub 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 6 times per year, in the period leading up to the Staff Governance Committee, although this has been impacted by Covid-19.

**Culture Oversight Group** (formerly Culture Programme Board) acts to assure the Staff Governance Committee of the progress being made against the culture transformation agenda for the board and to highlight any key risks or issues. It has continued to meet monthly throughout the Covid 19 pandemic.

**The Highland Partnership Forum (HPF)** acts as the operational group of the Staff Governance Committee and considers the majority of agenda items prior to submission to the Committee. The HPF has also had weekly informal meetings since late March 2020 which have been well received. Reporting to HPF are further 2 sub groups: HR and Terms & Conditions. Membership of both groups include representatives from management, staffside and HR. However, due to the pandemic, meetings of both have been limited this year.

#### **4 External Reviews**

In May 2020, we reported on a culture survey in Argyll & Bute, which identified that we continue to have some colleagues who experience bullying and poor behaviours, which has led to a local action plan, culture group and also been fed into our wider culture programme.

Progress on culture, leadership and recruitment has been reviewed in a range of external committees, including the Public Audit and Post Legislative Scrutiny committee in October 2020 and in the Health and Sport Committee in January 2021.

Our Covid secure working arrangements were reviewed in a visit by the Health & Safety Executive in December 2020, who suggested some small improvements but were impressed with our arrangements and the engagement of our colleagues.

In December 2020, our Culture Programme had an internal audit, with acknowledgement of good progress and some actions being taken to improve planning and risk reporting.

#### **5 Any relevant Key Performance Indicators**

As noted below, improving data is a key focus for 2021/22. However, the committee continues to monitor key metrics across the year. This has included absence, redeployment, vacancy and turnover rates as well as statutory and mandatory training compliance rates.

The March 2020 IMatter and September 2020 Everyone Matters staff experience surveys reported good overall results in terms of support for each other and from local management, levels of engagement and how our colleagues feel about work, but acknowledging we will focus on increasing visibility of our senior leaders and having a clear direction.

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

Oversight of the progress to deliver our 2021-2 strategy and Board level vision, values and objectives will be a key part of our workplan in the coming year. This will include our culture transformation, which is aligned to the strategy and objectives.

We will be seeing an improved suite of workforce data and broader culture data and insights coming to the committee and forming part of the Staff Governance section of the Board Integrated Performance and Quality Report.

The committee will also be focusing on our workforce plans and strategy and tracking our success in identifying additional talent pipeline and role pathways for the short and longer term.

We will have an ongoing focus on tracking the progress against the action plans submitted in March 2021 to improve compliance with statutory and mandatory training requirements.

#### **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**  
**02/03/21**

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