

<p>NHS HIGHLAND BOARD</p>	<p>Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/</p> 
<p>DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)</p>	<p>26 September 2023 – 9:30 am</p>

Present

- Sarah Compton-Bishop, Board Chair
- Dr Tim Allison, Director of Public Health
- Graham Bell, Non-Executive
- Louise Bussell, Nurse Director
- Elspeth Caithness, Employee Director
- Ann Clark, Board Vice Chair, Non-Executive
- Muriel Cockburn, Highland Council Stakeholder member (from 2pm)
- Heledd Cooper, Director of Finance
- Garrett Corner, Argyll & Bute Council Stakeholder member
- Alasdair Christie, Non-Executive
- Albert Donald, Non-Executive, Whistleblowing Champion
- Pamela Dudek, Chief Executive
- Philip Macrae, Non-Executive
- Joanne McCoy, Non-Executive
- Gerry O'Brien, Non-Executive
- Dr Boyd Peters, Medical Director
- Susan Ringwood, Non-Executive
- Gaener Rodger, Non-Executive

In Attendance

- Gareth Adkins, Director of People & Culture
- Natalie Booth, Board Governance Assistant
- Stephen Chase, Committee Administrator
- Lorraine Cowie, Head of Strategy & Transformation
- Pamela Cremin, Chief Officer, Highland Health & Social Care
- Ruth Daly, Board Secretary
- Fiona Davies, Chief Officer, Argyll & Bute
- Ruth Fry, Head of Communications and Engagement
- Tracey Gervaise, Head of Operations (Item 5)
- Ian Kyle, Head of Integrated Children’s Services, Highland Council (Item 5)
- David Park, Deputy Chief Executive
- Katherine Sutton, Chief Officer, Acute
- Nicola Thomson, Gaelic Support (Item 14)
- Nathan Ware, Governance & Corporate Records Manager
- Alan Wilson, Director of Estates, Facilities and Capital Planning
- Prof. Brian Williams, Head of Health and Social Care Sciences, University of the Highlands and Islands

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting and took the opportunity to remind attendees that the NHS Highland Annual Review would take place on 29 September 2023 which staff and members of the public could attend either in-person or online.

Apologies were recorded from Catriona Sinclair, and Alex Anderson.

1.2 Declarations of Interest

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

1.3 Minutes of Previous Meetings and Action Plan

The Board **approved** the minutes as an accurate record of the meeting held on 25 July 2023.

The Board **approved** the action plan and agreed to close the five actions noted for closure.

1.4 Matters Arising

There were no matters arising.

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

The Chief Executive provided the following updates:

- The winter vaccination programme was now underway with eligible groups having been invited to attend. Public Health statistics on childhood vaccinations would be released the following week and would be used to evaluate progress compared to the previous year. The vaccination rollout had been a challenge due to the Highland geography and the required rapid acceleration of the programme to combat new variants of COVID-19. Referencing the challenges of previous years, Board members sought assurance that lessons had been learned. It was confirmed that improvements had been made despite the challenges encountered due to Highland's rural geography but continued efforts were needed to maintain these improvements, a key part of this will be applying lessons that have been learned to date.
- There were significant ongoing system pressures, particularly in unscheduled care, which had far-reaching consequences throughout the system. She thanked staff for their continued resilience, hard work, and dedication. Recruitment and workforce challenges compounded existing pressures on the system. The Executive team continued to engage with The Highland Council and other parties to improve patient flow from hospital settings. However, this was an extremely challenging situation given the Board's rural geography.
- Board members sought information about the local and national work underway to address workforce challenges. The Director of People & Culture emphasised the importance of staff taking breaks. He advised that some short-term risk management assessments were underway, and a wider review of medical staffing workforce practices continued. The Director of People & Culture advised that a range of activities were underway including the creation of non-registrant roles that would alleviate some of the pressures on registrant roles, he confirmed that the focus was longer term fixes alongside short term risk management by way of appropriately moving resources within the system to address the shortages risk and how we make better use of the workforce skills we have.
- Responding to a query whether clinical space capacity contributed to flow problems, it was advised that the balance of clinical risk with workforce capacity was a wicked problem which needed to be addressed. Just opening more beds was not the solution to the problem, as all beds needed to be safely and sustainably staffed.
- Surveys were underway to identify reinforced autoclaved aerated concrete (RAAC) on specific sites as noted on the website. This work was being overseen by NHS Assure who would provide a report within two weeks. So far, no issues had been raised from any of the surveys taken. This work was also highlighted on the website for openness and transparency.
- The public Ministerial Annual Review would take place later that week.

The Board **noted** the update.

PERFORMANCE AND ASSURANCE

3 Integrated Performance and Quality Report

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

During discussion the following issues were raised:

- Board Members were pleased that the cancer performance had significantly improved across both measures and sought clarity on the plans in place to address the predictable challenges in meeting 31- and 62-day cancer targets during January and February.
- In relation to CAMHS waiting time, it was queried at what point the target would be met and how Neuro Developmental Assessment Service (NDAS) targets would be met considering the recent increase in referrals. Clarity was also sought on whether third sector partners could be involved in advocating in a delayed discharge situation and when trajectories and forecasts would be available. The Chief Officer for Acute advised the IPQR provided detail on proposed improvements to CAMHS performance, and the waiting list initiatives and service redesign already undertaken were starting to bear fruit. Increased referrals for NDAS were contributing to system pressures, but work was underway with Highland Council and other partners to review the process. The Chief Officer for Argyll & Bute advised that work had taken place in the City of Glasgow HSCP to encourage individuals to consider options for adults with incapacity such as Power of Attorney to minimise the impact of complex discharge arrangements.
- It was queried whether the success of activities such as screening programmes could be reflected in the Board's IPQR. The Deputy Chief Executive confirmed this was under review as part of the Horizon 3 strategic plans. The Chief Officer for Argyll & Bute noted that whilst prevention was the preferred approach, it was complex and difficult to convert to tangible workstreams. Argyll and Bute IJB were partnering with an academic body to help create a methodology to demonstrate a return on preventative investment. The Director of Public Health's annual report focused on preventative measures and the Board's October development session would consider long-term conditions management.
- Board members drew attention to the range of data presented to Highland Health and Social Care Committee on smoking cessation and alcohol brief interventions which were absent from the Board report. The Director of Public Health confirmed data issues with smoking cessation linked to obtaining data from Pharmacists to accurately reflect the correct numbers. He also mentioned that whilst alcohol consumption prevention continued to be a challenge it was important to note the secondary impacts of alcohol consumption, such as obesity, high blood pressure.

The Board **Noted**:

- the content of the report and took **moderate assurance**.
- the continued and sustained pressures facing both NHS and commissioned care services.
- the addition of trajectories where available and;
- the level of performance across the system.

4 Finance Assurance Report – Month 5 Position

The Board had received a report from the Director of Finance which detailed the NHS Highland financial position at Month 5 2023/2024 and provided a forecast through to the end of the financial year highlighting ongoing service pressures. The Director of Finance proposed that Board reporting move to capturing the financial position one month in arrears. This change was partly to accommodate internal scrutiny prior to Board meetings and to acknowledge that the FRP Committee had agreed to hold monthly meetings to scrutinise the financial position.

Speaking to the report the Director of Finance confirmed an overspend of £32.650m for the period to end August 2023 forecast to increase to £55.774m by the end of the financial year. The improvement on the residual gap from the plan was due to additional funding allocations from Scottish Government. The current forecast assumed full delivery of the savings in Acute, Support Services and the HHSCP, and the significant majority of Argyll and Bute IJB's target would be achieved.

The report proposed limited assurance due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During the ongoing period of financial challenge, the development of a robust recovery plan to increase the level of assurance was required. This was being developed at pace with oversight and support from Scottish Government in line with their tailored support.

During discussion, Board members welcomed the new presentation format for the report, suggested minor revision to enhance readability and raised the following issues:

- While the Health and Social Care budget showed a break-even forecast, this was due to 2021-22 reserves rather than in-year activity. £9.823m reserves were being directed towards adult social care, and clarity was sought whether there would be any such reserves for 2023-24. The Director of Finance advised that once the 2021-22 reserves had been utilised, there would be no further reserves to support future years.
- Responding to a question about the nature of the Scottish Government tailored support, it was confirmed that Alan Gray, former NHS Grampian Director of Finance, had been working closely with the Board in providing additional scrutiny and challenge. Scottish Government had provided comparative benchmarking data to assist in driving additional savings which included utilising digital solutions in line with the proposed benefits that were identified in original business cases; reinforcing carry-over of annual leave policies that had been relaxed due to the pandemic and review on the number of non-clinical roles and tightening vacancy control procedures. The support had enabled the Board to focus on known efficiencies e.g. locum/agency staff, drugs and prescribing spend.
- Board members highlighted that, whilst challenging, the recurrent savings made to date had been significant and queried progress with discussions with The Highland Council for next year's budget. The Director of Finance advised that the budget setting process would begin shortly, however initial informal discussions had taken place.

The Board:

- **Agreed** to reporting the financial position one month in arrears.
- **Noted** the update and **discussed** the content of the report and;
- Took **limited assurance** from the report.

The Board took a short break at 11.17am and the meeting resumed at 11.30am

5 Highland Integrated Children's Service Plan

The Board had received the Highland Integrated Children's Service Plan by the Nurse Director and Director of Public Health. The report provided an overview of the Highland Community Planning Partnership Integrated Children's Services Plan 2023 – 2026 (HICSP). The HICSP was highlighted and approved at the Highland Health and Social Care Committee meeting in August 2023. The Board were invited to take a moderate level of assurance, note and provide comment on the HICSP.

Speaking to the circulated plan, the Director of Public Health highlighted the statutory requirements and explained the HICSP priority themes. Work had been ongoing to ensure services had appropriate planning, governance, and monitoring structures in place. Progression would continue to integrate NHS Highland's Annual Delivery Plan, as well as Strategy 'Start Well' and 'Thrive Well' components to the HICSP 2023-26. Positive feedback had been noted from the HICSP launch event which had been held in Inverness and was very well attended.

During discussion the following issues were raised:

- Board Members sought clarity on the evaluation of the plan and whether this included feedback from service users. It was confirmed that a performance management framework would evaluate the HICSP based on detail from the previous Joint Strategic Assessment. A paper would be circulated to the Integrated Children Services Planning Board to review progression. A

participation strategy had also been developed to provide a mechanism for engagement with children, young people, and families.

- A review of the governance structure was progressing to ensure statutory requirements continued to be met in line with our lead agency arrangements.
- Board Members queried what challenges or opportunities were flagged up as part of the strategic needs assessment. The Head of Operations for Women & Children advised a life course approach had been taken to assist with several mechanisms in place to support families especially with increased child poverty; there was a neo-natal expenses fund, a live chat system had been implemented within sexual health services; and there had been a 300% increase in engagement with young people.
- Board Members sought clarity on nutrition and obesity levels not being explicitly referenced in the needs assessment and asked what assumptions had been made to come to the confirmed minimum level of performance. The Director of Public Health confirmed that nutrition policy must be viewed holistically from 'farm to fork' and whilst it was a priority it had cross-cutting themes with other areas in the assessment as a societal issue. He also advised that utilising a solid assurance and governance framework would provide clarity on what was being achieved and what the next steps would be; updates would come back to Board in due course.
- Board Members also sought clarity on how the plan would be articulated in a way that is easily understandable. The Head of Children's Integrated Services – Highland Council advised that this was the 6th iteration of the plan and feedback from previous plans had been used.

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

6 Leadership and Culture Programme

The Board had received a report by the Director of People and Culture that described a framework to be used to develop leadership capabilities and behaviours and ensure consistency with organisational values and culture. The Board was invited to review and approve the refreshed approach to the leadership and culture programme. The report proposed the Board take a moderate level of assurance as recommended by the Culture Oversight Group.

During discussion, Board members welcomed the progress being made and recognised this was an ongoing piece of work with long-term benefits. The following issues were raised:

- Board members asked if there was potential for an increase in investment arising from the proposal. The Director of People and Culture advised that the initial focus for delivery of the plan would require strategic deployment of existing resources. Any additional investment would need to involve a cost/benefit analysis, further discussion with the Executive group and a clear plan moving forward.
- The Employee Director welcomed the positive engagement from the Director of People and Culture with partnership colleagues. She welcomed the focus of the proposals, looked forward to seeing the momentum build, and the refreshment of partnership networks for staff.
- Board Members sought assurance as to how new leaders coming from non-leadership roles would be supported. The Director of People & Culture noted that modules within the Leadership and Culture Programme required review to focus on leadership earlier in career development. This would provide more support and strengthen skillset if communicated effectively.
- The Chair queried the communication of the refreshed approach and sought clarity on how colleagues could take forward the programme alongside ongoing responsibilities. The Director of People and Culture advised the need for broad communication highlighting the programme's benefits, he also mentioned that the Performance Management Framework would have a key operational role to play.

The Board:

- **Noted** the content of the report and took **moderate assurance**, and
- **Agreed** the proposal with further work required to fully detail the plans as set out in Appendix 1.

7 Whistleblowing Standards Assurance Reports

7a Whistleblowing Annual Report 2022-23

The Board had received a report by the Director of People and Culture detailing the Annual Report required by the Independent National Whistleblowing Officer (INWO) including the ten mandatory Key Performance Indicators. The Board was invited to take moderate assurance due to the improvements that were still to be progressed.

The Director of People and Culture highlighted that the report had been considered by both the Area Partnership Forum and the Staff Governance Committee. In total, five concerns had been closed during the last financial year relating to patient safety and quality. One case was upheld, two partially upheld and two not upheld.

During discussion the following issues were raised:

- Whistleblowing should be a last option and the Director of People and Culture commented on the specific criteria to qualify a concern being categorised as a whistleblowing matter. The triaging process for addressing concerns should be made part of 'business as usual' processes.
- A bank of senior managers would be identified to carry out the necessary investigations and be approachable to staff with concerns.
- The Nurse Director suggested feedback such as 'You Said, We Did' could help people understand how an issue had been resolved which could prevent escalation through the whistleblowing process.
- Early resolution was one of the key aims in addressing concerns which would ultimately close process loops. This would give staff confidence their concerns were being addressed appropriately.
- B Donald referred to the recent Whistleblowing 'Pause & Reflection' session held for Board Members which had been useful in taking stock of progress made.

The Board took **moderate assurance** from the report and **noted** the content provides confidence of compliance with legislation, policy and Board objectives.

7b Whistleblowing Q1 Report 2023-24

The Board had received a report by the Director of People and Culture detailing the Whistleblowing Standards report for Quarter 1 covering the period April - June 2023. The Board was invited to take moderate assurance due further implementation of the final audit action.

The Board took **moderate assurance** from the report and **noted** that the content provides confidence of compliance with legislation, policy, and Board objectives.

8 Anchors Strategic Plan Development

The Board had received a written report by the Deputy Chief Executive which advised that as part of the NHS Scotland Delivery Plan guidance of February 2023, Boards were asked to develop an 'Anchors Strategic Plan' by 27 October 2023. The Anchor Strategy would be a three-year plan to help Scottish Government understand both the current position of NHS Boards as Anchor institutions and the additional support that could be provided at national level. The Board was invited to take substantial assurance, and note progress made in developing the Anchors Strategic Plan.

Speaking to the report, the Head of Strategy & Transformation clarified that the Anchors Strategic Plan would come to the November Board Meeting once approved by Scottish Government.

During discussion the following issues were raised:

- Responding to a query from the Board Chair about the purpose of the plan, the Head of Strategy and Transformation advised that it would complement the Annual Delivery Plan (ADP) and would be integrated with other work throughout the organisation.
- Board Members noted the importance of embedding the plan at a local level linking in with other anchor and third sector organisations. The Director of People & Culture advised that he would be working on the employability element of the plan to identify the gaps.
- Board Members identified that both NHS Highland and The Highland Council would be developing similar Anchor Strategies. Development of the Strategy should therefore be an item for the Community Planning Board to consider. In response, the Chief Executive also confirmed that she would continue to discuss the community planning element as part of her ongoing discussions with other public body Chief Executives.

The Board:

- Took **substantial assurance** from the report and;
- **Noted** the content of the report and progress made in developing the Anchors Strategic Plan.

The Board took a lunch break at 1.08pm. The meeting reconvened at 1.40pm.

9 Public Bodies (Joint Working) (S) Act 2014 – Annual Performance Reports

9a Highland Health and Social Care Partnership

The Board had received a report by the Chief Officer Highland Health and Social Care Partnership providing an overview of performance at both Highland Health and Social Partnership (HSCP) and national levels. The report detailed key performance achievements and the Board was invited to take substantial assurance and approve the Annual Performance Report.

Speaking to the report, the Chief Officer advised it provided good examples of the service delivery across integrated adult and children's services on behalf of lead agencies. The report had already been considered by Highland Health and Social Care Committee and would be considered later that week by the Joint Monitoring Committee.

During discussion the Chair of Highland Health and Social Care Committee reflected on the thorough discussion held on the annual report at the last Committee meeting. It was helpful to see the performance information and welcomed the improvements made to the layout. He believed the report to be an honest and balanced account providing evidence of where good progress had been made and where improvements were necessary.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Approved** the Annual Performance Report for the Highland Health and Social Care Partnership for 2022-23.

9b Argyll & Bute Health & Social Care Partnership

The Board had received a report by the Chief Officer, Argyll and Bute Health and Social Care Partnership to detail the progress of the Joint Strategic Plan (2022-2025). The report provided performance data figures at both Health and Social Partnership (HSCP) and Scotland level from the three previous calendar years. The Board was invited to take substantial assurance from the report and note the Annual Performance Report.

Speaking to the report, the Chief Officer advised the report had been approved at the IJB on 31 May 2023. The Argyll and Bute IJB Vice Chair advised the report provided a helpful summary of the position and the activity that consistently took place during the period of the report. He paid tribute

to the strength of the leadership team in pursuing improvements and acknowledged the demographic challenges in Argyll and Bute.

The Board:

- Took **substantial assurance** from the report in that it gave confidence of compliance with legislation, policy, and Board objectives, and
- **Noted** the Argyll & Bute HSCP Annual Performance Report 2022/23.

10 Winter Preparedness

The Board had received a report from the Chief Officer, Highland Health and Social Care Partnership highlighting that planning had commenced for the potential impact of winter on staff and services with specific actions being taken through the Winter Ready Action Plan. The report explained that governance and escalation processes would be finalised to monitor impacts and responses to issues that might arise. The Board was invited to take limited assurance from the report and to consider the Winter Ready Action Plan.

Speaking to the report, the Chief Officer advised that limited assurance was being offered due to the requirement to increase capacity and ensure the workforce was made available to support delivery in Care at Home, Care Homes and Community Hospitals to support the projected response. All actions would be put in place to reduce the impact of the anticipated system pressures, however, this might not be sufficient to avoid periods of intense system pressure over the winter period.

During discussion the following issues were raised:

- Board Members queried the level of assurance being proposed as limited and felt this was low given the efforts and considerable amount of work that had been undertaken in preparing an adequately robust process for the winter period which was extensively noted in the report. They also mentioned that whilst happy to accept limited assurance they asked for updates on the plan at future meetings. The Chief Officer for HSCP confirmed discussions took place with the Head of Strategy and Transformation and the Chief Officer for Acute around the level of assurance proposed and the consensus was to offer limited assurance based on the performance challenges being faced leading into the winter pressure period; this could be reviewed moving forward.
- Responding to a query about staff wellbeing, vaccination and evaluation of 'Project Wingman', the Director of People & Culture confirmed that a review of Project Wingman was underway to seek assurance on its effectiveness. The Chief Officer confirmed that scenario testing was ongoing with the Operational Pressures Escalation Level (OPEL) system which was expected to be in place at the beginning of winter. The Head of Strategy & Transformation confirmed that there were 38 key indicators that form the OPEL status but part of the process would involve identifying five or six key indicators and closely monitoring them.
- The Head of Communications and Engagement advised that social media was a good communication medium, and that the organisation needed to engage with individuals at the point when they engage with our services rather than background messaging.
- In response to a question around vulnerable members of the population the Chief Officer for Argyll and Bute suggested that anticipatory care could be implemented quickly as those with long term conditions are already receiving care.
- The Chief Officer for Acute also provided assurance that all datix entries were reviewed weekly by the Associate Nurse Director and Deputy Medical Director to ensure staff were supported as part of any adverse incidents that had occurred.
- The Chief Executive confirmed that a further update on Winter Preparedness would come to a future Board Meeting.

The Board:

- **noted** the evidence provided that detailed the specific actions being put in place through the Winter Ready Action Plan to support staff & services and;

- Took **limited assurance** from the report in terms of compliance with legislation, policy and Board objectives.

CORPORATE GOVERNANCE

11 Corporate Risk Register

The Board received a report by the Medical Director that provided the Board with an overview from the NHS Highland Board risk register, awareness of risks that were being considered for closure or additional risks to be added.

Speaking to the report, the Medical Director advised that some milestones were included in terms of what the actions around the risks were. In response to a Board Members question around the milestones the Medical Director noted he would review Risk 1101 which had been updated as 'ongoing' rather than providing a specific date.

The Board:

- Took **substantial assurance** from the report in terms of compliance with legislation, policy and Board objectives.
- **Examined** and **considered** the evidence provided and provide final decisions on the risks that recommended to be closed or added; and
- **Noted** that the risk management process with alignment to the strategy would be presented to the next Board meeting.

12 Audit Committee Annual Report 2022-23

The Board had received a report by the Board Secretary detailing the Audit Committee Annual report covering the period 1 April 2022 to 31 March 2023.

The Board took **substantial assurance** and **noted** the Audit Committee Annual Report 2022-23 which was approved by the Committee in July 2023.

13 Board and Committee Meetings timetable 2024

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

During discussion, the Audit Committee Chair confirmed some changes to the March and April dates were still being considered for that Committee. Requests were also made for inclusion of 2024 meeting dates for the Endowments Committee and Argyll and Bute IJB. Furthermore, report showed a clash on 3 September 2024 between the Audit and Staff Governance Committees which required to be rectified.

The Board:

- Took **substantial** assurance, and
- **Approved** the Board and Committee meetings timetable for 2024 subject to the adjustments to be made as discussed and presented to the next meeting of the Board.

14 Approved Gaelic Plan 2023-2028

The Board had received a paper that detailed the approved Gaelic Plan 2023-2028 to enable implementation. The report noted that Gaelic Plans were a legal requirement and would be included in NHS Highland strategic outcomes under the 'Nurture Well' theme. The Board was invited to take moderate assurance, note the approval and circulate with Department Heads to engage proactively with the plan.

Speaking to the report the Gaelic Advisor added that a formal launch of the plan would need to take place within 3 months of the Plan being approved. Positive feedback had been received relating to the provision of Gaelic language classes. Work would need to take place around identifying the time and resources to implement the high level aims along with an effectiveness review of the Gaelic Implementation Group by key individuals.

The Board took **moderate assurance** and **noted** that the Gaelic Plan 2023-28 had been approved by Bòrd na Gàidhlig on 5th September 2023.

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

a) Finance, Resources and Performance Committee draft minute of 8 September 2023

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

b) Highland Health & Social Care Committee draft minute of 30 August 2023

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

c) Clinical Governance Committee draft minute of 31 August 2023

The Committee Chair drew the Board's attention to discussions around overall recruitment challenges; the continued pressure communities faced accessing Dentistry, and the increase in NDAS referrals as discussed earlier in the Board Meeting.

A Clark clarified that the questions she posed around patient safety and quality were not intended to challenge the performance of the Emergency Department but rather she had sought assurance that the governance arrangements were sufficiently robust. It was agreed there would be a small adjustment to the draft minutes of the meeting on 31 August 2023 to clarify the points raised.

d) Area Clinical Forum draft minute 31 August 2023

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

e) Audit Committee draft minute 5 September 2023

The Committee Chair spoke to the circulated minute and drew the Board's attention to the discussions around the internal audit reports on communications and property transaction monitoring. She also mentioned that it was proposed the February 2024 meeting be a development session to cover of Counter Fraud Services.

f) Staff Governance Committee draft minutes 6 September 2023

The Committee Chair drew the Board's attention to the discussions around Statutory/Mandatory training and confirmation that a Short Life Working Group would be set up to drive forward improvements. She also referenced the letter from Scottish Government around the Lucy Letby case and confirmed the minutes had clearly identified the proposed approach.

g) Argyll & Bute Integration Joint Board 30 August 2023

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

16 Any Other Competent Business

The Board's Environment and Sustainability Champion highlighted that this week was Climate Week. She noted that some informational items were in Raigmore & Belford Hospitals where staff

were encouraged to log their active travel to work and take part in a staff health walk that would take place twice per week.

Date of next meeting

The next full meeting of the Board will be on 28 November 2023 at 9.30 am.

The meeting closed at **3.10pm**

Draft

NHS Highland



Meeting: NHS Highland Board
Meeting date: 28th November 2023
Title: Integrated Performance and Quality Report
Responsible Executive/Non-Executive: David Park, Deputy Chief Executive
Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to:

Quality and Performance across NHS Highland

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

The NHS Highland Board Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance and quality based on the latest information available.

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

The IPQR performance overview section has been revised to review ADP targets/trajectories as well as the national targets set by Scottish Government. This will bring us more in line with the Blueprint for Good Governance recommendations. Moving forward patient/population feedback will be incorporated as this is also part of the Blueprint.

2.1 Situation

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

2.2 Background

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

2.3 Assessment

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

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

The Board IPQR, of which this is a subset, gives a summary of our related performance indicators relating to staff governance across our system.

3.3 Financial

Financial analysis is not included in this report.

3.4 Risk Assessment/Management

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

3.5 Data Protection

The report does not contain personally identifiable data.

3.6 Equality and Diversity, including health inequalities

No equality or diversity issues identified.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document.

3.9 Route to the Meeting

Through the relevant Governance Committees.

4 Recommendation

The Board is asked:

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

4.1 List of appendices

The following appendices are included with this report:

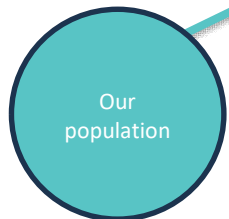
- Integrated Performance and Quality Report – November 2023



Together We Care
With you, for you

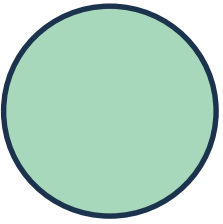
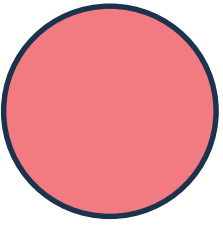
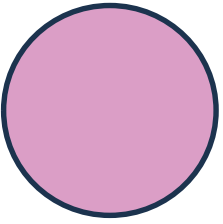
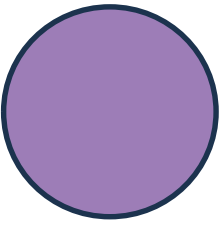
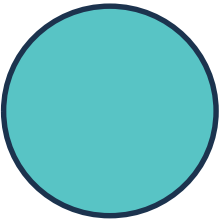
Integrated Performance & Quality Report

NHS Highland Board 28 November 2023



Contents





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Executive Summary of Performance

Area	Current Performance	ADP Trajectory Met	Performance Rating	National Target	National Target Met/Not Met
Drug & Alcohol	88.2%	No ADP target	Improving	90%	Not Met <5%
CAMHS	73.7%	New target agreed	Improving	90%	Not met >10%
Emergency Access	80.8%	No ADP target	Stable	95%	Not met >10%
Treatment Time Guarantee	62.9%	ADP trajectory met but long waits not met	Decreasing	100%	Not met >10%
Outpatients	56.9%	ADP trajectory met but long waits not met	Decreasing	100%	Not met >10%
Diagnostics - Radiology	74.4%	Met	Improving	80% (Mar 24)	Not met <10%
Diagnostics – Endoscopy		Met	Improving	80% (Mar 24)	Not met <10%
31 Day Cancer Target	96.3%	Met	Variation	95%	Met
62 Day Cancer Target	83.1%	Met	Variation	95%	Not Met <10%
Psychological Therapies	75.4%	New target agreed	Decreasing but new target agreed*	90%	Not met >10%

Guide to Performance Rating

-  Improving is 2/3 months of improved performance
-  Stable if no improvement or decrease has been seen
-  Decreasing – 2/3 months of decreased performance
-  Variation – Inconsistent pattern of performance

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



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Exec Lead
Dr. Tim Allison,
Director of Public
Health

Vaccination Performance

Progress Made

- The autumn COVID and 'Flu vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. This programme is designed to reach those more at risk of illness.
- As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children have been transferred from general practice delivery to Board delivery.

Next Steps

- COVID vaccination rates for the autumn programme are broadly similar to the Scottish average. There has been some difference between boards in how groups are prioritised but these will even out as the programme progresses. In addition to uptake rates it is important that the quality and accessibility of the vaccination programme are improved.

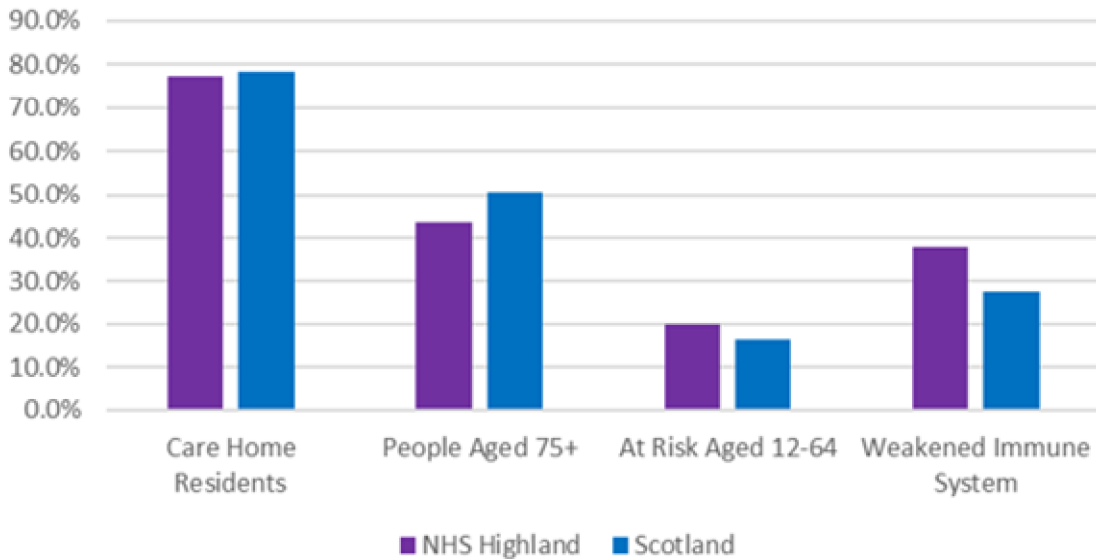
Timescale

- Ongoing

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

Latest Performance	32.8%
ADP Trajectory Agreed	n/a
ADP Trajectory	n/a
Performance Guide	Just commenced
National Benchmarking	34%
National Target	n/a
National Target Achievement	n/a

COVID Vaccine Uptake at 29/10/23



Comparative Covid vaccine uptake for all eligible people at 29/10/23:

NHS Board	Covid
Ayrshire & Arran	39.1%
Dumfries & Galloway	49.5%
Fife	23.3%
Grampian	37.3%
Highland	32.8%
Tayside	33.3%



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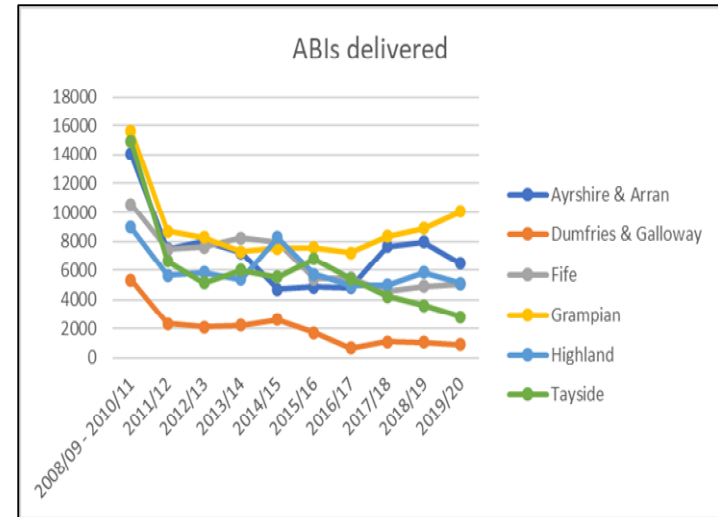
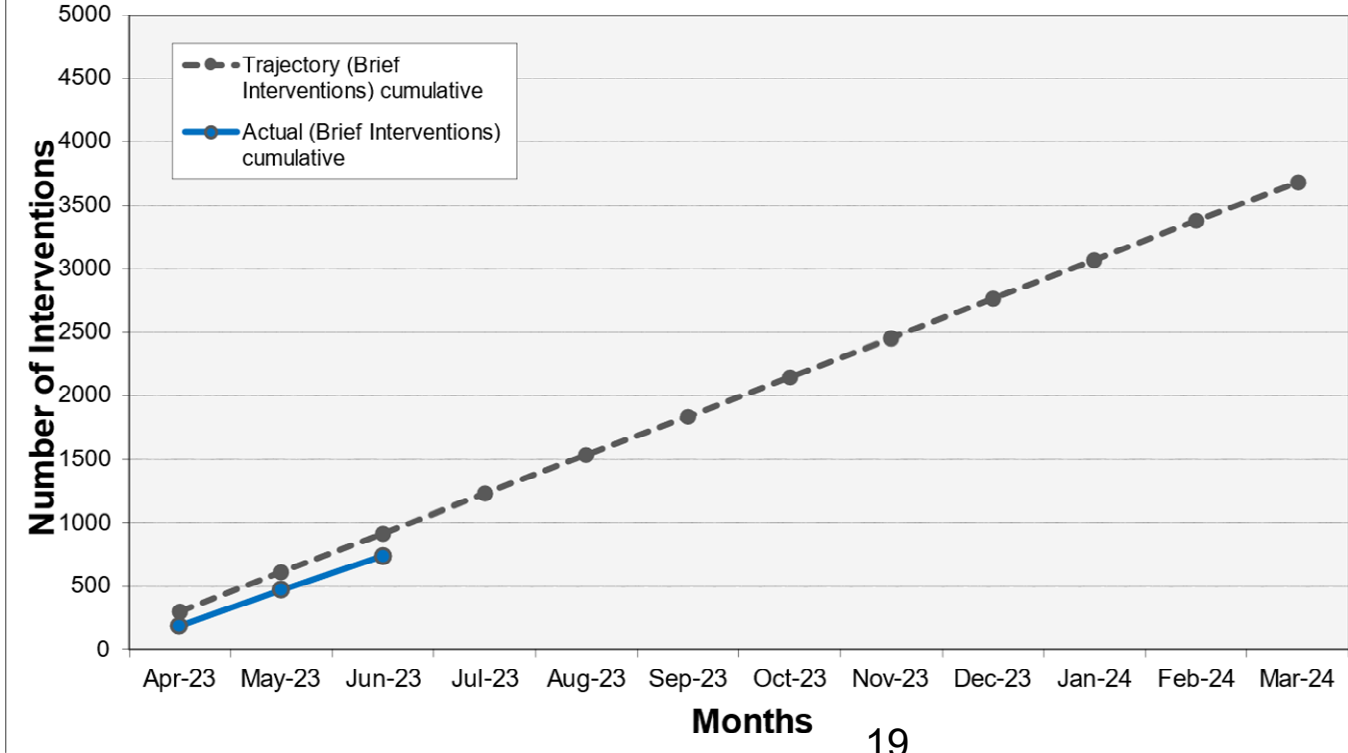
Exec Lead
Dr. Tim Allison,
Director of Public
Health

Alcohol Brief Intervention Performance

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> ABI training calendar available on Turas for 2023/2024 with courses being well attended; 87 participants in 13 deliveries to date. Communications Plan to promote courses being applied. First draft of updated Locally Enhanced Service submitted to LMC in October. 	<ul style="list-style-type: none"> Small test of change to improve Wider Settings reporting near completion. Form is out to test with teams (x2). Share this and training details with previous ABI participants in November. 	<ul style="list-style-type: none"> Review end December.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	Total numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below target
Performance Rating	Stable
National Benchmarking	Below average
National Target	n/a
National Target Achievement	n/a

NHS Highland - Alcohol Brief Interventions 2023/24 Q1





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Exec Lead
Dr. Tim Allison,
Director of Public
Health

Smoking Cessation Performance

Progress Made

- The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 213 successful quits were achieved up to March 2023 at 12 weeks in the 40% most deprived with a further 170 successful 12 week quits outwith the 40% most deprived areas. Around 670 4 week quits were lost to follow up or missing – SOPs will mitigate this.
- Standard Operating Procedures (SOPs) for both Community Pharmacy and shared-care (shared-care between Community Pharmacy and Specialist Smoking Cessation Adviser) to improve the quality of data and outcomes – awaiting final approval from Pharmacy Committee
- Online and face to face training developed for Community Pharmacies
- Recruitment has taken place for a significant number of vacancies and training nearly completed (4 months to train new advisers)
- 'Deep dive' into smoking cessation data completed.

Next Steps

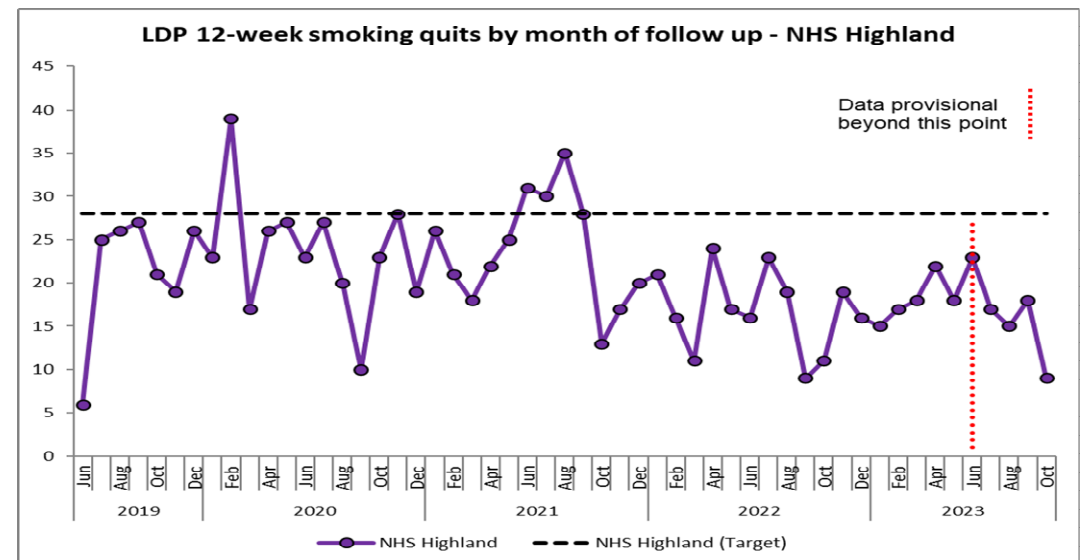
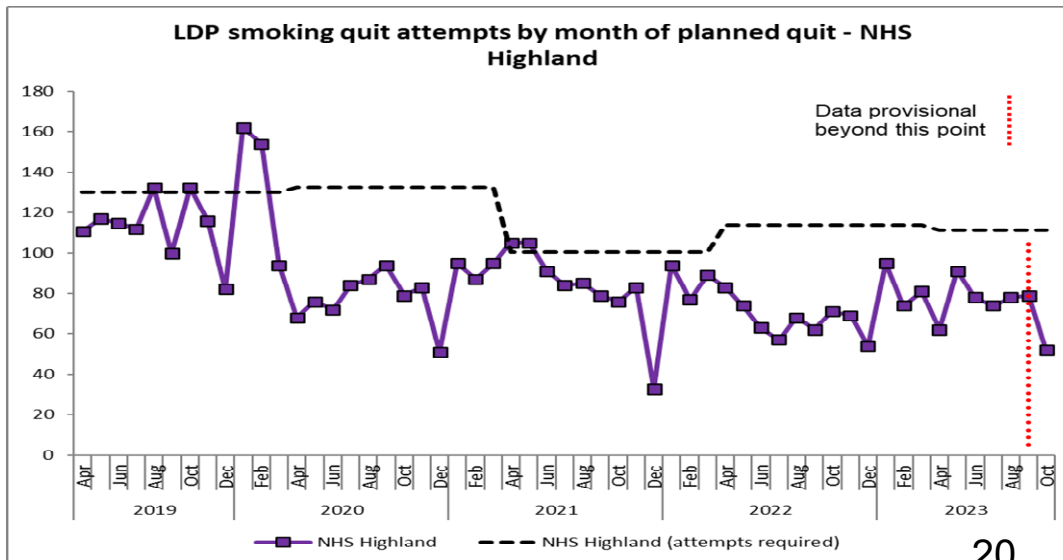
- Develop a communications and engagement plan to re-establish links with GP's, the community pharmacists and the community.
- Regular meetings every 2 months with community pharmacy colleagues.
- Delivery of training and SOP's to community pharmacists.
- Mapping of smoking cessation services to NICE guidance.
- Review of Smoking Cessation Services in Scotland.

Timescale

- Review end of March 2024

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

Latest Performance	Total numbers not available
ADP Trajectory Agreed	Yes
ADP Trajectory	Below target
Performance Rating	Decreasing
National Benchmarking	n/a
National Target	n/a
National Target Achievement	n/a





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Exec Lead
Pam Cremin
Chief Officer, HHSCP

Drug & Alcohol Waiting Times

Progress Made

- Waiting times have continued to reduce across North Highland ADP with current data demonstrating North Highland ADP is achieving national standard.

Next Steps

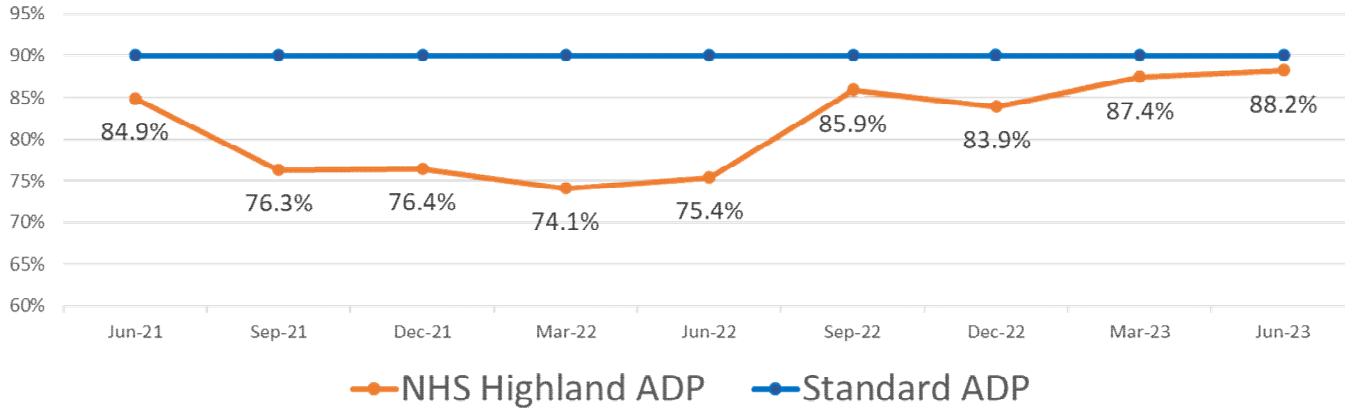
- A quality improvement approach to reducing waiting times continues and all locality-based drug and alcohol services have plans in place aimed at meeting RTT standard.

Timescale

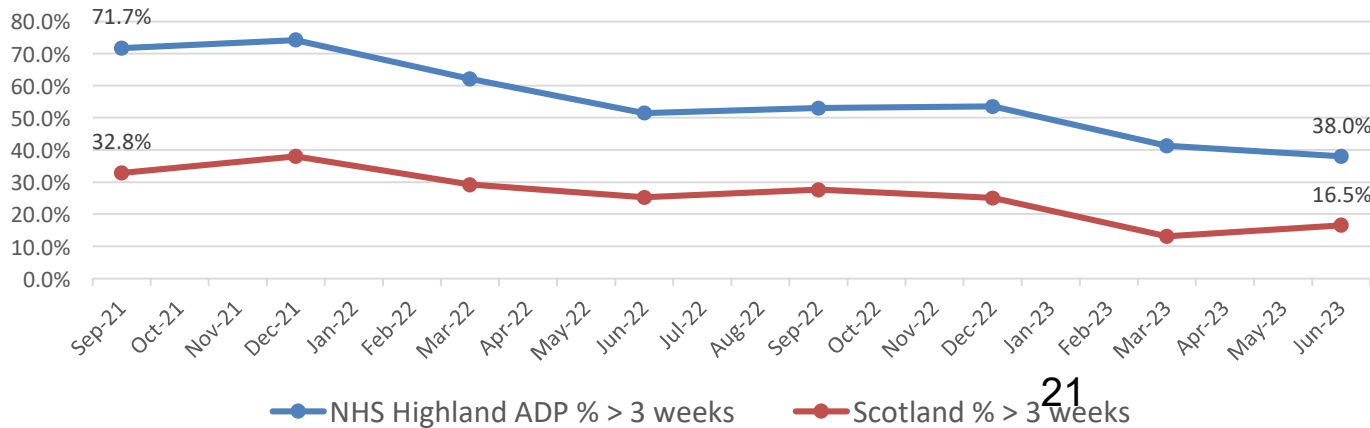
- Achieved & being monitored in North Highland.

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Stay Well	
Latest Performance	88.2%
ADP Trajectory Agreed	Not agreed
ADP Trajectory	Not applicable
Performance Rating	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	90% in 3 weeks or less
National Target Achievement	Not Met <5%

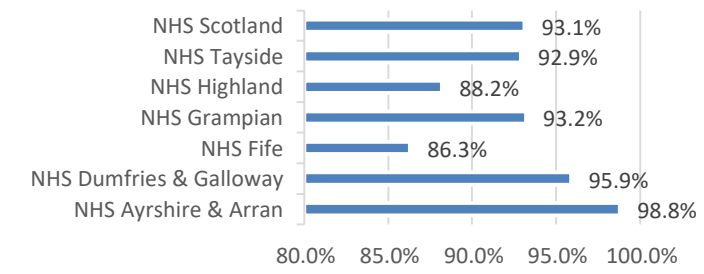
Completed waiting times: NHS Highland performance against standard - % waited 3 weeks or less



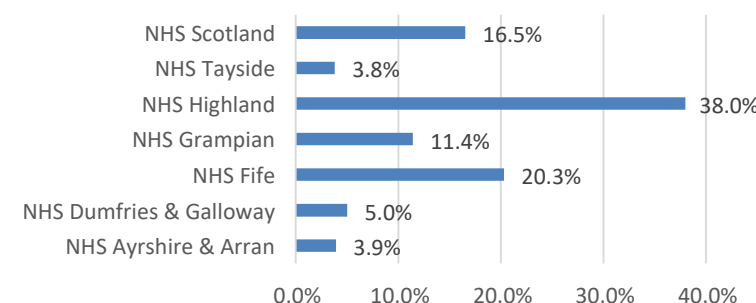
% Ongoing Waits at quarter end waiting more than 3 weeks



Percentage of completed community referrals with a 3 week wait or less



Percentage of Ongoing Waits at quarter end waiting 3 weeks or longer





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Child & Adolescent Mental Health Services

Progress Made

- Implementation of more robust clinical activity recording and performance management.
- Appointment of Snr Service Manager along with senior psychology and nurse manager appointments augmenting leadership and management capacity. Increase in substantive clinical capacity substantive appointments to nursing and psychiatry. Service no longer relies on agency nurse staff.

Next Steps

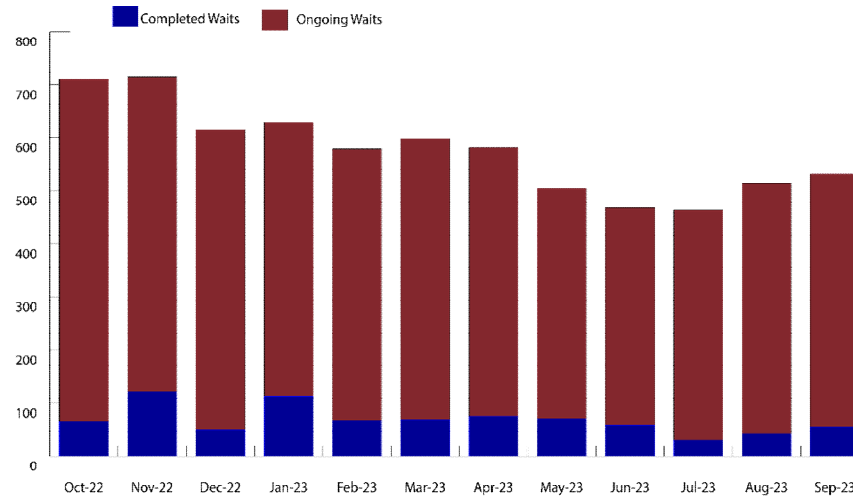
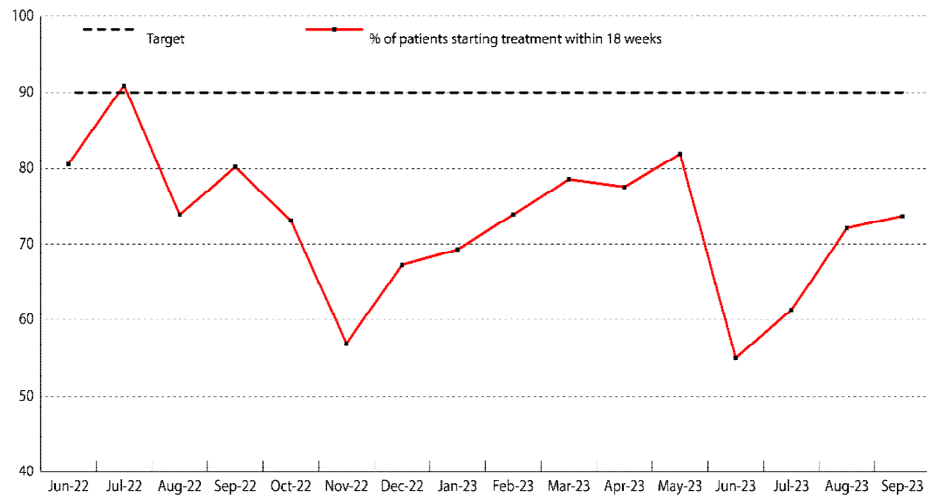
- International recruitment for significant psychology vacancies from within budget.
- Ongoing recruitment to substantive posts, additional nursing and psychiatry staff looking for employment.
- Workforce diversification whilst protecting discipline specific critical floor
- Diversification of intervention models to more group-based delivery

Timescale

- Trajectories set to March 2024.
- A total of 474 children and young people are waiting to be seen of which 255 have waited over 18 weeks and 219 under 18 weeks with the longest wait being over 3 years.

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

Latest Performance	73.7%
ADP Trajectory Agreed	New target
ADP Trajectory	Dec 23 Board
Performance Rating	Improving
National Benchmarking	Lower than Scottish Average <5%
National Target	90%
National Target Achievement	Not Met >10%



Selected Time Period: August 2023

(click on a circle in timetrend to change the selected time period)

Region	Percentage
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Western Isles	100.0%
NHS Ayrshire & Arran	97.6%
NHS Greater Glasgow & Clyde	91.1%
NHS Grampian	89.2%
NHS Highland	72.1%
NHS Lothian	71.7%
NHS Fife	71.2%
NHS Tayside	51.9%
NHS Dumfries & Galloway	49.1%
NHS Lanarkshire	47.8%
NHS Forth Valley	43.9%
NHS Borders	33.3%

Scotland Target



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Neurodevelopmental Assessment Service

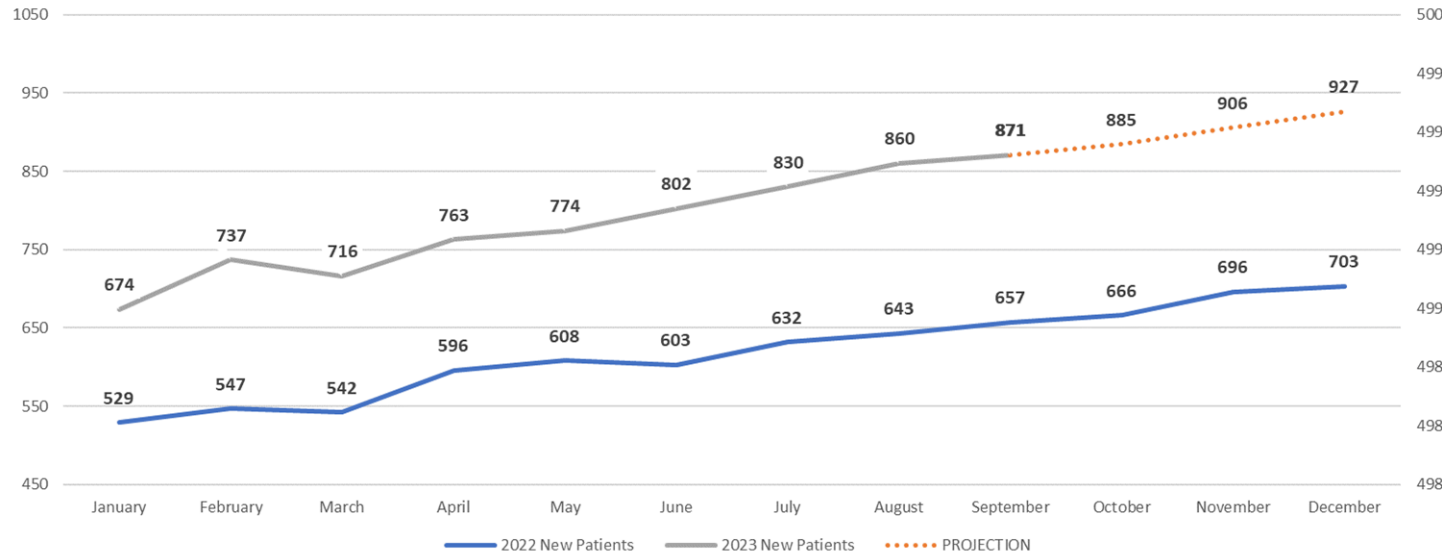
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Integrated Children's Service Board sub group established (including 3rd sector and education) to ensure strategic implementation of the National ND Specification, implementation of change plan across the whole system and ensuring family voice is central to service design. Longest waits have started to reduce since clinical psychologist commenced. Early conclusion pathway for infants to the age of 6 years which is helping. SG Test of Change funded project providing ND Support Practitioner support to schools/families pre-referral has evaluated well 	<ul style="list-style-type: none"> Clinical lead to be advertised for recruitment. Engagement with named persons in health and education to managed the flow to the "front door." Consolidate the HUB team through redistribution of resource and reprioritisation of Job Plans. 	Not defined

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

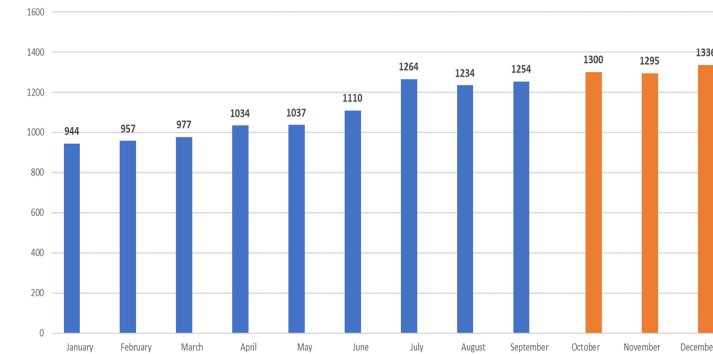
Currently there is a waitlist of 871 patients classed as 'new awaiting their first appointment', however with a further 267 awaiting triage and 116 patients with ongoing assessments so a case load of 1254 patients. We are now seeing the impact of the Covid Pandemic where social isolation at critical stages of the development of young infants is resulting in increased levels of developmental delay are now contributing significantly to the increase in referrals to NDAS. These have risen from 28/month in 2019 to 155/month in July 2023.

Targets need to be agreed with regards to NDAS

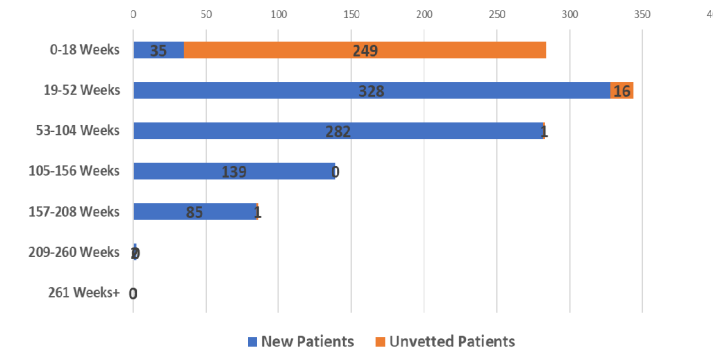
New Patients waiting first appointment 2022 v 2023



New + Return + Unvetted 2023 Projection



New + Unvetted Patients awaiting first appointment





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Emergency Department Access

Progress Made

- Redirect / Reschedule Where appropriate
- Streaming ED and minors flow
- Early SDM input to patient pathway
- Accelerated investigations and results
- Alternate admission pathways
- Prompt speciality input when needed
- Extended Phased Flow in progress
- SAS Safe handover at Hospital in place with 50% reduction in waits >60mins
- Direct admitting rights to ED in place
- Care home support from FNC commenced

Next Steps

- Optimisation of FNC dispositions
- Data collection for speciality reviews

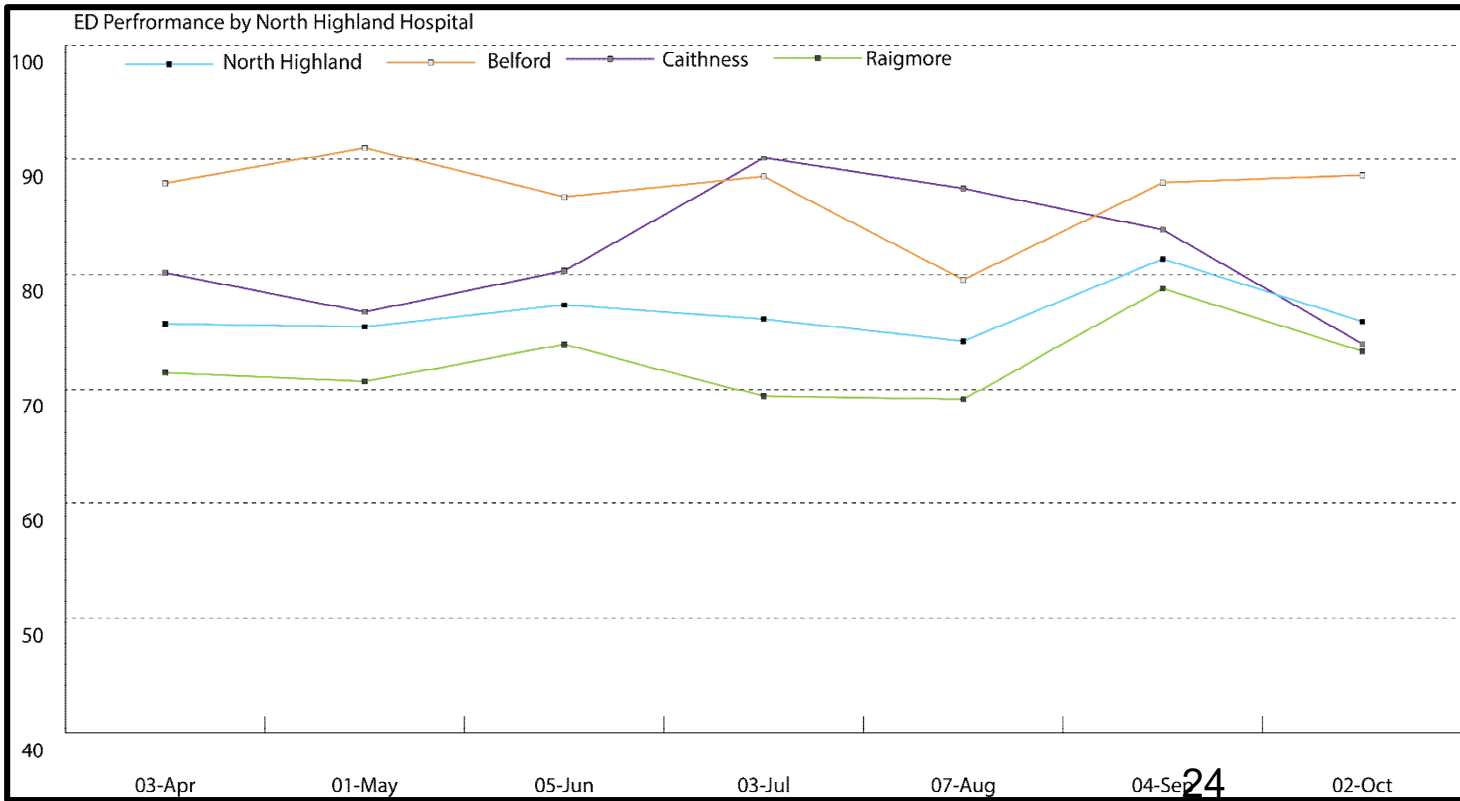
***12 hour breaches and SAS turnaround times will be included as we move into U&USC Target Operating Model and key indicators will be included for January Board meeting from this**

Timescale (by 30th Nov 23)

- Improve the 4-hour access standard by optimising patient flow in MIU, increasing Flow Group 1 performance from 90% to >95% (currently 91%)
- Optimise patient flow by using Phased Flow to increase proportion of patients moved from ED before 1pm and improve Flow Group 3 performance from 30% to 50% (currently 40%)

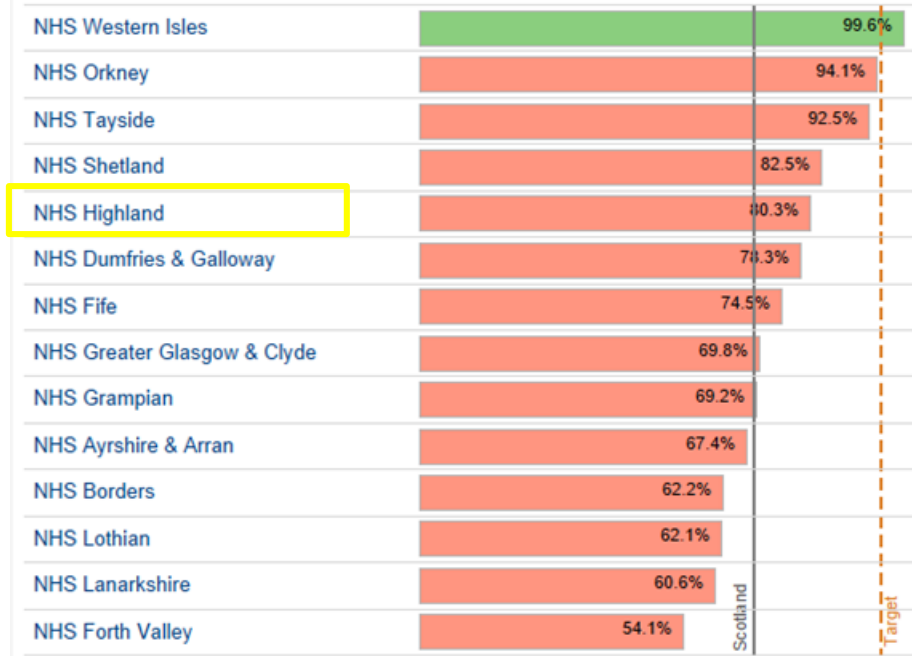
PERFORMANCE OVERVIEW
Strategic Objective: Our Population
Outcome Area: Respond Well

Latest Performance	80.3%
ADP Trajectory Agreed	No ADP Target
ADP Trajectory	n/a
Performance Rating	Stable
National Benchmarking	Higher than Scottish Average >5%
National Target	90%
National Target Achievement	Not Met <10%



Selected Time Period: October 2023

(click on a circle in timetrend to change the selected time period)





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Treatment Time Guarantee

Progress Made

- Cumulative activity target met.
- Patient Hub live in certain specialties and being rolled out.
- Ongoing development of theatre scheduling tool (InFix).
- Ongoing development of upgraded theatre management system (Aqua).
- Group established review and improved theatre efficiency across all NHS sites.

Next Steps

- Communicate need for adherence to Local Patient Access Policy.
- Need to improve standard work for booking practice.
- Implement InFix.
- Develop and implement Aqua across all sites in NHS.

Timescale

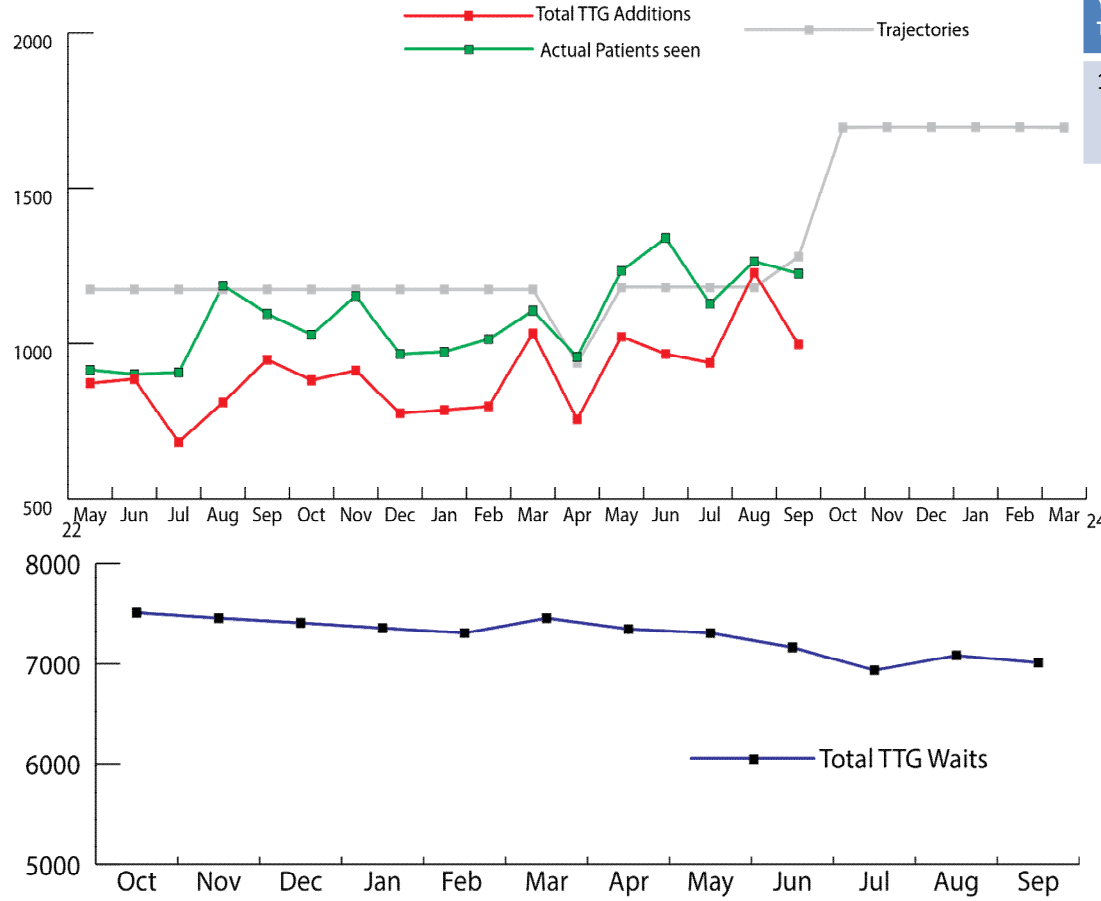
- Theatre scheduling tool implementation – Nov23
- Aqua to go-live – Dec23
- Coded lists – Mar24
- Patient Hub rolled out Mar24

It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted

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

Latest Performance	62.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met for trajectories but not for long waits
Performance Rating	Decreasing
National Benchmarking	Lower than Scottish Average
National Target	100%
National Target Achievement	Not Met >10%

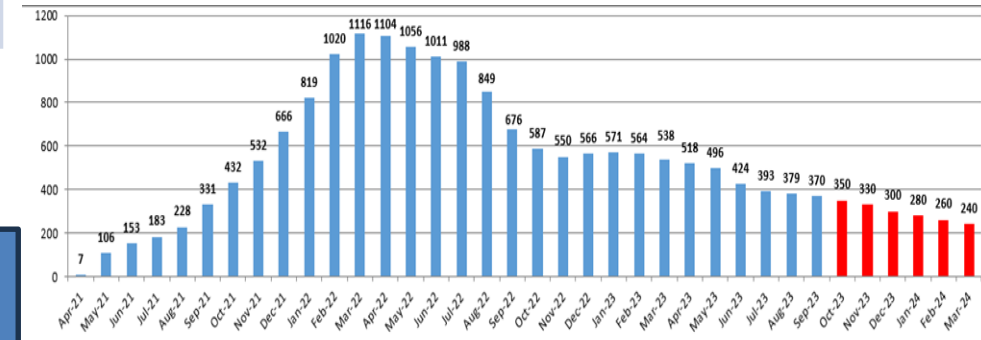
Planned care Additions, Patients seen and trajectories



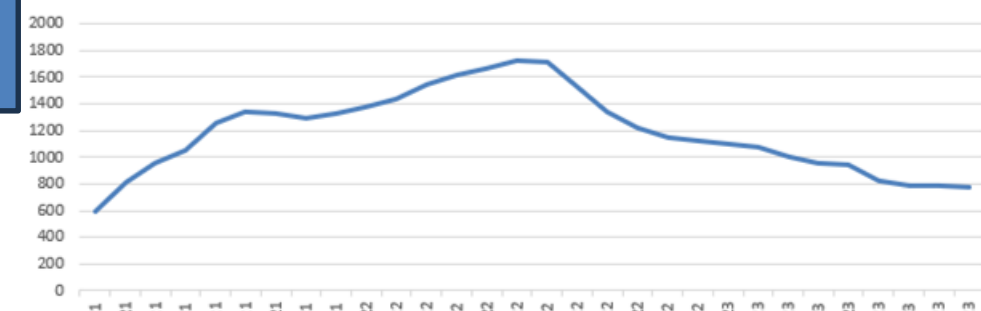
Yearly Trajectory	Apr-Sept Trajectory	Patients Seen-Sept	% of Yearly Trajectory
17,111	6,937	7,151	42%

The target for September 2023 was that no patient will wait longer than 78 weeks for treatment and no more than one year by September 2024. This has not been met.

Patients Waiting More Than 104 week - Forecast



TTG Patients Waiting Over 78 Weeks





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Exec Lead
Katherine Sutton
Chief Officer, Acute

Outpatients

Progress Made

- Cumulative activity ahead of schedule
- ACRT/PIR best practice processes developed
- Patient Hub waiting list validation roll out on going
- Specialties identified to improve Near Me use
- Clinic timetable drafted
- Outpatient workstream in place and working towards the above aims.

Next Steps

- Identify specialities with increases in patient referral and ensure Patient Hub live and review ACRT processes against best practice
- Re-evaluate patient and clinician satisfaction with Near Me
- Maximise use of virtual activity
- Clinic utilisation reporting to be made available to specialities to reduce DNAs/cancellations and unfilled appointments
- Improve booking practices

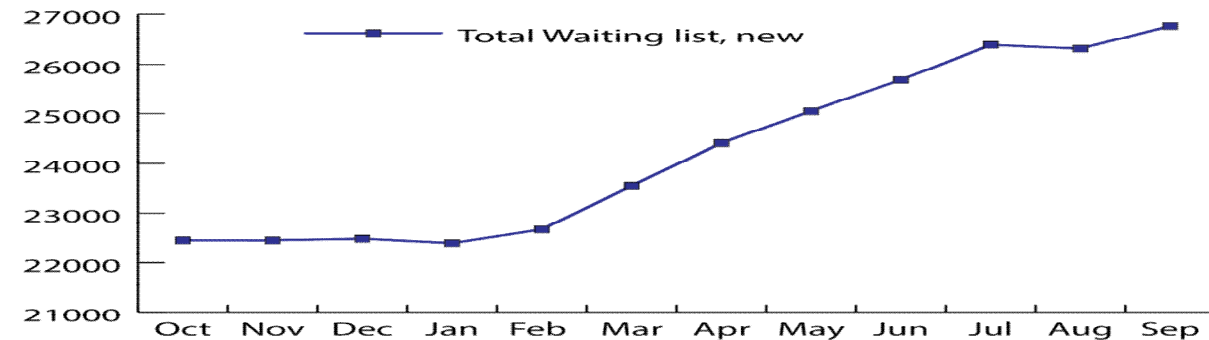
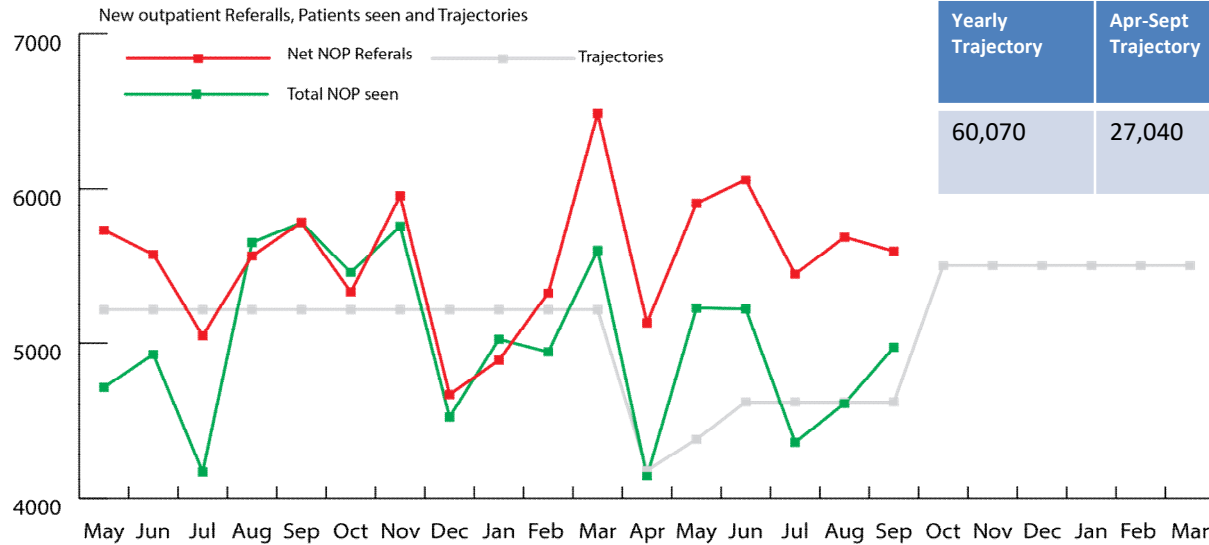
Timescale

- ACRT/PIR – Mar24
- Patient Hub – Mar24

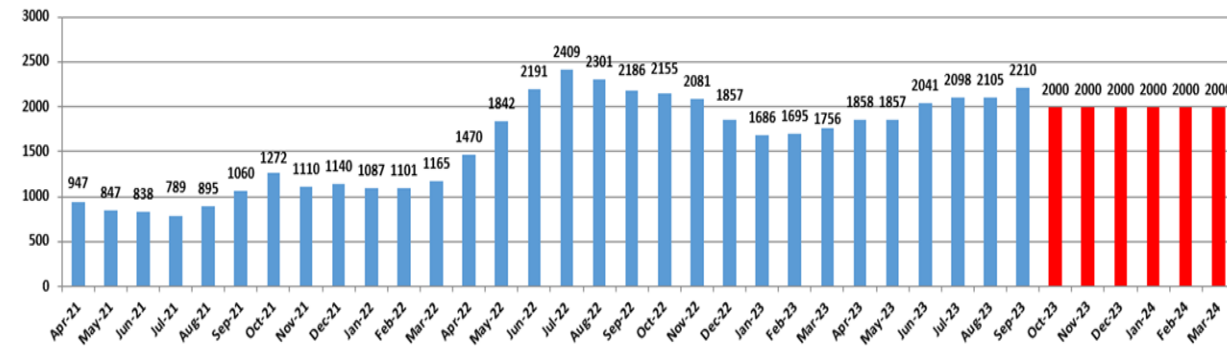
It should be noted we will not meet the trajectories set and SG have asked for revised figures to be submitted

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

Latest Performance	56.9%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met for ADP trajectories but not for long wats
Performance Rating	Decreasing
National Benchmarking	Lower than Scottish Average
National Target	95%
National Target Achievement	Not Met >10%



Patients Waiting More Than 52 weeks - Forecast



The target for March 2024 is that no patient will wait longer than 1 year for an outpatient. This is forecasted to not be met



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Radiology

Progress Made

- Work progressing with radiography and radiology workforce planning
- Radiology outsourcing has robust process and financial implications being reviewed
- Reporting radiographers taking lead on all MSK and Chest X-Rays for efficiency purposes
- Conventional radiology has just opened additional days in Nairn to support demand
- MRI Focus Group in place and investment made in AI to improve productivity once implemented
- Balanced scorecard approach adopted

Next Steps

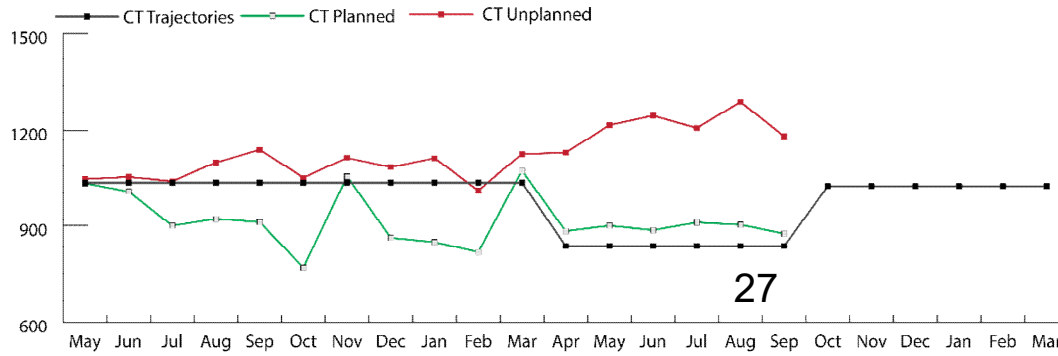
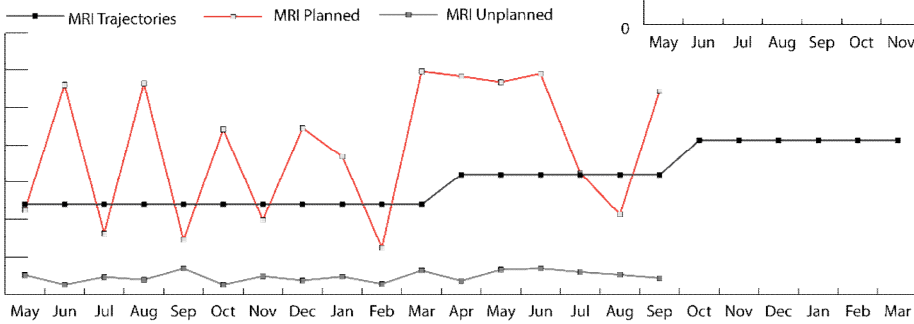
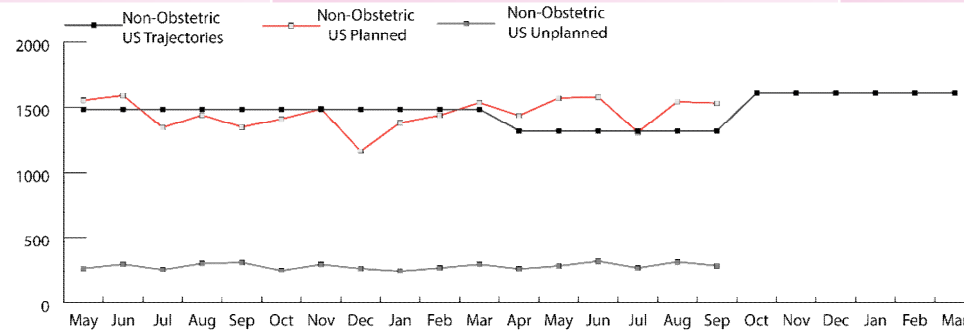
- Continued review of inpatient/emergency access to radiology balanced with planned care
- Modelling on impact of mobile van and AI implementation

Timescale

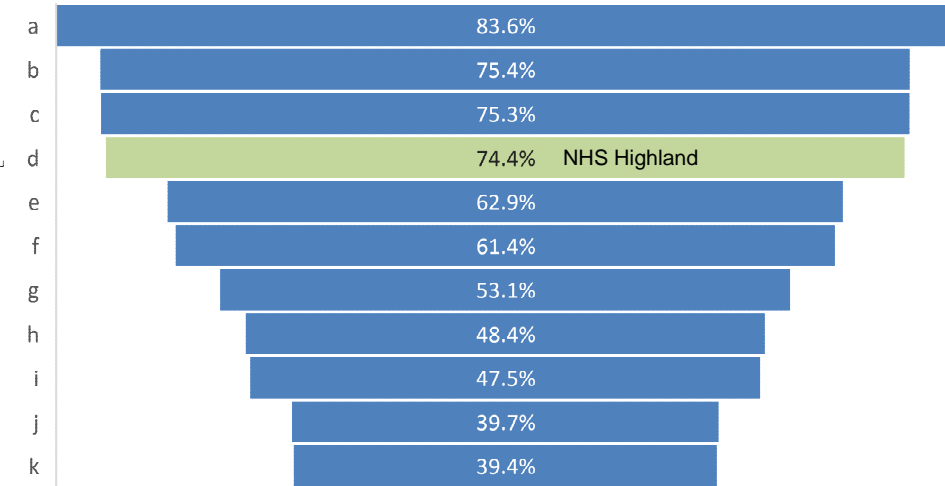
- 20% of our capacity is provided by the mobile unit and this will not be provided in 2025 onwards unless SG funding is confirmed

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

Latest Performance	74.4%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 51.5%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%



Benchmarking – Mainland Boards



Trajectory Yearly(23-24 FY)	Trajectory until Sept	Patients seen Apr-Sept	% of Yearly Trajectory
34,632	15,582	17,829	51.5%



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Exec Lead
Katherine Sutton
Chief Officer, Acute

Diagnostics - Endoscopy

Progress Made

- CCE SBAR being drafted for funding consideration within NHS Highland after Cfsd gave notice
- Recruited an upper endoscopist trainee 0.6WTE
- Revised bowel screening pathway in place to achieve 31day target
- Working with Grampian to share practices, site visit pending
- Job pack created for recruitment of consultant endoscopist
- October 2023 DNA rate 1.8% at Raigmore for GI endoscopy

Next Steps

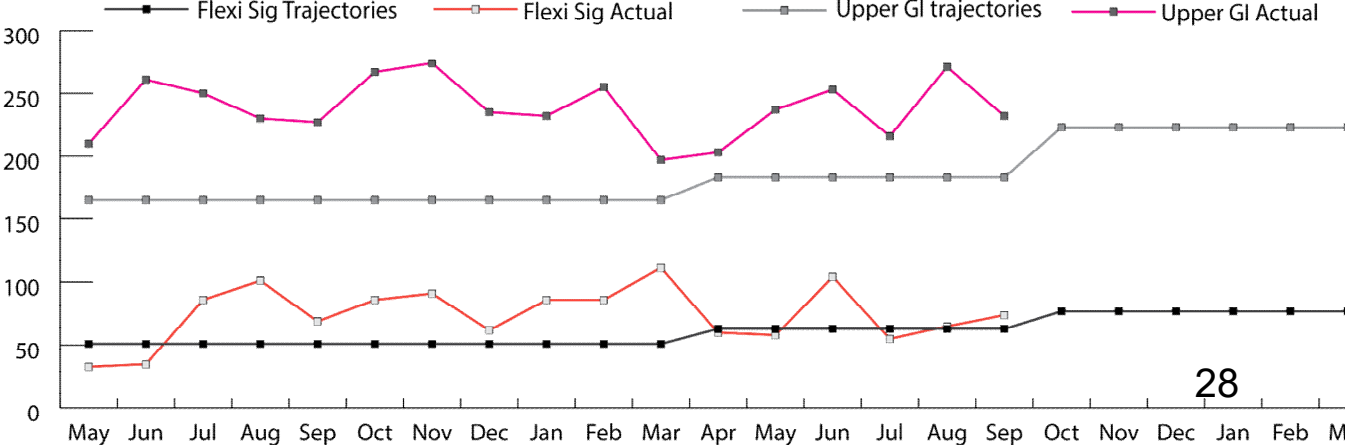
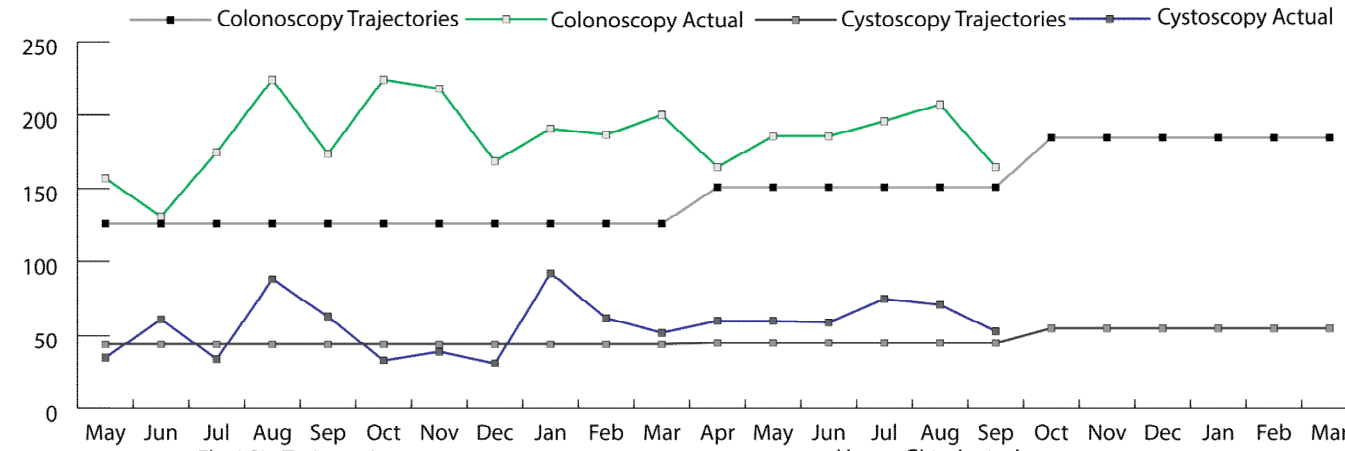
- Final stages of JAG application
- Recruit non-medical endoscopist (awaiting job description update then recruit in Jan 2024)
- Trying to source funding for SMOTS equipment so we can host training events and generate income
- Update our internet page for patients

Timescale

- Ongoing

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

Latest Performance	78.7%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met – 56.2%
Performance Rating	Improving
National Benchmarking	Higher than Scottish Average
National Target	100%
National Target Achievement	Not Met <10%



Trajectory Yearly (23-24 FY)	Trajectory until Sept	Patients seen Apr-Sept	% of Yearly Trajectory
5,892	2,652	3,311	56.2%

% Meeting 6 Week Target	78.7%
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*National benchmarking not available at time of going to FRPC



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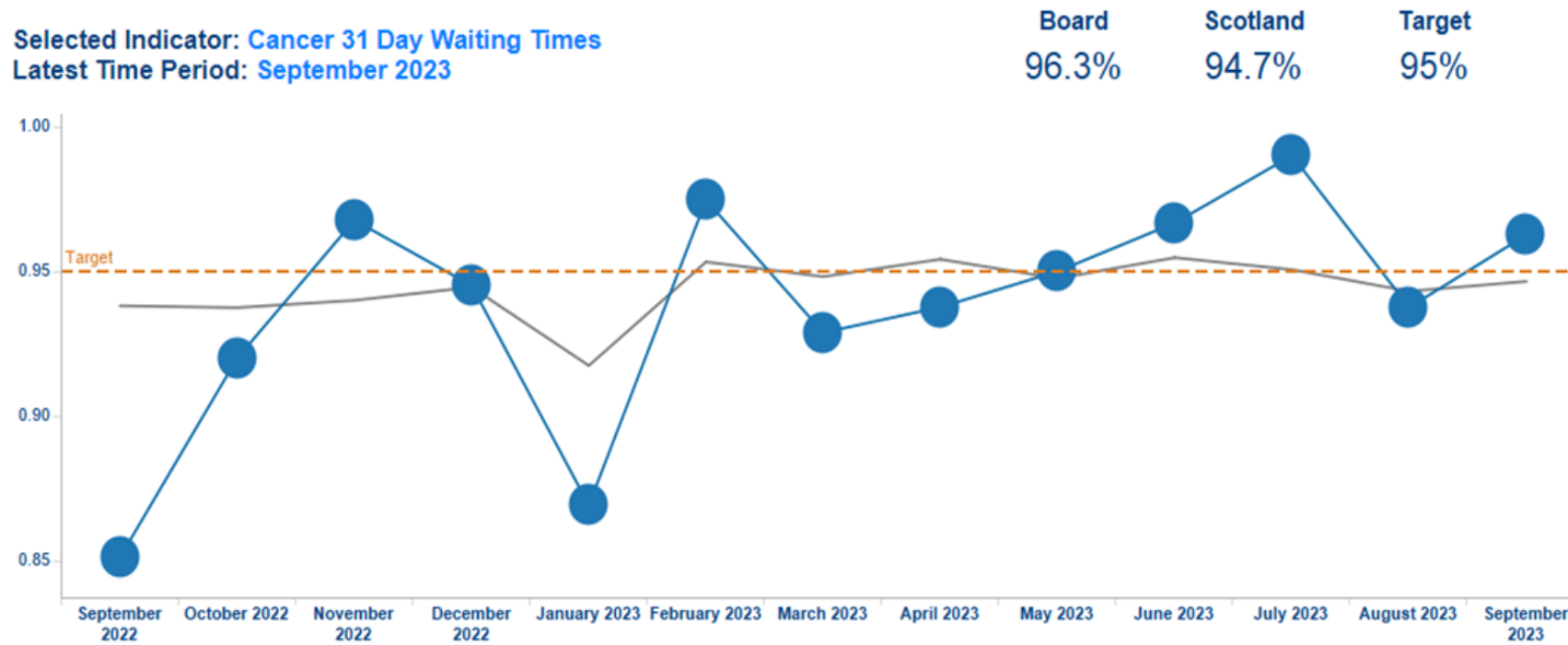
Exec Lead
Katherine Sutton
Chief Officer, Acute

31 Day Cancer Waiting Times

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued prioritisation of cancer across the system SACT & Radiotherapy Transformation Plan in progress Continued application of the Framework for Effective Cancer Management 2 x Consultant Pathologists appointed 	<ul style="list-style-type: none"> Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services 	<ul style="list-style-type: none"> Will be reviewed in line with cancer strategy and trajectories agreed with SG

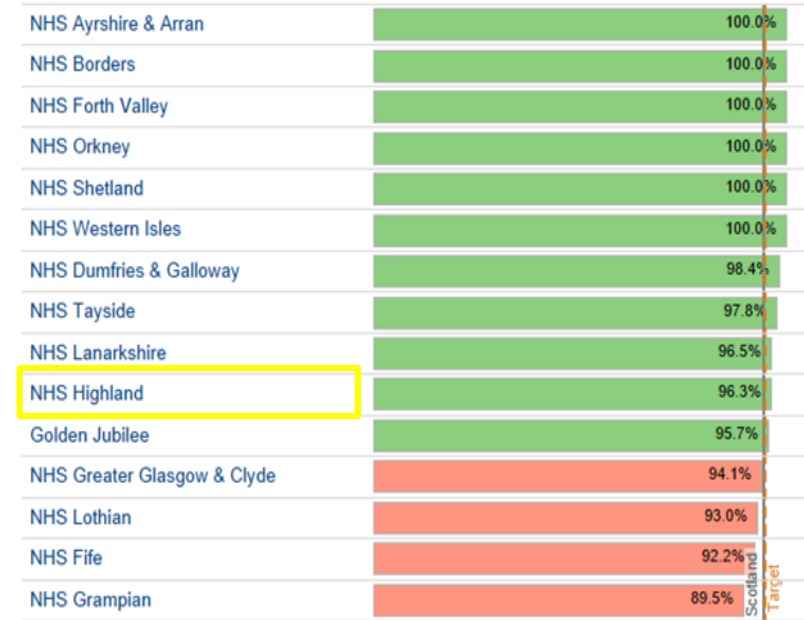
PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Treat Well	
Latest Performance	96.3%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Variation
National Benchmarking	Target Met
National Target	95%
National Target Achievement	Met

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



31 Day Benchmarking with Other Board

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





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Exec Lead
Katherine Sutton
Chief Officer, Acute

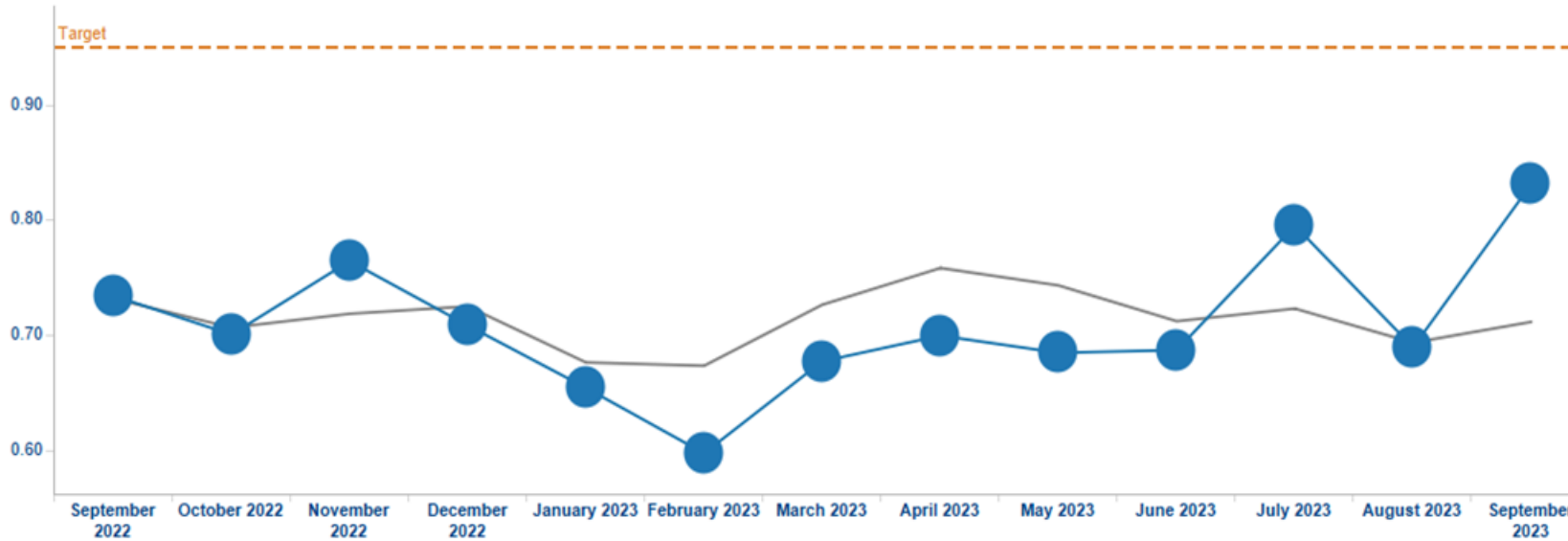
62 Day Cancer Target

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued prioritisation of cancer across the system SACT & Radiotherapy Transformation Plan in progress Continued application of the Framework for Effective Cancer Management 2 x Consultant Pathologists appointed 	<ul style="list-style-type: none"> Overall recruitment and retention of key Consultant Oncology posts is a significant challenge and different models of working will need to be established for sustainable and resilient services 	<ul style="list-style-type: none"> Will be reviewed in line with cancer strategy and trajectories agreed with SG

PERFORMANCE OVERVIEW Strategic Objective: Our Population Outcome Area: Journey Well	
Latest Performance	83.1%
ADP Trajectory Agreed	Yes
ADP Trajectory	Met
Performance Rating	Variation
National Benchmarking	Above Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%

Selected Indicator: **Cancer 62 Day Waiting Times**
Latest Time Period: **September 2023**

Board 83.1% Scotland 71.2% Target 95%



62 Day Benchmarking with Other Boards

Selected Time Period: **September 2023**

(click on a circle in timetrend to change the selected time period)

NHS Orkney	100.0%
NHS Western Isles	100.0%
NHS Borders	95.2%
NHS Dumfries & Galloway	92.1%
NHS Highland	83.1%
NHS Ayrshire & Arran	82.9%
NHS Lothian	78.1%
NHS Lanarkshire	72.5%
NHS Forth Valley	71.3%
NHS Shetland	70.0%
NHS Tayside	67.3%
NHS Greater Glasgow & Clyde	65.7%
NHS Fife	65.4%
NHS Grampian	57.0%

Scotland Target



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**Exec Lead
Pam Cremin
Chief Officer, HHSCP**

Delayed Discharges

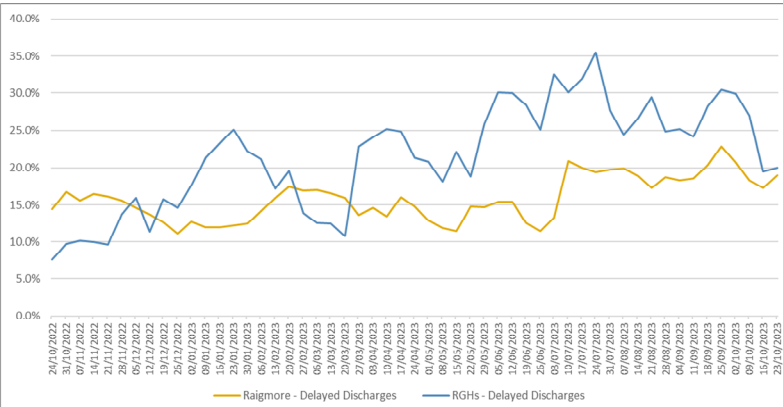
Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> Continued review of care at home provision to ensure targeted and most efficient use of this limited resource. Improved collaboration between in-house and independent sector providers in the delivery of shared packages of care Work ongoing within Inverness to free up the Emergency Response Service in order to ensure protected CAH resource to both facilitate timely hospital discharge and to avoid inappropriate admissions Daily oversight and focused planning for all people who are delayed continues. Upstream community pull of patients for timely discharge before they become delayed. 	<ul style="list-style-type: none"> Extend the number of intermediate care beds Tightened working practices between community staff and colleagues in ED to avoid inappropriate hospital admissions Develop and implement wrap-around models of care – CAH, day care, intermediate care beds Review of all patients delayed in New Craigs with a view to identifying those who are deemed to be complex and informing service developments 	<ul style="list-style-type: none"> Bullets points 1 to 3: Dec23

PERFORMANCE OVERVIEW

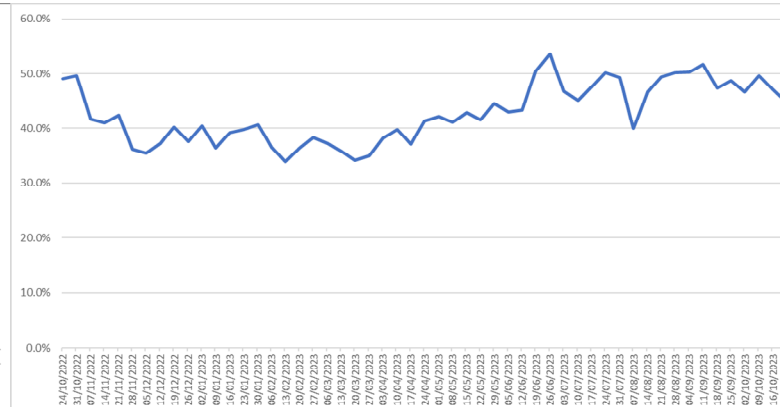
Strategic Objective: In Partnership
Outcome Area: Care/Respond Well

Latest Performance 1st November 2023	
Target	To be agreed as part of TOM
Target Achievement	
Performance Rating	
Performance Benchmarking	

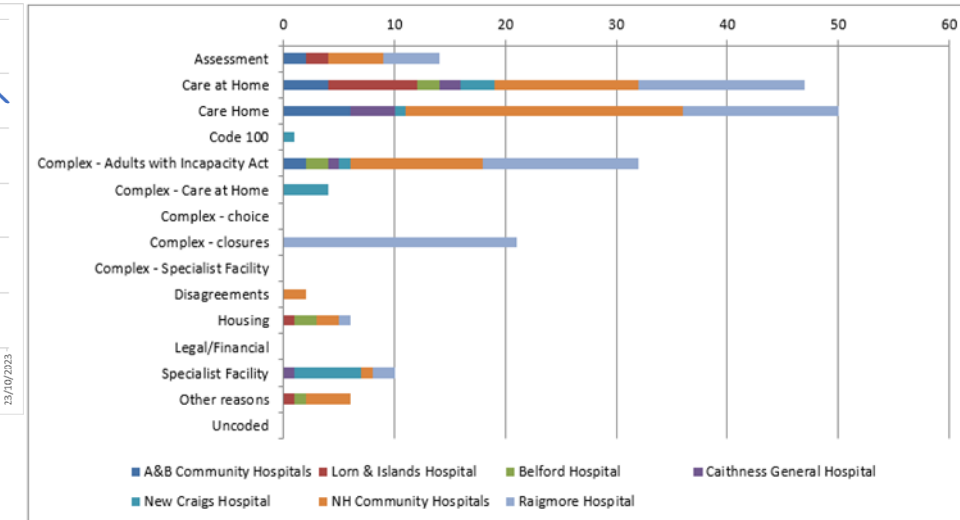
Delayed Discharges in Acute Sites



Delayed Discharges in HHSCP & A&B



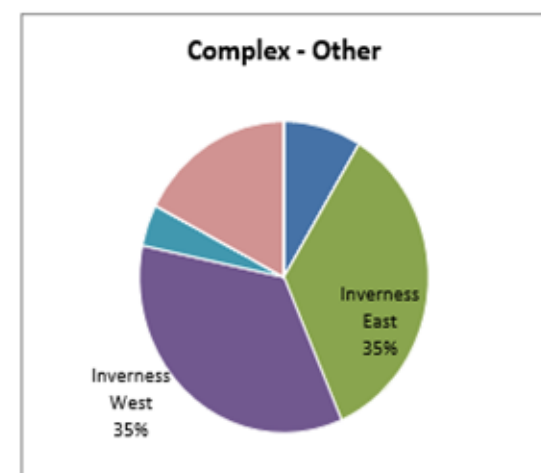
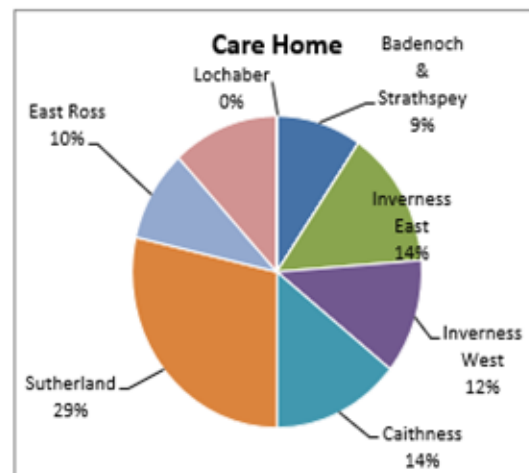
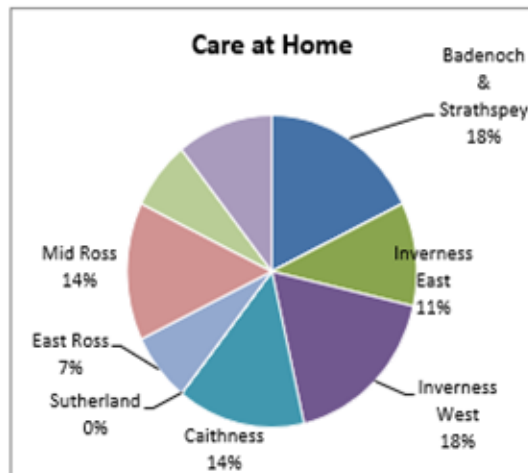
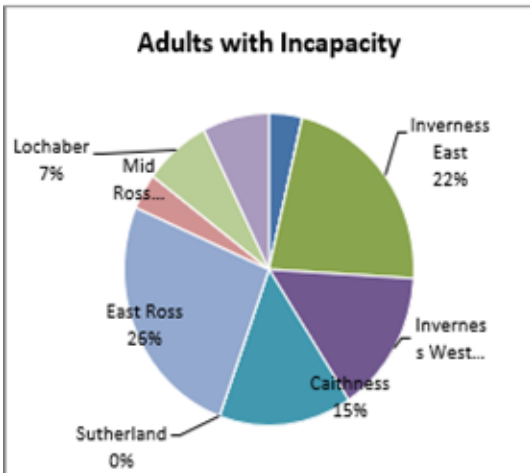
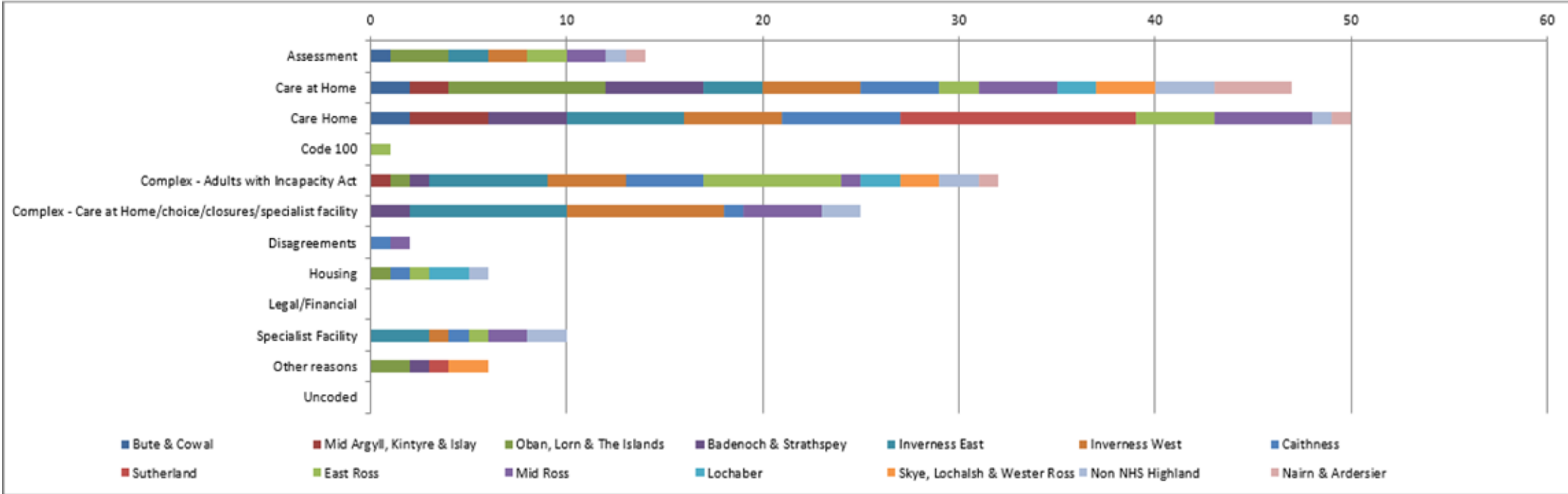
Reasons for Delayed Discharge by Location





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Delayed Discharges by District (inc Argyll & Bute)





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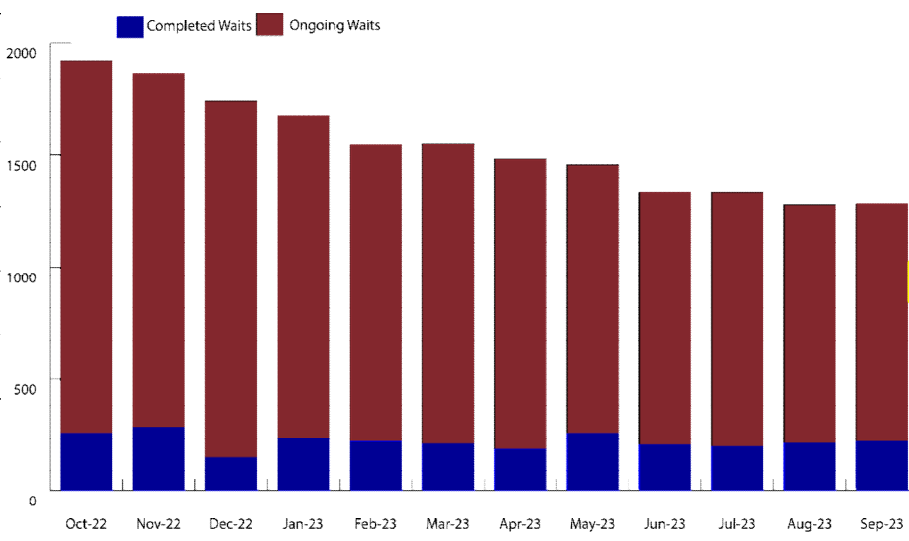
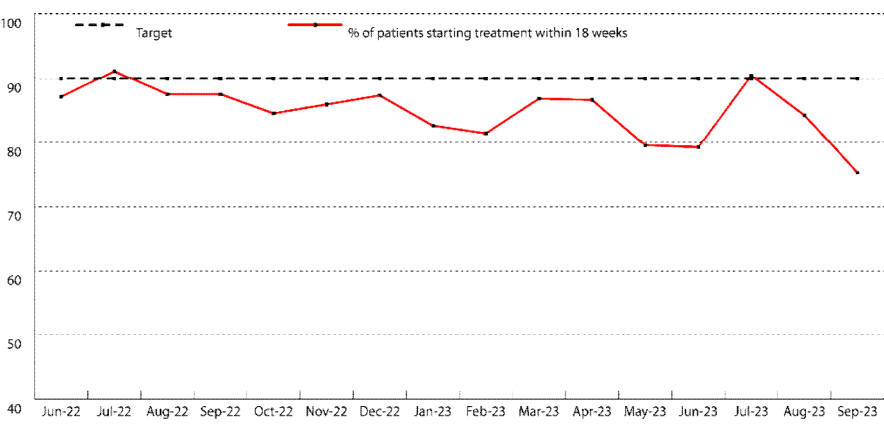


Exec Lead
Pamela Cremin
Chief Officer, HHSCP

Psychology Waiting Times

Progress Made	Next Steps	Timescale
<ul style="list-style-type: none"> • STEPPS training complete • Waiting list review complete • Workforce and funding review to assess SM post feasibility complete • Appointed Senior Service Manager (Start date Dec 23) • Met with SG 24th Oct –they are fully aware of all issues and baseline staffing 	<ul style="list-style-type: none"> • CAPTND data set capture system to work with eHealth as currently delayed • Implementation of PT specification (Sept 23) Launch event Nov 1st • Increase uptake and alternatives for digital therapies (Nov 23) • Focus in line with Mental Health Outcomes framework to reduce longest waits 	<ul style="list-style-type: none"> • Ongoing • Nov-23 • Nov-23 • Ongoing

PERFORMANCE OVERVIEW	
Strategic Objective: In Partnership	
Outcome Area: Live Well	
Latest Performance	75.4%
ADP Trajectory Agreed	Yes but not available at time of FRPC
ADP Trajectory	n/a
Performance Rating	Decreasing
National Benchmarking	Above Scottish Average <5%
National Target	95%
National Target Achievement	Not Met >10%



Selected Time Period: August 2023

(click on a circle in timetrend to change the selected time period)

Region	Percentage
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Ayrshire & Arran	90.9%
NHS Western Isles	80.9%
NHS Greater Glasgow & Clyde	87.4%
NHS Highland	84.3%
NHS Lothian	79.5%
NHS Borders	78.8%
NHS Forth Valley	78.7%
NHS Lanarkshire	77.7%
NHS Tayside	75.7%
NHS Grampian	73.1%
NHS Fife	64.8%
NHS Dumfries & Galloway	0.0%

Scotland Target



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Integrated Performance & Quality Report

Objective 3 Our People



Gareth Adkins
Director of People & Culture

NHS Highland absence rate has sat above the Scottish average since March. The September Scottish average figures are yet to be released. Absence in 2023 has been consistently higher than it was across 2022. Long term absences are mostly related to other musculoskeletal problems (13%) and anxiety/stress (25%) which contributes to staffing pressures within teams however with high levels of unknown causes being recorded the information is incomplete. Short term absences in Cold, Cough, Flu (31% of absences) remain high as well as gastro-intestinal problems (25% of absences).

Since Quarter 1 little change has been made to absences with no reason recorded with an unknown cause/not specified remaining high (accounting for around 30%). Highlight reports are going to SLTs and People Partners are engaging with SMTs in their areas to encourage Managers to ensure that an appropriate reason is recorded and continuously updated.

The People Services Team continue to work closely with managers of long-term absent employees. Awareness of attendance management processes is still very low and attendance on Once for Scotland courses for managers is low. To raise awareness reports are now distributed to SLTs, via the People Partners to demonstrate attendance at the Once for Scotland courses, both online and elearning.

Turnover remains stable and in line with the national average. We continue to see high levels of leavers related to retirement (30%) and voluntary resignation (28%) and we see high levels of leavers with the reason recorded as 'other' which accounts for 21% of our leavers. 9% of our workforce have left to move to new NHS Employment. Further encouragement is required to capture leaving reasons. Our Exit Policy and Exit feedback survey launched in June. To date we have had 19 surveys (a 200% increase in exit surveys completed in the same period in 2022). Insights received from the surveys will be reviewed by Organisational Development. There have been over 300 leavers since June so the uptake of the Exit feedback survey is low. People partners are highlighting the Policy via SLTs and further work to promote the Policy from People Services is ongoing. The Induction Policy has been reviewed with the inclusion of an onboarding survey to assist centrally gathered feedback on the issues people experience in joining us, as well as why they leave.

Organisational Metrics Sep 2023

Sickness Absence Rate (%)

6.68

Long Term SA Rate (%)

3.98

Short Term SA Rate (%)

2.69

Recorded Absence Reason (%)

71.90

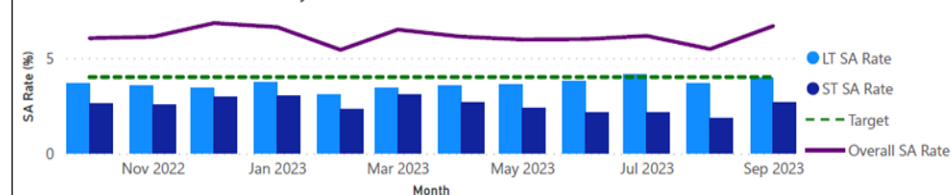
Vacancy Time to Fill (Days)

121.97

Annual Employee Turnover (%)

8.94

Sickness Absence Rates (%) by Month



Vacancy Time to Fill (Days) by Month



Annual Employee Turnover (%) by Month



Recorded Absence Reason (%) by Month





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Integrated Performance & Quality Report

Objective 3 Our People



Gareth Adkins
Director of People & Culture

We have refreshed the Board's Health and Wellbeing Strategy group to take forward the overall strategy for NHS Highland and progress the learning from the Project Wingman experience. Further updates will be provided in connection with the absence data within this report

Refreshed awareness sessions for managing PDP&R has been launched in the organisation; monitoring of attendance is in place. This will provide information on how to successfully and meaningfully undertake a PDP&R with individuals. The content of the sessions will be regularly reviewed to ensure alignment with policy and good practice. The People Partners will work with the senior leadership teams in ensuring that plans exist for increase in the amount of PDPs undertaken. As part of the Culture and Leadership Framework, new PDP&R training will be offered to all colleagues to improve understanding of the benefits and reasons for regular feedback and development and to increase completion rates.

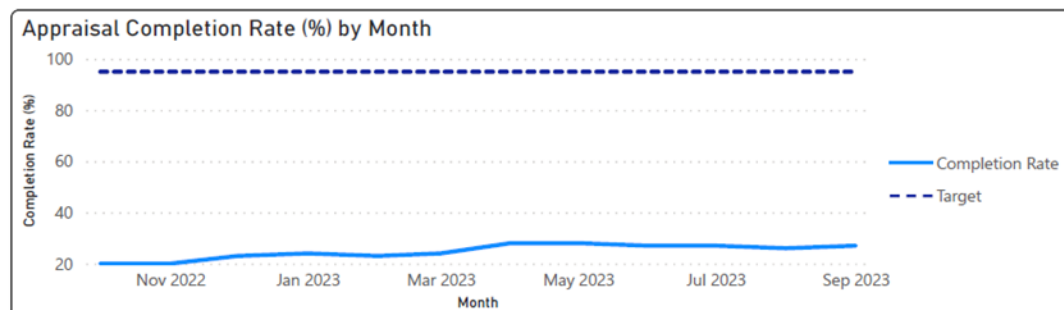
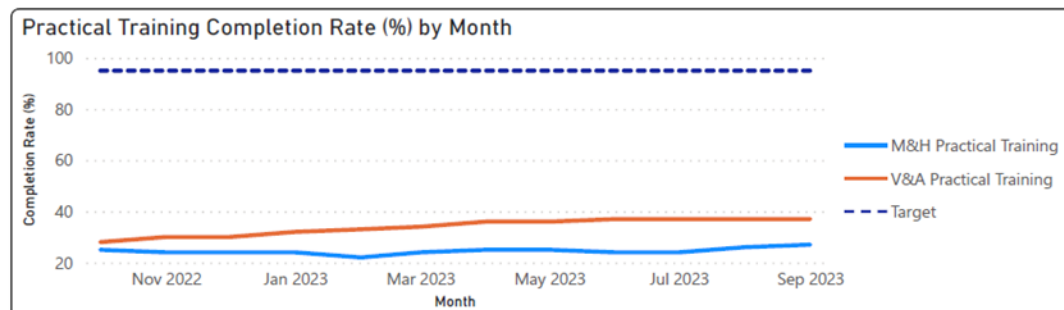
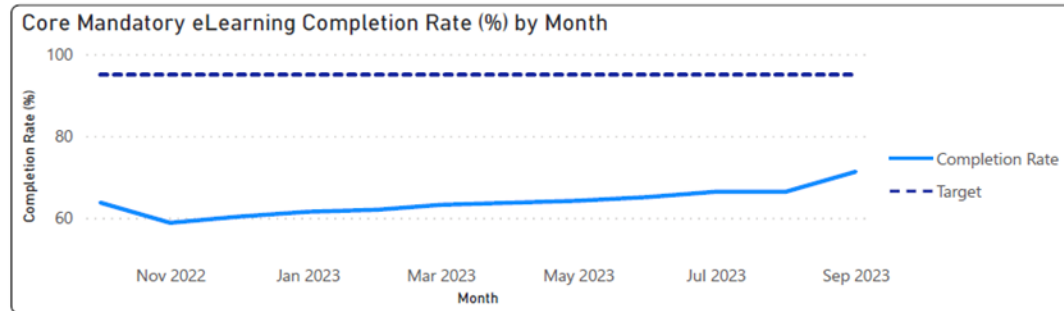
Training Metrics Sep 2023

Mandatory eLearning Completion (%)
71.3

V&A Practical Training Completion Rate (%)
37.0

M&H Practical Training Completion Rate (%)
27.0

Appraisal Completion Rate (%)
27.0



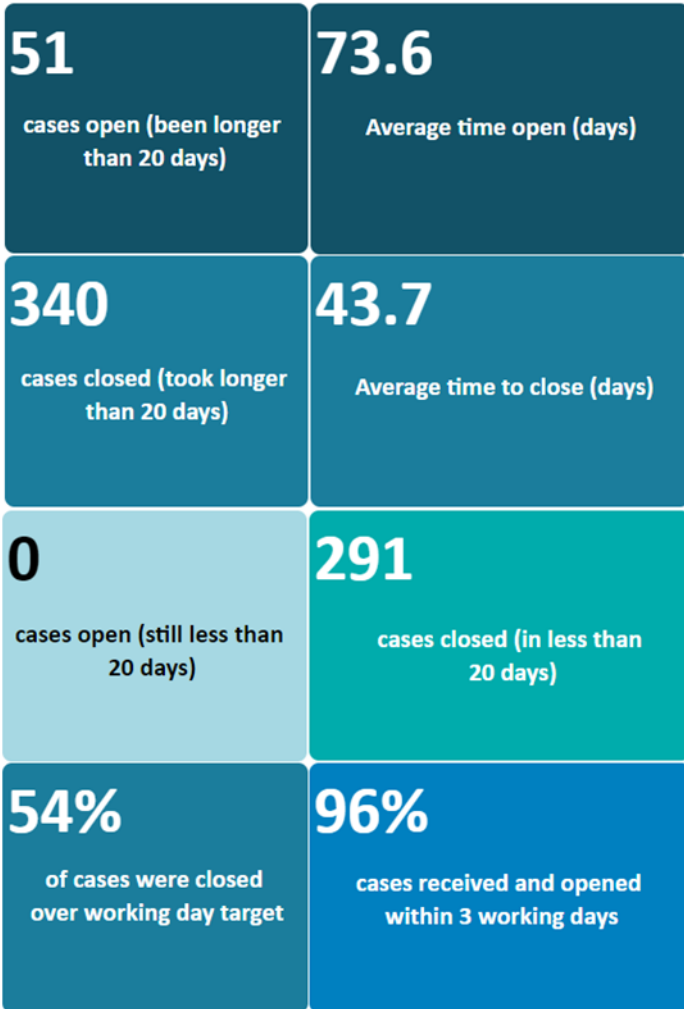


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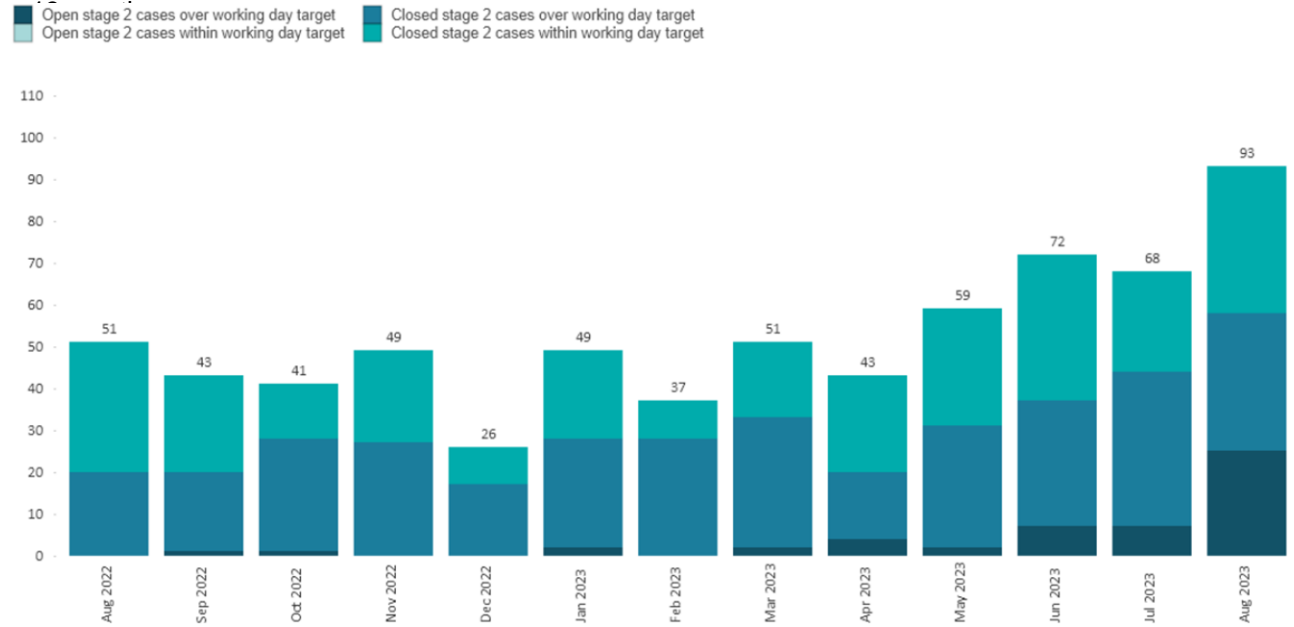
Clinical Governance September 2023

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

NHS Highland stage 2 case overview



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



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

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Highland	61%	53%	32%	45%	35%	43%	24%	35%	53%	47%	49%	35%	38%
Argyll & Bute	67%	14%	17%	29%	50%	50%	20%	40%	20%	20%	43%	43%	20%
Acute	70%	68%	29%	54%	25%	50%	26%	42%	61%	57%	53%	43%	51%
Highland Health & Social Care Partnership (HHSCP)	36%	57%	45%	39%	38%	25%	22%	20%	56%	42%	41%	18%	21%



Context by Dr Boyd Peters
Medical Director

Over recent months there has been an increase in the number of stage 2 complaints received.

The main areas that the complaints relate to are waiting times, access to dental treatment and colorectal oncology.

Complaints performance (complaints answered within 20 working days) in August was 38%.



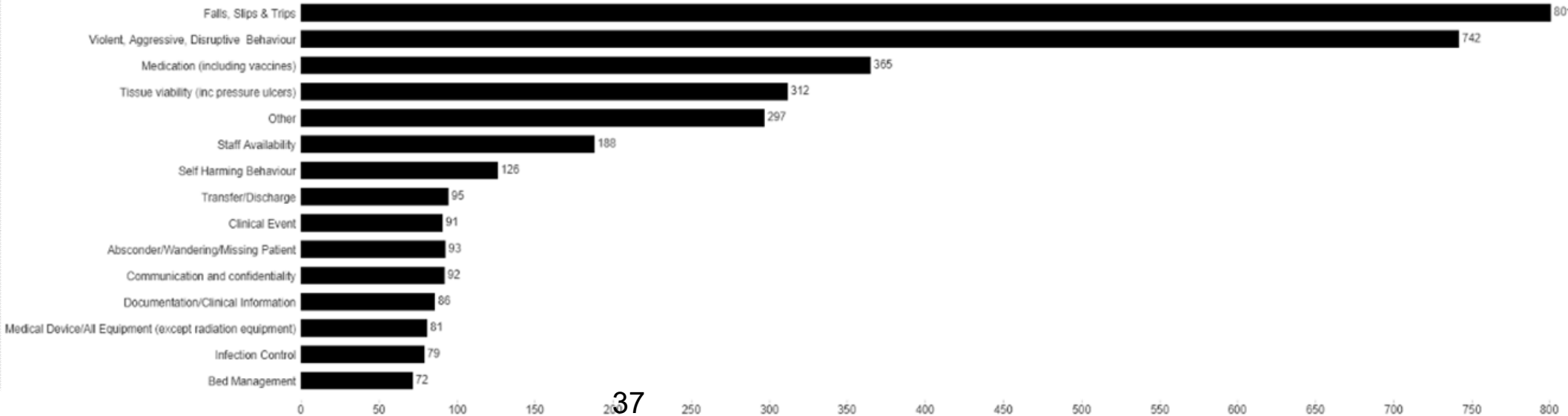
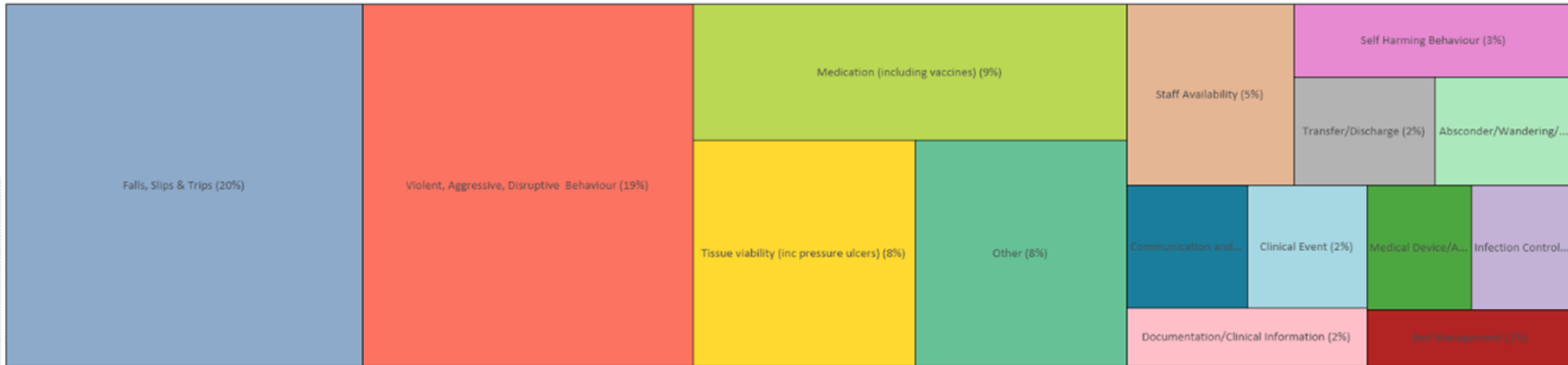
Clinical Governance September 2023

Adverse Event information – July 2023 to September 2023

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

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Top 15 adverse event categories recorded in NHS Highland last 3 months % share (July 2023 – September 2023)



Context by Dr Boyd Peters
Medical Director

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories.

In HHSCP all V&A, falls, Tissue Viability and medication adverse events are reviewed on a weekly basis by the professional leads at weekly sift and sort meetings.



Clinical Governance September 2023

Significant Adverse Event Review (SAER) information – September 2022 to September 2023

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

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Number of SAERs declared in NHS Highland over last 13 Months

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



Context by Dr Boyd Peters
Medical Director

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified.

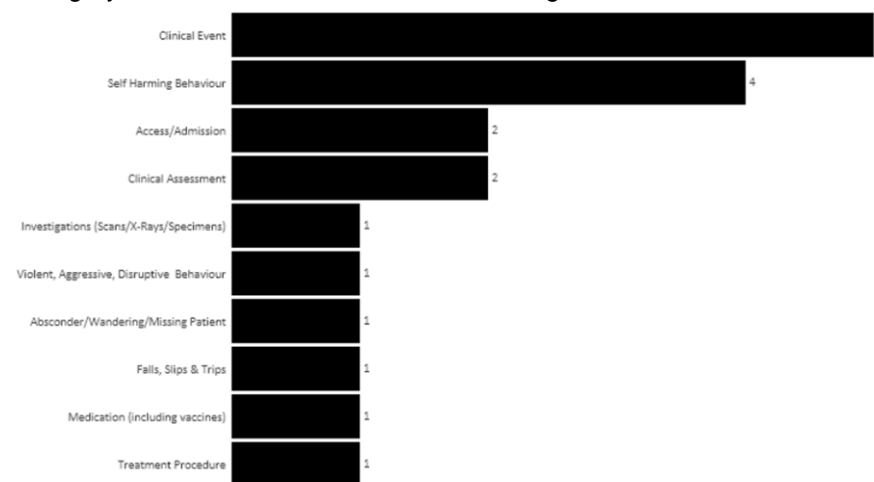
Detailed case reviews are often conducted as they can be completed much quicker than SAERs, allowing improvement actions to be progressed.

Monitoring of completion of actions from SAERs, is being developed and along with a method to identify if an action has made a difference

Open SAERs declared in NHS Highland over working day target by month declared Category Issue of SAERs declared in NHS Highland over last 13 months

3 (Three)

- 1 – April 2019
- 1 – July 2020
- 1 – Feb 2023





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Clinical Governance September 2023

Hospital inpatient falls – September 2022 to September 2023



Context by Louise Bussell
Board Nurse Director

The last 5 months have seen a reduction in falls across NHS Highland. This links with the introduction of the Daily Care Plan, changes to nursing handover and ways of working across all clinical areas.

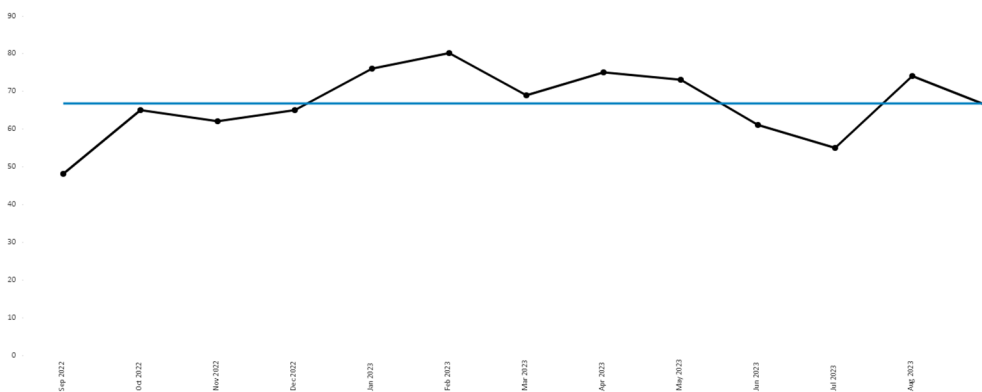
Falls with harm remain consistent as a proportion of total falls and therefore the continued focus on reducing all falls is critical.

Falls risk management group recommendation from this group to remove falls sensor mats as there is no evidence that they reduce falls in the inpatient setting.

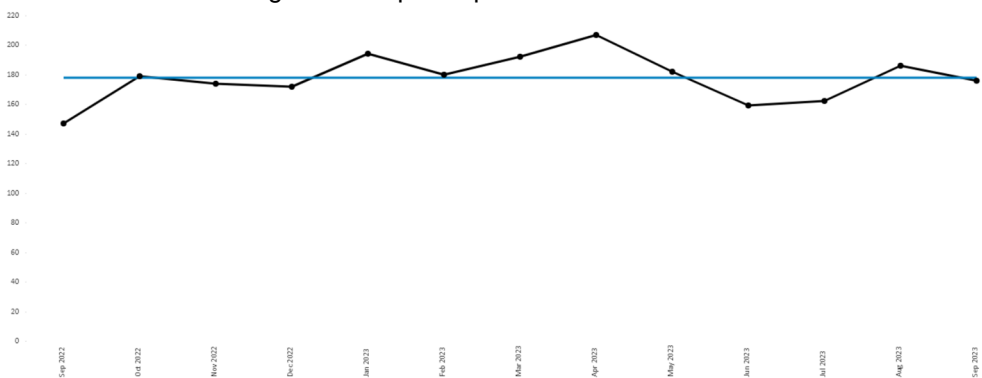
A&B team have reviewed patient falls to understand how many patients have more than one fall and of the patients who fall how many are in delay (16%)

National SPSP team visit scheduled for 25th October

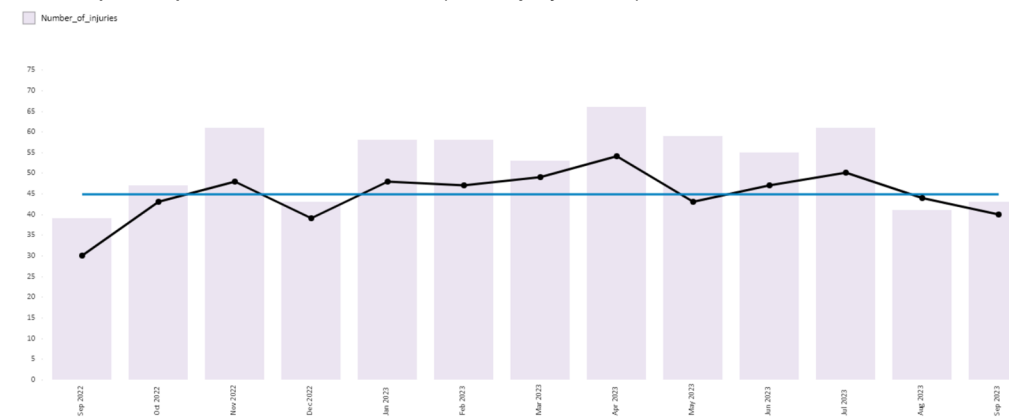
Run chart of Community hospital inpatient falls over last 13 months



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



Hospital inpatient falls with harm (and injury count) over last 13 months



	Risk	Mitigation
1	Staffing challenges remain a risk across all areas	Regular monitoring of staffing level and escalation of concerns through Real Time Staffing Resource. Newly qualified practitioners commenced in post across all areas on 2nd October and international nurse recruitment within Raigmore
2	The Increasing complexity and frailty of patients in our care facilities with a high number of patients delayed to discharge across all sites	Key principles of falls prevention and promotion of positive risk taking are universally applied as part of essentials of safe care and incorporated through Daily Care plan Patient and family Falls leaflet developed Team members attended national SPSP event to hear progress from other boards and share learning



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Clinical Governance September 2023

Public Health Scotland (PHS) data only available until June 2023

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



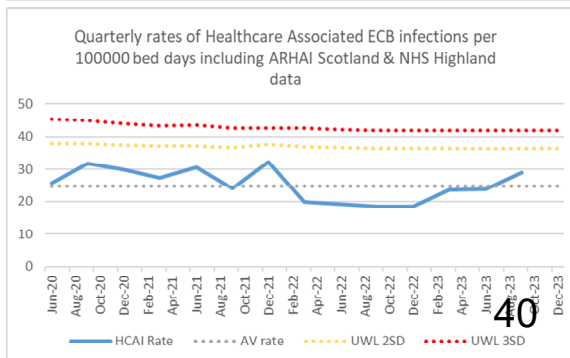
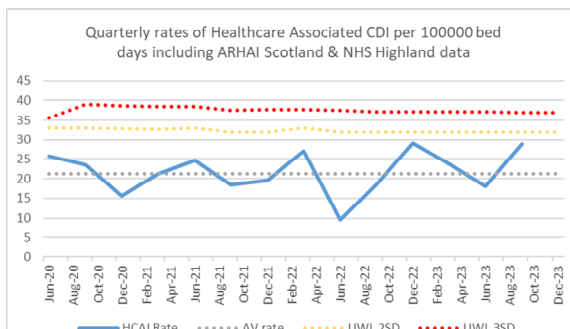
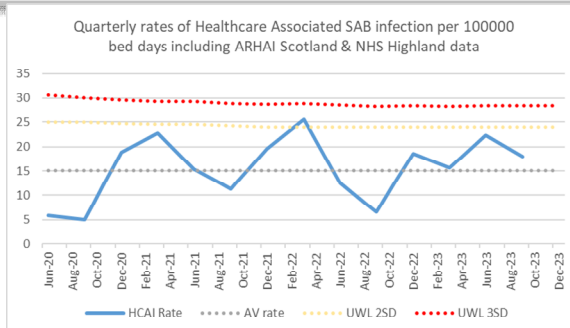
Context by Louise Bussell
Board Nurse Director

The published HCAI data for Apr-June 2023 identified that NHS Highland were within their expected levels for the quarter. Our local data for July – Sept 2023 identifies that a rise in CDI cases occurred in August with 3 cases being associated with a Clostridium difficile outbreak. Early identification of the cases enabled control measures to be adopted quickly and reduce onward transmission. ARHAI Scotland were involved in the Incident Management Team meetings and were satisfied with the actions taken. An unusual strain of CDI for NHS Scotland was identified.

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

HAI walk rounds in community hospitals continue according to schedule. No common concerns observed. IPC mandatory training for nursing consistently high compliance.

A detailed report is submitted to the Clinical Governance Committee for assurance.



Risk	Mitigation
1 Risk of harm to patients and a poor care experience due to development of health care associated Staphylococcus Aureus Bacteraemia, Clostridium difficile and E coli infections	An annual work plan is in place to support the reduction of infection. Cases are monitored and investigated on an individual basis; causes are identified, and learning is fed back to the Divisional units. Where present, themes are addressed through specific action plans.
2 Staffing challenges remain a significant risk across the IPC team, with demand for the service remaining high	There is a need to upskill the existing IPC nursing workforce and support new staff to complete specialist training. The review of the National IPC Workforce Strategic plan and completion of the Clinical Nurse Specialist workload tool will be used to inform future service need

Quarterly Infection Control Infection Rates per 100,000 Occupied Bed Days (OBD) for 2023/2024 including validated and published data by Public Health Scotland (PHS), and NHS Highland unvalidated data

Period	Apr-Jun 2023 Q1	Jul-Sep 2023 Q2 (NHS Highland unvalidated data)	Oct-Dec 2023 Q3	Jan-Mar 2024 Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	22.4	18	n/a	n/a
SCOTLAND	18.3	n/a	n/a	n/a
C. DIFFICILE				
NHS HIGHLAND	18.5	29	n/a	n/a
SCOTLAND	16.1	n/a	n/a	n/a
E. COLI				
NHS HIGHLAND	23.8	29	n/a	n/a
SCOTLAND	37.6	n/a	n/a	n/a



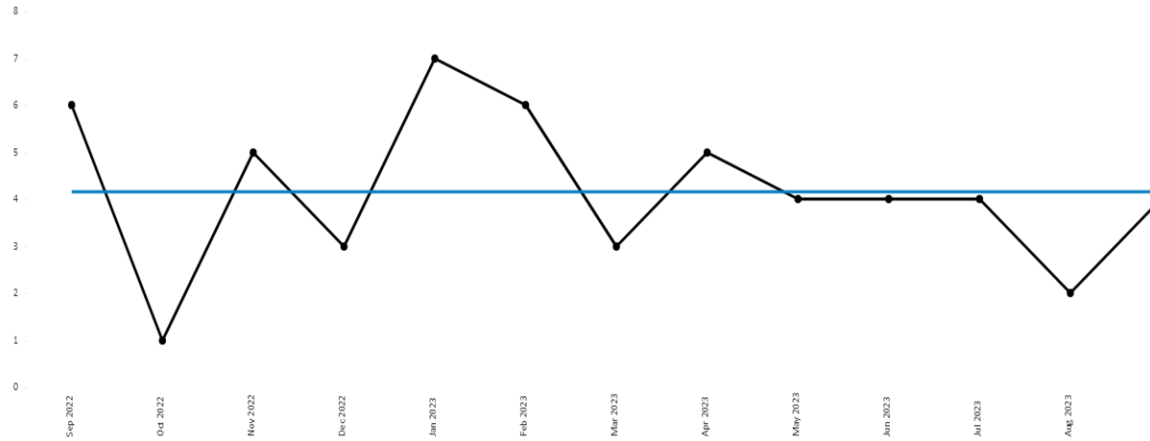
Clinical Governance September 2023

Tissue Viability – September 2022 to September 2023

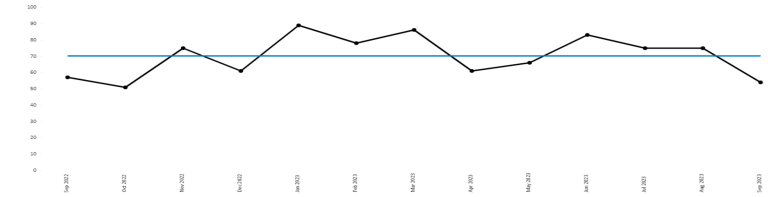
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	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	<ol style="list-style-type: none"> 1.Reprofiling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review and redesign 2.Additional fixed term nursing support for Care Homes as part of SG commitment to enhance care home support to increase capacity to deliver preventative work in Care Homes and with Care @ Home teams 3.Designated Quality Improvement Practitioner to provide focussed support for pressure ulcer prevention across all care settings 4. Development of monthly TV Newsletter to provide ongoing updates and features on wound care products and practice to support generalists to upskill in wound care management
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHH e-clinic are beginning to outstrip existing capacity	<ol style="list-style-type: none"> 1. Changes to the e-clinic referral pathway to educate referrers to other routes for accessing support before specialist input is required 2 All below ankle wounds referred to podiatry for specialist review and shared care 3.Review and monitoring impact of enhanced care home support to referral rates.

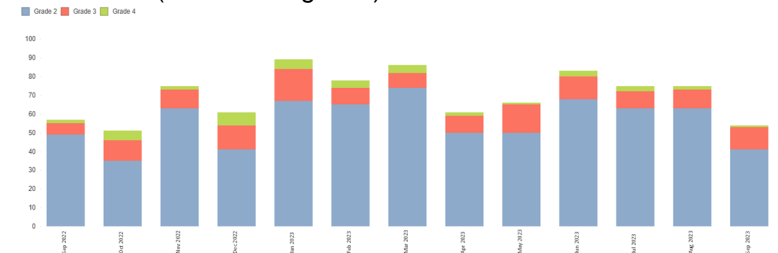
Run chart of grade 2-4 pressure ulcers developed in Community hospitals over last 13 months



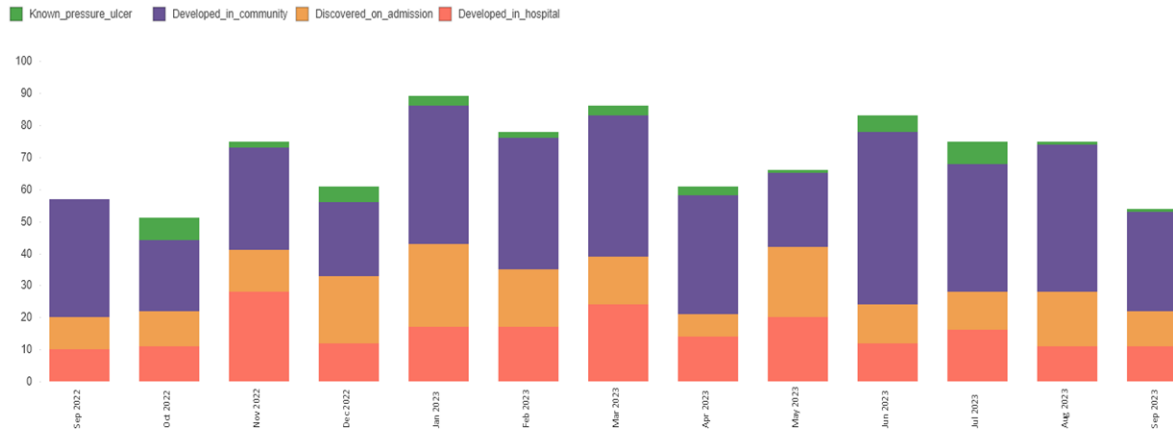
Run chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)



Bar chart of NHS Highland grade 2-4 pressure ulcers over last 13 Months (all sub-categories)



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



Grade 2	625
Grade 3	119
Grade 4	39

Developed_in_hospital	180
Discovered_on_admission	148
Developed_in_community	405
Known_pressure_ulcer	33



Context by Louise Bussell
Board Nurse Director

The new Board Tissue viability nurse specialist lead is now in post which has significantly improved the tissue viability workforce challenges. She is already implementing improvements and establishing plans for the future.

The eagerly anticipated driver diagram from Health Improvement Scotland has now been shared which is providing key drivers for supporting in the prevention and reduction of pressure ulcers.

The NHS Highland Tissue Viability Leadership Group has agreed to aim to reduce hospital acquired PUs by 10%. Current referral processes are under review and a review of pressure relieving equipment has commenced to consider the need for a mattress replacement programme

Appendix: IPQR Contents

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
	COVID vaccine – spring/summer performance	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
	Comparative COVID vaccine uptake – for people aged 75+	Monthly	July 2023	Winter campaign will be available for Nov 2023 IPQR
	NHS Highland-Alcohol brief interventions 2023/24 Q1	Quarterly	July 2023	November 2023
	ABIs delivered	Quarterly	July 2023	November 2023
	LDP smoking quit attempts by month of planned quit-NHS Highland	12 weeks	July 2023	November 2023
	LDP 12-week smoking quits by month of follow up-NHS Highland	12 weeks	July 2023	November 2023
	Highland ADP performance against standard for completed waits	Quarterly	July 2023	November 2023
	% of of ongoing waits > 3 weeks at quarter-end	Quarterly	July 2023	November 2023
	Board Comparision: percentage of completed community referrals	Quarterly	July 2023	November 2023
	Board Comparison: percentage of ongoing waits at quarter-end	Quarterly	July 2023	November 2023

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
	ED performance comparison	Monthly	July 2023	November 2023
	NHS Highland ED 4hr wait performance	Monthly	July 2023	November 2023
	Total TTG Waitlist	Monthly	July 2023	November 2023
	Planned care additions, patients seen & Trajectories	Monthly	July 2023	November 2023
	New outpatients total waiting list	Monthly	July 2023	November 2023
	New outpatients Referrals, Patients seen & Trajectories	Monthly	July 2023	November 2023
	Radiology Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	November 2023
	Endoscopy Key tests activity & Trajectories (2 graphs)	Monthly	July 2023	November 2023
	Trajectories yearly totals and patients seen yearly totals	Monthly	New table	

Slide #	Report	Frequency of Update	Last Presented	Next Published on IPQR
	31 & 62 Day Performance (2 graphs)	Monthly	July 2023	November 2023
	NHS board comparison 31-day and 62-day performance (2 graphs)	Monthly	July 2023	November 2023
	NHS Highland Delayed Discharges	Monthly	July 2023	November 2023
	Bed days occupied by Delayed Discharges	Monthly	July 2023	November 2023
	PT completed waits and performance target	Monthly	July 2023	November 2023
	PT ongoing waits NH	Monthly	July 2023	November 2023

NHS Highland



Meeting: NHS Highland Board
Meeting date: 28 November 2023
Title: Finance Report – Month 6 2023/2024
Responsible Executive/Non-Executive: Heledd Cooper, Director of Finance
Report Author: Elaine Ward, Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Annual Operation Plan

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

Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 6 2023/2024 (September 2023).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2023/2024 financial year in March 2023. An initial budget gap of £98.172m was presented with a Cost Improvement Programme of £29.500m proposed, leaving a residual gap of

£68.672m; work is ongoing, within the Board and nationally to look at options and schemes to close this gap. Scottish Government provided additional funding and the Board is now looking to deliver a financial deficit of no more than £55.800m. This report summarises the position at Month 6, provides a forecast through to the end of the financial year and highlights the current and ongoing service pressures.

2.3 Assessment

For the period to end September 2023 (Month 6) an overspend of £38.109m is reported. This overspend is forecast to increase to £55.975m by the end of the financial year. The improvement on the residual gap in the plan is due to the additional funding allocations from Scottish Government. The current forecast assumes full delivery of the savings in Acute, Support Services and the HHSCP, and the significant majority of A&B IJB's target will be achieved.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

It is only possible to give limited assurance at this time due to current progress on savings delivery and the ongoing utilisation of locums and agency staff. During this ongoing period of financial challenge the development of a robust recovery plan is required to increase the level of assurance – this is currently being developed at pace with oversight and support from Scottish Government in line with their “tailored support”.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

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

3.3 Financial

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

3.4 Risk Assessment/Management

There is a risk that NHS Highland will overspend on its 2023/2024 revenue budget by more than the current forecast of £55.975m. The forecast assumes slippage against the CIP of £11.771m – there is a risk associated with CIP delivery at this level. The forecast is also dependent on assumptions around funding and expenditure. The Board continues to look for opportunities both locally and nationally to bring the recurrent cost base down.

3.5 Equality and Diversity, including health inequalities

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

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

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

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

3.8 Route to the Meeting

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

- EDG
- Finance, Resources & Performance Committee

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

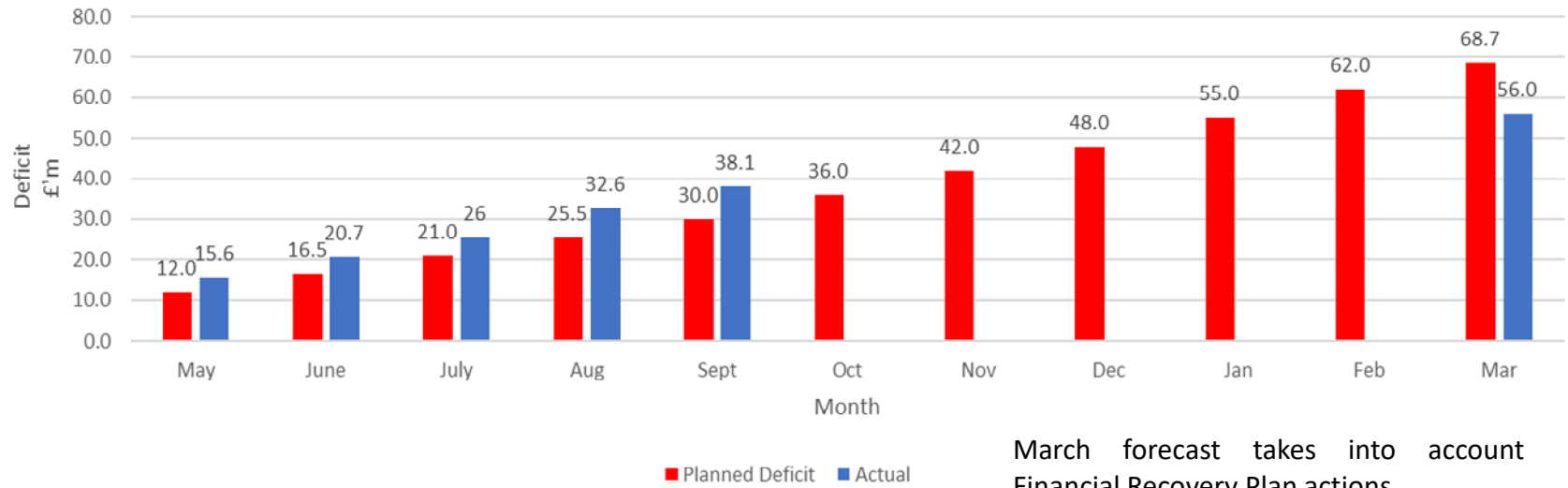
No appendices accompany this report

Finance Report – Month 6 (September 2023)

MONTH 6 2023/2024 – SEPTEMBER 2023



Actual v Planned Financial Performance



Target	YTD £m	Forecast £m
Delivery against Revenue Resource Limit (RRL) DEFICIT/ (SURPLUS)	38.109	55.975
Delivery against Financial Plan DEFICIT/ (SURPLUS)	8.100	12.697
Delivery against Savings Target DEFICIT/ (SURPLUS)	9.529	11.771

Forecast year end deficit of £55.975m
Forecast slippage against CIP £11.771m

MONTH 6 2023/2024 – SEPTEMBER 2023

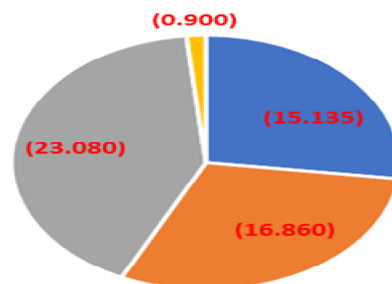


Current Plan £m	Current Budget £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,154.399	1,154.399	Total Funding	556.695	556.695	-	1,154.399	-
		Expenditure					
450.867	445.818	HHSCP	221.628	229.149	(7.521)	460.952	(15.135)
310.154	294.671	Acute Services	145.254	156.567	(11.313)	311.530	(16.860)
198.676	150.536	Support Services	63.674	82.314	(18.641)	173.616	(23.080)
959.696	891.024	Sub Total	430.555	468.031	(37.475)	946.099	(55.075)
263.375	263.375	Argyll & Bute	126.140	126.773	(0.634)	264.275	(0.900)
1,223.071	1,154.399	Total Expenditure	556.695	594.804	(38.109)	1,210.374	(55.975)
(68.672)	-	Planned Deficit	-	-	-	-	-
1,154.399		Total Expenditure			(38.109)	55.975	(55.975)

MONTH 6 2023/2024 SUMMARY

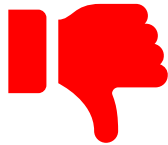
- YTD overspend of £38.109m reported
- Forecast to increase to £55.975m at end of the 2023/2024 FY
- YTD position includes slippage against the CIP of £9.529m
- Cost improvements of £18.268m included within operational year end forecasts
- Forecast is £12.697m better than that presented within the financial plan. This reflects additional funding received from SG in respect of Sustainability & NRAC Parity (£8.030m recurring) and additional New Medicines Funding (£6.590m non-recurring)
- Forecast assumes delivery of actions within Financial Recovery Plan

Forecast Deficit by Operational Area



■ HHSCP ■ Acute Services ■ Support Services ■ Argyll & Bute

KEY RISKS



- Supplementary staffing – ongoing pressures although have seen a reduction in run rate within Acute
- Prescribing & drugs costs – ongoing issues with prescribing information provision.
- Adult Social Care pressures
- Continuing impact of high inflation rate
- Mental Health Out of Area placements
- SLA uplifts
- Delivery of savings

MITIGATIONS



- Reduced support/ sustainability packages
- Reduction in planned spend (review of business cases/ pressures)
- Non-recurrent VAT rebates
- Additional SG Funding – Sustainability & NRAC Parity and New Medicines Funding
- Financial Recovery Plan

MONTH 6 2023/2024 – SEPTEMBER 2023



Summary Funding & Expenditure	Current Plan £m
RRL Funding - SGHSCD	
Baseline Funding	809.525
FHS GMS Allocation	79.886
Supplemental Allocations	52.540
Non Core Funding	-
Total Confirmed SGHSCD Funding	941.951
Anticipated funding	
Non Core allocations	69.957
Core allocations	21.529
Total Anticipated Allocations	91.486
Total SGHSCD RRL Funding	1,033.437
Integrated Care Funding	
Adult Services Quantum from THC	131.729
Childrens Services Quantum to THC	(10.767)
Total Integrated care	120.962
Total NHS Highland Funding	1,154.399

FUNDING

- Current funding £1,154.399m (increase of £5.688m from Month 5)
- £91.486m of allocations anticipated but not yet confirmed by Scottish Government
- £84.299m of allocations received in Month 6 - £2.088m of which is non-recurring (£79.886M GMS allocation)
- Current funding is £22.318m higher than at the close of the 2022/2023 financial year

MONTH 6 2023/2024 – SEPTEMBER 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
252.503	NH Communities	126.568	129.806	(3.239)	260.751	(8.248)
50.386	Mental Health Services	25.177	29.087	(3.910)	55.702	(5.316)
147.606	Primary Care	73.795	74.587	(0.792)	150.013	(2.407)
(4.677)	ASC Other includes ASC Income	(3.912)	(4.331)	0.420	(5.513)	0.836
445.818	Total HHSCP	221.628	229.149	(7.521)	460.952	(15.135)
	HHSCP					
271.604	Health	135.787	142.293	(6.506)	283.801	(12.197)
174.213	Social Care	85.841	86.856	(1.015)	177.151	(2.938)
445.818	Total HHSCP	221.628	229.149	(7.521)	460.952	(15.135)

	In Month £'000	YTD £'000
Locum	1,038	4,118
Agency	577	3,373
Bank	760	4,681
Total	2,374	12,171

HHSCP

- YTD overspend of £7.521m reported
- Forecast that this will increase to £15.135m by financial year end
- Slippage of £4.311m against the CIP reported in the YTD position with £6.585m of slippage built into the year end forecast
- Continuing pressure with agency nursing and locum usage within Mental Health and in-house Care Homes and 2C practices - £12.171m incurred YTD
- A £1.600m prescribing pressure is forecast due to an increase in both the cost of drugs and volume of scripts being issued
- Previously reported pressures in Enhanced Community Services and Chronic Pain are continuing but at a lower cost base that reported in 2022/2023 work continues to review the service to bring costs within the available funding envelope

MONTH 6 2023/2024 – SEPTEMBER 2023



Services Category	Annual Budget £000's	YTD Budget £000's	YTD Actual £000's	YTD Variance £000's	Outturn £000's	YE Variance £000's
Older People - Residential/Non Residential Care	58,931	29,353	28,911	442	57,720	1,211
Older People - Care at Home	34,537	17,259	17,878	(619)	35,868	(1,331)
People with a Learning Disability	41,332	20,751	21,029	(278)	43,889	(2,557)
People with a Mental Illness	8,258	4,125	4,172	(47)	8,062	196
People with a Physical Disability	8,258	4,158	4,289	(131)	8,756	(498)
Other Community Care	17,789	8,942	8,934	7	17,920	(131)
Support Services	5,631	1,515	2,261	(746)	5,807	(176)
Care Home Support/Sustainability Payments	-	-	(236)	236	(86)	86
Total Adult Social Care Services	174,736	86,103	87,238	(1,135)	177,936	(3,199)
Total ASC less Estates	174,213	85,840	86,856	(1,015)	177,152	(2,939)

Sum of YTD Actual	
Care Home	Total
Ach-an-eas	20,233
Bayview House	23,563
Caladh Sona	12,318
Home Farm Portree	500,600
Mackintosh Centre	738
Mains House Care Home	149,691
Melvich Centre	3,543
Strathburn House	23,490
Telford Centre	16,853
Grand Total	751,030

ADULT SOCIAL CARE

- Significant deterioration from previously reported position
- Previous forecasts had assumed delivery of the ASC element of the CIP in full. This has now been reviewed and it is now estimated that there will be slippage of £2.326m
- £0.751m expenditure on agency nursing incurred to date within NHS Highland care homes
- £1.305m forecast full year spend on sustainability packages to ensure continuity of service provision
- Position assumes funding held by Highland Council from the 2021/2022 financial year will be drawn down in full – £9.734m

MONTH 6 2023/2024 – SEPTEMBER 2023



Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
78.384	Medical Division	38.818	43.243	(4.425)	83.390	(5.006)
20.864	Cancer Services	10.370	10.777	(0.408)	21.907	(1.044)
65.455	Surgical Specialties	32.526	34.758	(2.232)	68.153	(2.698)
34.103	Woman and Child	17.526	16.554	0.972	32.818	1.286
45.125	Clinical Support Division	22.319	21.952	0.367	44.503	0.622
(3.353)	Raigmore Senior Mgt & Central Cost	(2.377)	2.910	(5.286)	6.202	(9.555)
24.682	NTC Highland	11.452	11.190	0.262	24.117	0.565
265.261	Sub Total - Raigmore	130.635	141.384	(10.750)	281.090	(15.829)
14.138	Belford	7.019	7.239	(0.220)	14.424	(0.287)
15.272	CGH	7.601	7.944	(0.344)	16.016	(0.744)
294.671	Total for Acute	145.254	156.567	(11.313)	311.530	(16.860)

	In Month £'000	YTD £'000
Locum	749	5,197
Agency	808	6,027
Bank	640	3,526
Total	2,198	14,750

ACUTE

- £11.313m overspend reported year to date
- Forecast that this will increase to £16.860m by financial year end
- £2.832m slippage against CIP reported in YTD position – slippage of £1.754m included within the year end forecast
- A pressure of £0.322m is forecast within drugs
- The forecast includes approx. £10.211m of costs likely to be incurred as a result of patients not being within the correct care setting

MONTH 6 2023/2024 – SEPTEMBER 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
11.634	Central Services	(4.727)	12.607	(17.333)	31.914	(20.280)
45.392	Corporate Services	21.526	20.817	0.709	44.026	1.366
52.388	Estates Facilities & Capital Planning	25.342	26.096	(0.754)	54.072	(1.685)
15.858	eHealth	8.900	8.952	(0.052)	16.008	(0.150)
25.264	Tertiary	12.632	13.842	(1.210)	27.596	(2.332)
150.536	Total	63.674	82.314	(18.641)	173.616	(23.080)

	In Month £'000	YTD £'000
Locum	2	38
Agency	82	384
Bank	225	966
Total	310	1,389

SUPPORT SERVICES

- £18.641m overspend reported year to date with this forecast to increase to £23.080m by financial year end – this reflects the funding gap built into the initial plan submitted to SG in March 2023
- This is a significantly improved position from Month 5 as the benefits anticipated from the Financial Recovery Plan are captured here
- Within Corporate Services vacancies within a number of teams and additional Medical Education funding is driving the underspend
- Within Tertiary pressures within the main SLA with Lothian, Rheumatology, Cardiac and Forensic Psychiatry services provided out of area continue to drive the forecast overspend
- Estates continue to see pressures in utility & food costs, additional maintenance, additional pay costs at New Craigs due to facilities staff being aligned to Agenda for Change uplifts and increased cleaning across a number of sites

MONTH 6 2023/2024 – SEPTEMBER 2023



Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Argyll & Bute - Health					
125.447	Hospital & Community Services	62.769	62.724	0.046	125.794	(0.347)
38.927	Acute & Complex Care	19.477	19.881	(0.403)	39.847	(0.920)
10.126	Children & Families	5.064	4.955	0.109	9.926	0.200
38.065	Primary Care inc NCL	18.678	18.608	0.070	37.965	0.100
21.970	Prescribing	10.941	12.555	(1.614)	24.470	(2.500)
10.748	Estates	5.228	5.263	(0.035)	10.848	(0.100)
6.162	Management Services	2.835	2.794	0.042	6.145	0.017
11.930	Central/Public health	1.147	(0.005)	1.152	9.280	2.650
263.375	Total Argyll & Bute	126.140	126.773	(0.634)	264.275	(0.900)

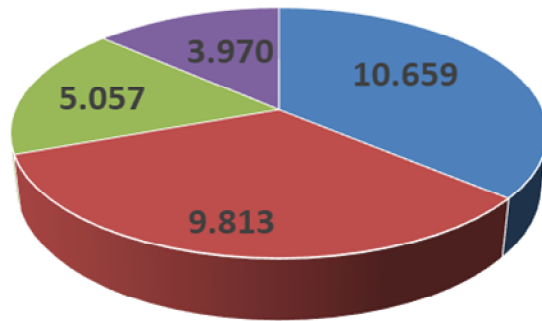
	In Month £'000	YTD £'000
Locum	621	2,974
Agency	369	1,988
Bank	184	1,360
Total	1,174	6,322

ARGYLL & BUTE

- YTD overspend of £0.634m reported with this forecast to increase to £0.900m by financial year end
- The YTD position includes £0.749m of slippage against the CIP.
- It is anticipated that cost improvements/ reductions of £3.331m will be delivered in year – slippage of £0.639m
- £2.500m of a pressure relating to prescribing and £2.240m of agency staffing have been built into the forecast position

MONTH 6 2023/2024 – SEPTEMBER 2023

£29.500m Cost Improvement Programme



■ HHSCP ■ Acute ■ Support Services ■ A&B

	Target £000s	Forecast Savings £000s	Variance £000s
HHSCP	10,659	4,075	(6,585)
Acute	9,813	8,060	(1,754)
Support Services	5,057	2,264	(2,793)
A&B	3,970	3,331	(639)
Total Forecast Savings	29,500	17,729	(11,771)

COST IMPROVEMENT

- £29.500M CIP programme planned
- At the end of Month 6 slippage of £9.529m against the CIP is reported
- Cost improvements of £17.729m are built into the year end forecast for operational areas
- There is an ongoing risk around non delivery of cost improvements/reductions
- The savings position has been reviewed in detail during Month 6 and operational areas are currently forecasting slippage of £11.771m against the CIP
- Mitigating actions are being taken to support delivery of the overall financial forecast and additional schemes will be progressed

MONTH 6 2023/2024 – SEPTEMBER 2023



Assurance of Progress										
	Target	Value of Schemes In Delivery (YTD + Forecast)	% of Target Achieved (YTD Forecast)	Value of Schemes In Planning Stage (In Year Estimate)	Total	Gap (Target) - (In Delivery + In Planning)	% of Target Achieved (In Delivery + In Planning)	Count of Schemes with No Value	Total Count of Schemes	% of Schemes With No Value
Acute										
Medical	2,565	2,568	100%	279	2,847	282	111%	6	14	43%
Surgical	2,164	2,314	107%	-146	2,168	4	100%	3	8	38%
Women & Child	1,112	535	48%	253	788	-324	71%	0	2	0%
Rural General Hospitals	961	260	27%	383	643	-318	67%	0	1	0%
Clinical Support	1,464	466	32%	458	925	-539	63%	2	14	14%
NTC	860	480	56%	0	480	-380	56%	1	2	50%
Cancer	688	-	0%	100	100	-588	15%	4	5	80%
Acute Central	0	110	0%	0	110	110	0%	0	1	0%
Sub-Total	9,813	6,733	69%	1,327	8,060	-1,754	82%	16	47	34%
HHSCP										
Mental Health	930	600	65%	87	687	-243	74%	0	9	0%
N. Highland Community Services & Primary Care	5,617	1,360	24%	215	1,575	-4,042	28%	6	22	27%
Adult social care	4113	820	20%	1,680	2,500	-1,613	61%	3	9	33%
Sub-Total	10,660	2,780	26%	1,982	4,762	-5,898	45%	9	40	23%
Support Services										
Corporate Services - Deputy Chief Exec	87	84	97%	0	84	-3	97%	0	1	0%
Corporate Services - People & Culture	169	71	42%	7	78	-91	46%	0	3	0%
Corporate Services - Public Health	196	16	8%	0	16	-180	8%	2	3	67%
Corporate Services - Finance	130	407	313%	0	407	277	313%	0	2	0%
Corporate Services - Medical	41	0	0%	0	0	-41	0%	0	0	0%
Corporate Services - Nursing	57	0	0%	0	0	-57	0%	0	0	0%
Tertiary	1,380	0	0%	0	0	-1,380	0%	0	0	0%
Estates and Facilities	709	508	72%	101	609	-100	86%	0	14	0%
E-Health	176	30	17%	50	80	-96	46%	13	16	81%
Central	794	794	100%	0	794	0	100%	0	1	0%
Sub-Total	3,739	1,910	51%	158	2,068	-1,671	55%	15	40	38%
A&B IJB	3970	3,237	82%	99	3,336	-634	84%	0	42	0%
Sub-Total	3970	3,237	82%	99	3,336	-634	84%	0	42	0%
Unallocated Savings	1,318									
Grand Total	29,500	14,659	50%	3,566	18,226	-9,957	62%	40	169	24%

3 HORIZONS/ SAVINGS TRACKER

- Efficiency and Transformation Governance Group is now meeting formally on a fortnightly basis with operational and support areas reporting back on plans and providing updates on delivery
- Workforce, Prescribing and Digital working groups have been established to focus on cost improvements and reductions in these areas across all areas of the Board
- The Assurance of Progress table shows a breakdown of the targets and delivery position for each operational area
- 153 schemes are currently recorded with 39 still in planning with no estimated value of savings at this time
- Horizon 2 schemes are being reviewed to ensure delivery of benefits as early as possible in the 2024/2025 financial year

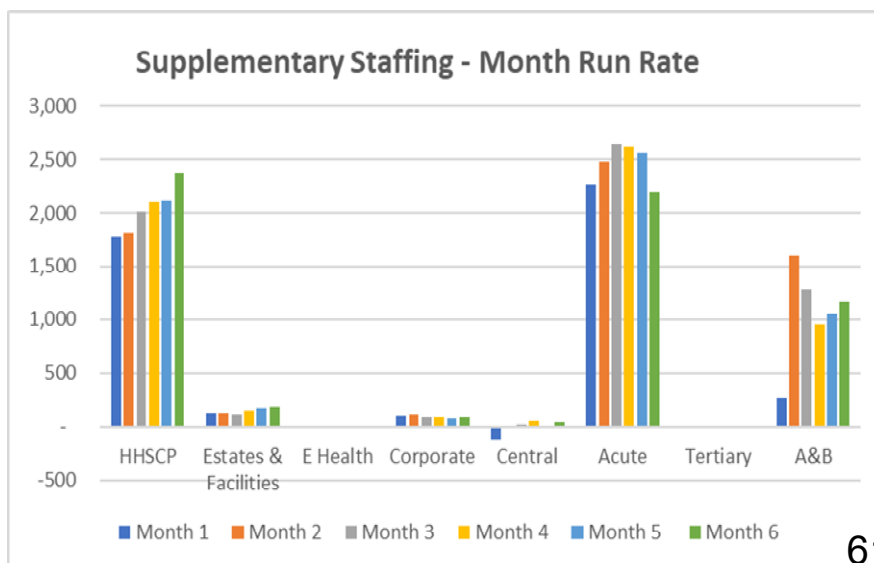
MONTH 6 2023/2024 – SEPTEMBER 2023



	2023/2024 YTD £'000	2022/2023 YTD £'000	Inc/ (Dec) YTD £'000
HHSCP	12,171	8,900	3,271
Estates & Facilities	837	842	(6)
E Health	8	0.97	7
Corporate	548	630	(81)
Central	(5)	(355)	350
Acute	14,750	13,213	1,536
Tertiary	1	1	-
Argyll & Bute	6,322	5,069	1,253
TOTAL	34,632	28,302	6,330

SUPPLEMENTARY STAFFING

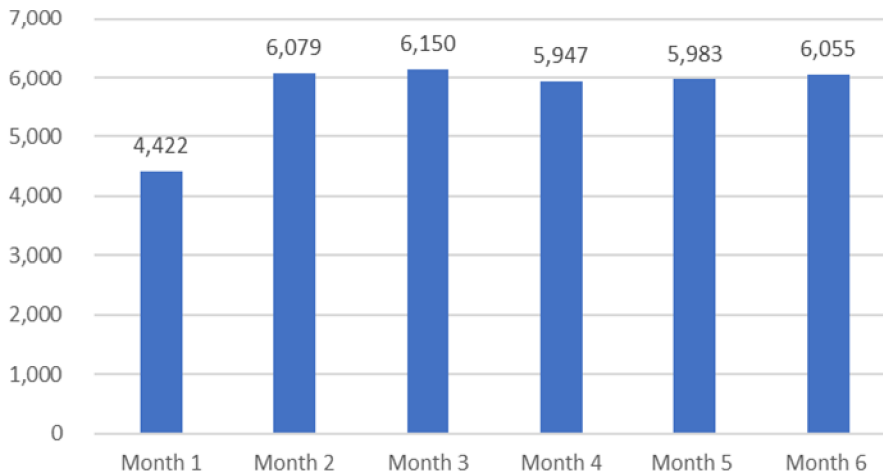
- Total spend on Supplementary Staffing at Month 6 is £34.632Mm – overspend on pay costs at Month 6 is £2.691m
- Run rate significantly reduced in Acute – review of actions taken to deliver this reduction is ongoing to establish if these can be replicated in other areas.



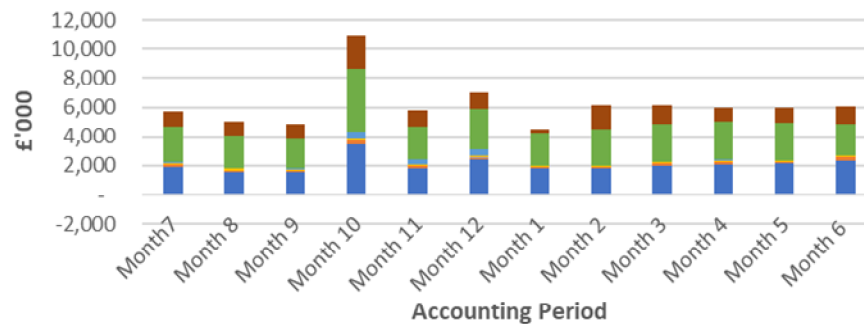
Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m
	Pay			
117.464	Medical & Dental	55.883	59.048	(3.165)
6.767	Medical & Dental Support	3.269	4.034	(0.764)
209.060	Nursing & Midwifery	104.294	107.309	(3.015)
39.710	Allied Health Professionals	19.942	19.166	0.775
16.348	Healthcare Sciences	8.057	8.171	(0.114)
21.889	Other Therapeutic	11.187	10.261	0.926
44.262	Support Services	22.325	21.459	0.866
82.814	Admin & Clerical	41.528	40.714	0.814
3.551	Senior Managers	1.781	1.391	0.389
54.517	Social Care	27.653	26.062	1.591
(1.976)	Vacancy factor/pay savings	(1.522)	(0.526)	(0.995)
594.407	Total Pay	294.398	297.089	(2.691)

MONTH 6 2023/2024 – SEPTEMBER 2023

Supplementary Staffing Total Spend 2023/2024



Supplementary Staffing Oct 22 - Sept 23



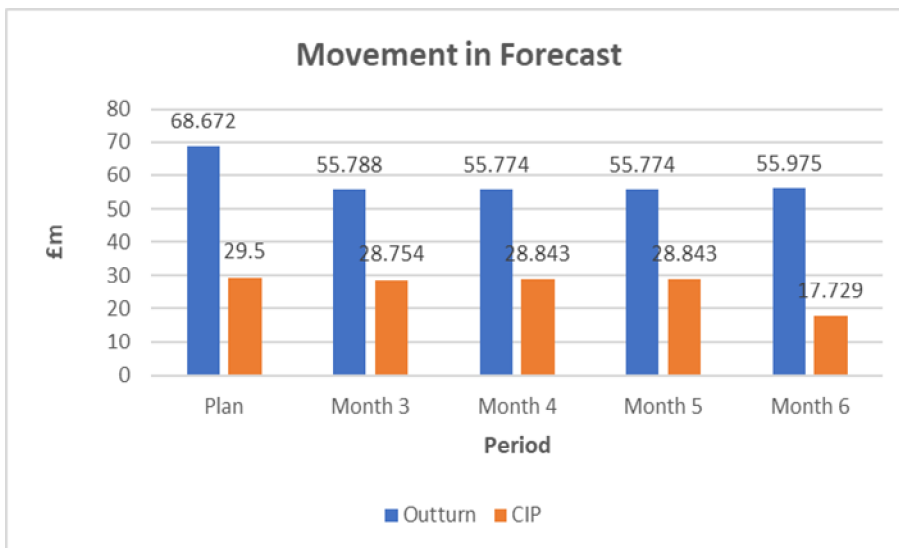
- HHSCP ■ Estates & Facilities ■ E Health ■ Corporate
- Central ■ Acute ■ Tertiary ■ A&B

SUPPLEMENTARY STAFFING

- Total Spend in Month 6 is £0.072m higher than Month 5. However, significant reduction within Acute.
- Month 10 in 2022/2023 is an outlier due to system and reporting issues experienced at that time. Month 10 includes an element of costs which would routinely have been reported in Month 9, 10 or 11
- The rolling 12 month position highlights spend in 2023/2024 is continuing to track slightly ahead of the latter part of 2022/2023.
- Acute cancelled out by increases within other areas

MONTH 6 2023/2024 – SEPTEMBER 2023

	Operational Delivery	Savings Delivered	Forecast Position
Best Case	(73 .704)	17.729	(55 .975)
Worst Case	(92 .175)	13.357	(78 .818)
Likely	(83 .795)	17.700	(66 .095)



FORECAST POSITION

- The current year end forecast of £55.975m is based on a number of assumptions which are relevant at this point in time
- Delivery of this position is reliant on all actions within the Financial Recovery Plan being achieved
- Progress against the CIP continues to present a risk to delivery of this position.
- The forecast reported is considered the best case scenario.
- Should no further savings be delivered this FY there is the potential that NHS Highland would be overspent by £78.818m by financial year end
- The likely position is assuming savings are delivered as per best case, no change to the expenditure run rate other than through the actions taken to deliver costs improvements/reductions which are built into the savings projection and the Financial Recovery Plan will deliver 50% of its target
- There have been no significant movements in the projection to year end during Month 5 with the reduction in savings forecast being mitigated by the actions of the Financial Recovery Plan

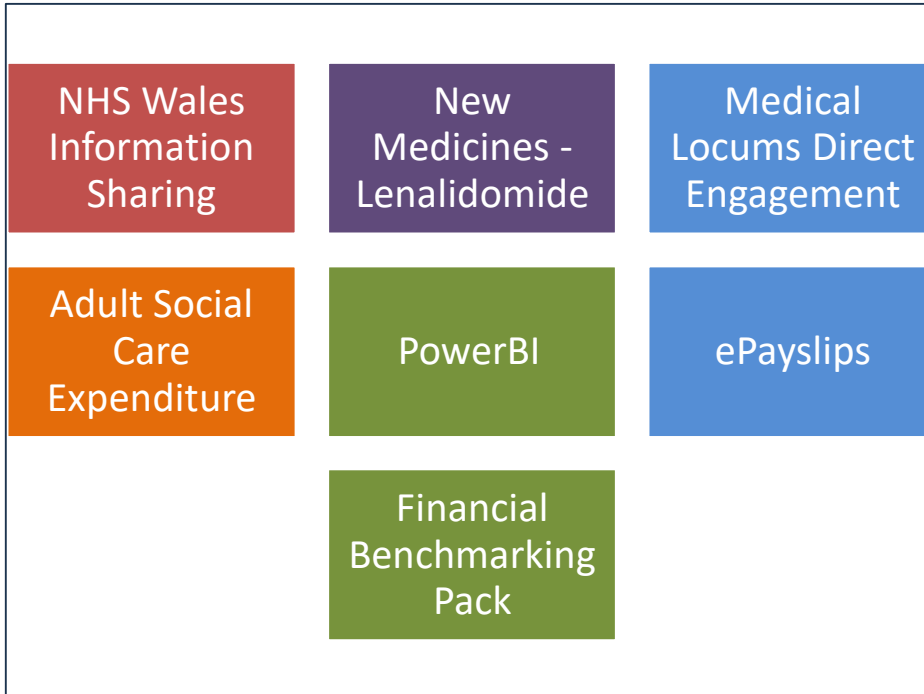
MONTH 6 2023/2024 – SEPTEMBER 2023



	TOTAL £m	Target £m	Reduction Required £m	RAG Rating
Period 5 Year End Forecast	(55.774)	(55.800)		
Adjust based on current savings position	(66.929)	(55.800)	11.129	
Actions to bring forecast into line with FP submission				
Additional savings - further reduction in locum/ agency spend			(4.000)	Red
Release of Annual Leave Accrual			(4.926)	Yellow
Additional Depreciation Cover			(1.587)	Yellow
Argyll & Bute management actions to achieve financial balance			(0.900)	Green
REVISED YEAR END FORECAST SHOULD ALL ACTIONS BE DELIVERABLE		(55.516)		

FINANCIAL RECOVERY PLAN

- A Financial Recovery Plan has been submitted to Scottish Government
- The basis for the plan was to deliver a year end position no worse than the revised Financial Plan
- This revision took account of Sustainability, NRAC Parity and additional New Medicines Funding
- The revised deficit is £55.800m
- The actions within the plan have been RAG rated and at this stage full delivery has been built into the year end forecast position of £55.975m



FINANCIAL IMPROVEMENT GROUP

- FIG continues to be a forum to generate and share ideas about where efficiencies can potentially be generated
- Recent input on prescribing and polypharmacy

SUSTAINABILITY & VALUE

- The September Financial Improvement Group Newsletter focussed on 7 themes.
- NHS Wales Information Sharing is developing relationships at a Board level to review how each other tackles the financial challenge
- New Medicines – provides information on Lenalidomide drug switch uptakes
- Medical Locum Direct Engagement provides a summary of savings which could be generated by moving to a full Direct Engagement model
- Adult Social Care Expenditure provided some benchmarking information
- ePayslips focussed on savings that could be generated by reducing the level of printed payslips
- Power BI and the Financial Benchmarking Pack provides further data to support financial analysis

MONTH 6 2023/2024 – SEPTEMBER 2023

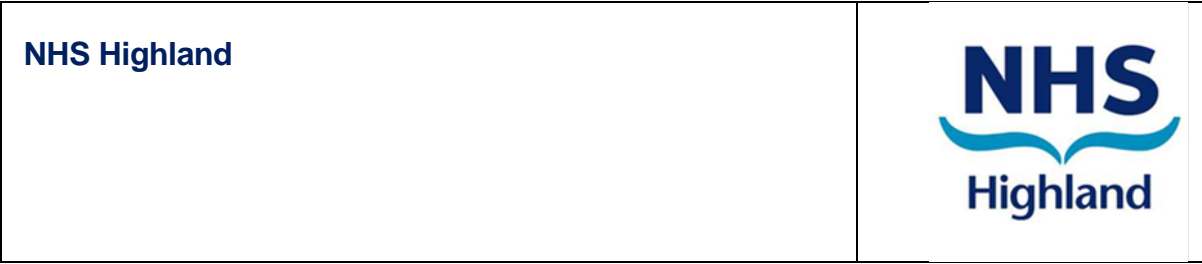


Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Project Specific Schemes		
880		Radiotherapy Equipment	-	880
500		NTC (H)	540	(40)
2,400		Belford Hospital replacement	524	1,876
1,500		Caithness redesign project	698	802
2,500		Grantown HC upgrade	330	2,170
2,820		Broadford HC extension	-	2,820
		Other Centrally Provided Capital Funding		
2,650		Raigmore Maternity capacity	271	2,379
60		Cowal Community Hospital GP relocation	(2)	62
1,350		Raigmore car park project	1,039	311
500		Laundry Water Filtration Equip	12	488
50		Raigmore oncology unit	-	50
0		Campbeltown boiler replace	12	(12)
860	860	EV charging points - NHSH wide	276	584
1,250		Backlog maintenance additional funding	980	270
783	783	National Infrastructure Equipment Funding (NIB)	-	783
18,103	1,643		4,681	13,422
		Formula Allocation		
827	827	PFI Lifecycle Costs	426	401
2,010	2,010	Equipment Purchase Advisory Group (EPAG)	980	1,030
2,350	2,350	Estates Capital Allocation	2,524	(174)
1,500	1,500	eHealth Capital Allocation	526	974
260	260	Minor Capital Group	-	260
-		Other	(22)	22
6,947	6,947		4,434	2,513
25,050	8,590	Capital Expenditure	9,115	15,936

CAPITAL

- Capital programme of £25.050m planned
- Only formula funding received – further allocation anticipated in September
- Main areas of spend to date are

Project	Spend to end Sept 2023
National Treatment Centre – Highland	£0.540m
Estates Backlog Maintenance	£3.504m
Equipment Purchase	£0.980m
Raigmore Car Park	£1.039m



Meeting: NHS Highland Board

Meeting date: 28 November 2023

Title: Q2 Whistleblowing Report

Responsible Executive: Gareth Adkins, Director of People & Culture

Report Author: Gareth Adkins, Director of People & Culture

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal Requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Whistleblowing Standards report for Quarter 2 covers the period July - October 2023. This is provided to give assurance to the Board of our performance against the Whistleblowing Standards which have been in place since April 2021.

During the months July, Heledd Cooper, Director of Finance, provided Executive leadership and Executive Leadership has now been transferred to Gareth Adkins, Director of People and Culture.

2.2 Background

All NHS Scotland organisations including Health and Social Care Partnerships are required to follow the National Whistleblowing Principles and Standards which came into effect from 1 April 2021. Any organisation providing an NHS service should have procedures in place that enable their staff, students, volunteers, and others delivering health services, to access the National Whistleblowing Standards.

As part of the requirements, reports are required to be presented to the Board and relevant Committees and IJBs, on an annual basis, in addition to quarterly reports. The Staff Governance Committee plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland. Both quarterly and annual reports are presented at the meetings and robust challenge and interrogation of the content takes place to ensure assurance can be provided to the Board.

The Guardian Service provide our Whistleblowing Standards confidential contacts service. The Guardian Service will ensure:

- that the right person within the organisation is made aware of the concern
- that a decision is made by the dedicated officers of NHS Highland and recorded about the status and how it is handled
- that the concern is progressed, escalating if it is not being addressed appropriately
- that the person raising the concern is:
 - kept informed as to how the investigation is progressing
 - advised of any extension to timescales
 - advised of outcome/decision made
 - advised of any further route of appeal to the Independent National Whistleblowing Office (INWO)
- that the information recorded will form part of the quarterly and annual board reporting requirements for NHS Highland.

Staff can also raise concerns directly with:

- their line manager
- The whistleblowing champion
- The executive whistleblowing lead

Information is also included in the NHS Highland Induction, with training modules still available on Turas. The promotion and ongoing development of our whistleblowing,

listening and speak up services is a core element of the Together We Care Strategy and Annual Delivery Plan.

2.3 Assessment

Work continues through the Guardian Service and our Whistleblowing Non Executive Director to promote the standards and discuss with staff on their visits to locations within the organisation. This included a series of events during ‘Speak Up’ week in October which the guardian service and our executive team supported including walk rounds and drop in sessions at different sites across NHS Highland
In the Q2 Whistleblowing reporting period 1 July to 31st October 2023:

- 2 monitored referrals were received from INWO
- 1 Query was received from INWO regarding a complaint
- 1 Case was raised and resolved under stage 1 of whistleblowing standards
- 1 case was closed
- 1 case remains open and under investigation

The monitored referrals were two linked cases where the individuals chose to contact INWO as they were not satisfied that their issues had been resolved through a previous Whistleblowing Case investigated through National Education for Scotland.

The whistleblowing standards were raised through a grievance raised in October 2022 and specifically referenced issues that dated back a number of years. The executive lead reviewed these cases and decided to time bar them based on the 6 month time period for reporting issues unless there are exceptional circumstances. In addition a significant amount of work had been undertaken to address issues following the NES investigation.

However, the individuals were offered the opportunity to submit a new account of concerns under the standards if they felt that there were issues they were still encountering now or had happened in the last 6 months. There has been no further contact from either individual since the referrals were not accepted.

The query from INWO was in relation to a complaint made by a member of staff in relation to a concern they raised through the guardian service in July 2022. This was dealt with through business as usual routes and a facilitated discussion with the line manager.

It is not clear why but the individual is now claiming they wished it to be raised under the whistleblowing standards at the time, however we do not have evidence that they did specifically state they wished to use the standards route. In contrast the records the Guardian Service hold indicate the individual was satisfied with the response they received from management at time and noted they had seen improvements

INWO agreed with the executive lead agreed that no further action was required by the board.

We continue to focus on improving our processes as summarised in the whistleblowing action plan.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Comment on the level of assurance

This report proposes moderate assurance is taken. It is recognised that further work is needed to improve our processes and particularly in relation to timescales for completing investigations.

3 Impact Analysis

3.1 Quality/ Patient Care

The Whistleblowing Standards are designed to support timely and appropriate reporting of concerns in relation to Quality and Patient Care and ensure we take action to address and resolve these.

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

The Whistleblowing Standards also offer another route for addressing allegations of a financial nature

3.4 Risk Assessment/Management

The risks of the implementation have been assessed and included. Consideration is being given to where this would sit on our operational and board level risks.

3.5 Data Protection

None.

3.6 Equality and Diversity, including health inequalities

None

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

Duties to involve and engage external stakeholders are carried out where appropriate

3.9 Route to the Meeting

N/A

4 Recommendation

The Board is asked to accept Moderate Assurance – and note the report provides confidence of compliance with legislation, policy and Board objectives noting further work to improve processes.

4.1 List of appendices

The following appendices are included with this report:

- None

NHS Highland



Meeting: NHS Highland Board
Meeting date: 28 November 2023
Title: Whistleblowing Action Plan
Responsible Executive: Gareth Adkins, Director of People & Culture
Report Author: Gareth Adkins, Director of People & Culture

1 Purpose

This is presented to the Forum for:

- Assurance

This report relates to a:

- Government policy/directive

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Executive Director’s Group completed a ‘pause and reflect’ session on 24th August 2023 to review our progress to date with implementation of the Whistleblowing Standards across NHS Highland 2021. The board subsequently undertook a similar session on 29th August 2023.

On 4th September EDG subsequently discussed the outputs of both sessions and recommendations to further strengthen our approach to supporting staff to raise concerns and where appropriate use the Whistleblowing Standards.

It was agreed an action plan was required and would be submitted to EDG and the board. This paper sets out the action plan including timescales and owners

2.2 Background

The National Whistleblowing Standards were implemented in April 2021. In parallel to publishing our second annual whistleblowing report EDG and the board undertook 'pause and reflect' sessions to:

- Review progress to date with implementation of the whistleblowing standards
- Identify what has worked well
- Agree areas for improvement and strengthening

This included opportunities for:

- our non-executive whistleblowing champion to share their experiences to date, their reflections and suggestions for further improvement
- the board to review the contents and recommendations within the second annual whistleblowing report

2.3 Assessment

The key recommendations agreed through the pause and reflect sessions and subsequent discussions are outlined in the table below:

- Whistleblowing executive lead to remain allocated to the Director of People and Culture who will have responsibility and oversight of the standards, procedures and reporting
- Medical Director and Nurse Director to be included in an additional executive oversight group who will:
 - o triage whistleblowing cases
 - o decide on redirection to business as usual processes such as clinical governance policies and processes or HR policies and processes including allocation of an investigating officer where appropriate
 - o allocation of appropriate executive lead to support cases agreed as proceeding to whistleblowing stage 1 or stage 2
 - o allocation of investigating officer to support stage 1 or stage 2 cases
- Establishing an agreed triage procedure

- Refinement of our administration and support processes. This will provide coordination and oversight of all stages of the process and ensure a consistency with our responses and record keeping
- Ensure a robust process is in place for tracking and monitoring actions. This would provide assurance on recommendations and actions being progressed and completed
- Establish a bank of investigating officers with appropriate training to support whistleblowing standards and other complimentary investigatory processes, e.g. HR processes, complaints.
- Review of routes for concerns to be raised and the role of confidential contacts
- Refresh of communications plan for speaking up including:
 - o Promoting the various routes for raising concerns including business as usual routes, whistleblowing and confidential contacts service
 - o Promoting training to support managers in handling concerns including training available on the standards, early resolution and courageous conversations

It was acknowledged throughout discussions that the whistleblowing standards are just one element of our overall approach to encouraging speaking up across our organisation. The action plan in appendix 1 is named our speaking up action plan to reflect that wider concept.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

Comment on the level of assurance

It is proposed this report provides moderate assurance due to the improvements that remain to be progressed.

3 Impact Analysis

3.1 Quality/ Patient Care

The action plan will improve quality and performance our speaking up processes.

3.2 Workforce

This speaking up plan supports our strategic intent to support our staff to raise concerns and create a psychologically safe culture

3.3 Financial

Potential financial implications in relation to confidential contacts service and future delivery options

3.4 Risk Assessment/Management

The risks that have been identified are regarding timescales and compliance with the National Standards, this action plan will mitigate risks of non compliance

3.5 Data Protection

This report does not include personally identifiable information

3.6 Equality and Diversity, including health inequalities

None identified

3.7 Other impacts

None

3.8 Communication, involvement, engagement and consultation

This action plan will be presented to EDG, Area Partnership Forum and the Board.

3.9 Route to the Meeting

From board discussions

4 Recommendation

The Board is asked to:

- **Assurance** – Moderate assurance that we have an action plan that will strengthen our approach to whistleblowing standards and speaking up based on reviewing lessons learned and progress to date through our annual whistleblowing report

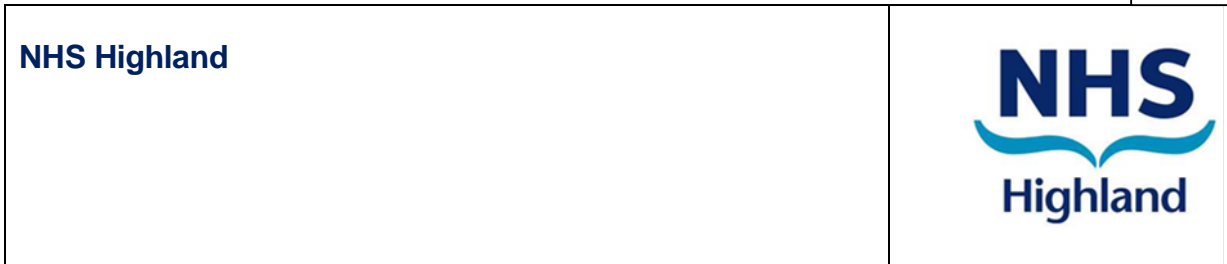
4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – Speaking Up Action Plan

Appendix 1 – Speaking Up Action Plan

Action	Executive Owner	Lead	Timescale
Transition whistleblowing executive lead to Director of People and Culture from interim allocation to Director of Finance including updating contact details	Director of People and Culture	Board secretary	End of September 2023
Establish executive operational oversight group including medical and nurse director and develop triage process	Director of People and Culture	Board secretary	End of October 2023
Review and refresh executive strategic oversight group to extend membership to include medical, nurse director, director of people and culture, chief executive, non-executive whistleblowing champion, employee director and board secretary	Director of People and Culture	Board secretary	End of October 2023
Secure resource to support administration of whistleblowing standards, the executive leads and investigating officers	Director of People and Culture	Board secretary	End of October 2023
Review and improve administrative processes for whistleblowing investigations including record keeping and action tracking for individual cases	Director of People and Culture	Board secretary	End of November 2023
Review and improve administrative processes for reporting on overall whistleblowing procedure compliance and performance	Director of People and Culture	Board secretary	End of November 2023
Review and improve administrative processes for tracking wider organisational actions arising from whistleblowing cases including development of regular reporting to appropriate governance groups and committees	Director of People and Culture	Board secretary	End of November 2023
Develop training plan and proposal for a bank of investigating officers with appropriate training to support whistleblowing standards and other complimentary investigatory processes, e.g. HR processes, complaints.	Director of People and Culture	Deputy director of people	End of November 2023
Review of routes for concerns to be raised	Director of People and Culture	Deputy director of people	End of November 2023
Review of confidential contacts service and options for future delivery	Director of People and Culture	Deputy director of people	End of January 2023
Refresh of communications plan for speaking up	Director of People and Culture	Deputy director of people and Director of communications and engagement	End of December 2023



Meeting: NHS Highland Board
Meeting date: 28 November 2023
Title: Statutory & Mandatory Training Improvement Plan
Responsible Executive: Gareth Adkins, Director of People & Culture
Report Author: Gaye Boyd, Deputy Director of People

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- NHS Board Strategy

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

Compliance with Statutory and Mandatory training has remained a concern and a challenge for a significant period of time. Work is being progressed to improve the overall position and review the Statutory and mandatory training across NHS Highland. There are risks associated with this and are captured within our Risk Register.

2.2 Background

Improvement in compliance with training is required both in the face to face activity but also for elearning modules. This training is a key element of the Board's responsibilities both in relation to external legislative requirements and internal support for our staff in order to provide safe and effective patient care. An action plan following an external audit was presented to the Staff Governance Committee in May 2022 and has been incorporated in this more detailed plan to progress.

2.3 Assessment

A short life oversight group and project team have been established with the first meeting scheduled for 12th October 2023. The focus of the planned actions is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.

A project charter has been developed as well as a project plan – appendices 1 and 2 which provide the detail of how the actions will be progressed and the anticipated outcomes. The main aim of the project is to oversee and monitor progress of the agreed audit actions from 2022 and set realistic timescales for completion of actions to lead to overall improvements in compliance with Statutory and Mandatory training.

The actions include:-

- Implementation of a programme to ensure all managers review direct reports compliance with statutory and mandatory training
- A review of face to face training including delivery methods, duration and content
- Consider barriers to face to face delivery and consider appropriate venues for training events
- Review induction and onboarding arrangements including options for scheduling employment start dates with corporate induction weeks
- Develop process for approving training as mandatory
- Review training passport arrangements
- Review and evaluate risks associated with low levels of training compliance

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

X

Comment on the level of assurance

At this stage the level of assurance is moderate but as we progress through the actions this level should increase

3 Impact Analysis

3.1 Quality/ Patient Care

A robust improvement plan taken forward by a Oversight group will reduce the risks to quality and patient care identified by poor compliance with statman training.

3.2 Workforce

Supporting and developing staff will enhance their overall experience of working for the Board and will have a positive impact on culture and ensuring the Board is a values based organisation.

3.3 Financial

Improved compliance reduces the financial risk of lack of legislator compliance.

3.4 Risk Assessment/Management

The recommendations are aimed at responding to the identified risk and managing a reduction of this risk.

3.5 Data Protection

Statman compliance will improve overall data protection understanding and compliance.

3.6 Equality and Diversity, including health inequalities

None

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

An oversight group has been established and will consider the communications supporting the progress of the actions

3.9 Route to the Meeting

This has been discussed at EDG, APF and Staff Governance Committee

4 Recommendation

- The Board is asked to accept **Moderate Assurance** – To give confidence of plan to achieve compliance with legislation, policy and Board objectives.

4.1 List of appendices

Appendix 1 – Project Charter

Appendix 2 – Project Plan

Appendix 3 – Statutory and Mandatory Training Overview

Appendix 4 – Action Plan

Appendix 5 – Risk Assessment

Statutory and Mandatory Improvements - Project Charter

Description

Review the Statutory and mandatory training across NHS Highland and improve compliance activity

SRO: Gareth Adkins
Project Lead: Author:
Gaye Boyd Governance
Group: Staff Governance

Problem Statement/Challenge	Link to Corporate & Strategic Objectives																				
Compliance with training remains low across the organisation with low attendance rates at face to face training, low completion rates for elearning modules and a lack of suitable training venues in-house and considerable cost of external venues	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Gov policy/Directorate</td> <td style="width: 10%;"></td> <td style="width: 30%;">Legal Requirement</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> </tr> <tr> <td>Board Strategy</td> <td style="text-align: center;">X</td> <td>ADP</td> <td></td> <td></td> </tr> <tr> <td>Corporate Objective</td> <td></td> <td>Local Policy</td> <td></td> <td></td> </tr> <tr> <td>Operational Issue</td> <td style="text-align: center;">X</td> <td>Other</td> <td></td> <td></td> </tr> </table>	Gov policy/Directorate		Legal Requirement	X		Board Strategy	X	ADP			Corporate Objective		Local Policy			Operational Issue	X	Other		
	Gov policy/Directorate		Legal Requirement	X																	
	Board Strategy	X	ADP																		
	Corporate Objective		Local Policy																		
	Operational Issue	X	Other																		
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Aims & Objectives	Deliverables																				
<ul style="list-style-type: none"> The main aim of the project is to oversee and monitor progress of the agreed audit actions from 2022 and set realistic timescales for completion of actions to lead to overall improvements in compliance with Statutory and Mandatory training. Key objectives: Establish regular reporting to committees and other meetings indicating level of assurance Implementation of a programme to ensure all managers review direct reports compliance with statutory and mandatory training Review face to face training including delivery methods, duration and content Consider barriers to face to face delivery and consider appropriate venues for training events Review induction and onboarding arrangements including options for scheduling employment start dates with corporate induction weeks Develop process for approving training as mandatory Review training passport arrangements Review and evaluate risks associated with low levels of training compliance 	<ul style="list-style-type: none"> - Agreed data set at Board, committees and performance meetings - Agreed data reporting for managers - Corporate improvement plan including 6 month trajectories for improvement - Communications plan to support improvement plan - Agreed and approved process for aligning start dates with corporate induction including statutory mandatory training - Training passport procedures to ensure prior learning is recognised - Risk evaluation including corporate risk profiles where appropriate 																				
Expected Outputs & Benefits	Scope																				
<ul style="list-style-type: none"> Streamlined process for starting employment and induction including statutory and mandatory training Increase in compliance activity for existing workforce Reduction in corporate risk associated with lack of compliance Improved access to required face to face training 	<ul style="list-style-type: none"> All Statutory and Mandatory training both face to face and e-learning modules All job families 																				

Statutory and Mandatory Training Improvement Project Plan

1 Introduction

The purpose of this paper is to provide further detail on how the following objectives set out in the project charter will be progressed:

- Establish regular reporting to committees and other meetings indicating level of assurance
- Implementation of a programme to ensure all managers review direct reports compliance with statutory and mandatory training
- Review face to face training including delivery methods, duration and content
- Consider barriers to face to face delivery and consider appropriate venues for training events
- Review induction and onboarding arrangements including options for scheduling employment start dates with corporate induction weeks
- Develop process for approving training as mandatory
- Review training passport arrangements
- Review and evaluate risks associated with low levels of training compliance

Further analysis of the risks associated with low compliance are also included in this paper

2 Background

Table 1 in Appendix 1 details the e-learning training requirements for staff whilst table 2 outlines the face to face training requirements.

The purpose of statutory and mandatory training is to:

- Provide the knowledge and skills for staff to:
 - be aware of their responsibilities in relation to each topic area
 - understand what is expected of them in their role on a day to day basis including any procedures they should be routinely following
 - enable them to do their job effectively
- Ensure the organisation is compliant with statutory legislation
- Ensure the organisation can demonstrate a risk based and proportionate approach to mandatory training that aligns with corporate risks

It is important to note that **only fire safety training is a legal requirement** and therefore statutory requirement for all staff.

Our remaining training modules for all staff are mandated in line with our corporate responsibility to manage risks and to demonstrate we meet the obligations of the following:

- General Data Protection Regulations
- Health and Safety Regulations
- Cyber-security best practice guidelines
- Network and Information Systems Regulations
- Child protection best practice
- Equality Act 2010

Further role specific training is included in our mandatory training to manage risk and meet the obligations above including:

- Inanimate load manual handling training
- People handling training
- Management of violence and aggression practical techniques (breakaway and restraint)

Our staff governance standards includes well informed and appropriately trained which supports our overall approach that all staff should complete the required statutory and mandatory training (including role specific)

However, it is also important for governance assurance purposes to understand the risks associated with:

- low levels of compliance of each of the topics that all staff are required to complete
- low levels of compliance for role specific training

This is covered in more detail in the section on risk management.

3 Corporate Improvement Plan and Compliance Reporting

Line managers have a responsibility to ensure that their staff are able to complete the required statutory and mandatory training and for monitoring and managing compliance across their area of responsibility.

Compliance over the last 12 months is illustrated in figure 1 below with further detail in table 1:

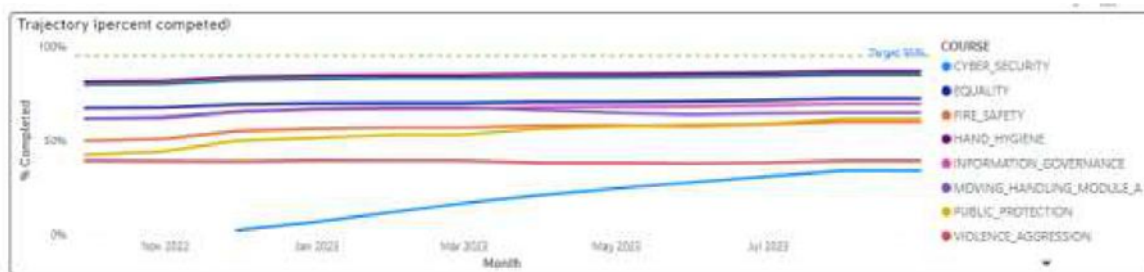


Figure 1 – Statutory and Mandatory Training Compliance Progress

Topic	Completion August 2023
Hand Hygiene	87%
Why Infection and Prevention Control Matters	85%
Equality and Human Rights	72%
Information Governance: Safe Information Handling	70%
Moving and Handling (module A)	65%
Public Protection: Everyone’s Responsibility	62%
Fire Safety	60%
Violence and Aggression (non-clinical)	40%
Cyber-security: Staying safe online	34%

Table 1 – Completion Rates 2023

The target for all modules is 95% and the RAG status in table 1 reflects the amount of improvement required to provide assurance to the board that we are meeting our own standards of how train staff and what we expect staff them to know and put into practice.

It is proposed that a 6 month improvement plan is implemented with the targets for all services to meet in each month set out in table 2 along with the criteria for RAG rating service and manager

compliance for each module based on their individual service and employee which will be supplied to them regularly (twice a month).

Table 2 – Improvement Trajectories and RAG rating Criteria

Month	Target completion rate (x) for all modules	Status		
		Red (Target -10%)	Amber (Target – 5%)	Green (on Target)
1	X ≥50%	X ≤40%	40%≤ X ≤45%	X ≥50%
2	X ≥60%	X ≤50%	50%≤ X ≤55%	X ≥60%
3	X ≥70%	X ≤60%	60%≤ X ≤65%	X ≥70%
4	X ≥80%	X ≤70%	70%≤ X ≤75%	X ≥80%
5	X ≥90%	X ≤80%	80%≤ X ≤85%	X ≥90%
6	X ≥95%	X ≤85%	85%≤ X ≤95%	X ≥95%

A report will be developed for distribution every two weeks that:

- Is disseminated to all 1st level line managers (team managers) and their managers (2nd level)
- Provides a RAG status summary all modules for each named 1st level line manager and includes the roles of each line manager in the report for visibility and transparency
- Is structured so each named 2nd level line manager can assess the compliance across their management team
- Is structured so that higher level managers can assess compliance across their services and management team

An example of the line level detail expected is shown below for month 1 and a target of 50% is shown below. The intention of the report will be to aid managers in tracking and improving compliance for their team and for greater visibility at an organisational level of progress against the overall improvement plan

Line Manager	Role	Hand Hygiene	Why Infection and Prevention Control Matters	Equality and Human Rights	Information Governance: Safe Information Handling	Moving and Handling (module A)	Public Protection: Everyone's Responsibility	Fire Safety	Violence and Aggression (non-clinical)	Cyber-security: Staying safe online
John Smith	Senior Charge Nurse	74%	82%	45%	60%	55%	70%	60%	N/A	20%
Robert Burns	AHP lead	45%	43%	70%	55%	23%	45%	20%	N/A	51%

The actions required to progress our corporate improvement plan and compliance reporting are:

- Develop RAG rated compliance report and dissemination process for line managers to receive 2 weekly updates on training compliance and status against corporate improvement plan
- Develop Improvement Plan Brief
- Communicate and cascade Improvement Plan Brief through management structure
- Establish regular reporting through executive, senior and middle management teams

4 Face to Face Training Review

Manual handling and management of violence and aggression training approaches both include face to face training but are managed in different ways.

4.1 Manual Handling Overview

It is not proposed to substantially change the format and delivery method of this course but this project will review if there are any barriers to accessing face to face training. The current risk based approach delivers face to face training in a targeted way as follows:

- All staff must complete e-learning module (A) which ensures all staff are aware of the basic principles of safe moving and handling in the workplace
- Moving and Handle Keyworkers undertake competency assessment of new employees and
 - recognise prior learning through Scottish Manual Handling Passport Scheme where relevant
 - assess level of training required and allocate to appropriate course outlined below
- Staff regularly involved in moving objects (not people), e.g. porters, stores people, undertake 2 hr training module (module b)
- Staff regularly involved in moving objects and regularly assisting a person in, from and to a seated position undertake $\frac{1}{2}$ day training module (module b and c)
- Staff regularly involved in moving objects and regularly assisting a person in, from and to a seated position as well as handling in bed or using hoists undertake a full day course

4.2 Manual Handling recommendations

The key points in relation to the current approach are:

- The current e-learning module requirement for all staff and further role specific face to face is a proportionate and risk based approach that makes best use of resources whilst adhering to the principles of health and safety in terms of lowering risk to **As Low as Reasonably Practicable (ALARP)**.
- The corporate improvement plan outlined above will address the compliance risk for manual handling training for module A that applies to all staff.
- There may be barriers to face to face training which this project will review.

This project will develop proposals that to address any barriers identified which may include:

- Expanding the number of Moving and Handle Keyworkers available across the organisation
- Reviewing feasibility and appetite of service managers for delivering module b and c through local training arrangements and training Moving and Handle Keyworkers
- Reviewing feasibility and appetite of service managers for delivering modules b-f through local training arrangements and training Moving and Handle Keyworkers

- Developing training plan for training Moving and Handle Keyworkers at key locations including facilities available for local training delivery
- Identifying and securing additional training facilities at key larger sites across the organisation and region if required

4.3 Management of Violence and Aggression Overview

This project will review the current approach which is segmented as follows:

- Module a - All non-clinical staff complete an online e-learning module (1260 eligible staff)
- Module b - All staff who have regular contact with the public and patients complete 1 day face to face training (12,037 eligible staff)
- Module c - Further 1/2 day face to face training is required for staff working in higher risk areas as identified by risk assessments such as learning disability services and areas caring for people with dementia
- Module d - A 4 day face to face training module is required for staff in high risk areas such as mental health services

Compliance is low across all modules and there are significant challenges with delivering the face to face courses across the organisation including capacity for courses and availability of suitable training venues.

4.4 Management of Violence and Aggression Recommendations

The key points in relation to the current approach are:

- Over 12,000 staff are required to complete a face to face training course covering theory and breakaway techniques
- Low compliance for module b is due to barriers of capacity and access to training facilities
- Many staff are not being provided with the basic training that could be provided through use of the existing e-learning module for non-clinical staff
- The module d is longer than other board's courses which are typically 2 or 3 days which is having an impact on service areas requiring this level of training and their ability to release staff for 4 days

It is proposed to change the delivery approach for this training to a risk based and proportionate one that can make best use of resources whilst adhering to the principles of health and safety in terms of lowering risk to **As Low as Reasonably Practicable (ALARP)**.

The key recommendations are:

- mandatory training requirements are changed so all staff are required to complete an e-learning module instead of face to face training.
- Face to face training continues for staff in higher risk areas as identified through risk profiling and training needs analysis
- Module d is review in determine if a shorter course can be delivered

In addition this project will review opportunities to address barriers to delivering including:

- Local training facilities for highest risk areas and potential for local trainers
- Access to training facilities at key sites where higher risk services are situated

5 Corporate induction and onboarding

It has been proposed that scheduled employment start dates are introduced with all new employees starting in one of two weeks each month, e.g. all new employees start in either the first or fourth week of the month. This proposal will be developed in partnership with staffside and will include consultation with senior managers.

The benefits of this approach include:

- better scheduling and alignment of employment start dates with corporate mandatory training and welcome sessions
- better scheduling and alignment of employment start dates with local induction including:
 - assessment by moving and handling key worker
 - local health and safety orientation including fire safety and evacuation arrangements
- new starts to be supported in groups where appropriate to complete local induction
- managers able to schedule new starts as supernumerary in first week to ensure corporate and local induction is completed and all mandatory e-learning training undertaken

This will require the following actions:

- Agreement through area partnership forum to establishing scheduled start dates
- Development of refreshed corporate and local induction procedure and checklist so all necessary actions are scheduled and managed in line with scheduled start dates including
 - Staff have access to IT and digital systems including Turas
 - Payroll is informed of new starts and they are registered on pay systems
 - Staff are booked onto corporate induction sessions
 - Scheduled time to complete of statutory and mandatory training
 - Local induction plan is booked

6 Risk Assessment

It is important to note that training is only one control element for the risks associated with each of the subjects included in statutory and mandatory training. Table 3 in appendix 3 summarises the risks related to e-learning modules and provides a risk rating based on current compliance levels and planned improvement to the targets of 95% and the impact of the risk materialising.

Table 4 provides a risk definition to the risks associated with our face to face training. Further work is required to quantify and score these risks based on assessment of the compliance for the higher risk areas in the organisation including:

- Areas providing care for individuals with dementia, delirium, people who have consumed alcohol or non-prescription drugs as well as people who may be affected by treatment being administered e.g. anaesthetics and pain relief
- Areas providing care for people with health conditions that increase the risk of them becoming violent or aggressive such as learning disabilities as well as severe and enduring mental health conditions

7 Appendix 3 – Statutory and Mandatory Training Overview

E-learning modules

Training Topic	Refresher period (years)	Category	Duration (minutes)
Fire Safety	3	Statutory	45
Information Governance: Safe Information Handling	3	Mandatory	45
Public Protection: Everyone's Responsibility	3	Mandatory	60
Cyber-security: Staying safe online	3	Mandatory	30
Hand Hygiene	3	Mandatory	30
Why infection prevention and control matters	n/a	Mandatory	30
Equality and Human Rights	3	Mandatory	20
Moving and Handling (module A)	2	Mandatory	45
Violence and Aggression (non-clinical)	3	Mandatory	45
Total			5 hrs 50 mins

Face to face training

Training Topic	Refresher period (years)	Category	Duration
Moving and Handling: Inanimate load module	2	Role specific	2 hrs
Moving and Handling: minimal people handling	2	Role specific	0.5 day
Moving and Handling: people handling	2	Role specific	1 day
Violence and Aggression: theory and breakaway	2	All patient and public facing staff	1 day
Violence and Aggression: enhanced theory and physical interventions	2	Higher risk areas in general acute	0.5 day
Violence and Aggression: enhanced theory and physical interventions	1	Mental Health Services	4

8 Appendix 4 – Action Plan

Action	Action Owner	Lead	Timescale
Develop RAG rated compliance report and dissemination process for line managers to receive 2 weekly updates on training compliance and status against corporate improvement plan	Deputy Director of People	Workforce systems manager	End of October 2023
Develop refreshed governance approach	Director of P&C	Deputy Director of People	End of October 2023
Develop Improvement Plan Brief	Director of P&C	Head of Communications	End of October 2023
Communicate and cascade Improvement Plan Brief through management structure	Director of P&C	Chief Officers/Corporate Directors	End of October 2023
Establish regular reports for sharing with executive, senior and middle management teams	Deputy Director of People	Workforce systems manager	End of October 2023
Develop proposals for expanding the capacity and availability of manual handling training through key workers	Head of OH&S	MH Manager	End of December 2023
Agree change to e-learning approach from mandatory face to face training requirement for all staff for management of violence and aggression basic training	Director of P&C	Head of OH&S	End of November 2023
Review training facilities and develop proposals for increasing access to face to face training	Director of Estates & facilities	Head of OH&S/ E,L&OD Manager	End of November 2023
Agreement through area partnership forum to establishing scheduled start dates	Deputy Director of People	Recruitment Manager	End of January 2023
Development of refreshed corporate and local induction procedure and checklist including: <ul style="list-style-type: none"> ○ Staff are booked onto corporate induction sessions ○ Scheduled time to complete of statutory and mandatory training 	Head of Talent	Recruitment manager/Payroll Manager	End of January 2023

○ Local induction plan is booked			
○ Payroll is informed of new starts and they are registered on pay systems			
Establish process to ensure new staff have access to IT and digital systems including Turas	Head of Talent	Head of eHealth	End of January 2023
Develop agreed process for approving request for training to become mandatory training	Director of P&C	Nurse and Medical	End of January 2023
Organisation level risk assessment of compliance rates for areas requiring face to face training	Director of P&C	Head of OH&S	End of November 2023
Review policy documents relating to Statutory and Mandatory training	Deputy Director of People	E,L &OD Manager	End of December 2023
Review use of Training passports across NHS Scotland	Director of P&C	Head of OH&S	End of December 2023

9 Appendix 5 – Risk Assessment

9.1 Table 3 - e-learning related risks

Risk Description	Training modules	Compliance (August 2023)	Risk Impact	Current likelihood	Target likelihood	Current risk	Target Risk
There is a risk of a breach of infection prevention procedures due to lack of staff awareness and understanding resulting in harm to service users from transmission of disease	Hand Hygiene Why Infection and Prevention Control Matters	87% 85%	Major (40)	Unlikely (2)	Rare(1)	Low (80)	Low (40)
There is a risk of breaching the equality and human rights legislation due to lack of staff awareness and understanding resulting in inappropriate treatment of employees and service users	Equality and Human Rights	72%	Moderate (30)	Unlikely (2)	Rare(1)	Low (60)	Low (30)
There is a risk of breaches of safe information handling procedures due to lack of staff awareness and understanding resulting in data losses, inappropriate sharing of information and fines by the information standards commissioner	Information Governance: Safe Information Handling	70%	Major (40)	Possible (3)	Rare(1)	Medium (120)	Low (40)
There is a risk of inappropriate basic moving and handling activities by staff due to lack of staff awareness and understanding resulting in injury to staff and service users	Moving and Handling (module A)	65%	Major (40)	Possible (3)	Rare(1)	Medium (120)	Low (40)
There is a risk of failing to identify child protection or vulnerable adult issues due to due to lack of staff awareness and understanding resulting missed opportunities to report issues and continued harm to individuals	Public Protection: Everyone's Responsibility	62%	Moderate (30)	Possible (3)	Rare(1)	Low (90)	Low (30)

Risk Description	Training modules	Compliance (August 2023)	Risk Impact	Current likelihood	Target likelihood	Current risk	Target Risk
There is a risk of failing to follow fire safety procedures due to lack of staff awareness and understanding resulting in delays to raising the alarm and starting relevant evacuation procedures which may increase risk of harm to staff from fire	Fire Safety	60%	Major (40)	Possible (3)	Rare(1)	Medium (120)	Low (40)
There is a risk of staff not using de-escalation and risk avoidance techniques due to lack of staff awareness and understanding resulting in staff experiencing violence and aggression in the work place	Violence and Aggression (non-clinical)	40%	Major (40)	Possible (3)	Rare(1)	Medium (120)	Low (40)
There is a risk of staff inadvertently facilitating cyber incidents and attacks due to lack of staff awareness and understanding resulting in increased risk of the organisation’s digital security systems being exposed to cyber incidents and attacks	Cyber-security: Staying safe online	34%	Moderate (30)	Possible (3)	Rare (1)	Low (90)	Low (30)

9.2 Table 4 Face to face training risks

Risk Description	Training modules	Compliance (August 2023)	Risk Impact	Current likelihood	Target likelihood	Current risk	Target Risk
There is a risk of inappropriate basic moving and handling activities by staff due to lack of staff awareness and understanding resulting in injury to staff and service users	Moving and Handling (modules b-f)	TBC	Major (40)	TBC	TBC	TBC	TBC
There is a risk of staff not using de-escalation, risk avoidance techniques as well as breakaway and physical interventions due to lack of staff awareness and understanding resulting in staff experiencing violence and aggression in the work place and being unable to manage higher risk incidents	Management of violence and aggression face to face training	TBC	Major (40)	TBC	TBC	TBC	TBC



Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 28 November 2023

Title: NHS Highland Board Risk Appetite Statement

Responsible Executive/Non-Executive: Dr Boyd Peters, Board Medical Director

Report Author: Grace Barron, Programme Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2 Report summary

This report is to provide the Board with an overview of the NHS Highland (NHS) risk appetite statement, which is a requirement NHS Scotland boards must fulfil as part of instating the [Blueprint for Good Governance \(4.21\)](#).

2.1 Situation

NHS Highland currently does not have a Board-approved risk appetite statement. In order to risk assess decisions in pursuit of meeting strategic objectives set by NHSH's 5-year strategy, Together We Care, NHSH requires a risk appetite statement to be in place and reviewed at the start of each financial year.

2.2 Background

Risk management is an integral part of good governance and corporate management mechanisms. The Board's Risk Management approach is based on the [NHS Scotland Health Boards – Blueprint for Good Governance](#) and [Orange Book – Management of Risk, Principles and Concepts](#). An organisation's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses.

A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the organisation's risk appetite.

Almost all processes, procedures and activities carried out by the NHS carry with them a degree of risk. Therefore, it is necessary for NHSH to agree the level of risk with which it aims to operate, based on what it considers to be justifiable and proportionate to the impact of patients, service users, the public, the workforce and the Board. Consequently, communicating the Board's risk appetite is a fundamental step in enabling an effective risk management system.

2.3 Assessment

The following section is presented to the Board for consideration of the NHSH risk appetite statement. The risk appetite levels and risk types are based on descriptors contained within [The Orange Book Guidance](#).

NHS Highland Risk Appetite Summary

Risk Type	Risk Appetite Level (0 – 4)	Risk Appetite Level Description
Operational Risks	4	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control.
Strategic Risks	4	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 1-2 year intervals
Legal/Regulatory Risks	2	Want to be reasonably sure we would win any challenge.
Financial Risks	2	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management.
Commercial Risks	4	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place). Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control.
Clinical and Care Risks	3	Focus on delivering core clinical services safely and effectively. Innovation in service delivery supported, with clear demonstration of benefit / improvement in patient outcomes. Responsibility for non-clinical decisions may be devolved
People & Workforce Risks	4	Eager to pursue workforce innovation. Willing to take risks which may have implications for the workforce but could improve the skills and capabilities of our staff. Recognise that innovation is likely to be disruptive in the short term but with the possibility of long term gains
Culture Risks	2	Prepared to take limited risks with regards to the workforce. Where attempting to innovate, would seek to understand where similar actions have been successful elsewhere before taking any decision
Reputational Risks	4	Appetite to take decisions which are likely to bring additional governmental / organisational scrutiny only where potential benefits outweigh risks.

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

Ability to deliver services that are clinically effective, safe, efficient and person centred are core to risk management in a healthcare delivery setting. Quality of care delivery is a driver for enacting a risk appetite statement. Risk appetite awareness will help ensure that decisions and strategic/planning activity in the realm of quality, service redesign and patient care delivery are risk balanced and mitigating controls are clinically informed.

3.2 Workforce

In order to achieve the Board's necessary workforce objectives in terms of recruitment, training and compliance with regulatory standards, the risk appetite statement lays the foundation on which innovations within workforce/people can be sought whilst recognising exposure to risk. A risk appetite statement will help guide decisions in this area to ensure workforce objectives as described in Together We Care are enabled across the spectrum of NHH services.

3.3 Financial

A risk appetite level specific to finance has been included in the NHH Risk Appetite statement. This will help financially inform decisions across services to ensure the progression of strategic objectives have minimal financial impact, demonstrate value for money, and encourage decisions that yield positive investment returns for the Board.

3.4 Risk Assessment/Management

A Board-approved risk appetite statement forms the foundation for effective risk management.

3.5 Data Protection

The risk appetite statement does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to enable risk management within the system in pursuit of our strategic objectives.

3.9 Route to the Meeting

1. Board March 2022
2. Board Development 25 April 2023
3. Board Development 19 September 2023

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives. The risk management process with alignment to delivering the Together We Care strategy and Blueprint for Good Governance.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the NESH Risk Appetite Statement.

4.1 List of appendices

NHS Highland Risk Appetite Statement: FY 23/24

NHS Highland

Board Risk Appetite Statement: FY 23/24

Introduction

Setting a risk appetite helps an organisation establish a threshold of impacts they are willing and able to absorb in pursuit of strategic objectives.

The concept of calculated risk and acceptable loss can be challenging to reconcile with the essential nature of many public services. However, if properly applied and maintained, understanding risk appetite can result in improved management of risks to achieving objectives, whilst supporting organisations to maintain performance and demonstrate value for money.

Public sector organisations cannot be entirely risk averse and also be successful. Effective and meaningful risk management in the public sector remains vital in order to take a balanced view to delivering public services.

Risk management is an integral part of good governance and corporate management mechanisms. An organisation's risk management framework harnesses the activities that identify and manage uncertainty, allows it to take opportunities and to take managed risks not simply to avoid them, and systematically anticipates and prepares successful responses. A key consideration in balancing risks and opportunities, supporting informed decision-making and preparing tailored responses is the organisation's risk appetite.

Key considerations in risk management:

- It is often not possible to manage all risks at any point in time to the most desirable level;
- Outcomes cannot be guaranteed when decisions are made in conditions of uncertainty;
- It is often not possible, and not financially affordable, to fully remove uncertainty from a decision;
- Decisions should be made using the best available information and expertise;
- When decisions need to be made urgently, the information relied upon and the considerations applied to it should be retained; and
- The risk culture must embrace openness, support transparency, welcome constructive challenge and promote collaboration, consultation and co-operation.

NHS Highland Risk Appetite Statement

The NHS Highland Board is responsible for setting and monitoring its risk appetite when pursuing its strategic objectives. The Board’s approach to, and appetite for, risk is summarised below.

All processes, procedures and activities carried out by the Board carry with them a degree of risk. It is necessary for the Board to agree the level of risk that it is willing to accept, based on what it considers to be justifiable and proportionate to the impact on patients, carers, the public, members of staff and the Board.

The Board’s Risk Management approach is based on the NHS Scotland Health Boards – Blueprint for Good Governance with the risk appetite model based on an NHS Highland tailored version of the risk appetite models outlined in the Orange Book – Management of Risk, Principles and Concepts 2019 Risk Appetite Guidance Note together with the risk appetite model specifically developed for use by NHS Boards by the Good Governance Institute.

Definitions

Risk appetite is the target amount of risk, on a broad level, that NHSH aims to accept in pursuit of its strategic objectives.

Risk Appetite Levels used per the Orange Book matrix:

Risk Appetite Levels used per the Orange Book matrix:	
0 – Averse	Avoidance of risk is a key organisational objective
1 – Minimal	Preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential
2 – Cautious	Preference for safe delivery options that have a low degree of inherent risk and only a limited reward potential
3 – Open	Willing to consider all potential delivery options and choose while also providing an acceptable level of reward
4 – Eager	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)

Development of the Risk Appetite Statement

This risk statement was developed based on a series of risk categories or types identified through the UK Government’s Orange Book ([The Orange Book – Management of Risk – Principles and Concepts \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421111/the-orange-book-management-of-risk-principles-and-concepts-2019.pdf)) which are relevant to NHS Highland. These risk types were then scored against the risk appetite levels outlined within the Risk Appetite Guidance, a sub-document of the Orange Book ([Risk Appetite Guidance Note \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421111/risk-appetite-guidance-note-2019.pdf)).

Appendix A details the definition of each risk appetite level for each risk type.

NHS Highland Risk Types

Good practice guides indicate that organisations should identify a small number of high level risk types. The risk types used for this Risk Statement are those considered most relevant to NHS Highland from the Government Orange Book. These are:

Risk Type	Definition, as described in the Government Orange Book
Operational Risks	Risks arising from inadequate, poorly designed or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality, quantity and/or access to service), non-compliance and/or poor value for money.
Strategic Risks	Risks arising from identifying and pursuing a strategy which results in failures to support the delivery of commitments, plans or objectives due to a changing macro-environment (e.g. political, economic, social, technological, environment and legislative change).
Legal/Regulatory Risks	Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets (for example, intellectual property).
Financial Risks	Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
Commercial Risks	Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.
Clinical and Care Risks	Risks arising from weaknesses in the clinical processes, resulting in poor performance in terms of clinical outcomes, patient safety, wellbeing and patient experience. Failure to deliver services that are clinically effective, safe, efficient and person centred. Failure to meet compliance and regulatory requirements.
People & Workforce Risks	Risks arising from the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/People & Culture policies resulting in negative impact on performance.
Culture Risks	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, industrial action and/or non-compliance with the relevant employment legislation/People & Culture policies resulting in negative colleague experience.
Reputational risks	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.



NHS Highland Risk Appetite Statement

NHS Highland's Operational front-line services are provided through two Health and Social Care Partnerships: Highland Health and Social Care Partnership and Argyll & Bute Health and Social Care Partnership. The role of the NHS Highland Board is to make the best use of its allocated resources to deliver high-quality, person-centred care and improve the health and wellbeing of the residents of the Highlands and Argyll and Bute. This purpose is supported through commitments to our service users and families, our staff and our partners and underpinned by our values: Care and Compassion, Dignity and Respect, Openness, Honesty, Quality and Teamwork ([Our values | NHS Highland \(scot.nhs.uk\)](https://www.scot.nhs.uk)).

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of healthcare and that at times higher levels of risk can lead to greater reward. On this basis, the Board is willing to accept a certain degree of risk where it is considered in the best interest of patients. The Board has therefore considered the level of risk it is prepared to accept for key aspects of the delivery of healthcare and these are described using our objectives.

These risk appetites will be applied to the risks within the NHS Highland Board Risk Register to ensure that risk owners and the standing committees responsible for each risk consider the overarching risk appetite applicable to each risk

Appendix A: NHS Highland Risk Appetite Statement

Risk Appetite Level  Risk Types 	0 – Averse Avoidance of risk is a key organisational objective	1 – Minimal preference for very safe delivery options that have a low degree of inherent risk and only a limited reward potential	2 – Cautious preference for safe delivery options that have a low degree of inherent risk and only a limited reward potential	3 – Open to consider all potential delivery options and choose while also providing an acceptable level of reward	4 – Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)
Operational Risks	Defensive approach to operational delivery - aim to maintain/protect, rather than create or innovate. Priority for close management controls and oversight with limited devolved authority.	Innovations largely avoided unless essential. Decision making authority held by senior management.	Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Management through leading indicators.	Innovation supported, with clear demonstration of benefit / improvement in management control. Responsibility for non-critical decisions may be devolved.	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control.
Strategic Risks	Guiding principles or rules in place that limit risk in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 5+ year intervals	Guiding principles or rules in place that minimise risk in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 4-5 year intervals	Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 3-4 year intervals	Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 2-3 year intervals	Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 1-2 year intervals
Legal/Regulatory Risks	Play safe and avoid anything which could be challenged, even unsuccessfully	Want to be very sure we would win any challenge	Want to be reasonably sure we would win any challenge	Challenge will be problematic; we are likely to win and the gain will outweigh the adverse impact	Chances of losing are high but exceptional benefits could be realised
Financial Risks	Avoidance of any financial impact or loss, is a key objective. Priority for close management controls and oversight with limited devolved authority	Only prepared to accept the possibility of very limited financial impact if essential to delivery. Appetite for risk taking limited to low scale procurement activity. Decision making authority held by senior management	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels. Innovation supported, with demonstration of benefit / improvement in service delivery. Responsibility for non-critical decisions may be devolved	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place). Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control

Commercial Risks	Avoidance of any financial impact or loss, is a key objective. Priority for close management controls and oversight with limited devolved authority	Only prepared to accept the possibility of very limited financial impact if essential to delivery. Appetite for risk taking limited to low scale procurement activity. Decision making authority held by senior management	Seek safe delivery options with little residual financial loss only if it could yield upside opportunities. Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management	Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels. Innovation supported, with demonstration of benefit / improvement in service delivery. Responsibility for non-critical decisions may be devolved	Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place). Innovation pursued – desire to ‘break the mould’ and challenge current working practices. High levels of devolved authority – management by trust / lagging indicators rather than close control
Clinical and Care Risks	Defensive approach to clinical delivery - aim to maintain/protect, rather than create or innovate. Priority for close management controls and oversight with limited devolved authority	Focus on delivering core clinical services safely. Innovations largely avoided unless essential. Decision making authority held by senior management	Focus on delivering core clinical services safely. Tendency to stick to the status quo, innovations generally avoided unless necessary. Decision making authority generally held by senior management. Management through leading indicators	Focus on delivering core clinical services safely and effectively. Innovation in service delivery supported, with clear demonstration of benefit / improvement in patient outcomes. Responsibility for non-clinical decisions may be devolved	Innovation pursued – desire to ‘break the mould’ and challenge current working practices. Delivery of core clinical services safely and effectively still paramount
People & Workforce Risks	Avoidance of decisions that could have a negative impact on workforce development, recruitment and retention. Sustainability is primary interest	Avoid all risks relating to the workforce unless absolutely essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere	Prepared to take limited risks with regards to the workforce. Where attempting to innovate, would seek to understand where similar actions have been successful elsewhere before taking any decision	Prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention and development opportunities for staff	Eager to pursue workforce innovation. Willing to take risks which may have implications for the workforce but could improve the skills and capabilities of our staff. Recognise that innovation is likely to be disruptive in the short term but with the possibility of long term gains
Culture Risks	Avoidance of decisions that could have a negative impact on workforce development, recruitment and retention. Sustainability is primary interest	Avoid all risks relating to the workforce unless essential. Innovative approaches to workforce recruitment and retention are not a priority and will only be adopted if established and proven to be effective elsewhere - Culture	Prepared to take limited risks with regards to the workforce. Where attempting to innovate, would seek to understand where similar actions have been successful elsewhere before taking any decision	Prepared to accept the possibility of some workforce risk, as a direct result from innovation as long as there is the potential for improved recruitment and retention and development opportunities for staff	Eager to pursue workforce innovation. Willing to take risks which may have implications for the workforce but could improve the skills and capabilities of our staff. Recognise that innovation is likely to be disruptive in the short term but with the possibility of long term gains
Reputational Risks	Zero appetite for any decisions with high chance of repercussion for organisations’ reputation.	Appetite for risk taking is limited to those events where there is no chance of significant repercussions	Prepared to accept the possibility of limited reputational risk if appropriate controls are in place to limit any fallout	Willing to take decisions that are likely to bring scrutiny of the organisation. Outwardly promote new ideas and innovations where potential benefits outweigh the risks	Appetite to take decisions which are likely to bring additional governmental / organisational scrutiny only where potential benefits outweigh risks.



Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 28 November 2023

Title: NHS Highland Corporate Risk Register

Responsible Executive/Non-Executive: Dr Boyd Peters, Board Medical Director

Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

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

2 Report summary

This report is to provide the Board with an overview extract from the NHS Highland Board risk register, awareness of risks that are being considered for closure or additional risks to be added.

2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the NHS Highland Board risk register are being actively managed through the appropriate Executive Leads and Governance Committees within NHS Highland and to give an overview of the current status of the individual risks.

The NHS Highland risk register continues to be refreshed in line with “Together We Care, with you, for you” to ensure we are aligned to the direction it sets out for us as an organisation.

At this time all Executive Leads have developed mitigating actions to give assurance. The scoring and approach will be refreshed in line with the risk appetite statement which is presented to the Board for approval at this meeting alongside this paper.

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

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

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

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

2.2 Background

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

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

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

2.3 Assessment

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

Staff Governance Risks

Risk Number	706	Theme	Workforce Availability
Risk Level	Very High	Score	20
Strategic Objectives	Grow Well, Nurture Well, Listen Well		
Governance Committee	Staff Governance Committee		
Risk Narrative			
<p>There is an increased risk of failure to deliver essential services of the required capacity and quality, because of a shortage of available and affordable workforce, resulting in reduced services, lowered standards of care and increased waiting times as well as a negative impact on colleague wellbeing and morale and increased turnover levels.</p> <p>Work has been completed to establish international recruitment and although an important element of our overall approach this will not supply the large volumes of registered staff we require. We have tested innovative ways of reaching the wider UK job market through the national treatment centre campaigns. There is more we can do in this area but this will not address the underlying UK and Scottish wide shortage of workforce, particularly registered professional staff. Our planned actions which will be overseen by a new workforce oversight.</p>			
Mitigating Action		Due Date	
Improvement plan to be developed for recruitment processes to minimise time from recruitment approval to positions filled		Recruitment improvement project plan developed and project team in place – Next update March 2024	
Further proposals to be developed for enhancing our overall recruitment approach to maximise conversion rates from initial interest to completed applications including options for on the day interviews, assessment centre approaches etc		Work ongoing to agree programme of work for talent and attraction including enhancing our recruitment processes. Recruitment improvement project plan developed and project team in place – Next update January 2024	
Employability framework to be developed building on existing routes into health and social care and expand opportunities to enable people to experience health and social care and start a career pathway including expanding volunteering, work experience and student placements as well as apprenticeships		January 2023	
Strategic workforce change programme to be developed to link new models of care with workforce diversification and re-shaping our workforce to achieve sustainable workforce models which also support employability and improved career pathways within health and social care		Initial discussions complete on establishing a workforce diversification programme but further work required to set up programme – Next update January 2024	
Refresh approach to integrated annual planning cycle across service performance, workforce and financial planning to ensure we have a robust annual planning process that maximises service performance and quality, optimises current workforce utilisation and skill mix deployment to deliver better value from available workforce		Workforce optimisation programme proposal developed and plans agreed to establish a programme board to oversee 18-24 month programme – Next update January 2024	
Delivery of safe staffing programme to embed principles of legislation including effective utilisation of available workforce,		March 2024	

clinical and care risk management as well as support workforce planning within integrated annual planning cycle	
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Risk Number	1056	Theme	Statutory & Mandatory Training Compliance
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
<p>There is a risk of harm to colleagues and patients because of poor compliance with statutory and mandatory training requirements resulting in possible data breaches, injury or harm to colleagues or patients, poor standards of quality and care, reputational damage, prosecution or enforcement action.</p> <p>The focus of the planned actions to mitigate this risk is to address the barriers to compliance as rapidly as possible and revert back to management of compliance through organisational performance management and governance structures including regular reporting to staff governance.</p>			
Mitigating Action			Due Date
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers			Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes– next update March 2024

Risk Number	632	Theme	Culture
Risk Level	High	Score	12
Strategic Objectives	Our People		
Governance Committee	Staff Governance		
Risk Narrative			
<p>There remains a risk of negative colleague and patient experience, poor performance and retention issues within NHS Highland as a result of a poor culture in some areas, resulting in some people still not feeling valued, respected or listened to, despite ongoing improvements and recent de-escalation to Level 2 on the SG framework. This is a long term and ongoing piece of work.</p> <p>A wide range of work has been undertaken over the last few years and the outputs have been captured as controls in this update to the risk. Further work is also underway way to consider our approach to staff engagement building on previous work noted in the update.</p> <p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group will oversee the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>The committee and the board will receive a further update of this progress and future plans for our leadership and culture programme</p>			
Mitigating Action			Due Date
Development and launch of refreshed leadership and management development programme			<p>The Culture Oversight Group (COG) terms of reference have been refreshed including membership and this group is now overseeing the delivery of our leadership and culture programme. The COG reports to the Staff Governance Committee, who will receive updates on programme progress.</p> <p>Refreshed leadership and management development framework and programme proposal agreed including learning system development with 4 phases of delivery over next 4 years with first phase focussed on developing new content and delivering initial cohorts of training – next update March 2024</p>
Development of learning system to support skills development of leaders including: action learning sets, leadership networks, masterclasses, leadership and culture conferences/meetings, mentoring and coaching			
Further development of staff engagement approach including board wide 'living our values' project			December 2023
Short life working group to be established to review statutory and mandatory training processes including induction, face to face training and governance including reporting and tracking available to managers			Short life working group now established and 6 month action plan agreed to review statutory and mandatory training processes– next update March 2024

Risk Number	1101	Theme	Impact of current socio-economic situation
Risk Level	Very High	Score	20
Strategic Objectives		Grow Well, Nurture Well, Listen Well	
Governance Committee		Staff Governance Committee	
Risk Narrative			
There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures. This could impact on colleagues being able to attend work and stay healthy due to personal financial pressures, direct and indirect impact of strike action on workforce availability and increased absence due to physical, emotional and mental health impacts of the wider situation as well as potential supply chain and energy shortages, increased turnover to higher paid employment and pressure on office capacity due to expense of working from home. Demand for services will also increase creating further pressure on resources.			
Mitigating Action			Due Date
The Health and Wellbeing Strategy is being progressed and initiatives such as the Wingman Bus taken into consideration when planning additional support for colleagues. Our Employee Assistance Programme is also available for confidential support over a range of topics for all of our colleagues.			2024

Risk Number	877	Theme	Engagement & Service Design
Risk Level	High	Score	12
Strategic Objectives		Our Population – Anchor Well	
Governance Committee		Board Level Risk	
Risk Narrative			
There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll & Bute, and damaging the performance and reputation of NHS Highland.			
Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3- year strategic plan.			
Key element of mitigation has been the creation and approval of the Engagement Framework and the extensive consultation and engagement on the content of the Together We Care 5-year strategy and A&B HSCP 3-year strategic plan.			
Mitigating Action			Due Date
The engagement framework is approved and this risk will be submitted to next Staff Governance Committee to recommend closure			January 2024

Finance, Resources and Performance Risks

Risk Number	666	Theme	Cyber Security
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Due to the continual threats from cyber attacks this risk will always remain on the risk register. The management of risk of this threat is part of business as usual arrangements entailed with resilience.			
Mitigating Action		Due Date	
The Scottish Government appointed the Scottish Health Competent Authority to act as the regulatory body with responsibility for ensuring all NHS Scotland health boards are operating in a manner that provides adequate levels of cyber security. NHS Highland is currently undergoing a SHCA commissioned cyber security audit to assess its level of compliance with the Scottish Public Sector Cyber Resilience Framework. The finalised audit report is scheduled to be delivered to NHH senior leadership by 31 December 2023. The report will identify any areas of concern and opportunities to improve NHS Highlands cyber security posture.		December 2023	

Risk Number	712	Theme	Fire Compartmentation
Risk Level	High	Score	16
Strategic Objectives		Progress Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
Work to improve the compartmentation within Raigmore Hospital has been carried out to fit sprinklers and improve fire compartmentation, however as from next year no identified source of funding is available to complete this work.			
Mitigating Action		Due Date	
Issue again been raised as incomplete during SFRS audit of Raigmore Hospital on 9th November. Escalated by Director of Estates, Facilities & Capital Planning to COO Acute Services for agreement of program. Letter of intent to be drafted with program for sign off by CEO/Duty Holder.		November 2023	

Risk Number	1097	Theme	Transformation
Risk Level	High	Score	16
Strategic Objectives		Perform Well	
Governance Committee		Finance, Resources & Performance	
Risk Narrative			
<p>NHS Highland will need to re -design to systematically and robustly respond to this challenges faced. If transformation is not achieved this may limit the Board's options in the future with regard to what it can and cannot do. The intense focus on the current emergency situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.</p>			
Mitigating Action			Due Date
Strategic commissioning framework launched focusing on 5 pillars of transformation			November 2023
Transformation assurance structure implemented to monitor progress against deliverables and aims identified across 5 pillars of transformation.			March 2024

Risk Number	1181	Theme	Financial Position
Risk Level	High	Score	16
Strategic Objectives	Perform Well		
Governance Committee	Finance, Resources & Performance		
Risk Narrative			
There is a risk that NHS Highland will not achieve its planned financial position for 2023/24 due to additional cost pressures presenting during the year and inability to realise reduction in spend in line with efficiency and transformation plans which will result in the Board failing against its financial plan and recovery plan with Scottish Government.			
Mitigating Action		Due Date	
Intervention in place with SG to support NHS Highland to identify areas to target for reduced spend/ cost control, with an intention to deliver at minimum the finance pan, but at best to reduce the overspend further. Agreed recovery plan to be in place by end September 2023		Complete	
Bi-weekly Efficiency & Transformation meeting to focus on targeted areas, savings plans and future service plans to enable future sustainability.		Complete and in place	
Accountability is clear with budget holders		Ongoing: due to the nature of this risk, these mitigating actions will help ensure this risk is controlled through BAU practices.	
Regular reporting and recording of financial risks to The Highland Council around Adult Social Care performance			
Regular reporting from A&B IJB monitoring financial position			
Monthly monitoring, feedback and dialogue with services on financial position.			
FRP committee meeting increased regularity to monthly meetings to provide greater scrutiny		Complete and in place	

Risk Number	714	Theme	Backlog Maintenance
Risk Level	High	Score	12
Strategic Objectives	Progress Well		
Governance Committee	Finance, Resources & Performance		
Risk Narrative			
There is a risk that the amount of funding available to invest in current backlog maintenance will not reduce the overall backlog figure. Continuing to work with SG where able when extra capital funding is provided to remove all high-risk backlog maintenance.			
Mitigating Action		Due Date	
Ongoing hospital developments in Skye and Aviemore. Planning ongoing regarding redesign for Belford and North Coast		November 2023	
Ongoing with annual plan being submitted to the SG		November 2023	

Risk Number	1182	Theme	New Craigs PFI Transfer
Risk Level	Medium	Score	9
Strategic Objectives	Perform Well		
Governance Committee	Finance, Resources & Performance		
Risk Narrative			
There is a risk that the transfer of New Craig site does not progress to timescale or concluded effectively due to the tight timescale. This could result in reputational/ service risk is the transaction is not completed or financial impact - through either financial penalties or inability to maximise the estate for future service delivery and estate rationalisation.			
Mitigating Action		Due Date	
PFI handback Programme Board in place		Established and meeting bi-monthly	
Development sessions being progressed to model the future estate utilisation and service delivery model		In progress through the Programme and will be ongoing until hand-back date	
Working with Scottish Futures Trust		Ongoing	
Programme Management commissioned from independent intelligence and programme structure in place.			

Clinical and Care Governance Risks

Risk Number	959	Theme	COVID and Influenza Vaccines
Risk Level	High	Score	16
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
The spring vaccination campaign for COVID had uptake slightly below the national average but higher in care homes. The autumn and winter campaign has started and uptake has been reasonable with higher rates in Argyll and Bute compared with Highland HSCP. However, quality, access and workforce remain challenging and there is a need to improve performance. Governance and the Highland HSCP delivery model need to be improved.			
Mitigating Action		Due Date	
Improve system of performance management and governance arrangements.		November 2023	
Develop model for district delivery of vaccination in Highland HSCP with options appraisal where indicated.		March 2024	

Risk Number	715	Theme	Impact of COVID on Health Outcomes
Risk Level	Medium	Score	9
Strategic Objectives		Stay Well	
Governance Committee		Clinical and Care Governance	
Risk Narrative			
COVID levels have reduced over recent months. However, population surveys of COVID have ceased and widespread testing has also stopped, so it is less easy to get an accurate picture of disease prevalence. Monitoring of virus levels in sewage shows continued presence at relatively low levels and cases are still being reported from health and care settings. The successful vaccination programme means that risks of serious consequences are much reduced and there is no current major concern regarding new variants and mutations. The seasonal influenza season has finished, and influenza cases are close to baseline levels.			
Mitigating Action		Due Date	
This risk is now medium and is recommended for removal. This will be confirmed at the next Clinical Governance Committee.		January 2024	

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

A robust risk management process will enable risks to quality and patient care to be identified and managed. Assurance for clinical risks will be provided by the Clinical and Care Governance Committee.

3.2 Workforce

A robust risk management process will enable risks to relating to the workforce to be identified and managed. Assurance for these risks is also provided by the Staff Governance Group and where appropriate to the Clinical Governance Committee

3.3 Financial

A robust risk management process will enable financial and performance risks to be identified and managed. Assurance for these risks will be provided by the Finance, Resources and Performance Committee.

3.4 Risk Assessment/Management

This is outlined in this paper.

3.5 Data Protection

The risk register does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary report.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document. We aim to share this more widely internally and externally to develop understanding of risks within the system in line with our strategic objectives and outcomes once strategy is approved.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.
- **Decision** – Examine and consider the evidence provided and provide final decisions on the risk levels and next steps

4.1 List of appendices

None as summary has been provided for ease of reading



Meeting: NHS Highland Board
Meeting date: 28 November 2023
Title: Draft Anchors Strategic Plan
Responsible Executive/Non-Executive: David Park, Deputy Chief Executive
Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Argyll & Bute Strategic Plan
- Joint Strategic Plan with The Highland Council
- Together We Care
- Government policy/directive

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

The Anchors Strategic Plan especially relates to Anchor Well, Plan Well and Perform Well as directly link to the Anchors pillars and ambitions. This also directly links to the Argyll & Bute Joint Strategic Plan key priorities and commissioning intentions and Living Well Programme, within the 4 outcomes of People, Communities, Workforce and Leadership.

2 Report summary

2.1 Situation

As part of the NHS Scotland Delivery Plan Guidance of 28 February 2023, and further detail in June we were asked to develop an Anchors Strategic Plan by 27 October 2023 (Appendix A). This Plan sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community. This plan will continue to be developed as we receive the key performance indicators and address how we implement these.

These 3-year plans will help the Scottish Government to understand both the current position of NHS Boards as Anchor institutions and the additional support that could be provided at a national level by the Scottish Government and Public Health Scotland (PHS) to assist their work.

This Plan (Appendix A) looks at how we can maximise the “anchoring effect” and use this to reduce social, economic and health inequalities. The Plan sets out the governance and partnership arrangements to progress our current and planned anchor activity and a clear baseline in relation to workforce, local procurement, and the use or disposal of land and assets for the benefit of the community. We believe that we contribute a significant amount to local communities and the economy, for example, as employers, contractors, service delivery and asset ownership. This NHS Highland (NHSH) Anchors Strategic Plan is shaped by Together We Care (TWC), the Board’s 5-year strategy for transformation, and the Argyll & Bute Joint Strategic Plan 2022-25 and Commissioning Strategy. TWC and the Joint Strategic Plan, both launched in 2022, clearly communicate the strategic vision, mission, and objectives to achieve over the next three to five years. Development of Joint Strategic Plans with our local authority partners will also impact on the success of delivering the Anchors Strategic Plan.

The draft Plan submitted is collaboratively for Highland and Argyll & Bute areas.

The Board is asked to be **AWARE** of the draft Anchors Strategic Plan.

2.2 Background

Submission of Anchors Strategic Plans are required by all NHS Boards to identify our initial 2023-26 plans. As per guidance, the Plan has been framed with reference to how it will support a ‘prevention’ public health approach and contribute to both community wealth building and reducing child poverty. Although climate action is a central anchor activity, activity in relation to this aspect of community wealth building is already be picked up within our Annual Delivery Plan and therefore the Government is not asking for this to be explicitly set out in the Anchors Strategic Plan.

The Anchors Strategic Plan sets out the following information:

- How we are currently working and intend to work in partnership, with other local anchors to progress our plan and/or develop joint plans. This includes specific reference to engagement with Local Employability Partnerships and Community Planning Partnerships.
- The actions we have taken and/or plan to take to:
 - maximise local, progressive procurement of goods and services;
 - provide fair work opportunities for new employment and for existing staff;
 - use and/or dispose of our land and assets for the benefit of the local community and local economy.
- The governance arrangements within the Board to progress the Anchors Strategic Plan.
- Cross-reference to the relevant part of our Strategic Workforce Plan that sets out how we will ‘enhance local supply pipelines and cement our role as an ‘Anchor institution’, e.g., our approach to apprenticeships and community outreach’.

We have also shared the external link for our Community Wealth Building plan.

As part of the NHS Scotland Delivery Plan Guidance, the Government also asked NHS Boards to include the following in their Anchors Strategic Plans to measure their impact at a local level:

‘a clear baseline in relation to workforce; local procurement; and [if relevant], use or disposal of land and assets for the benefit of the community.’

The challenge of identifying appropriate metrics and data in some areas means that the Government do not expect NHS Boards to include a baseline in the Anchors Strategic Plans that they will submit in October.

Further guidance on this was issued on 2 November 2023 and is included in Appendix B.

The timetable for this submission and future quarterly ADP updates is included in Appendix C.

2.3 Assessment

Since receipt of the Commission of June 23, Strategy and Transformation have been working with intention leads to develop our Anchors Strategic Plan.

A series of self-assessment forms are being completed for the following areas:

1. Employer (linked to Plan Well)
2. Procurement (linked to Perform Well)
3. Environment, sustainability and assets (linked to Perform Well)
4. Service design and delivery, and
5. Being an exemplar anchor institution (both linked to anchor Well).

Community Wealth Building Plans for A&B and north Highland have also been referenced to develop the draft Anchors Strategic Plan.

There are 46 reportable areas in the self-assessment templates in total.

The following table summarises the count of items requested by each template, current scores based on current collaborations and work as an Anchor Institution within NHS Highland and planned scores over the next three years.

Self-assessment template Dimension	Count of Information requested in template	Total Self-assessment Score (out of Total possible Score)	Planned Score over medium term (out of Total possible Score)
Employer – <i>provide fair work opportunities for new and existing staff</i>	13	39 / 52	47 / 52
Procurement – <i>champion local and progressive procurement of goods and services</i>	11	18 / 44	38 / 44
Environment, sustainability and assets – <i>Use land and assets in an environmentally friendly way to the benefit of communities and the local economy</i>	10	24 / 40	31 / 40
Service design and delivery – <i>Our social responsibility will become standard practice in service design and delivery</i>	5	12 / 20	13 / 20
Being an exemplar anchor institution – <i>Work in partnership with communities to improve health and wellbeing</i>	7	14 / 28	18 / 28
Total	46	107 / 184	147 / 184

The Government is prioritising the areas of Employer, Procurement and Environment, Sustainability and Assets for the first iteration of the Plan.

The process has used operational, Programme Board and Delivery Plan information to draft the templates. As this work covers a number of Strategic Ambition areas, we have established the Anchors Strategic Plan Working Group

to focus on the Plan. This has involved input from intention leads and relevant support colleagues, from Strategy & Transformation, Estates and Facilities, People and Culture, Finance and Procurement, and Public Health.

As the Plan develops, consultation with the IJB and HHSC will be required as partners of delegated services. The Strategic Plan was drafted using the templates and approved by the SRO (Head of Strategy & Transformation) and Executive Lead (Deputy Chief Executive).

The draft Anchors Strategic Plan was submitted to the:

1. Board on 26 September, for awareness
2. EDG on 23 October, for approval. This included revisions and the Quarter 2 Annual Delivery Plan update, for approval

The ADP Quarter 2 update (July – September) and Draft Anchors Strategic Plan was submitted to the Government on 27 October 2023.

The Plan will be further developed to establish a baseline to inform it using the Government metrics, published in November. This baseline is in relation to workforce, procurement and use of land and assets for the benefit of the community. 42 metrics have been identified which we are required to evaluate and return to the Government by 29 March 2024.

Using the above process and team, the second phase of the Anchors Strategic Plan will be submitted to:

1. Population Health Programme Board for ongoing development of the Plan
2. EDG at the end of February 2024, for approval;
3. The Board on 28 March 2024, for awareness.

It is anticipated that the ADP 2024-25 will also be submitted at the same time.

The development and assurance process will follow the timetable in Appendix C. Monitoring of the Plan will be integrated into the ADP quarterly update process.

In summary:

- The commission is part of the evolution of the planning process and in line with our expectations.
- The commission will develop during 2023/24 but the impact of this is not known until we develop phase 2 of the Plan.
- The content of the Anchors Strategic Plan directly correlates with Together We Care Strategy and A&B Joint Strategic Plan

- The process for monitoring the Anchors Strategic Plan will be integrated into the ADP reporting process, with deliverables included in our delivery plan tracker (“ADP2”). The updates included in ADP2 will be monitored through the Programme Board process.
- As an Anchor Institution, NHS Highland will be able to have a positive impact on local communities in the local economy and the environment. e.g. as an employer we can create opportunities for people from more deprived areas to enter employment within NHSH by expanding apprenticeships and working more closely with educational establishments. The way we spend money and use our assets can also have a positive impact on communities. Being more sustainable and climate aware will also improve health and wellbeing. Working closely with other organisations will help us to reduce health inequalities within our communities.

Risks and Challenges

Not applicable

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

Comment on the level of assurance

KPIs have been nationally developed and issued on 2 November. This will enable us to establish a baseline before March 2024, to inform the Plan, but the current version of the Plan has been developed via relevant teams, as described above.

3 Impact Analysis

3.1 Quality / Patient Care

National KPIs will be developed in phase 2 the Plan for submission in March 2024.

3.2 Workforce

Impact and KPIs will be developed in the Plan for submission in March 2024. Achievability within resource will be assessed and the plan revised accordingly.

3.3 Financial

Impact and KPIs will be developed in the next version of the. Achievability within resource will be assessed and the plan revised accordingly.

3.4 Risk Assessment/Management

Risks will continue to be identified in each deliverable of the Plan with controls and mitigations developed, as part of the quarterly reporting template process.

3.5 Data Protection

This does not involve personally identifiable information

3.6 Equality and Diversity, including health inequalities

We are seeking to reduce inequalities as part of the strategic intent, although at this time an impact assessment has not been completed. It is proposed that EQIAs are established and updated where relevant.

3.7 Other impacts

The potential impact on IJB and HHSC around governance and any changes brought about by this Board wide plan, to be assessed. Appropriate links to be accordingly made to Annual Delivery Plan documents, Argyll & Bute Strategic Plan and Living Well Programme.

3.8 Communication, involvement, engagement and consultation

Involvement and consultation continue to be carried out through the performance framework process via Programme Boards, Anchors Strategy Working Group and individual discussions. The published Plan be shared across the organisation

3.9 Route to the Meeting

This has been compiled through discussion with the Anchors Strategy Working Group intention leads and facilitation of Strategy and Transformation team.

4 Recommendation

Action being requested:

Awareness – Board to be aware of the draft Anchors Strategic Plan submitted to Government in October 2023.

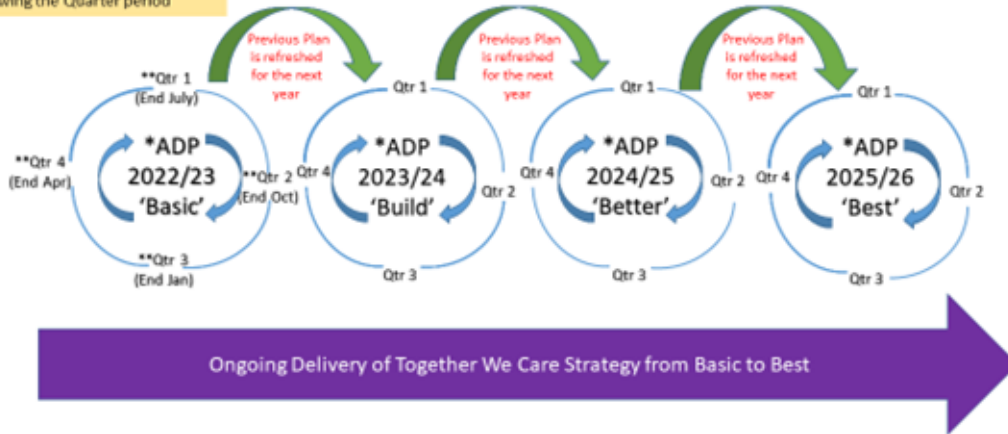
4.1 List of appendices

The following appendices are included with this report:

- Appendix A – Draft of Anchors Strategic Plan (attached)
- Appendix B - 1 November 2023 Guidance on establishing a baseline (attached)
- Appendix C - Planning cycle for ADP, Anchors Strategic Plan and updates (below)

Annual Delivery Plan Submissions and Quarterly updates cycle

*Each year's Plan will be required in early June.
**Quarterly updates will be submitted at the end of the month following the Quarter period

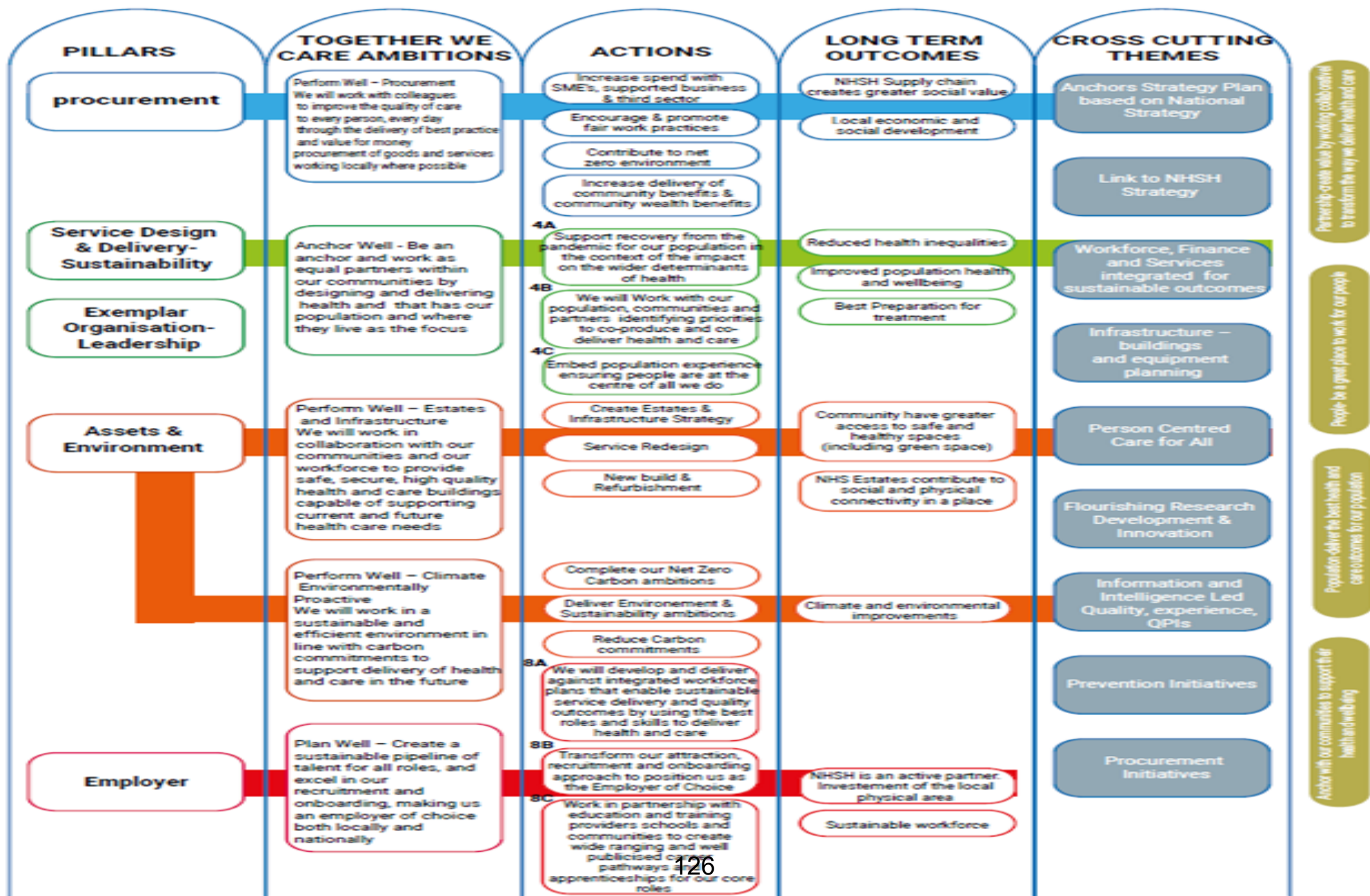


Timetable for 23-24 with intent to publish ADP 24-25 & Anchors Strategy phase 2 in March 24

Applies to all Ambitions and Programme Boards

Financial Quarter	Prog Mgr engage with teams to update the deliverables	Programme Board approval	SRO/s approval	Final checks / Overview ppt and letter at S&T Senior Mgr Mtg	EDG approval (estimated date)	SG submission (estimated date)	Comment
Qtr1 (April-June)	May23, June23	May23, June23	by 14 July 23	w/c 17 July 23	26-Jul-23	28-Jul-23	Anchors Strategic Plan to be submitted at same time. Also supporting mid-year review papers for ADP to FRPC, Clinical Governance
Qtr2 (July-September)	Aug23, Sept23	Aug23, Sept23	by 13 Oct 23	w/c 16 Oct 23	23-Oct-23	27-Oct-23	Anchors Strategic Plan metrics to be developed, and integrated into ADP
Qtr3 (October-December)	Nov23, Dec23	Nov23, Dec23	by 12 Jan 24	w/c 15 Jan 24	22-Jan-24	26-Jan-24	Also supporting ADP and MTP year end papers to FRPC, Clinical Governance. All to develop plan for ADP 24-25
Qtr4 (January-March)	Feb24, Mar24	Feb24, Mar24	by 12 Apr 24	w/c 15 April 24	22-Apr-24	26-Apr-24	SG Commission expected Nov/Dec 23 Plan Mgr to distil commission for S&T, Programme Boards, Anchors Group, EDG Nov / Dec 23
ADP 24-25 & Anchors Strategic Plan (phase 2 – establish the baseline)	Nov23, Dec23, Jan24	Dec23, Jan24	by week 1 Feb 24	By week 2 Feb 24	EDG week 4 Feb 24 FRP c. 3 Mar 24 CG / Staff c. 8 Mar 24 Board c. 28 Mar 24	31 Mar 24	

Anchors Strategic Plan





Delivery Plan Guidance

**Additional guidance on establishing
a baseline to inform Anchor
Strategic Plans**

November 2023

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Introduction

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, the Scottish Government asked NHS Boards to develop the following:

***a clear baseline** in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community¹.*

The aim of the baseline is to support NHS Boards measure progress on their anchor activity to inform their Anchor Strategic Plans, as well as to provide an overview of the current position of NHS Scotland as an anchor institution.

This communication includes a template ([Annex A](#)) that NHS Boards should use to establish their baseline and which should be submitted to the Scottish Government by Friday 29 March 2024.

Further information on how the metrics were developed is outlined below along with a note on some caveats and limitations in relation to the proposed metrics and data sources.

¹ See Section 6.5 of the [NHS Scotland Delivery Plan Guidance](#).

1. Background

1.1 Process to develop appropriate metrics

Scottish Government Health and Social Care Analysts, in collaboration with NHS Boards, have developed a set of metrics to support NHS Boards establish a baseline to measure their impact at a local level as anchor institutions.

The process of developing a set of metrics involved extensive engagement with stakeholders to explore and review existing data sources and metrics. Other existing frameworks, such as the UCL Partners Anchors measurement framework, were also reviewed. Three Boards – NHS Ayrshire and Arran, NHS Forth Valley, and NHS Lothian – tested the final set of metrics to identify any practical issues in reporting.

Feedback received through this engagement process was fundamental in ensuring that the final set of metrics are feasible, manageable, and proportionate for NHS Boards to report on. The metrics were signed off by the Place and Wellbeing Programme Board on 12 October 2023.

1.2 Caveats and limitations

While we are confident that the proposed metrics are robust and feasible measures to support NHS Boards baseline their impact as anchor institutions, there are a number of caveats that should be acknowledged.

Some of the metrics are relatively blunt measures for the complex and nuanced outcomes around reducing health inequalities at a local level. However, as such outcomes are challenging to measure with the existing data, the proposed metrics should provide the most robust measurement possible with the available data.

For the land and assets strand, identifying appropriate metrics proved particularly challenging due to the lack of meaningful data as well as the complexity of outcomes. We have therefore included two qualitative questions to elicit a narrative on community use and barriers, which we recognise will not lend themselves to year-on-year comparison. However, they will provide some of the nuance needed to understand the current position around use and disposal of land and assets.

There are some issues around data incompleteness for the agreed metrics, in particular for the self-reported workforce equalities data. Incompleteness of self-reported staff equalities data is an analytical issue across all employers and sectors, and while this limits conclusions and interpretation, such data still provide valuable insights and are used widely in analysis and policy development.

For workforce, we have asked about Scottish Index of Multiple Deprivation (SIMD) to capture deprivation data relating to the proportion of staff, applicants, and leavers, which will provide amongst other things useful insights into the workforce geographical spread. However, as SIMD is primarily a measure of area-based deprivation we recognise there are limitations to the conclusions that can be drawn using SIMD, particularly in remote and rural areas.

It should also be noted that in a number of instances, we are asking NHS Boards to report on data that they report elsewhere. This is to signal that these data should be included and monitored as part of their Anchor Strategic Plans.

2. Reporting

All NHS Boards are asked to establish a baseline for their anchor activity using the template in [Annex A](#). The template should be completed and submitted to PAWSecretariat@gov.scot by **Friday 29 March 2024**.

To avoid additional burden on NHS Boards, the metrics draw on existing data. Data sources and additional notes to help complete the template are set out in [Annex B](#).

The baseline reporting period for the metrics will be the financial year 2022/2023.

If you have any comments or questions regarding the completion of the template in [Annex A](#), please contact PAWSecretariat@gov.scot.

3. Future reporting

The main aim of asking each NHS Board to establish a baseline is to support them measure progress on their anchor activity which should in turn inform future iterations of their Anchor Strategic Plans.

We recognise that if the metrics had been included with the guidance issued in June 2023, NHS Boards could have baselined their current activity to inform their Anchor Strategic Plan for 2023/24. However, the process of establishing appropriate metrics took significantly longer than anticipated due to the lack of appropriate data to measure complex outcomes.

Our intention is to ask NHS Boards to measure their progress against their baseline on an annual basis, and we will issue further guidance in 2024 on submitting data for the reporting year 2023/24.

It should be noted that we have agreed to review the metrics set out in [Annex A](#) once we have received the baselines, taking on board any feedback and comments from NHS Boards and other stakeholders.

Finally, we would like to recognise the significant input of the many individuals from the groups listed in [Annex C](#) who contributed to the process of identifying and agreeing the final set of metrics.

Una Bartley Team Leader, Place and Wellbeing Programme



Return dates

Baseline for Anchor Strategic Plans 2023/24
Friday 29 March 2024

Annex A – Baseline of anchor activity

Reporting year: 2022/2023

NHS Board:

Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year? (<i>Please refer to guidance note</i>)	
W2	How many people have you engaged through employability programmes in the reporting year?	
W3	Are you accredited as a Real Living Wage employer?	Yes/No If no, are you working towards being a Real Living Wage employer?
W4	Are you accredited as Carer Positive?	Yes/No
W5	Are you accredited as Disability Confident?	Yes/No
W6	Are you accredited as Equally Safe at Work?	Yes/No
W7	Are you accredited as Menopause Friendly?	Yes/No
W8	Are you accredited with the Young Person's Guarantee?	Yes/No
W10	Are you accredited with the Defence Employer Recognition Scheme?	Yes/No
W11	Do you publish a race pay gap?	Yes/No
W12	Do you publish a disability pay gap?	Yes/No
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area?	Yes/No
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP Investment Plan? Please provide name and title for the rep(s) within your Board.	Yes/No Name and title:

Official

Code	Metric	Response
W15	Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting). (Please refer to guidance note)	<input type="checkbox"/> Care experienced <input type="checkbox"/> Carers <input type="checkbox"/> Black and Minority Ethnic groups <input type="checkbox"/> People living in the 20% most deprived areas <input type="checkbox"/> Disabled people <input type="checkbox"/> Gypsy Travellers <input type="checkbox"/> Dependent on alcohol and drugs <input type="checkbox"/> Homeless people <input type="checkbox"/> Recently left prison <input type="checkbox"/> Refugees and asylum seekers Priority family groups at risk of child poverty, please state which: <input type="checkbox"/> lone parents <input type="checkbox"/> young mothers (under 25 years old) <input type="checkbox"/> minority ethnic families <input type="checkbox"/> large families (with three or more children) <input type="checkbox"/> families with a baby (under one) <input type="checkbox"/> families with a disabled adult or child Other (please state):
W16	Do you have plans to systematically collect data on any of these groups?	Yes/No If yes, which groups:

Official

Code	Metric	Response
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	

Procurement

Code	Metric (Please refer to guidance notes for each question below)	Response
P1	What is your total spend on local businesses in the reporting year?	
P2	What percentage of your overall spend is on local businesses in the reporting year?	
P3	What is your total spend with SMEs in the reporting year?	
P4	What percentage of your overall spend is with SMEs in the reporting year?	
P5	What is your total spend on contracts with supported business in the reporting year?	
P6	What is your total spend with third sector bodies in the reporting year?	
P7	Please list all community benefits delivered through procurement during the reporting year.	
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	

Land and Assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date? (Please refer to guidance note)	
LA2	How many asset transfers have been awarded to date? (Please refer to guidance note)	
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes/No
LA4	Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.	Yes/No
LA5	Do you have a process in place for embedding anchor sustainability activities in <ul style="list-style-type: none"> a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations) b) existing sites (e.g. green space, café, bookable multipurpose spaces)? (Please refer to guidance note)	a) Yes/No b) Yes/No
LA6	Does your strategy for new building and estates development include provision for community use <ul style="list-style-type: none"> a) now (e.g. green space, café, bookable multipurpose spaces) b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)? (Please refer to guidance note)	a) Yes/No b) Yes/No
LA7	Do you have a process in place for engaging with the local community in planning the design and use of new developments?	Yes/No
LA8	Does engagement with the community on new developments include any of your	Yes/No

Official

Code	Metric	Response
	Board's target populations and/or target organisations?	
LA9	Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? (<i>Please refer to guidance note</i>)	Yes/No
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	Yes/No
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	Yes/No
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes/No
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	Yes/No
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	

Annex B – Data sources and additional notes

Workforce metrics

Key data sources: Staff Governance Monitoring; NES TURAS.

Additional notes on Workforce metrics

- **W1:** Definition of Employability: Employability covers a range of activity to help participants gain skills, confidence and experience supporting them to progress towards and access employment opportunities, and to sustain and progress in work.
- **W15:** When we ask about the following groups – dependent on alcohol and drugs, homeless people, recently left prison – we are referring to a people with lived experience of addiction, homelessness and the criminal justice system.

When we ask about ‘Priority family groups at risk of child poverty’ we are referring to those identified within the Government’s [Best start, Bright Futures: tackling child poverty delivery plan](#). We recognise the challenge in identifying these groups as they are quite specific, however we are seeking this information to understand where NHS employment could help to mitigate against child poverty, which we know can lead to health inequalities.
- **W17 – W18:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024. When available, we will write to Anchor Leads with instructions on how to access the data.
- **W19:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024, providing data sharing agreement is reached with sufficient time to undertake analysis and quality assurance. If available, we will write to Anchor Leads with instructions on how to access the data.

Procurement metrics

Key data source: Procurement Annual Report Annex A.

Additional notes on Procurement metrics

- **P1 – P2:**
 - ‘Local’ is defined using the invoice address as registered on Spike Cavell/DXC.
 - For territorial NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within the local authority areas covered by the territorial Health Board.
 - For national NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within Scotland.
- **P3 – P4:** ‘Small and medium enterprises’ (SMEs) means businesses with no more than 250 employees.

Official

- **P4:** We are aware this is not reported as part of procurement annual reports. This should be calculated by dividing the total spend with SMEs in reporting year (metric P3) by your total overall procurement spend in the reporting year.
- **P5:** 'Supported business' means an organisation whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the organisation are disabled or disadvantaged persons.
- **P7:** Community benefits are defined as relating to training and recruitment or availability of sub-contracting opportunities; or which is otherwise intended to improve the economic, social or environmental wellbeing of the contracting authority's area in a way additional to the main purpose of the contract in which the requirement is included.

Land and Assets metrics

Key data source: Asset Transfer Request annual report.

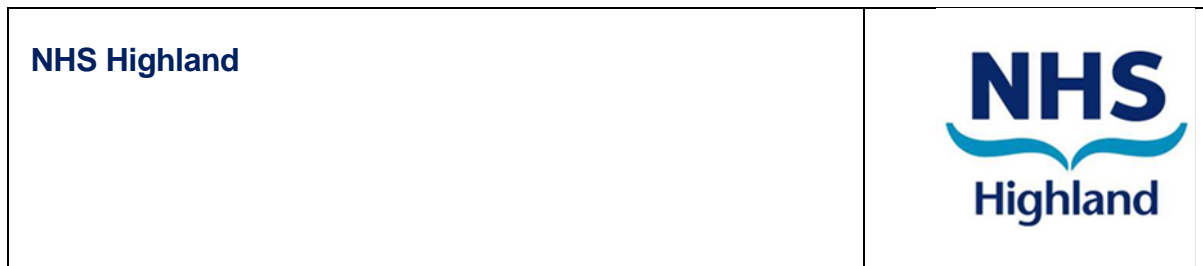
Additional notes on Land and Assets metrics

- **LA1 – LA2:** This should be counted from the earliest available data on asset transfers up to and including the reporting year 2022/23.
- **LA5, LA6 and LA9:** We have provided examples of the types of activities that may feature as part of Anchors Land and Assets work however, these are not exhaustive.

Annex C – Engagement

To develop the metrics to support NHS Boards establish a baseline, we engaged with representatives from the following groups and organisations:

- Anchors Delivery Group
- Anchors Workforce Strategic Group
- Land and Assets Task and Finish group
- National Services Scotland
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS Lothian
- NHS Education for Scotland
- NHS Procurement Services Senior Management Team
- Procurement Task and Finish group
- Public Health Scotland
- Scottish Property Advisory Group
- Scottish Government NHS Workforce Policy
- Scottish Government Procurement Policy and Analysis
- Scottish Government Wellbeing Economy Analysis
- Supplier Development Programme
- UCL Partners (Health Foundation).



Meeting: NHS Highland Board

Meeting date: 28 November 2023

Title: Winter Ready Action Plan

Responsible Executive: Pamela Cremin, Chief Officer Highland Health and Social Care Partnership

Report Author: Lorraine Cowie, Head of Strategy & Transformation

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

NHS Highland has implemented its approach to winter as agreed at the September 2023 Board meeting. This includes a comprehensive plan with named, accountable individuals, assurance processes, associated performance measures and reporting cycles in place.

Plans for winter are developed at a partnership level, therefore, this paper applies to Highland Health and Social Care Partnership only. Winter plans for Argyll and Bute, which have followed a similar process in terms of their development, will be formally adopted at the Integrated Joint Board on the 29th November 2023.

2.2 Background

The initial draft of the North Highland Winter Plan was presented to NHS Highland Board in September 2023.

The plan has been to all Governance Committees and the Area Clinical Forum. Any feedback has been incorporated into the plan as required.

2.3 Assessment

Our priorities have a number of qualitative and quantitative metrics. The actions we will undertake will form the Systems Pressure report, which is currently being updated and are aligned to the targets and measures issued by Scottish Government.

The key areas highlighted through Acute Clinical Governance systems previously by our senior clinical and care leaders are incorporated into the overview presented above as described previously.

Governance

The Short Life Working Group for Winter Planning has been established. The SLWG is a sub group of the Urgent and Unscheduled Care Programme Board, which, in turn, is accountable to the newly reinstated Integrated Senior Leadership Team. The Senior Leadership teams provides assurance to NHS Highland of progress in implementing the key actions for winter.

Funding

Finance to support the Urgent and Unscheduled Care Programme was confirmed only in the past month by Scottish Government and is non recurrent.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

Comment on the level of assurance

Whilst we can provide assurance for the governance processes the capacity for the delivery of the priorities for winter means that limited assurance is provided.

Increasing capacity is a key element of the plan, however, the Board will be aware of the continue challenges within care at home and care home availability meaning additional pressures in the form of delayed discharges continues within our system. This means we do not have the surge capacity required to sustain the predicted levels of increased demand we may have throughout the winter.

Our plan may not be sufficient to manage the additional pressures within the system however it is hoped that the actions will mitigate where possible.

3 Impact Analysis

3.1 Quality/ Patient Care

Impact on quality of care will be assessed over the winter period and the KPIs will be closely monitored. There will be close working with the Professional Leads and close monitoring through Clinical and Care Governance systems. Specific reports will be developed on this.

3.2 Workforce

This is a key part of the winter plan to support staff wellbeing.

3.3 Financial

There is a dedicated fund for Urgent & Unscheduled care in which there is a dedicated resource for winter planning, however, as outlined, this funding was only recently confirmed. Funding is allocated to areas to maximise benefit, including combining with other areas of funding where possible.

3.4 Risk Assessment/Management

A full strategic risk register is maintained by the Urgent & Unscheduled Care Board. This is also complemented by the operational risk registers within HHSCP and Acute. An integrated SLT risk register is actively being established prior to the winter period.

3.5 Data Protection

None.

3.6 Equality and Diversity, including health inequalities

This winter plan is aimed at ensuring sustainable access to service and fair access for all through the challenging winter period anticipated.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

- Acute and Community Senior Leadership Teams
- Urgent & Unscheduled Care Programme Board
- Executive Directors Group
- All Governance Committees of the Board
- Area Clinical Forum

3.9 Route to the Meeting

As described above.

4 Recommendation

For Awareness - This paper is to provide assurance to the Board that the Winter Plan is in now in place in line with the September 2023 Board paper.

4.1 List of appendices

The following appendices are included with this report:

- None

NHS Highland



Meeting: NHS Highland Board
Meeting date: 28 November 2023
Title: Board and Committee meetings dates 2024
Responsible Executive/Non-Executive: Sarah Compton Bishop, Board Chair
Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The purpose of this report is to recommend approval of a timetable of Board and Committee meetings for 2024.

2.2 Background

Boards are expected to create a coordinated timetable for Board meetings, seminars, and Committee meetings. This programme should ensure a coordinated approach to permit the appropriate level of scrutiny can be delivered, and decisions taken in a logical sequence.

2.3 Assessment

Appendix 1 to this report sets out the meetings dates proposed for 2024 for the Board’s approval. Unless otherwise stated, the proposed dates have been agreed with Governance Committees throughout the August/September cycle of meeting. The following additional details are provided for the Board’s information:

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

N/A

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The proposals in the recommendation have been discussed and agreed with Governance Committees.

3.9 Route to the Meeting

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

4 Recommendation

The Board is asked to:

- (a) take substantial assurance from the report,
- (b) **agree** the timetable of Board and Committee meetings for 2024.

4.1 List of appendices

The following appendix is included with this report:

- Appendix 1 Proposed Board and Committee meetings dates 2024

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NHS BOARD and COMMITTEES – DATES FOR 2024

NHS Board	NHS Board Development	
<p>Chair: Sarah Compton Bishop Executive Lead: Chief Executive (Tuesdays – 9.30am)</p> <p>30 January 2024 26 March 2024 28 May 2024 25 June 2024 (annual accounts) 30 July 2024 24 September 2024 26 November 2024</p>	<p>Board Briefing Sessions</p> <p>23 January 2024 27 February 2024 19 March 2024 23 April 2024 21 May 2024</p> <p>23 July 2024 27 August 2024 17 September 2024 29 October 2024 19 November 2024</p>	
Clinical Governance Committee	Staff Governance Committee	Audit Committee
<p>Chair: Alasdair Christie Executive Lead: Medical Director/Nurse Director Administrator: Brian Mitchell (Thursdays 9.00am)</p> <p>18 January 2024 7 March 2024 2 May 2024 11 July 2024 5 September 2024 7 November 2024</p>	<p>Chair: Ann Clark Executive Lead: Gareth Adkins Administrator: Karen Doonan (Tuesdays 10.00am)</p> <p>16 January 2024 5 March 2024 7 May 2024 9 July 2024 3 September 2024 5 November 2024</p>	<p>Chair: Gaener Rodger Executive Lead: Heledd Cooper Administrator: Stephen Chase (Tuesdays 9.00am)</p> <p>12 March 2024 21 May 2024 25 June 2024 (Annual Accounts) 10 September 2024 10 December 2024</p>
Finance, Resources and Performance Committee	Remuneration Sub-Committee	Highland Health & Social Care Committee
<p>Chair: Alex Anderson Executive Lead: Heledd Cooper Administrator: Brian Mitchell (Fridays 9.30am)</p> <p>5 January 2024 9 Feb 2024 1 March 2024 12 April 2024 3 May 2024 14 June 2024 5 July 2024 9 August 2024 6 September 2024 11 October 2024 1 November 2024 13 December 2024</p>	<p>Chair: Ann Clark Executive Lead: Gareth Adkins Administrator: Board Secretary (Mondays 10.15 am)</p> <p>26 February 2024 29 April 2024 15 July 2024 23 September 2024 25 November 2024</p>	<p>Chair: Gerry O'Brien Executive Lead: Pam Cremin Administrator: Stephen Chase (Wednesdays 1pm-4pm development sessions at 10.30am on same date)</p> <p>17 January 2024 6 March 2024 8 May 2024 10 July 2024 4 September 2024 6 November 2024</p>
Endowments Committee		
<p>Chair: Philip MacRae Executive Lead: Heledd Cooper Administrator: Stephen Chase (Mondays 10.00am)</p> <p>4 March 2024 2 September 3 June 2024 2 December 2024</p>		

OFFICIAL

For information, Argyll and Bute IJB dates for 2024 are as follows:

	2024											
Committee	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
IJB Public meeting	Wed 31		Wed 27		Wed 29				Wed 25		Wed 27	
IJB Development Session	Wed 31	Wed 28	Wed 27	Wed 24	Wed 29	Wed 12		Wed 28	Wed 25	Wed 23	Wed 27	Wed 11
IJB Pre-agenda	Wed 17		Wed 13		Wed 15				Wed 11		Wed 13	
Finance and Policy	Fri 26	*Fri 23	Fri 22			Fri 28			Fri 27		Fri 22	
Audit and Risk		Tues 20		Tues 9		Tues 18			Tues 17			Tues 17
Clinical and care Governance Committee		Thurs 1		Thurs 4		Thurs 6		Thurs 15		Thurs 3		Thurs 5
Strategic Planning Group			Thurs 14			Thurs 13			Thurs 12			Thurs 12

NHS HIGHLAND CALENDAR OF MEETINGS FOR 2024

	January	February	March	April	May	June	July	August	September	October	November	December	
Sat / Sun													Sat / Sun
Mon	1 PUBLIC HOLIDAY			1		3 Endowments	1		2 Endowments			2 Endowments	Mon
Tue	2 PUBLIC HOLIDAY			2		4	2		3 STAFF GOV	1		3	Tue
Wed	3			3	1	5	3		4	2		4	Wed
Thu	4	1		4	2 CLINICAL GOV	6	4	1	5 HHSCC CLINICAL GOV	3		5	Thu
Fri	5 FRP	2	1 FRP	5	3 FRP	7	5 FRP	2	6 FRP	4	1 FRP	6	Fri
Sat / Sun													Sat / Sun
Mon	8	5	4 Endowments	8	6	10	8	5	9	7	4	9	Mon
Tue	9	6	5 STAFF GOV	9	7 STAFF GOV	11	9 STAFF GOV	6	10 AUDIT	8	5 STAFF GOV	10 AUDIT	Tue
Wed	10	7	6 HHSCC	10	8 HHSCC	12	10 HHSCC	7	11	9	6 HHSCC	11	Wed
Thu	11	8	7 CLINICAL GOV	11	9	13	11 CLINICAL GOV	8	12	10	7 CLINICAL GOV	12	Thu
Fri	12	9	8	12	10	14	12	9	13	11	8	13	Fri
Sat / Sun													Sat / Sun
Mon	15	12	11	14	13	17	15 Rem Comm	12	16	14	11	16	Mon
Tue	16 STAFF GOV	13	12 AUDIT	15	14	18	16	13	17	15	12	17	Tue
Wed	17	14	13	16	15	19	17	14	18 BOARD briefing	16	13	18	Wed
Thu	18 HHSCC CLINICAL GOV	15	14	17	16	20	18	15	19	17	14	19	Thu
Fri	19	16	15	18	17	21	19	16	20	18	15	20	Fri
Sat / Sun													Sat / Sun
Mon	22	19	18	22	20	24	22	19	23 Rem Comm	21	18	23	Mon
Tue	23	20	19	23 BOARD Dev	21 AUDIT	25 AUDIT	23	20	24 BOARD	22	19	24	Tue
Wed	24	21	20	24	22	26	24	21	25	23	20	25 PUBLIC HOLIDAY	Wed
Thu	25	22	21	25	23	27	25	22	26	24	21	26 PUBLIC HOLIDAY	Thu
Fri	26	23	22	26	24	28	26	23	27	25	22	27	Fri
Sat / Sun													Sat / Sun
Mon	29	26 Rem Comm	25	29 Rem Comm	27		29	26	30	28	25 Rem Comm	30	Mon
Tue	30 BOARD	27 BOARD Dev	26 BOARD	30	28 BOARD		30 BOARD	27 BOARD Dev		29 BOARD Dev	26 BOARD	31	Tue
Wed	31	28	27		29		31	28		30	27		Wed
Thu		29	28		30			29		31	28		Thu
Fri			29		31			30			29		Fri
Sat / Sun													Sat / Sun
	January	February	March	April	May	June	July	August	September	October	November	December	

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS	3 November 2023 at 9.30 am	

Present

Alexander Anderson, Non-Executive Director
 Graham Bell, Non-Executive Director (In the Chair)
 Tim Allison, Director of Public Health and Policy
 Louise Bussell, Board Nurse Director
 Ann Clark, Non-Executive Director
 Heledd Cooper, Director of Finance
 G Corner, Non-Executive Director
 Pamela Dudek, Chief Executive
 Gerry O'Brien, Non-Executive Director
 David Park, Deputy Chief Executive
 Alan Wilson, Director of Estates, Facilities and Capital Planning

In Attendance

Lorraine Cowie, Head of Strategy and Transformation
 Pamela Cremin, Chief Officer, Highland Health and Social Care
 Brian Mitchell, Board Committee Administrator
 Becky Myles, Head of Procurement
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer (Acute)
 Lianne Swann, Corporate Records Officer (Observing)
 E Ward, Deputy Director of Finance

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from Dr B Peters, S Compton-Bishop and F Davies.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous Meeting held on 6 October 2023

The Minute of the Meeting held on 6 October 2023 was **Approved**.

2 FINANCE

2.1 NHS Highland Financial Position – Month 6 2023 and Update on Savings Plans

The Deputy Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 6, advising the Year-to-Date (YTD) Revenue over spend amounted to £38.1m, with the forecast overspend set to increase to £55.975m as at 31 March 2024. The year end forecast was £12.697m better than presented within the financial plan and reflected additional Scottish Government funding relating to Sustainability & NRAC Parity, plus additional New Medicines Funding. This also assumed delivery of the actions contained within the Financial Recovery Plan. The relevant key risks and associated mitigations were outlined. Members were then taken through the underlying financial data relating to Summary Funding and Expenditure. Specific detailed updates were also provided in relation to the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services; Support Services; Argyll & Bute; progress against the Cost Improvement Plan Programme; 3 Horizons activity; Supplementary Staffing; overall forecast position; Financial Recovery Plan progress; sustainability and value; and Capital Spend. The circulated report proposed the Committee take **Limited Assurance**, for the reasons stated.

The following points were raised:

- Assurance of Progress (Tertiary). Advised this carried a zero figure as original target based on Scottish Government proposal not now being taken forward until 2024/2025. Confident that savings will accrue over 2024/2025. Remain within Plan to encourage action.
- Locum/Agency Use Reduction (Acute). Advised weekly savings governance meetings being held. Agency use had been a key area of focus. There had been successes in relation to recruitment of nurses and a large reduction in agency nurse use within the Medical Division. All medical locum use reviewed, and new processes introduced. Number of medical locums had chosen to take up permanent employment with NHSH. Theatres capacity reduced to align with financial plan and agreed with Scottish Government. Improvement activity on Waiting Times slowed. Overall focus continuing.
- Assurance of Progress for 2024/2025. Confirmed reporting starting to come through, with relevant ideas forms issued and transformation programmes in process of being developed etc. Reporting will be in similar format to that for 2023/2024. Stated Horizon 3 activity had commenced, looking at relevant Charters etc. Four principal and two supporting transformation programmes involved at this stage. Will also support with Horizon 2 activity.
- Capital Spend Level. Questioned the impact and risks associated with a reducing allocation, especially around transformation plans. Advised likely approach to provide focus on backlog maintenance for immediate future. Thereafter a focus on Acute service areas. Continued to lobby for whole system approach prior to any formal announcements. Existing three planned major projects in Highland would continue to be taken forward.
- Confidence in Savings Delivery (Operational areas). Stated confidence in achieving forecast position remained high, with degree of flexibility built in. Advised activity also focussed on mitigating increasing activity levels as well as achieving savings.
- Saving Schemes Delivery and Attribution to 2024/2025 Financial Plan. Questioned if added to overall delivery target. Matter to be discussed under Item 2.2 on the agenda.
- Financial Discussions with Highland Council for 2024/2025. £6.2m shortfall referenced. Confirmed formal finance discussions with Highland Council scheduled for later in November 2024, including for Children's services. Ongoing engagement at this time at Chief Executive level. Further reshaping and change discussions to follow.
- Direct Engagement (Agency). Confirmed this related to VAT recovery aspects.

After discussion, the Committee:

- **Noted** the circulated report and additional verbal updates provided.
- **Agreed** to take **Limited** assurance regarding the reported financial position.

2.2 Draft Budget Setting Guidance 2024/2025

The Director of Finance spoke to the circulated report, presenting Draft Budget Setting Guidance and giving an overview of the expectation of budget setting, the draft timeline involved and process to be undertaken. Members were advised NHSH undertook an annual budget setting process which aligned to the financial planning guidance and should also align to the Annual Delivery Plan. The intention was to triangulate workforce planning with performance and finance through the budget setting process. The Guidance sought to provide information on how the budget setting process was undertaken and the expectations placed on all parties involved in the process. The guidance remained draft form and was presented for initial comment prior to review by the EDG and eventual final presentation at this Committee in December 2023. The circulated report proposed the Committee take **Substantial Assurance**, for the reasons stated.

The following was discussed:

- Definition and Engagement of Budget Holders. Advised includes any employee with a financial delegation. Total number of budget holders to be reviewed. Confirmed circulated documents yet to be subject to wider discussion, including with wider Executive Group. Emphasised much of the guidance involved would not be subject to process consultation. Feedback would be encouraged from wider teams following Executive level scrutiny.
- Planning Future Activity to Match Available Resource. Questioned level of involvement by those delivering services, including clinicians. Noting majority of budget holders were not clinicians, suggestion made all budget holders sign up to expected budget management responsibilities. Stated current levels of spend cannot be sustained, and change required.
- Business Case Process. Referenced and questioned spend reduction requirement of 10% and associated impact. Advised inclusion of a 10% figure in the draft document arose from early discussion with external colleagues and sought to encourage consideration of achieving better outcomes from less financial resource. Clinicians would require to be engaged in any agreed process of this nature. Further discussion would be required.
- Reducing Future Years Budget Spend Position. H Cooper shared a brief presentation in relation to high level planning aspects, highlighting the potential impact of achieving, or not achieving recurring savings requirements. Work would continue on developing three year plans as part of the budget setting process; consideration was being given as to creation of a compliance dashboard (cash/procurement compliance, income and payments, adult social care elements, payroll compliance etc).
- Adult Social Care Cost Figures. Requested cost details be provided to members out with the meeting. Noted costs of Lead Agency Model regularly raised in formal discussions.

The Committee:

- **Noted** the circulated report, draft Budget Setting Guidance 2024/25 and draft Timetable.
- **Noted** comments were invited on the circulated draft documents.
- **Noted** the final draft Guidance would be presented to the Committee in December 2023.
- **Agreed** to take **Substantial** assurance.

3 NHS HIGHLAND WINTER PLAN 2023/2024

L Cowie spoke to the circulated report, giving a brief presentation to members on NHSH Winter Preparedness with regard to developing and implementing an Urgent and Unscheduled Care Target Operating Model (TOM). The model would apply all year round, with relevant services enhanced for the winter period where appropriate to ensure surge capacity etc. An outline was provided as to what was included within the proposed TOM, including a Winter Checklist, submitted to Scottish Government for review. Required actions included finalisation of prioritised actions for winter; confirmation of Operational Leads for winter priorities; and the standing up of Operational Winter Plan meetings. It was also indicated that post-winter there would be need for re-prioritisation of the TOM for Urgent and Unscheduled Care. Relevant

Winter Ready Priority Themes, Actions and Outcomes were outlined, as were the associated Communications Plan, Performance Indicators, Governance Framework and Resilience Plan. It was advised the overall Winter Plan for NHS Highland remained in the process of agreement, with strategic, tactical and operational groups established to examine relevant datasets on a weekly and monthly basis.

Members were further advised NHS Highland, Highland Health and Social Care Partnership, Scottish Ambulance Service, and other key partners and stakeholders would continue to take a collaborative approach towards preparedness and planning for winter 2023/24 through the NHS Highland Unscheduled Care Board and other key strategic and operational fora. The approach would be similar to the Winter 2022/23 model (Winter Ready Action Plan (WRAP)). For the Argyll & Bute HSCP area a Winter Plan would also be developed and taken through their respective governance structures. It was proposed the Committee take **Limited Assurance**.

There was discussion of the following:

- Reactive vs Proactive Indicators. Advised presently looking to define that at a District level. Further analysis activity would be involved.
- Community OPEL Implementation. Advised systems relating to both Community and Mental Health in process of final testing. Learning taken from Raigmore Hospital experience. Discussions held on ensuring joined up approach adopted. Stated winter planning meetings provide in depth discussion of urgent and unscheduled care matters.
- Future Governance Committee Reporting. Advised this would include reporting on Key Quality Measures. The balance of reporting, including the current Integrated Performance and Quality Report was also under active consideration, noting this included to Scottish Government, NHS Board and Governance Committees. Emphasised monitoring metrics were separate from the performance aspects reported at NHS Board level.

After discussion, the Committee:

- **Noted** the circulated report and presentation content.
- **Agreed** to take **Limited** assurance.

4 NHS HIGHLAND ANNUAL DELIVERY PLAN

L Cowie gave a presentation to members in relation to development of the NHS Highland Annual Delivery Plan (ADP) for 2023/2024, advising as to the position as at Q2. She provided an overview of progress to date, stating there had been positive progress made with relevant leads reporting being on track for delivery. It was reported winter pressures may impede progress on a number of areas. The integration of Workforce, Finance and Delivery Plan and impact of workforce and funding on outcomes and deliverables was under review. It was stated decision making on key priorities would require review using the strategic planning stage process. Integration of Horizons Ambitions into the ADP would be required. The relevant dashboard for Q2 was presented, providing an overview of the position regarding the 162 actions contained within the ADP and showing 59% of those were on track for delivery. The relevant ADP timetable for 2023/24 was indicated, the relevant Commission for which was expected from Scottish Government later in November 2023.

There was discussion of the following points:

- Competing Priorities. Questioned if the ADP process was where, under which, discussion of reducing or stopping activity should take place. Stated discussion held by Directors of Planning in relation to benchmarking data providing opportunity to look at activity at

national, regional, and local level. Local priorities, finance and quality all have to form part of that discussion. The financial plan was required to be finalised so as to inform the ADP.

- Qualitative Strategic Targets. Asked if activity to be increased where appropriate to meet these or maintained at current levels. Stated this was related to Service Planning aspects and would include consideration of service efficiency and workforce issues etc.
- Political Pressures. Stated can impact decision making in relation to setting local priorities.

After discussion, the Committee otherwise Noted the progress made on development of the NHS Highland Annual Delivery Plan 2023/2024.

5 INTEGRATED PERFORMANCE REPORT

L Cowie spoke to the circulated report which provided the Committee with a bi-monthly update on NHS performance and quality based on the latest available information, a summary of which would also be provided to the NHS Board. The relevant performance overview section had been revised to review ADP targets/trajectories as well as the national targets set by Scottish Government. This was more in line with the Blueprint for Good Governance recommendations. Moving forward relevant patient/population feedback would also be incorporated. Members were then provided with specific updates on performance relating to vaccination activity; alcohol brief interventions; smoking cessation; drug and alcohol waiting times; CAMHS; NDAS/Integrated Children's Services; Emergency Department Access; TTG performance; Outpatients; Diagnostics (Radiology and Endoscopy); Cancer Care; Delayed Discharges; and Psychology Waiting Times. Associated trajectory detail had been included for relevant Indicators. It was proposed the Committee take **Moderate Assurance**.

During discussion, inclusion of an Executive Summary was welcomed. On the question as to inclusion of performance ratings over a 24-month reporting period, it was stated this remained an aim however further consideration was required as to which targets, local or national, this would relate. Stated need to consider the data required for management of services against that required for governance purposes. Continued feedback on this area was encouraged.

After discussion, the Committee:

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

6 CORPORATE RISK REGISTER (LEVEL 1 RISKS)

L Cowie spoke to the circulated report, providing members with assurance that the risks currently held on the Corporate Risk Register relating to this Committee were being actively managed through the appropriate Executive Leads and Governance Committees within NHS Highland. Further work would be completed with regards to the Risk Register to give assurance and outline relevant mitigations. Members were advised there were no changes proposed to the risks previously presented to the Committee. It was proposed the Committee take **Substantial Assurance**.

The Committee:

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

7 PROCUREMENT ANNUAL REPORT 2022/2023

B Myles spoke the circulated report, advising as to relevant data sources and outlining concerns raised in relation to the completeness of information received from those sources. It was reported the concerns were being addressed for the 2023/2024 reporting period, including development of an NHS Board-wide Master Contracts Register, all as more indicated in the report. Members were further advised a number of risks and considerations had been identified that required further action, in relation to lack of data provision and visibility where procurement activity was undertaken in devolved areas and/or through non-central procurement systems; an inability to report board-wide on key compliance metrics for Contract Award routes and desirable outcomes such as Fair Work First, Community Benefits and Supplier Performance. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Increase in Predicted New Contract Activity Level for 2024/2025. Advised reflected the improvement made to the Combined Master Contract Register. This now included greater level of data and visibility on expiring elements than previously the case. A number of elements would be dependent upon successful bidding activity.
- Level of Associated Community Benefit. Advised benefit levels considered to be above that being reported. Improved reliable data capture was being pursued, in association with relevant partners, for inclusion in future reporting.
- Health and Social Care Tender Waiver. Advised Social Care contracts not included within Master Contract Register. Would look to include reference to these in future reports.
- Impact of Review of Strategy and Policy on Strategic Commissioning. Stated working with Contract Services Team on relevant aspects with view to ensuring both teams work more closely on such matters. View expressed Non-Executive Board members would benefit from improved understanding of all relevant aspects of commissioning and procurement.

After discussion, the Committee:

- **Noted** the NHS Highland Annual Procurement Report 2022/2023.
- **Agreed** to take Moderate assurance.

8 IMPLEMENTING THE BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT FINDINGS

There had been circulated a report, providing an update on the progress of delivery of the four actions contained in the NHS Board's agreed Blueprint for Good Governance Improvement Plan 2023 of relevance to this Committee. It was reported, in addition to Governance Committee oversight, the Board Secretary would provide a formal six-monthly assurance report to the NHS Board focussing on governance improvements identified in the Blueprint Improvement Plan. The first formal Board-level progress update was scheduled for end January 2024. Assurance ratings would reflect delivery against the agreed improvement actions. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the circulated report content and progress updates.
- **Agreed** to take **Moderate** assurance.

9 REVIEW OF REVISED COMMITTEE WORKPLAN

There had been circulated the latest iteration of the Committee Work Plan, review of which was to form part of the upcoming Committee Self-Assessment process. Members were reminded as to the move to monthly meetings for the foreseeable future, from December 2023.

In this regard it was requested the date of relevant meetings be appropriately considered to enable receipt of the most up to date relevant data, whilst recognising the potential impact on subsequent submissions to the NHS Board. A Wilson took the opportunity to request consideration of an informed approach to future Environment and Sustainability reporting.

After discussion, the Committee:

- **Noted** the Committee Work Plan would be reviewed as part of the upcoming Committee Self-Assessment process.
- **Agreed** further consideration would be given to the future meeting schedule and associated reporting requirements.

10 AOCB

There were no matters discussed in relation to this Item.

12 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 8 December 2023 at 1.30pm was **Noted**.

The meeting closed at 11.50am

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
MINUTE of MEETING of the FINANCE, RESOURCES AND PEFORMANCE COMMITTEE TEAMS	6 October 2023 at 9.30 am	

Present

Graham Bell, Non-Executive Director (In the Chair)
 Tim Allison, Director of Public Health and Policy
 Louise Bussell, Board Nurse Director
 Sarah Compton-Bishop, NHS Board Chair
 Heledd Cooper, Director of Finance
 Pamela Dudek, Chief Executive
 Gerry O'Brien, Non-Executive Director
 Dr Boyd Peters, Board Medical Director

In Attendance

Natalie Booth, Board Committee Administrator
 Pamela Cremin, Chief Officer, Highland Health and Social Care
 Ruth Daly, Board Secretary
 Fiona Davies, Chief Officer, Argyll and Bute HSCP
 Brian Mitchell, Board Committee Administrator
 David Park, Deputy Chief Executive
 Katherine Sutton, Chief Officer (Acute)

1 STANDING ITEMS

1.1 Welcome and Apologies

Apologies were received from A Anderson, A Clark, L Cowie, B Donald and A Wilson.

As the meeting was inquorate, members were advised that any decisions taken would require to be subject to ratification at the next quorate meeting.

1.2 Declarations of Interest

There were no formal Declarations of Interest.

1.3 Minute of Previous Meeting held on 8 September 2023

The Minute of the Meeting held on 8 September 2023 was **Approved**.

2 FINANCE

2.1 NHS Highland Financial Position as at end August 2023 (M5)

The Director of Finance spoke to the circulated report that detailed the NHS Highland financial position as at end Month 5, advising the Year-to-Date (YTD) Revenue over spend amounted

to £32.650m, with the forecast overspend set to increase to £55.774m as at 31 March 2024. The improvement noted in relation to the residual gap in the plan had been due to additional funding allocations received from Scottish Government. The stated forecast assumed full delivery of savings in Acute, Support Services and the HHSCP areas, and that the significant majority of Argyll and Bute Integrated Joint Board's (IJB's) target would also be achieved. The reported forecast position was £12.898m better than presented in the financial plan submitted to Scottish Government in March 2023. Members were taken through the underlying financial data relating to Summary Funding and Expenditure.

Specific detailed updates were also provided in relation to the Highland Health and Social Care Partnership area; Adult Social Care; Acute Services and associated future reporting profile; Support Services; Argyll & Bute; progress against the Cost Improvement Plan Programme; 3 Horizons activity; Supplementary Staffing; forecast position; sustainability and value; key risks and associated mitigations; and Capital Spend. The circulated report proposed the Committee take **Limited Assurance**, for the reasons stated.

The following points were raised:

- Tailored Support Activity. A brief presentation was provided to members that outlined the relevant actions to date. It was reported that a finance self-assessment had been completed, based on financial governance aspects, and shared with the Executive Director Group for feedback. An action plan had then been agreed, based on the self-assessment results to ensure improvements were made. The action plan had been shared with the A Gray, who had indicated his support in relation to the relevant content. A Recovery Plan for 2023/24 had been developed, detailing the non-recurring actions required to deliver the year end overspend position of £55.8m as proposed to and requested by Scottish Government. A letter of response was to be issued to the Scottish Government following this meeting, articulating the actions taken to date and being progressed. Three key areas of focus identified by the Efficiency and Transformation Group were noted as relating to Supplementary Staffing, Prescribing, and Digital Maximisation. A high-level 3-year financial plan was being developed, for submission to Scottish Government by end October 2024. Further specific detail was also provided in relation to the 2023/24 Recovery Plan.
- Self-Assessment Response to Scottish Government. Noted detailed in nature and process had been valuable in highlighting the need for strengthening of internal processes and systems relating to budget setting and financial governance. Would enable informed refinement of methodology for savings processes; and aspects relating to compliance, including improved reporting detail and associated financial management culture as part of move away from a grip and control approach. Aspects relating to embedding of financial responsibility and accountability had been highlighted. Improvement was increasingly evident across Acute and Argyll & Bute areas. Advised Response content and associated action plan available for sharing with members.
- Learning from Formal Response. Suggested a future report to the NHS Board summarising the key learning points and actions being taken forward.
- Service Implications Arising from Formal Response. Advised as to aspects relating to improved activity planning and associated wider cost attribution, including for Theatre activity. There were now a fewer number of Theatres in use at that time, with Clinical teams active in prioritisation discussions and setting activity cap plans based on volume. Rate of recovery for Orthopaedics impacted by National Treatment Centre activity, with Acute picking up the more complex cases. Case made to Scottish Government for increased funding to mitigate this impact. Efficiency of theatre use highlighted as area to be addressed, mainly around Rural General Hospitals (RGHs). Other areas of focus included locum and agency spend; improved recruitment; examination of existing medical staffing profiles, procurement and drug changes. Issues relating to locum costs associated with Psychiatry Services in Caithness were being taken forward by the relevant Clinical Director.
- Raigmore Senior Management and Central Cost Reporting. Advised this related to the overall balance of savings within the operational area, with relevant targets yet to be allocated across budget lines. Noting forecast variance assumed delivery of Cost

Improvement Programme elements, question asked as to drivers for level of overspend. Agreed further detail to be provided in next report to Committee.

- 2024/25 Adult Social Care Budget Discussion with Highland Council. £10m minimum funding gap identified. Advised detailed budget setting meetings yet to commence, with consideration being given to agreeing a rigorous timeline for discussions, in line with the agreed process. Formal discussion to commence in early course, with communication on priority areas having been positive to date. Stated major cost of care issue being faced in Highland, and across remote and rural NHS Boards in Scotland. A Gray kept apprised of relevant issues and discussions, with the approach being taken to date having been welcomed. Additional narrative to be included in future reports to Committee.
- Cost of Care Differential. Questioned if this was accelerating. Advised core gap identified due to number of factors including Care Home contracting. Highland dependent on small Care Home providers unable to benefit from economies of scale available elsewhere. Moving Adult Social Care staff onto Agenda for Change terms and conditions was having an associated financial impact, mitigated to an extent by additional allocation from Scottish Government, recognising this impact. The residual core gap was expected to increase.
- HHSCP Overspend Increase. Noted to increase to £6.32m by financial year end. Advised detailed investigation required to identify relevant cost variances and pressures impacting the bottom line. Further detail would be provided in future reports. Deep dive had been conducted into agency and locum use, with particular focus on New Craigs. Much agency spend was related to both covering for funded vacancies and addressing patient acuity. Workforce availability noted as major challenge, with positive news provided on recruitment of an additional 28 nurses (22 newly qualified, 6 international). Moving Out of Hours into Primary Care was expected to deliver cost efficiencies and ensure better service alignment. A similar move in Badenoch & Strathspey had been successful in achieving recurrent savings but would not be easy to replicate across NHS Highland. Area and District managers were scheduled to further report on Horizon 3 activity later that afternoon.

After discussion, the Committee:

- **Noted** the circulated report and additional verbal updates provided.
- **Agreed** to take **Limited** assurance regarding the reported financial position.

3 TRANSFORMATION PROGRAMME UPDATE

Following on from discussion under Item 2.1, members were reminded transformation was a fast-moving area of activity, with A Gray having provided beneficial support in this area in terms of responding to the asks by Scottish Government and determining associated actions required. To date, such engagement activity had been challenging although conducted in a positive, honest and open manner. Within the national context of operating the only Lead Agency model in Scotland, the unique Highland position and scale of challenge being faced remained a concern. There was increased national level appreciation of the unique challenges being faced by NHS Boards operating in remote and rural areas.

Reflecting on earlier discussion in relation to the Self-Assessment Response, members were advised there had been positive interest in the NHS Board level of control and focus on overall financial performance. Aspects highlighted to NHS Highland to date had included Theatre start times and associated efficiency, as referenced in earlier discussion, and Return Patient activity. There was current focus on mitigating activity and level of care relating to these areas.

There followed a brief presentation on Horizon 3 activity and how this linked to existing short-term activity, in the overall context of the NHSH Together We Care Strategy. An outline was provided as to four overarching key Programmes relating to People, Partnership, Prevention and Acute Provision. These Programmes would all be supported by the NHSH Digital Strategy and Estate/Infrastructure review, and with potentially less reliance on staff numbers. It was noted reference to prevention aspects mirrored similar activity being taken forward in the Argyll

and Bute area, mainly based on a bottom-up approach. The ability to effectively link Policy to Implementation was an important element. It was stated the key to moving forward would be implementation of Together We Care and associated Programme Charters etc through an aggregation of relevant workstreams and application of appropriate leadership, rigour, facilitation, methodology and key milestones including at both individual and community level. It was important to offer people the opportunity to make positive changes and facilitate management of their own condition(s) where appropriate. The importance of ensuring explicit inclusion of effective engagement in management of change was emphasised, whilst applying a balance of individual responsibility, providing flexibility in any support offered, and factoring in relevant community response and resilience aspects. Learning would be taken from Argyll and Bute activity to date. Complying with relevant basic guidance principles contained within Partnership Charters, relating to locality engagement was important. The same applied to relevant Winter Planning activity.

After discussion, the Committee:

- **Noted** the presentation content and reported position.
- **Agreed** any relevant Scottish Government response be brought to this Committee.

4 REVIEW OF COMMITTEE TERMS OF REFERENCE

There had been circulated revised Committee Terms of Reference, in relation to which members had been invited to suggest further amendments where required. It was reported the Committee Chair had indicated his agreement to the proposed changes outlined.

After discussion, the Committee Approved the proposed revised Committee Terms of Reference.

5 REVIEW OF COMMITTEE WORK PLAN

There had been circulated the latest iteration of the Committee Work Plan 2023/2024. Members were advised the Chair had highlighted the need for inclusion of items relating to Environment and Sustainability on the agenda of all scheduled regular meetings.

After discussion, the Committee Approved the Committee Work Plan document, subject to the inclusion of agenda items relating to Environment and Sustainability for regular meetings.

6 2023 MEETING SCHEDULE

The Committee **Noted** the remaining formal meeting schedule for 2023 as follows:

- 3 November**
- 1/8 December (to be confirmed)**

7 AOCB

The Chair referenced, in his capacity as member of the Argyll and Bute Integrated Joint Board Finance Committee, the matter of financial reserves and sustainability payments. He stated

discussion was being taken forward offline and would likely require discussion at a future meeting of the IJB Finance Committee.

8 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 3 November 2023 was **Noted**.

The meeting closed at 11.00am

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/ 
MINUTE	2 November 2023 – 9.00am (via MS Teams)

Present

Alasdair Christie, Non-Executive Board Director, and Chair
 Tim Allison, Director of Public Health
 Louise Bussell, Nursing Director
 Ann Clark, Board Vice Chair
 Muriel Cockburn, Non-Executive Board Director
 Joanne McCoy, Non-Executive Board Director
 Boyd Peters, Medical Director
 Dr Gaener Rodger, Non-Executive Board Director
 Catriona Sinclair, Non-Executive Board Director

In attendance

Gareth Adkins, Director of People and Culture
 Isla Barton, Head of Midwifery
 Rob Cargill, Deputy Medical Director
 Claire Copeland, Deputy Medical Director
 Lorraine Cowie, Head of Strategy and Transformation
 Caron Cruickshank, Divisional General Manager (Maternity Unit)
 Ruth Daly, Board Secretary
 Lucy Dornan, Lead Nurse
 Alison Felce, Senior Business Manager
 Ruth Fry, Head of Communications and Engagement
 Stephanie Govenden, Consultant Community Paediatrician
 Rebecca Helliwell, Depute Medical Director, Argyll and Bute HSCP
 Elizabeth Higgins, Associate Nurse Director
 Marie McIlwraith, Project Manager (Communications and Engagement)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Elizabeth Sage, Consultant Respiratory Physician
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer Acute Services
 Nathan Ware, Governance and Corporate Records Manager

1.1 WELCOME AND APOLOGIES

Apologies were received from F Davies, D MacDonald, and E Woolard.

1.2 Declarations of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), and a Highland Councillor he had applied the objective test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct in relation to Items on the Agenda and concluded that these interests did not preclude his involvement in the meeting.

1.3 MINUTE OF MEETING ON 31 AUGUST 2023, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 31 August 2023 and Committee Action Plan was **Approved**. The Committee Work Plan would continue to be iteratively developed on a rolling 12-month basis.

The Committee otherwise:

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

1.4 MATTERS ARISING

1.4.1 Adult Social Care/Commissioned Services Update

S Steer advised a formal report on Social Care Governance had been submitted to the Highland Health and Social Care Committee (HHSCC) the previous day, from which Moderate assurance had been taken in relation to the progress being made. A copy of the relevant report and associated Action Plan had been included within the update under Item 8.2 on the agenda. It was reported the Chief Social Work Officer, Highland Council had also been present at the meeting. Members were advised C Copeland was leading relevant activity, with a further meeting to take place with Highland Council in the coming weeks. A Clark added further discussion was required in relation to the respective roles of both the HHSCC and this Committee and what data should be presented where.

The Committee:

- **Noted** the reported position.
- **Agreed** a formal update be submitted to the next meeting.

1.4.2 SCI Gateway Referral Update Failure

C Copeland spoke to the circulated a report, advising as to a national failure of the national SCI Gateway Referral system following a planned update on 11 August 2023. The associated impact, apparent from 14 August 2023, had been felt across both Primary and Secondary Care services and had affected both routine and urgent referrals to outpatient clinic appointments, diagnostics, and urgent cancer referrals. Secondary Care clinicians had also been unable to access SCI Gateway or Clinical Dialogue at the same time. The issue had been raised at local level on the evening of 15 August and the eHealth Team had implemented their major incident procedure although there had been no direct communication to clinical and operational teams to trigger a similar process on the service side. The situation had evolved over the next week, with GP practices reporting a number of issues. A weekly Incident Management Team (IMT) led by the Deputy Medical Director for Primary Care would monitor and respond to any new and emerging issues, continuing until the national team NSS, had closed the incident. It was noted a further issue had been flagged by NSS on 26 September, however following formal review it had been established no patient harm had arisen as a result and no Duty of Candour was required. National learning was being taken.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** a further update be provided to the January 2024 meeting.

1.4.3 Emergency Department Waiting Times

Members were advised this matter would be addressed in discussion under Item 7 on the agenda.

1.4.4 Staff Availability and Recruitment Process

G Adkins gave a brief presentation to members, advising in relation to relevant issues around recruitment processes and workforce availability; their associated potential impact, and relevant actions being taken forward. It was reported a recruitment improvement plan had been signed off by the Executive Directors' Group and presented to the Staff Governance Committee at their most recent meeting. Associated clinical risks were then outlined in terms of both vacancies and supplementary staffing, noting this can involve supervisory requirements. In terms of risk management, relevant controls and mitigations were indicated in terms of the quality and safety aspects impacted both by a shortage of staff and high levels of supplementary staffing.

On the point raised in relation to Onboarding processes, it was advised improvement activity was being taken forward in relation to aspects including end to end process delays; shortlisting turnaround times; wider role of the recruiting managers; completion of associated documentation post-interview; scheduling and timing matters. Other aspects that had been considered had related to post interview pre-employment checks and formal reference and associated check requirements. L Bussell went on to advise the overall aim was to ensure simpler processes were developed and implemented, including clear direction on responsibilities for those involved in recruitment activity.

The Committee:

- **Noted** the reported position and the associated improvement actions being taken forward.
- **Agreed** a further update be provided to the May 2024 meeting.

2 SERVICE UPDATES

2.1 NDAS Service Update

C Cruickshank spoke to the circulated report, advising as to significant multi-system joint agency service pressures encountered since first establishment in 2017. The relevant Policy timeline and associated local decisions were outlined, in relation to which it was reported the unintended consequences had to a degree impacted on relevant service planning, delivery and performance and local compliance with the National Neurodevelopmental Services Specification (2021). A substantial increase in referral numbers was highlighted. Further detailed updates were provided in relation to relevant leadership arrangements; resourcing; governance and accountability; and the National Neurodevelopmental Service Specification. It was stated that through focussed discussions at an Integrated Children's Services Planning Board (ICSPB) in Spring of 2023 it had become clear there were significant challenges and constraints across the whole system, and associated risk to ensure children, young people and their families were identified and supported at the earliest opportunity and that required services, including early mechanisms of support, were in place and adequately resourced at the pre-assessment stage. A series of outcomes had been identified and agreed in relation to mapping of the existing Highland Neurodevelopmental pathway; focused work on compliance to the National Specification; and the taking into account of the Whole Family Wellbeing model and approach to identify early intervention and prevention mechanisms and support for families where challenging behaviour(s) directly impact on family life, wellbeing, and educational achievement and attainment. The report proposed the Committee take **Limited Assurance**.

The following points were raised in discussion:

- Neurodevelopment Programme Board. Advised to be established at Integrated Childrens' Service Partnership Service level. Programme Manager to be appointed. Senior Service Manager for NDAS and CAMHS in place and will help with Waiting List data cleansing activity.
- NDAS Service Modelling. Highlighted relevant cohort of children requiring NDAS had been significantly impacted through the Covid pandemic. Advised a number of clinicians involved in considerations, with the aim to ensure children directed to the Right Service at the Right Time.

- Emphasised different ways of working required not just additional capacity. Initial discussions with Highland Council had progressed well. Need to better understand level of demand increase.
- Strategic Collaboration. Noted this referenced as limited in nature, with duplication of governance and a lack of clarity in terms of performance and associated management routes.
 - Areas of Concern. Noted reference to unknown case note levels; lack of designated leadership; associated Child's Plan concerns; and potential number of inappropriate referrals arising from pressure placed on teachers and others by concerned families. Advised referral tools in place and available to teaching staff, although not necessarily embedded and appropriately supported. Improved waiting list management can assist in filtering referrals to alternative services.
 - Integrated eHealth Systems and Processes. Noted this represented a recurring theme. Agreed necessity for an identified improvement timeline in relation to associated eHealth issues. Noted as priority area at that time. Important to listen to service users and families.
 - Actions Agreed by EDG. Questioned if the eight actions concerned had been agreed with Highland Council and ICSPB. Noted as priority area of activity, with number of risk elements. Importance of joint improvement working highlighted. Update to be sought for members following the meeting.
 - Action Arising from Previous Discussion. Referenced letter previously considered, highlighting concern around Paediatric Services, and questioned if additional measures had been introduced as a result. Potential for fast-track of relevant referrals being considered.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to further update members in relation to agreed identified actions out with the meeting.
- **Agreed** a verbal update be provided to the January 2024 meeting.
- **Agreed** a formal update be provided to the March 2024 meeting.
- **Agreed** to take **Limited** assurance.

2.2 Research, Development and Innovation Annual Report 2022/2023

B Sage spoke to the circulated report providing an overview of the activity of the Research, Development and Innovation Division (RDI) in 2022/2023. The report incorporated the work of, and issues facing the relevant Divisional Sections, including the challenges posed by the ongoing impact of the Covid pandemic, and outlined how the Division aimed to integrate support for NHS Highland, how members could engage with the Division more generally, and highlighted the potential impact should some key challenges not be resolved. The report also sought to raise awareness of RDI activity; its relation to patients, communities, health care professionals, academic, business, 3rd sector and government; and how this impacted on the work and activities of other departments across NHS Highland. It was stated RDI provided for effective conduits of change to the NHS and functionality in providing evaluation, testing, scaling up, innovation, dissemination, financial input and other activities that added value to the way in which the NHS works, and should be seeking to work over the next 5, 10 and 20 years. There had been focus over the previous year on developing Section Strategies focussing on the next 15 years and which would come together in the autumn of 2023 to provide an overall RDI Strategy be mapped against and integrated with the NHSH Strategy, Chief Scientist Office Strategy, and other various Scottish Government and UK DHSC strategies. The report went on to detail existing and planned changes in relevant legislation, standards, and highlighted an increasing need for RDI to be integrated into all NHSH processes where substantial change was likely. Detail was then provided in relation to each of the RDI Sections (Cancer Trials, Clinical Research Facility, Governance, Development, Innovation, and Finance) in Highland, highlighting relevant strengths, weaknesses and challenges. The report proposed the Committee take **Substantial Assurance**.

On the point being raised, in relation to Artificial Intelligence (AI) aspects, it was advised this constituted a live issue in terms of current RDI activity relating to Diagnostics. There were a number of AI based projects across North Scotland however system interface and associated support service issues can be challenging. The ability to enable early engagement can have an impact on potential

income generation and service improvement. Members noted the wider work being taken forward in NHSH relating to early adoption of AI in MRI activity and in relation to both Stroke and Fractures.

After discussion, the Committee:

- **Noted** the circulated reported.
- **Agreed** to take **Substantial** assurance.

3 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

3.1 Safety in Maternity Services (Gap Analysis Activity on Ockenden Review)

I Barton spoke to the circulated report, providing an update in relation to safety in Maternity Services, initially in relation to the Ockenden review, the wider agenda in relation to which had moved significantly to include much broader discussions and actions to incorporate wider safety issues across maternity services. Future updates to the Committee would be included as part of the usual Work Plan six-monthly reporting cycle. Members were advised there had been a series of high-profile reviews into significant failings in maternity services in the UK, a number of which were referenced. It was noted there was a widespread review of maternity services ongoing in Nottingham, again led by Donna Ockenden. There had also been a recent review into Northern Ireland's governance arrangements and safety within maternity services. The common themes and recommendations of these reviews were summarised as relating to the centrality of providing evidence-based care, enabling continuous risk assessment throughout the maternity journey and supporting appropriate informed decision making and escalation; the need for effective multi-disciplinary team working and a positive workplace culture; support for continuing professional development, particularly for midwifery staff; visible, positive leadership; and proactive learning from adverse events, with clear and robust governance arrangements from clinical practice to NHS Board level. It was stated these reviews had shone a spotlight on safety within maternity services. The Directors of Midwifery Scotland Group (MiDS) were looking to ensure sufficient focus was directed towards the safety of maternity services in Scotland, with local and national contexts further outlined.

It was advised every NHS Board in Scotland had undertaken gap analysis of their services in light of the Ockenden review, and from an NHS Highland perspective the gap analysis was complete, an action plan developed, with multi-disciplinary leads taking forward particular pieces of work to align services with relevant recommendations. The quality and improvement structures for Maternity services across Highland had been reviewed and realigned to ensure NHS Highland was working towards and achieving the national ambitions across the Maternity and Neonatal landscape of governance and assurance workstreams within the National programmes. This work dovetailed with the new professional assurance framework delivered through the Executive Nurse Director and corporate team to adopt a robust system of assurance across services.

The report proposed the Committee take **Substantial Assurance** the Maternity services in Highland are engaging with National safety workstreams and reporting NHS Highland outcomes and that the review of Ockenden and the wider Maternity safety landscape are being considered and actioned through robust processes for quality and improvement. The report also proposed the Committee take **Moderate assurance** that from a workforce perspective NHS Highland will be in a position to deliver all of the National asks, subject to support for relevant business case priority posts.

The following was raised in discussion:

- **Workforce Element.** Advised relatively optimistic in relation to securing funding for the priority posts included within relevant business case. Confirmed a robust Business case had been developed ahead of discussion with Scottish Government, involving a phased approach. The EDG were actively engaged with the subject.

- Ockenden Reviews. Advised had identified key pillars relating to safe staffing; level of training; risk management and associated incident learning; listening to families and staff culture/interaction). Confirmed Quality Risk and Governance Lead Midwife role identified as a priority. National Maternity and Neonatal Guidance in place alongside monthly meetings of the Scottish Perinatal Framework. Complaints and feedback, and Care Opinion processes in place. National Maternity and Engagement Strategy developed. Education posts included within relevant business case.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** future reporting would be included within regular six-monthly updates.
- **Agreed** to take **Substantial** assurance in relation to engagement with national workstreams and review of Ockenden and the wider Maternity safety landscape.
- **Agreed** to take **Moderate** assurance in relation to delivery of national requirements.
- **Agreed** to support NHS Highland engagement in National priority workstreams and direction.

3.2 Audiology Services – National Review Update

B Peters spoke to the circulated report and in the absence of a reporting Officer recommended consideration of this be deferred to the next meeting. A local update would be requested ahead of that meeting for inclusion in the formal update to be presented.

The Committee:

- **Agreed** consideration of this item be deferred to the next meeting.
- **Agreed** any local updates received be provided to members ahead of the next meeting.

3.3 Engagement Framework Update

R Fry spoke to the circulated report, providing an overview of the progress made over the previous 12 months in implementing the ambitions within the Communications and Engagement Strategy, specifically relating to the creation and development of an Engagement Framework. The report provided an overview of the progress made in implementing the ambitions of the Engagement Framework, highlighting progress of the implementation plan; progress with initial indicators; main themes arising from colleague and stakeholder feedback; and next steps/future focus. The report proposed the Committee take **Moderate Assurance**.

On the point being raised in relation to raising awareness of the engagement framework, it was advised there were weekly communications issued plus a series of network building events, based on the utilisation of relevant case studies and the sharing of best practice. An “Ask Me Anything” session was also being planned. Individual services were approached where engagement activity was being proposed or required to be enhanced. Potential arrangements for the more formal sharing of good practice were also being considered.

After discussion, the Committee:

- **Noted** the report and update provided.
- **Agreed** to take **Moderate** assurance.

A Clark left the meeting at 10.40am.

3.4 Review of Quality

L Bussell gave a presentation to members in relation to the NHS Quality Commission, the report into which had been prepared by A Croft, former Chief Nursing Officer for Scotland and Interim Chief

Executive at NHS Forth Valley. The background to relevant activity was outlined, this culminating in 2023 with a clinical commission for an external review of quality within NHS Highland. Reported focus had been on ensuring quality applied to all activity, ensuring quantitative and qualitative measures were being used; with strong governance and monitoring arrangements in place to target improvement whilst recognising good, great and outstanding practice. Emphasised importance to NHS Highland of ensuring that quality was seen as a key priority for all, and all individuals were doing their best to deliver a quality service. An outline of the components of the review was provided, noting some 43 leaders had been interviewed and that the Report had identified relevant highlights as well as providing suggested recommendations. It was emphasised that quality and quality improvement were not the same matters, but distinct in their respective nature. The existing level of quality must be defined and understood before quality improvement can be considered. The key themes identified during the review were indicated and expanded upon for the benefit of members, as were relevant highlights and associated suggested recommendations. It was advised that the detail of the Quality Commission Report had been presented to the Area Clinical Forum and a number of associated Professional Advisory Committees to date. This level of engagement would be taken forward in relation to those Groups yet to receive relevant presentation detail. The view of Professional Advisory Committee members had been sought in relation to the prioritisation of relevant actions and how best to spread and adopt the overarching principles. It was important to be able to identify and celebrate existing examples of quality as part of the overall process.

There followed discussion, with the following matters being raised:

- Area Clinical Forum Discussion. Advised presentation and report had been well received and had also generated strong interest and good levels of discussion. The avoidance of a top-down approach had been welcomed.
- Future Committee Reporting. Confirmed there would be regular reporting to Clinical Governance Committee. Emphasised that quality should be considered as integral part of all discussion at Committee level and taken forward in that manner with a view to embedding the relevant ethos of quality awareness across all areas of NHS Highland. Confirmed the Area Clinical Forum would collate responses from the Professional Advisory Committee cohort.

The Committee Noted the detail of the circulated Case Study documents.

4 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and in relation to which detail of relevant learning opportunities and outcomes had been indicated. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Agreed** to take **Moderate** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance data and associated commentary around Complaints, Adverse Events, Significant Adverse Event Reviews, Hospital Inpatient Falls, Infection Prevention and Tissue Viability. The report highlighted performance over the previous 13 months and was based on information from the Datix risk management system. It was stated the number of stage 2 complaints being received had increased; SAER numbers remained stable and low; there had been a reduction in falls following introduction of the Daily Care Plan; and consideration was being given to removal of associated sensor mats.

The NHS Tissue Viability Group had agreed to aim to reduce hospital acquired infection Pressure Ulcers incidents by 10%, with the referral process and review of pressure relieving equipment having commenced. A rise in CDI cases had been identified, with early detection enabling appropriate control measures to be introduced. A project had commenced to move the Quality and Patient Safety Dashboard Platform from Qlikview to PowerPI and was progressing well. The report proposed the Committee take **Moderate Assurance**.

The Committee

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

The Committee agreed to consider the following Items at this point in the meeting.

6 OPERATIONAL UNIT REPORTS BY EXCEPTION AND EMERGING ISSUES WITH MINUTES FROM PATIENT QUALITY AND SAFETY GROUPS

6.1 Argyll and Bute

R Helliwell spoke to the circulated report advising the local clinical governance framework was fully implemented and embedding. The Clinical and Care Governance Group was establishing and focussing on specific challenges and mitigations in each service area. In terms of the Heads of Service governance substructure, all areas of business now had a regular clinical governance meeting to look at detailed operational issues. Weekly adverse event meetings continued to focus on identifying and progressing SAERs and complaints and fed into the relevant Service Clinical Governance group as required. Areas of development had included the sharing of learning effectively and placement of Quality and Patient Safety within the rest of the wider framework. Clinical Governance team issues had been identified as relating to the Clinical Governance Manager post, vacant since September 2023. It was reported an Interim manager had been put in place along with new administrative resource.

It was noted matters relating to SAERs, Duty of Candour and Fatal Accident Inquiry activity was being taken forward and further specific updates were provided in relation to Children, Families and Justice; Acute and Complex Care; Primary Care; Health and Community Care; Corporate Services/Planning; and Public Health. Specific concerns and risk were highlighted in relation to Sexual Health Services and Childrens' Services (NDAS). Relevant mitigating actions were being considered and taken forward. There had also been circulated Minute of Meeting of the Clinical and Care Governance Committee held on 5 October 2023. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Agreed** an update on outstanding actions and timelines relating to implementation of the Clinical and Care Governance Framework be provided to the next meeting.
- **Noted** reference under Item 2.3, Bullet Point 1 to March 2023 should read March 2024.
- **Agreed** to take **Moderate** assurance.

6.2 Highland Health and Social Care Partnership

C Copeland spoke to the circulated report providing a summary of the governance structure for the Highland Health and Social Care Partnership (HSCP), advising an iterative process of embedding a refined structure based on the Vincent Framework was underway. Performance data was provided in relation to Stage 2 Complaints, Adverse Events, SAERs, Violence and Aggression, Tissue Viability, Hospital Inpatient Falls and Medication Errors. Further detail was also provided in relation

to relevant Statutory and Mandatory training activity; and establishment of a short life working group to review medicines management Policies for care services in response to a rise in medication incidents. It was noted all areas were reporting on issues relating to recruitment and retention; there had been one new SPSO case received; and there was weekly review of the Datix system to identify key issues for presentation at the weekly QPS meetings. The first of a series of learning events had been on 7 September 2023, with a focus on the Power of the Apology, Family/Patient experience and Supporting Staff. The next event had been scheduled for 14 March 2024. A new Care Governance Framework had been developed and the Highland Health and Social Care Partnership Risk Register was being reviewed on a monthly basis. Current risk areas were outlined as relating to refurbishment work at New Craigs Hospital, SCI Gateway issues and Mains House Care Home. Areas of positivity were indicated as relating to the National Awards for Excellence in Mental Health Nursing Practice, where NHS teams had won for the Supporting Self-Management Service and the Policy Custody Nursing Team. Two other services had received highly commended awards i.e., the Caithness Drug and Alcohol Recovery Service and Personality Disorder Service.

In response to matters raised at the previous meeting, updates were provided in relation to the recruitment and Onboarding process and Primary Care Workforce Survey, a report on which would be submitted to the next meeting. The report proposed the Committee take **Moderate Assurance**.

The following matter was discussed:

- New Craigs Surge/Flex Bed Arrangements. Advised recognised as area of concern in terms of meeting statutory obligations. Meeting held with relevant team, with view to a better understanding of position, and had received assurance those statutory obligations would be met. Bed capacity remained a challenge at both local and national level.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** to provide an update on the Primary Care Workforce Survey to the next meeting.
- **Agreed** an update on the position at New Craigs be provided to members out with the meeting.
- **Noted** the circulated Minute.
- **Agreed** to take **Moderate** assurance.

8.3 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, advising that in terms of hospital mortality there remained baseline variability, with no significant temporal trends identified. Updates were provided in relation to surgical site infection surveillance and enhanced monitoring within the Orthopaedic Arthroplasty programme and the impact on prevention and control measures due limited capacity as a result of Covid infection and activity. With regard to access issues, these continued in relation to Raigmore and Caithness General Hospitals and associated formal reporting and escalation continued to be taken through the relevant clinical governance structures, with onwards reporting to the Clinical Governance Committee of risks associated with clinical quality and safety. There was circulated a copy of a letter from the Deputy Medical Director and Associate Nurse Director highlighting relevant concerns to the Board Medical and Nursing Directors. It was noted workforce constraints within cancer services continued despite support from other NHS Boards, with further service review and stabilisation work ongoing. With regard to falls, this showed 5 months reduction across Raigmore Hospital. There was significant concern about an increasing falls rate in Rosebank Ward, Caithness General Hospital and a programme of improvement work was continuing. It was reported approximately 22% of falls in the acute division related to falls with harm. There had also been circulated Minute of Meeting of the Acute Services Division Clinical Governance Committee held on 19 September 2023. The report proposed the Committee take **Moderate Assurance**.

The following points were raised in discussion:

- Assurance re Capacity/Access Issues Highlighted. Advised a number of associated actions relating to surge and capacity issues were contained within the NHS Highland Winter Plan for 2023/2024. Emphasised clinical risks do arise at times of high demand. Further consideration required as to how best to present and articulate such Clinical risk, ensure appropriate oversight at this and other Committees and appropriately escalate risk concerns to NHS Board level.
- Impact on Clinical Professionals. Highlighted impact on clinical staff of not being able to provide desired level of care at times of capacity pressures. Questioned how best to capture and articulate the relevant aspect detail. Emphasised such pressure applied to all staff and not only those of a clinical nature, and across all service areas. Stated discussion and prioritisation of activities, allied with a Dashboard style approach would be beneficial.

After discussion, the Committee:

- **Noted** the report content and associated Appendices.
- **Noted** the circulated Minute.
- **Noted** a formal paper on articulating and providing assurance on relevant clinical risk and its impact on clinical professionals would be submitted to the next meeting.
- **Agreed** to take **Moderate** assurance.

8.4 Infants, Children and Young People’s Clinical Governance Group

S Govenden spoke to the circulated report, providing detail on activity relating to both Child Death Reviews and Child Protection matters. The Child Death Review Team had completed three panel reviews as indicated. The lead doctor role for Child Protection remained vacant, with 1 weekly session provided to cover internal specialist advice and guidance, and key meeting attendance only. Additional support for role functions had been provided by other staff members and once filled, the post of Child Health Commissioner would also help mitigate against the lead doctor vacancy. A recent appointment had been made and the successful candidate would be in post from January 2024. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** assurance.

The meeting adjourned at 10.10am and reconvened at 10.20am.

The meeting reverted to the original agenda order at this point in the meeting.

6 ANNUAL DELIVERY PLAN 2023/2024

L Cowie gave a presentation to members in relation to development of the NHS Highland Annual Delivery Plan (ADP) for 2023/2024, advising as to the position as at Q2. She provided an overview of progress to date, stating there had been positive progress made with relevant leads reporting being on track for delivery. It was reported winter pressures may impede progress on a number of areas and the integration of Workforce, Finance and Delivery Plan and impact of workforce and funding on outcomes and deliverables was under review. It was stated decision making on key priorities would require review using the strategic planning stage process. The relevant dashboard for Q2 was presented, providing an overview of the position regarding the 162 actions contained within the ADP and showing 59% of those were on track for delivery. The relevant ADP timetable for 2023/24 was indicated, the relevant Commission for which was expected from Scottish Government in November 2023. She went on to state that in terms of the structure required to ensure ADP delivery, plans would need to tie operational activities to strategic objectives, ensuring transformation of services to meet the health and care needs of the Highland population. This required clear routes of governance, accountability and escalation as indicated. A Strategy overview was also provided, with members advised patient/population experience would be a key thread

through all relevant Well Themes of which the key elements were indicated. With regard to the Clinical Governance Committee, the relevant performance data elements being reported via the Integrated Performance and Quality Report (IPQR) were highlighted, noting in order to meet the Blueprint for Good Governance further consideration would be required in relation to collaboration of patient/population feedback and quality along with performance into the IPQR.

It was proposed the Committee take **Moderate Assurance**.

The following areas were discussed:

- Stroke Services Improvement Activity. Advised Scottish Stroke Care Outcomes had been under discussion, with a number of improvements having been introduced. There were wider hospital capacity concerns involved and whilst active treatment was being successfully implemented in Raigmore Hospital further work was required for Rural General Hospitals (RGHs). Reported national work on Thrombectomy services had been delayed; with local activity focussing more on implementation of the Stroke Bundle and improvement of access to the Stroke Unit.
- Diabetes Service Data. Advised the increasing level of demand was part of the considerations of the Long Terms Condition Board. A House of Care model was being considered. Whilst uptake of the relevant App was being encouraged, the need for alternatives was recognised.

After discussion, the Committee otherwise Noted the reported position.

7 NHS HIGHLAND WINTER PREPAREDNESS 2023/24

L Cowie spoke to the circulated report, giving a presentation to members in relation to NHS Highland Winter Preparedness with regard to developing and implementing an Urgent and Unscheduled Care Target Operating Model (TOM). It was stated this model would apply all year round, with relevant services enhanced for the winter period where appropriate to ensure surge capacity etc. An outline was provided as to what was included within the proposed TOM, including a Winter Checklist, submitted to Scottish Government for review. Required actions included finalisation of prioritised actions for winter; confirmation of Operational Leads for winter priorities; and the standing up of the Operational Winter plan meetings. It was also indicated that post-winter there would be need for re-prioritisation of the TOM for Urgent and Unscheduled Care. Relevant Winter Ready Priority Themes, Actions and Outcomes were outlined, as were the associated Communications Plan, Performance Indicators, Governance Framework and Resilience Plan. It was advised the overall Winter Plan for NHS Highland remained in the process of agreement, with strategic, tactical and operational groups established to examine relevant datasets on a weekly and monthly basis.

Members were further advised NHS Highland, Highland Health and Social Care Partnership, Scottish Ambulance Service, and other key partners and stakeholders would continue to take a collaborative approach towards preparedness and planning for winter 2023/24 through the NHS Highland Unscheduled Care Board and other key strategic and operational fora. The approach would be similar to the Winter 2022/23 model (Winter Ready Action Plan (WRAP)). For the Argyll & Bute HSCP area a Winter Plan would also be developed and taken through their respective governance structures. It was proposed the Committee take **Limited Assurance**.

On the point raised in relation to the weighting of relevant Indicators and the associated impact on wider Indicators, it was stated there were a total of 8 included within the proposed TOM model. Five pivotal Indicators carried a higher weighting, with associated high level activity reporting.

The Committee:

- **Noted**
- **Agreed** to take **Limited** assurance.

L Cowie left the meeting at 11.40am

9 INFECTION PREVENTION AND CONTROL REPORT

L Bussell introduced the circulated report which detailed NHS Highland's current position against local and national key performance indicators. It was stated NHS Highland was above the reduction aim targets for the period April – Sept 2023 in relation to Staphylococcus Aureus bacteraemia (SAB), Clostridiodes Difficile (CDI) and EColi Bacteraemia healthcare associated infections although all remained within predicted limits and were noted to be within the range of variation seen across the 3 yearly trend. The position for the national prescribing indicator for general practice was not being met due to the significant rise in prescribing in the winter months following the increase in Group A streptococcus infections seen nationally. The prescribing target for Secondary Care was not being met and was being reviewed by the Antimicrobial Management Team as it was likely linked to the introduction of increased doses of certain antibiotics as part of changes to Microbiology susceptibility reporting. The target for acute hospital antibiotic use was being met. It was stated Infection Prevention and Control activity remained high and considerable time was being spent focusing on preventing and managing cases of infection, outbreaks in hospitals, care homes and the community. Focus also continued on achieving reductions in CDI, SAB and EColi infections in line with national objectives although levels of proactive work were limited due to staff capacity issues.

Improvements had been made to compliance rates with Infection Prevention and Control mandatory training however this remained below the 90% target. Two additional fixed term posts in place during the COVID pandemic to support community, Care Homes and Care at Home had ended. The provision of infection control support to the NHSH Care homes would transition to the Health Protection team from 1 November 2023. Support from the Infection Prevention and Control team would continue to be provided to the Health Protection team, as and when requested. As a result of sick leave the Infection Prevention and Control Community team had reviewed their existing workload and resource, and would move to providing a purely reactive service. A wider review of staffing, part of the national Infection Prevention Workforce Strategy Plan would progress once outcomes from national outputs were issued. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period, with a number of Covid19 clusters and outbreaks having been reported to ARHAI Scotland. There had been no Healthcare Environment Inspections undertaken since the last update, with benchmarks for national inspections created and circulated to teams to ensure learning from other NHS Boards. The report outlined a number of associated areas of challenge. The report proposed the Committee take **Moderate Assurance**.

There followed discussion of the following:

- Reactive Service Impact on Outcomes. Advised would not affect national outcomes, but more in relation to associated proactive activity with relevant teams. Discussion was ongoing with the Public Health team in this regard, including in relation to Care Home activity.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to take **Moderate** assurance that a structure was in place to regularly capture, examine, and report on data ensuring accurate understanding of the state of infection in NHS Highland.
- **Noted** the NHS Highland Control of Infection Committee Annual Report 2022/2023.

10 SIX MONTHLY EXCEPTION REPORTS

There were no matters discussed in relation to this Item.

11 PUBLIC HEALTH

11.1 Screening Services Update

T Allison spoke to the circulated report, providing an overview of the cross-cutting theme of inequalities and providing a summary assessment of each of the individual screening programme, in relation to Abdominal Aortic Aneurysm; Bowel Cancer; Diabetic Eye Screening; Cervical Cancer; Breast Cancer; Pregnancy and Newborn Screening; Preschool Vision and associated general screening elements. More detailed information concerning the individual programmes had been included within respective appendices. Areas where improvement activity was required were highlighted for the information of members. Existing reporting arrangements were considered to be working well, through the Screening Coordination Group. The views of members were invited in relation to improving existing reporting arrangements. The report proposed the Committee take **Moderate Assurance**.

During discussion, the Chair requested consideration be given to the format of future reporting with a view to making this more accessible to non-clinically trained Committee members. With regard to Bowel Cancer screening, it was confirmed work was ongoing in relation to resolving data access issues relating to Argyll and Bute.

The Committee otherwise:

- **Noted** the relevant reporting detail.
- **Agreed** to take **Moderate** assurance.

11.2 Vaccination Transformation Programme Update

T Allison spoke to the circulated report, advising vaccination programmes consisted of childhood vaccinations between birth and school entry; school age vaccinations; adult age-group vaccinations for pneumococcus and shingles; seasonal vaccinations for COVID and influenza; travel vaccinations; and non-routine vaccinations (including post-exposure prophylaxis for conditions such as tetanus, hepatitis B and rabies). Vaccinations had previously been delivered predominantly within general practice or through the school nursing service, however, under the Vaccination Transformation Programme (VTP) and the new GP contract the responsibility for delivery had transferred to NHS Board. NHS Highland had implemented VTP later than other NHS Boards and unlike many of those Boards the new infrastructure had not been in place prior to COVID. This resulted in delivery of COVID vaccinations starting with both general practice and NHS Board delivery. Activity moved to NHS Board delivery at the same time as the other vaccination activity.

It was reported concerns had been expressed in relation to Board delivery of vaccination activity in Highland before the implementation of VTP, with remote and rural characteristics and the effectiveness of general practice vaccination. During the COVID vaccination programmes there had been a move toward Board delivery, with some practices not wishing to continue. Coverage of COVID and flu vaccination during this time had largely been in line with national rates. There was a decline in coverage over time both locally and nationally. Coverage within Argyll and Bute HSCP area was consistently higher than in the Highland HSCP area. Concerns had been expressed periodically during the COVID programmes regarding its effectiveness, including concern relating to delayed vaccination among some Care Homes as well as concerns resulting from invitation or clinic planning errors. Public Health Scotland had undertaken a commissioned review of Care Home vaccination, finding the local programme had been in line with national expectations. Recent performance figures for the spring/summer COVID vaccination campaign showed overall uptake for NHSH of 76.4% compared with 76.5% for Scotland. NHSH would normally be expected to have a slightly higher uptake than the national average. For the most vulnerable cohort, Care Home residents, NHSH uptake was 93.7% against a national average of 90.7%. Early results from the autumn and winter programme showed uptake rates in line with national figures. From March 2023 routine childhood and adult vaccinations had transferred to Board delivery, with delivery models varying across Argyll and Bute HSCP and HSCP. There has been some decline both locally and

nationally in uptake prior to VTP. There was no uniform picture across all childhood vaccinations, with some decreases in uptake, some increases, some rates higher than nationally and some lower. However, the overall trend is for uptake slightly lower than for other boards and a downward trend in vaccine uptake largely in line with the trend from previous years. Concerns have been expressed about the effectiveness and sustainability of the programme in the Highland HSCP area, relating to clinic cancellation; staff morale; recruitment and the efficiency of sending staff long distances for few or no vaccinations. National scheduling of appointments and the potential for invitations to clinics far from people's homes remained a concern. One specific concern has related to tetanus vaccination following injury, where people had been asked to travel rather than receive vaccination at a local practice. It was widely recognised achieving high vaccination uptake and an effective service was a common aim whilst challenging in remote and rural areas. Service improvement activity was being undertaken in relation to governance and reporting arrangements; relevant pathways; and locality delivery models as indicated. If effective locality delivery in remote and rural areas was demonstrated not to be possible then a request for flexibility in delivery would be considered. Reference was also made to an external review by Public Health Scotland, commissioned following Care Home deaths in Highland 2021 following the late implementation of the associated COVID vaccination programme, a number of recommendations arising from which had emerged. The report proposed the Committee take **Limited Assurance**.

The following was discussed:

- Delivery Mechanism Concerns. Advised had been issues relating to clinic cancellations for number of national and local reasons. There had been specific issues relating to the Eastgate Centre, Inverness clinic. Overall, the national system was not considered a good fit for Highland.
- Vaccination Clinic Communications. Highlighted concerns expressed to political representatives in relation to not only locality and travel requirements, but also in relation to wider communication with specific patient groups. Stated the issues highlighted had been recognised.

After discussion, the Committee:

- **Noted** the detailed content of the circulated report.
- **Agreed** to take Limited assurance.

12 IMPLEMENTING THE BLUEPRINT FOR GOOD GOVERNANCE SELF-ASSESSMENT FINDINGS

R Daly spoke to the circulated report, providing an update on delivery of actions contained within the NHS Board Blueprint for Good Governance Improvement Plan 2023 that were of relevance to the Clinical Governance and Health and Social Care Committees. It was reported the Improvement Plan had been agreed in July 2022 and contained 17 specific actions in total, three of which related directly to the remit of the Highland Health and Social Work Committee. They were also directly relevant to the work of the Highland Health and Social Care Committee. Detailed oversight of progress on the three specific actions was being reported to both groups. The report proposed the Committee take **Moderate Assurance**.

The Committee:

- **Noted** the reporting detail.
- **Agreed** to take **Moderate** assurance.

13 REVIEW OF COMMITTEE TERMS OF REFERENCE

Members were invited to review the circulated Committee Terms of Reference document. There were no amendments proposed.

The Committee Agreed to retain the existing Committee Terms of Reference document.

14 2024 COMMITTEE MEETING SCHEDULE

The Committee **Noted** the following meeting schedule for 2024:

18 January
7 March
2 May (replaced original proposed date of 9 May 2024)
11 July
5 September
7 November

15 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the actions taken relating to the NDAS Service; the position at New Craigs Hospital; and the letter of concern referenced and included as part of the Acute Services Operational report.

It was advised concerns relating to vaccination programme arrangements for some specific patient groups would be discussed directly with the NHS Board Chief Executive.

The Committee so Noted.

16 ANY OTHER COMPETENT BUSINESS

R Daly reminded members as to the requirement for a Committee Development Session relating to Committee Self-Evaluation findings. An initial date had been set for 27 November 2023.

The Committee so Noted.

17 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 18 January 2024 at 9.00am.

The meeting closed at 12.05pm

<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
MINUTE of MEETING of the AREA CLINICAL FORUM	2 November 2023 – 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
Stephen McNally, (Vice Chair)
Kara McNaught, Team Manager, Adult Social Care
Paul McMullan, Area Medical Committee
Zahid Ahmad, Area Dental Committee
Linda Currie, NMAHP Advisory Committee
Grant Franklin, Area Medical Committee
Olivia Elwell, Adult Social Care

In Attendance

Gerry O' Brien, Non-Executive Director
Claire Copeland, Deputy Medical Director (from 2.10pm)
Tim Allison, Director of Public Health & Policy
Boyd Peters, Medical Director (from 2.10pm)
Patricia Hannam, Pharmacist
Nathan Ware, Governance & Corporate Records Manager, Item 4.1
Gareth Adkins, Director of People & Culture, Item 4.3
Lorraine Cowie, Head of Strategy & Transformation, Item 4.4
Lianne Swan, Corporate Records Assistant
Karen Doonan, Committee Administrator

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting and asked everyone to introduce themselves. Apologies were received from E Caithness, C Dreghorn, L Bussell and F Jamieson.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 31 August 2023

The minutes were approved.

3. MATTERS ARISING

None

4. ITEMS FOR DISCUSSION

4.1 Area Optometric Committee ToR – Nathan Ware, Governance & Corporate Records Manager

- N Ware explained that the constitution had not been updated in some time. The changes were reflected in the document that was circulated to the forum. He

noted that the main changes involved the election process itself and who could become a member of committee.

- K McNaught queried the terms of reference and compared it to the social care advisory committee and suggested it may be worthwhile to have a broader discussion around consistency across all Terms of Reference/Constitution's. N Ware confirmed that he was in the process of reviewing all the professional advisory committees within his remit and asked if she could send a copy of the Terms of Reference document so he could consider where things could be aligned in a more consistent way.

Action: N Ware to discuss further with K McNaught

The Forum **agreed** to the changes to the terms of reference document.

4.2 Quality Commission Report – Discussion

The report presented by the Nurse Director at the last meeting was discussed:

- It was considered a useful report which raised many questions around the challenges of measuring quality and gathering feedback. It was noted that the variety of different settings involved, and the different types of data/systems used across the organisation could be challenging however there seemed to be a significant appetite from staff to focus on quality and measurement.
- The Medical Director confirmed that measuring quality starts with asking 'how do I know I do a good job; how do we find that out and how would we evidence that?'
- The Director of People and Culture noted that there was a national need to consider how outcomes would be measured as focus had been on how a service is provided but the measurement of outcomes needed to be considered now as implementation would take some time. L Currie suggested this could be considered as part of the current preparations for the Health and Care Staffing Act. The Director of People and Culture advised there was a need to develop the Board's Outcome Measurement Framework but was uncertain if the Health and Care Staffing Act was the correct method.
- G Franklin expressed concern that hospital staff didn't feel their service was improving, which had been difficult for morale, however it was noted that this report was looking at quality and not quality improvement.
- S McNally highlighted that the Family and Friends Survey which was administered in NHS England may be useful. The Director of People and Culture agreed it was useful but noted that additional qualitative work would be needed to provide meaningful insight.
- The Medical Director emphasised the need to focus on the positives and suggested a central leadership which celebrated and supported quality measurement as opposed to a department which measured it for them.

The Chair highlighted the importance of this report having been brought to the ACF prior to discussion by the Board and encouraged feedback so that this way of working continued.

4.3 People & Culture ADP update – Gareth Adkins, Director of People & Culture

The Director of People and Culture spoke to his presentation which focused on the Leadership and Culture Framework.

During discussion it was noted:

- There was agreement with the Director of People and Culture's proposal that 'Leader' was a more appropriate term than 'Manager', although L Currie stressed that there was still need for some Management training to help staff navigate some of the complex systems.
- K MacNaught welcomed the framework's approach to the ongoing development of staff.

- G Franklin highlighted the issue of senior clinicians being relatively junior in the management structure and proposed that a more appropriate role for junior positions may be Team Facilitator. The Director of People and Culture confirmed that more work was needed to support leadership development across the organisation and reiterated that getting things done was about sharing and collaboration as opposed to command and power.
- L Currie noted that many clinicians develop into great leaders, but they don't get a lot of time to do this and suggested it would be helpful if time was valued for leaders as much as managers.
- First line managers were a priority owing to the very low organisation-wide completion rates (24%) of appraisals and there were at least 900 staff with line management responsibilities, It was noted that this would take time as there was a need for engagement with senior middle management to identify where efforts should be prioritised.
- It was confirmed that one challenge was encouraging some more experienced leaders to develop in line with how views of leadership had evolved over the past 10 years towards a more compassionate leadership style.
- T Allison suggested there needed to be a focus on competencies and we should be mindful the push for leadership doesn't detract from valuing other competencies. The Director of People and Culture responded that leadership shouldn't be taken as synonymous with hierarchy but rather collaborative skills and the ability to be flexible were more important.
- The Director of People and Culture advised that the terms of reference for the Culture Oversight Group had been revised and the Chair of the ACF would be invited along with any others who felt they would benefit from representation.

The Director of People and Culture was grateful for the forum's endorsement and was keen to demonstrate delivery of the framework and asked to come back in 4-6 months to provide an update.

The Forum **noted** the update.

4.4 Winter Planning – Lorraine Cowie, Head of Strategy & Transformation

L Cowie spoke to the circulated presentation. It was highlighted:

- Urgent and Unscheduled Care (UUC) Target Operating plan now includes Winter Planning.
- A UUC workshop took place recently to agree system wide priorities.
- Feedback from clinicians and care leads had been incorporated into the plan.
- A review of the plan would take place early 2024 to look back and make adjustments moving forward from any points of learning experienced in future plans.
- The 6 themes of the plan were Redirect, Reform, Rapid, Respond, Restore and Reassure.

During discussion it was noted:

- The plan only covered Highland Health and Social Care Partnership area and while it was linked with the Argyll and Bute plan, it was separate. The forum agreed they would like to see a wider representation in future with a winter plan for the two areas discussed as a whole.
- The purpose of this presentation was to provide the Chairs of professional advisory committees with early sight of what was planned and to gain feedback on the plan. L Cowie confirmed there would be a full comms plan in place for cascading the information to staff.
- Forum members advised there was concern that the plan had come out too late in the year to make any meaningful impact and they wanted to be involved earlier in the process, highlighting that the pressures of winter were largely the same every

year. L Cowie confirmed there would now be a constant approach to the plan which would be maintained throughout the year with data reviewed in line with available funding, although some of this would be dictated by Scottish Government.

- Forum members felt there were several concerns about the impact on Primary Care, particularly from the chairs of the Area Dental, GP Sub-Committee and Hospital Sub-committees, with the latter expressing grave concerns, which had been brought to the Area Clinical Forum (ACF) via the Area Medical committee as there was a need for a winter plan which provided sufficient detail to act upon which was yet to be seen by frontline clinicians. L Cowie welcomed feedback on any specific items they felt were missing or needed work and offered to attend the Hospital Sub-committee to go over the full plan, which was due for release the following day. The Chair reassured Forum members that it had been raised at Clinical Governance Committee and Board Development meetings that week.
- L Cowie advised there was roughly £623,000 designated for winter as part of the urgent and unscheduled care portfolio; G Franklin highlighted the urgency of deciding how this would be spent and ensuring visibility as staff morale was low.
- L Currie proposed a future agenda item around Prevention, and this was agreed by the Chair. In relation to this, L Cowie proposed a discussion about Strategic Commissioning which was also welcomed.

The Chair asked for Clarity on what 'Discovery' was, L Cowie explained that it was a national platform which held data that could be accessed by anyone with an NHS email address. S McNally requested a training session for Surgical leads around this.

Forum members expressed concern around the structure for accessing help from senior decision makers. Both the Deputy Medical Director and Director of People and Culture advised that improving communication across the different levels of the workforce was a high priority and the Deputy Medical Director proposed a potential Clinical Engagement Teams Channel.

Action: K Doonan to add Prevention and Strategic Commissioning to list of future agenda items.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Dental Committee - 27 September 2023

Z Ahmad spoke to the minute, during discussion it was noted:

- There was a need for budget review and resource planning to ensure the preservation of Out of Hours (OOH) services and access to Primary Dental Care Services.
- Waiting times for elective dental procedures were highlighted, particularly regarding access to operating theatres for the increasing number of children on GA waiting lists.
- It was noted that these issues had been raised at a national level to the Minister for Public Health and Women's Health at the Annual Review.
- The Medical Director advised that there were complexities involving the recent refresh of the General Dental Services Contract and the Chair suggested this be added to the agenda for next year.

Action: K Doonan to add General Dental Services Contract discussion to list of future agenda items.

5.2 Adult Social Work and Social Care Advisory Committee – 10 September 2023

K McNaught spoke to the minute, during discussion it was noted:

- G Grant Interim Head of Commissioning spoke about commissioning for care at home and care homes.
- There were still some significant gaps in autism services which was discussed and escalated to Adult Protection Committee and the Head of Mental Health A Johnstone as a concern.

5.3 Area Pharmaceutical Committee – 23 October 2023

C Sinclair confirmed there were no additional points to add to the circulated minute.

5.4 Area Medical Committee – 3 October 2023

G Franklin spoke to the minute, during discussion it was noted:

- There was a need to revise the Hospital Sub-committee constitution to ensure it correctly reflects the membership as it is not purely a hospital based committee. He also mentioned it was unclear whether that revision needed to be ratified by Area Medical Committee or ACF. The chair advised confirming with N Ware, Governance & Corporate Records Manager.

5.5 Area Optometric Committee – 2 October 2023

There was no-one in attendance from this committee.

5.6 Area Nursing, Midwifery and AHP Advisory Committee – 28 September 2023

L Currie spoke to the minute, during discussion it was noted:

- The Quality Assurance Report was discussed with L Bussell.
- There were ongoing discussions around the role of the committee and bringing in speakers with a view to increasing membership.
- The 4D workforce model from National Education Scotland (NES) was discussed.

5.7 Psychological Services meeting

There had been no meeting.

5.8 Area Healthcare Sciences Forum meeting

There had been no meeting and the Chair of ACF advised that notice had been received from C Farman of his retirement from the end of November. Forum members noted the considerable gap this would leave and commended his excellent contribution to the organisation.

The Forum **noted** the circulated committee minutes and feedback

6 ASSET MANAGEMENT GROUP

S McNally confirmed there were no additional points to add to the circulated minute.

The Forum **noted** the minutes.

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of the Meeting of 30 August 2023

K McNaught highlighted the following:

- There were some discussions around Social Care Governance and ensuring there was a robust and clear action plan.
- Telecare and discussions around digital strategy in relation to this. K McNaught confirmed she had asked for this to be brought to the Adult Social Work and Social Care Advisory Committee in future.

The Forum **noted** the minutes.

8 Dates of Future Meetings

11th January 2024
 14th March 2024
 2nd May 2024
 4th July 2024
 29th August 2024
 31st October 2024

9 FUTURE AGENDA ITEMS

- Prevention.
- Strategic Commissioning.
- Refresh of General Dental Services Contract.
- Leadership and Culture Framework update.

10 ANY OTHER COMPETENT BUSINESS

10.1 Annual Review - 29 September 2023

The Chair, K McNaught, E Bateman and F Jamieson attended the Annual review. The issues raised and discussed in this Forum over the past year were brought to the Minister for Public Health and Women's Health and a Senior Civil Servant which were well received.

The following was raised:

- The shift to a bottom-up approach and the hope that this would develop further.
- The issues around Dentistry noted above in section 5.1.
- The importance of the inclusion of Health and Social Care in the ACF.
- Electronic barriers to care.

11 DATE OF NEXT MEETING

The next meeting will be held at **1.30pm on Thursday 11 January 2024 on Teams.**

The meeting closed at 4.10pm

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held
BY MICROSOFT TEAMS
on WEDNESDAY, 27 SEPTEMBER 2023**

Present: Councillor Amanda Hampsey, Argyll and Bute Council (Chair)
Councillor Dougie Philand, Argyll and Bute Council
Graham Bell, NHS Highland Non-Executive Board Member (Vice Chair)
Susan Ringwood, NHS Highland Non-Executive Board Member
Gaener Rodger, NHS Highland Non-Executive Board Member

Gareth Adkins, Director of People and Culture, NHS Highland
Evan Beswick, Head of Primary Care, NHS Highland
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Geraldine Collier, People Partner, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Linda Currie, Lead AHP, NHS Highland
Fiona Davies, Chief Officer, Argyll and Bute HSCP
David Gibson, Chief Social Worker/Head of Children and Families and Justice, Argyll and Bute HSCP
Kristin Gillies, Head of Strategic Planning and Performance, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Julie Hodges, Independent Sector Representative
Kenny Mathieson, Public Representative
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
Angus MacTaggart, GP Representative, Argyll and Bute HSCP
Alison McGrory, Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
Kirstie Reid, Carers Representative, NHS Highland
Elizabeth Rhodick, Public Representative
Jillian Torrens, Head of Adult Care, Argyll and Bute HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, Councillor Kieron Green, Sarah Compton Bishop, Elizabeth Higgins and Fiona Thomson.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the Meeting of the Argyll and Bute HSCP Integration Joint Board held on 30 August 2023 were approved as a correct record subject to amending the names of those present to remove Jean Boardman, NHS Highland Non-Executive Board Member who was not in attendance at the meeting.

4. MINUTES OF COMMITTEES

(a) **Argyll and Bute HSCP Strategic Planning Group held on 7 September 2023**

The Minutes of the Meeting of the Argyll and Bute HSCP Strategic Planning Group held on 7 September 2023 were noted.

The Chair of the Strategic Planning Group, Councillor Dougie Philand, highlighted items 6 and 7 of the Minute and the opportunity for nominations to the 2 Short Term Working Groups which should be forwarded to the Business Improvement Manager.

(b) **Argyll and Bute HSCP Audit and Risk Committee held on 19 September 2023**

The Minutes of the meeting of the Argyll and Bute HSCP Audit and Risk Committee held on 19 September 2023 were noted.

The Vice-Chair of the Committee, Susan Ringwood, highlighted that the meeting had received the financial analysis of the accounts at that time and had considered the extension of the current internal audit contract.

5. CHIEF OFFICER REPORT

The Board gave consideration to a report from the Chief Officer which included information on the following headlines – Living Well Programme; NHS Scotland Chief Executive Visit to Argyll and Bute; Winter Summit Event; Scottish Government Nursing and Midwifery Taskforce Group; NHS Highland Whistleblowing Champion Visit; Meeting with Scottish Government; Scottish Ambulance Services on Islay; Recruitment Marketing Campaign; Slight Rise in Alcohol Specific Deaths; COVID 19 Testing Guidance Update; Record Medical Trainee Recruitment Levels; Team Spotlight – Integrated Equipment Store; Occupational Therapy Student; New Public Health Intelligence Specialist; and Programme Development Manager – Learning Disability, Autism and Neurodiversity Strategy.

Decision

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

(Reference: Report by Chief Officer dated 27 September 2023, submitted)

6. FINANCE

(a) **Budget Monitoring - 5 months to 31 August 2023**

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

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £900k as

at the end of month 5;

2. noted confirmation that savings of £6.3m had been delivered, 70% of target;
3. noted that earmarked reserves of £5.3m had been committed to date; and
4. noted that additional formula funding had been allocated to Health Boards to improve financial sustainability.

(Reference: Report by Head of Finance and Transformation dated 27 September 2023, submitted)

(b) **Budget Outlook 2024-2027**

The Board gave consideration to a report providing an updated budget outlook and indicative medium term financial plan covering the period through to 2026/27. The report summarised the financial context facing the HSCP and aimed to assist planning to operate on a sustainable basis.

Decision

The Integration Joint Board –

1. noted the indicative financial plan for 2024-25 to 2026-27;
2. noted the high level of risk and uncertainty at this point in the planning cycle;
3. noted the forecast budget gap totalling £10.2m or 2.8%, and that this would form the basis for service planning;
4. noted that the budget outlook would next be updated following the December 2023 publication of the Draft Scottish Budget; and
5. noted that the budget consultation would commence in October 2023.

(Reference: Report by Head of Finance and Transformation dated 27 September 2023, submitted)

7. STRATEGIC RISK REGISTER REVIEW

The Board gave consideration to a report providing the opportunity to review the Strategic Risk Register and endorse changes agreed by the Contingency Risk and Resilience Committee and the Audit and Risk Committee.

Decision

The Integration Joint Board –

1. noted that the Strategic Risk Register had been reviewed by the Audit & Risk Committee in June 2023 and the Contingency, Risk and Resilience Committee in May 2023;

2. reviewed and approved the Strategic Risk Register; and
3. noted that a Board Development session was planned for the 25 October to facilitate a more detailed review of the Risk Register and Risk Appetite.

(Reference: Report by Head of Finance and Transformation dated 27 September 2023, submitted)

At this point in proceedings, the Chair ruled and the Board agreed to re-order the items of business on the agenda and to consider item 12 of the agenda (Chief Social Work Officer Report 2022/23) before item 8 of the agenda (Health and Social Care Partnership – Performance Report FQ1 2023/24) to allow the Chief Social Work Officer to leave the meeting and attend other Business.

8. CHIEF SOCIAL WORK OFFICER REPORT 2022/23

The Board gave consideration to a report presenting the Chief Social Work Officer Report for the financial year 2022/23.

Decision

The Integration Joint Board noted the content of the Chief Social Work Officer Report for 2022/23.

(Reference: Report by Chief Social Work Officer dated 27 September 2022, submitted)

9. HEALTH & SOCIAL CARE PARTNERSHIP- PERFORMANCE REPORT- FQ1 (APRIL - JUNE 2023/24)

The Board gave consideration to a report detailing performance for FQ1 (April – June) 2023/24 with the performance outputs having been taken from the new Integrated Performance Management Framework (IPMF) reporting Dashboard with the focus on the eight key service areas. The report detailed performance against each of the service areas and the 93 supporting Key Performance Indicators.

Decision

The Integration Joint Board –

1. acknowledged the performance for FQ1 (April - June 2023/24);
2. acknowledged the summary overview of the Heads of Service Performance update for Clinical Care Governance Group;
3. acknowledged the performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (Appendix 1);
4. noted the System Pressure Report for August 2023 (Appendix 2); and
5. noted the Delayed Discharge Sitrep for August 2023 (Appendix 3).

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 27 September 2023, submitted)

10. SPOTLIGHT ON PRIMARY CARE

The Board received an informative presentation from the Head of Primary Care on the Services provided under Primary Care.

The Board were given the opportunity for questions and comments on the presentation.

Decision

The Integration Joint Board noted the content of the presentation.

(Reference: Presentation by Head of Primary Care)

11. CULTURE AND WELLBEING UPDATE

The Board gave consideration to a report outlining the progress of the Culture and Wellbeing environment for Argyll and Bute Health and Social Care Partnership and providing assurance of the positive developments being made and the direction of travel for the coming year.

Decision

The Integration Joint Board –

1. noted the content of the report and the progress being made in the Culture and Wellbeing environment; and
2. took the opportunity to discuss and ask questions on any element of the paper.

(Reference: Report by People Partner dated 27 September 2023, submitted)

12. WHISTLEBLOWING

(a) Whistleblowing Annual Report 2022/23

The Board gave consideration to a report presenting the Annual Whistleblowing Report for the period April 2022 to March 2023. It was the second annual report since the launch of the Whistleblowing Standards in April 2021 and set out the mandatory information required by the Independent National Whistleblowing Officer (INWO), including the 10 mandatory KPI's, along with additional context where appropriate.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by Director of People and Culture dated 26 September 2023, submitted)

(b) Q1 Whistleblowing Report

The Board gave consideration to a report presenting the Whistleblowing Standards

Report for Quarter 1 covering the period April to June 2023. The report was presenting to provide assurance of performance against the Whistleblowing Standards which had been in place since April 2021.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Director of People and Culture dated 26 September 2023, submitted)

13. ENGAGEMENT FRAMEWORK REFRESH

The Board gave consideration to a report outlining the steps taken to refresh and update Argyll and Bute HSCP's Engagement Framework first published in 2019.

Decision

The Integration Joint Board –

1. noted the new HSCP's Engagement Framework and strategic approach; and
2. agreed sign-off and ratification so the Framework and supporting documents could be published on-line.

(Reference: Report by Associate Director of Public Health dated 27 September 2023, submitted)

14. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 29 November 2023.

HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
MINUTE of MEETING of the STAFF GOVERNANCE COMMITTEE	8 November 2023 at 10.00am	

Present:

Ann Clark, (Chair)
 Elspeth Caithness, (Employee Director)
 Bert Donald, (Whistleblowing Champion)
 Sarah Compton-Bishop (Non-Executive) until 1.00pm
 Pam Dudek, Chief Executive
 Kate Dumigan (Staffside)
 Philip MacRae (Vice Chair) until 12.20pm
 Dawn Macdonald, (Staff side representative)

In Attendance.

Gareth Adkins, (Director of People and Culture)
 Gaye Boyd, (Deputy Director of People)
 Heledd Cooper (Director of Finance)
 David Park, (Deputy Chief Executive) from 10.23am
 Katherine Sutton, (Chief Officer, Acute), from 10.51am until 12.53pm
 Ruth Daly, (Board Secretary)
 Helen Freeman, (Director of Medical Education) from 10.23am
 Helena Young (Scottish Clinical Leadership Fellow) from 10.33am until 12.08pm
 Louise Bussell (Nurse Director) until 12.52pm
 Richard MacDonald (Depute Director of Estates, Facilities and Capital Planning)
 Ruth Fry (Head of Communications) from 10.22am
 Simon Steer (Director of Adult Social Care) until 12.58pm
 Arlene Johnstone (Head of Service)
 Bob Summers (Head of Occupational Health and Safety) from 12.26pm until 12.53pm
 Natalie Booth (Board Governance Assistant)
 Lianne Swann (Corporate Records Assistant)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. An apology for absence had been received from Committee member Claire Lawrie, (Staff side representative).

It was also noted that the following would not attend the meeting: Boyd Peters (substituted by Helen Freeman), Tim Allison, Fiona Davies, Pam Cremin (substituted by Arlene Johnstone), and Alan Wilson (substituted by Richard MacDonald).

1.2 Declarations of Interest

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 6 September 2023

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

2.2 ACTION PLAN

The Chair highlighted that the following actions were proposed to close:

- Item 115 – The action plan referred to discussions arising from the Cabinet Secretary's letter about the Lucy Letby Case. These discussions had now taken place, a response to the letter had been submitted and a copy had been circulated with the papers for the meeting. It was noted that the committee would carry out its self-evaluation in early course and this would be discussed later in the meeting.
- Item 107 - The format of the Strategic Risk Review had now been changed.
- Item 111 – Reporting of the ADP was on the agenda for this meeting.

The Director of People & Culture provided progress updates on the following:

- Actions relating to Health & Safety would be reviewed and would take account of the outcome of the Committee's consideration of item 6.9 on the agenda for the meeting.
- Item 106 – There was ongoing work around the Short Life Working Group for Statutory Mandatory Training which would be discussed later in the meeting. While the group's focus was on training, there would also be a broader piece of work around how to bring together corporate, clinical, and medical education and further clarity on this would be brought to the next meeting.

The Committee **Agreed** to close the items above and otherwise **Noted** the updates.

2.3 COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Director of People & Culture proposed a new way of dealing with hot topics for the future as several hot topics had stayed on the list for some time. These items would, in future, be raised through matters arising and, if an action was agreed, the item would be moved to the Action Plan.

In relation to items currently on the hot topic list, items would be either closed or an action created for the Action Plan. The Director of People & Culture proposed to close the following items:

- Statutory and mandatory training compliance – on the agenda for this meeting and short life working group in place.
- Workforce costs and availability – this was ongoing and would be dealt with through ADP.
- Improving data and insights – no further action was required so this item could be removed from the hot topic list.
- Winter planning and resilience (including industrial action) - on the agenda for this meeting.

The Director of People and Culture proposed to add the following items to the Action Plan:

- Improvement Notices at New Craigs – there had been ongoing work with updates to a previous meeting. He proposed a further update for March 2024.
- Oban Medical Staffing Plan Update - this was a historical item with work previously undertaken in relation to Lorn and Islands Hospital and a visit by the Deanery and NES. An update would be sought for the next meeting so that this item could be closed off.

The Committee **Agreed** to these proposals.

The Workplan was provided for review and the Director of People and Culture advised that the workplan would be developed for the 2024/25 Financial Year.

Responding to a query from the Committee Chair about sequencing and timing of the Guardian Service 6-monthly update and the iMatter High Level Results, the Director of People and Culture agreed that these items would be rescheduled.

- **Action** Director of People and Culture to provide update on Improvement Notices at New Craigs in March 2024.
- **Action** Director of People and Culture to provide update on the Action Plan for Lorn and Islands Hospital for next meeting.

3 **MATTERS ARISING NOT ON THE AGENDA**

None

4 **SPOTLIGHT SESSION – Finance**

Heledd Cooper, Director of Finance

The Director of Finance provided a Workforce Report presentation which covered statistics, performance and development work of the Finance and Procurement teams.

The three main directorate functions were Area Accounting, Financial Management and Procurement. The directorate had a total headcount of 148 with a variety of reviews and organisational change processes having been undertaken recently. The Workforce Profile was provided in terms of age, sex and banding and it was noted that there was a high proportion of females within the team. Sickness absence had progressively reduced over the last year and was now lower than the national average at 3.11%. The team had successfully focused work on increasing colleague StatMan training. The team had a target of completing all appraisals by the end of November with the Procurement Team being fully up to date with all appraisals. iMatter results showed improvement across all areas each year since 2021. The highest scores related to line manager approachability and care of staff's health and well-being, while the lowest scores related to involvement in decisions relating to the organisation and the visibility of board members.

There had been an increase in professional qualifications across the team with 16 training posts being established including apprenticeships and placements. The importance of keeping abreast of changing professional regulation and practice was being emphasised for all employees not just for those wishing to develop their career.

Procurement had undergone a full restructure and a restructure of Financial Management was in progress. Following an all staff away day, improvement groups had been set up to focus on personal, team and organisational development, and talent management and attraction.

During discussion, Committee members raised the following issues:

- D MacDonald asked if the organisation could look at more joined-up working to connect those who are in redeployment with available opportunities. Director of Finance agreed there may be room for improvement in this area which could be investigated. The Director of People and Culture suggested more consideration could be given to supporting those who wished to retrain as opposed to only considering their current skills. In addition, he suggested that there was a need for a shift in thinking when trying to attract new people into the workforce in line with modern job-seeking approaches, which tended to be driven by interest in a subject area or cause, rather than a particular function. The chair also mentioned the organisation's role as a corporate parent within the scope of broadening the employability framework.
- B Donald asked what was done to achieve the excellent results in the Procurement team's appraisal completions; whether the same methodology was being applied to other areas of the Finance directorate; and whether this approach could be shared across the organisation more widely. The Director of Finance responded that the

success of the Procurement team in this area had been largely due to the team leader's efforts over the last 12 months. The Area Accounting stats were much lower owing to the team leader being new to the role, however, there had been significant improvements in statutory and mandatory training completion rates within this team and appraisal completions were a priority. It was also noted that the system of recording meant that only appraisals that had been fully completed and signed off had been reported. The general approach had been to ensure that all appraisals were done at a senior level and that this cascaded down through the teams as well as promotion of personal responsibility in participating in the PDR process. The Director of People and Culture welcomed the structured approach demonstrating good leadership at every level, and encouraged more visible reporting and being explicit about performance elements to be discussed in appraisals.

- S Compton-Bishop was impressed by the improvement groups and asked how long they had been running and if there had been any challenges in terms of attendance and time commitment. The Director of Finance advised that they were relatively new, having been set up in March 2023 with most groups having met once, and that their success was due to the passion of the individuals about their chosen area. S Compton-Bishop requested feedback on the success of the groups in 6 months. The Chief Executive praised the Director of Finance for all the work that had been done on this, particularly the structured and inclusive approach, as it demonstrated the standard of leadership and management desired throughout the organisation. The Director of Finance highlighted that an essential element of their success had been the team's understanding and ownership of personal responsibility to continued professional development.
- The Chair asked, in relation to the Anchors Strategic Plan, if there was a national approach to decentralisation, in terms of where people were based within corporate support services and was this something that would be considered as part of the Anchor approach. In response, the Director of People and Culture advised that this was a complex topic, which was less about where people are based and more about considering buildings, people and how we work in terms of local employment and access to talent.

The Committee Noted the terms of the presentation and the specific workstreams highlighted during discussion and looked forward to the 6 monthly update on the improvement groups' activities as described in the presentation.

5 ITEMS FOR APPROVAL

5.1 Staff Governance Monitoring Response

Report by Gaye Boyd, Deputy Director of People

Introducing the report, the Director of People and Culture advised that it aligned with the latest Scottish Government format. It provided a reflective view of what was happening on the ground and staff side comments were welcomed. The Employee Director commented that the report, which reflected the previous year's activity, had been completed in partnership and that it was open and transparent. It had already been considered by the Partnership Forum and its future development would be crucial. The Deputy Director of People advised that the document had to be submitted by 4 December.

P MacRae enquired as to whether the zero responses shown by the Facilities Team in the Overarching Culture and Values section of the report was a concern. The Deputy Director of Estates and Facilities confirmed that several staff didn't have access, or were unable to use computers, to complete the survey and this was being addressed this year. D MacDonald shared Unison's long-standing concern over sections of the workforce such as domestic staff, catering staff and porters not having access to computers. The Deputy Director of Estates and Facilities confirmed this matter was being addressed with supervisors having been asked to ensure staff had access to a computer.

D MacDonald asked what support was available for a member who was dyslexic and had asked for assistance. The Director of People and Culture highlighted the Reasonable Adjustments process, and that staff should be able to raise such issues with line managers. However, a strategy and action plan would be developed as part of Diversity and Inclusion with a focus on neurodiversity. This would centre around valuing diversity and making reasonable adjustments to facilitate people's ability to make their best contribution.

P MacRae asked why the Appropriately Trained section of the report didn't include an overall view of the number of apprenticeships and the Depute Director of People responded that this information was difficult to get because the report called for the previous year's figures. However, these figures would be available for future reports.

P MacRae asked if there had been a missed opportunity by not including anything in the Optional Evidence section. In response the Depute Director of People welcomed any suggestions from this committee as nothing came up in Partnership meetings.

The Chair referenced the Staff Governance Standard responsibilities on employees to keep up to date with training, personal development, reading communications. She asked whether the extent to which employees fulfil their responsibilities is measured as part of the monitoring response or elsewhere. The Depute Director of People responded that while this was measured, it was not currently displayed and could be considered for next year's response.

The committee **approved** the response.

6 ITEMS FOR REVIEW AND ASSURANCE

6.1 People and Culture ADP Q1 Report

Report by Gareth Adkins, Director of People and Culture

The Director for People and Culture highlighted that good progress was being made with the delivery plan within the people function. The report noted key elements and gave an update on progress made to date. Moderate assurance was proposed on the basis that the delivery plan was progressing as planned.

P MacRae queried the timeframe for resumption of staff engagement work. The Director for People and Culture advised that discussions had been progressing with the Head of Comms and Engagement and that a proposal would be submitted to the Culture Oversight Group and a further update would be provided to the committee.

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

6.2 IPQR/Metrics

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained compliance for recording of the NHS Highland absence rate had been progressing. The Statutory and Mandatory (Statman) training completion rate continued to improve monthly and noted the practical training completion rate remained low. Statman challenges and key barriers continued to be monitored through the Statman Oversight Improvement group. The Health and Wellbeing Strategy group had been progressing with the strategy for NHS Highland which would be completed by the end of the current financial year.

During discussion, the following points were highlighted:

- The IPQR had recorded a low uptake of exit interviews for leavers and the organisation should take the steps for this to become business as usual.

- Absences with no reason recorded. There was learning to be had from the progress seen in the Estates Directorate with only ten per cent of absences with no reason recorded. Education and awareness when inputting absences into the system would improve accuracy of reporting data.
- 44 applications had been received through the retire and return policy. Fewer applications were anticipated once the flexible retirement policy was introduced. The flexible retirement policy would require an assessment to determine the organisational risk and benefits. The Chief Executive explained workforce planning would need to be aligned to the outcome of the assessment to avoid service gaps arising from the complex ways for staff to stay in work while collecting their pension. The Director of People and Culture noted this point as a live issue, and compliance with national policy would be required. Further thought would be required on the concept of flexible working and what would be deemed a reasonable request. Two policies may be required to ensure processes are available for areas not covered by national policy.
- The Nurse Director noted the requirement to assist management with workforce planning through learning and development to provide understanding of policy change and its implications.
- The Director of People and Culture advised that further discussion could take place outwith the meeting to respond to questions from D MacDonald on monitoring sickness levels of colleagues going through HR processes, and from the Director of Medical Education relating to the recording of clinicians' sickness absences.

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

6.3 Comms and Engagement – Six-Monthly Report

Report by Ruth Fry, Head of Comms and Engagement

The Head of Comms and Engagement provided a presentation on the progress against the 2023-24 action plan to refine, evaluate and plan communication (comms) and engagement activity, improving core communication channels and processes, and comms content being aligned to core values. An online briefing form was currently being piloted to enable services to make action requests through the comms team. The online briefing form would continue to be reviewed to refine content and assist work planning in the comms team. Campaign evaluation had begun to be recorded in a standard template to provide services the opportunity to plan communication outcomes earlier. Further engagement would take place between the comms team and services to identify audiences and evaluation methods before the comms process begins.

Executive Directors vlogs had been included in the 'weekly round-up' communication and there would be an introduction of a Non-Executive Director vlog following each Board meeting. The comms team had been reviewing the introduction of a corporate podcasting channel that could circulate key messages and themes. To align comms content to values of the organisation there would be a review of all social media accounts. It was noted that the 'Communications and Engagement strategy' had reached the final year, therefore planning for the next three-year strategy was progressing.

There had been an internal audit of the last six-month period that produced a broadly positive report and had suggested the requirement for more measurable, 'smart' objectives. The Head of Comms and Engagement presented statistics to the committee based on the measurable smart objectives which included Exec vlog views; Weekly roundup readership; and Media Coverage Sentiment. It was noted that in the six-month period the new NHS Highland website had a total of 161,000 active users in that period, with 860 users per day and 36 uses per hour. The most visited pages had included Careers, Home, Raigmore Hospital, Covid and Flu Vaccinations, and Near me.

NHS Highland's website had recently passed the audit for compliance with the national regulations on accessibility. Governance of community engagement would be reported to Highland Health and Social Care committee and colleague engagement would be reported to the Clinical Governance committee. A short life working group had been

convened to review the approach to colleague engagement and would investigate digital ways to engage.

The Committee Chair questioned what actions were required to raise the assurance level from moderate to substantial. The Head of Comms and Engagement advised the moderate assurance was provided based on the need to align staffing resource levels with the organisational priorities. The Director of People and Culture highlighted the difficulties of being intentional with evaluation and commended the comms team for doing that. It was noted that the Director of People and Culture would work with the Head of Comms and Engagement on the next three-year strategy and consider what the required resourcing needs would be when the new objectives and approach was agreed.

Chief Officer for Acute explained that it would be good to review the Executive Director Vlogs and understand if information conveyed in them is useful to colleagues. The Nurse Director highlighted the challenge of communicating with colleagues who do not have access to social media or a computer and noted innovation is required to communicate broadly. D MacDonald suggested local partnership forum meeting minutes needed to be more proactively circulated to all teams to give staff members oversight of discussions that had occurred. The Director for People and Culture highlighted the need to review access to existing repositories of information and to proactively disseminate information.

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

6.4 Winter Planning

Report by Lorraine Cowie, Head of Strategy

The Chief Officer for Acute spoke to the report and raised awareness of current progress with winter planning. She provided details of workshops held to bring together community and acute management teams which would reshape the Winter Plan. The Medical Staff Committee want to work closely with acute services going forward to address foreseeable challenges. Chaplaincy services would roll out values based reflective practices within the acute sector. Recruitment had been a specific focus and there would be a review of the approach taken by management and leadership teams to ensure all components of the winter plan would respond well to any issues that may arise.

Referencing nursing recruitment, the Chair queried whether this would assist care home colleagues. The Director of Adult Social Care could not provide assurance that staff would be moved from one part of the system to another to relieve adult social care vacancies. This raised cultural challenges where staff were reluctant to change their work settings. The Chief Executive commented that this was something that needed to be built into the Winter Plan as a way of working differently going into winter. She also commented that the chaplaincy work would be available for all staff, not exclusively for Acute Services.

The Nurse Director explained discussions had highlighted staff flexibility would be required in relation to their working location in both extreme circumstances and day-to-day re-allocation of duties to assist with struggling wards. Acknowledgement was given to challenges about staffing preference to their work location. The organisation would need to equip staff with training and development opportunities to enable them to work in multiple environments. Bank staff opportunities needed to be created to give staff seeking additional shifts opportunity to work within care homes or care at home. The Director of People and Culture welcomed further conversation with staff side on how support could be provided to equip staff members to work in multiple environments. The Director of Adult Social Care welcomed the assistance to enhance staffing in social care settings by maximising the use of the redeployment register.

The Committee Chair questioned if winter planning was still an appropriate concept whilst noting that it was a national requirement.. The Director of People and Culture recognised there are well known pressures at particular points throughout the year and flexibility is required within the system to address these at any time.

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

6.5 Statutory and Mandatory Training Implementation Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised that moderate assurance had been proposed based on further development being required to work previously undertaken by the Nurse Director to articulate the key barriers to compliance with statutory and mandatory training. He highlighted that the key barriers would be addressed at the next meeting of the Short Life Working Group. Figures and RAG ratings had been reviewed for the e-learning elements. Training is only one control element for the risks associated with each of the subjects included in statutory and mandatory training. The report summarised the risks related to e-learning modules and provided a risk rating based on current compliance levels, planned improvement to the targets of 95% and the impact of the risk materialising.

The Board Chair asked if recorded risk information was used to help managers prioritise in a targeted approach. The Director of People and Culture advised the question would be raised at the next Short Life Working Group meeting as it was important to encourage focus on the lowest compliance rating. The Board Chair asked the Director of People and Culture to amend the SBAR to reflect the moderate assurance level proposed as the comment on the level of assurance noted a limited assurance level.

The committee:

- **Reviewed** the report.
- Agreed to take **moderate** assurance.
- **Noted** a further update would be provided at the March 2024 meeting

6.6 Whistleblowing Q2 Report

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that the report provided assurance to the committee relating to performance under the National Whistleblowing Principles and Standards. It was noted that the action plan included further work in relation to whistleblowing and further updates would be provided to the committee.

The Committee Chair sought clarity on section 2.4 of the SBAR as the comment on the level of assurance was incomplete. It was noted that the wording should have included timescales.

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

6.7 Whistleblowing and Speaking Up Action Plan

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture noted the report reviewed progress with the implementation of the whistleblowing standards to date, following the 'pause and reflect' process recently undertaken. Additional administrative support had been allocated to support the process. The Nurse Director and Medical Director had been involved in discussions of processes and individual cases to make improvements.

The Non-Executive Director Whistleblowing Champion (NEDWC) noted that this was an important paper for the Board as a continuation of improvement and implementation of the National Whistleblowing Principles and Standards within NHS Highland. He would

meet with the Director of People and Culture on a quarterly basis. Assurance was sought that what is now in place met with the approval of senior managers and Executives who had come forward to prompt the need for change. The Director of People and Culture would review feedback to ensure all concerns had been addressed. The governance of the action plan was confirmed, it had been reviewed in the Executive Director Group and Area Partnership Forum. The next step would be for it to be reviewed by the Board.

The committee:

- **Reviewed** the report.
- Agreed to take **moderate** assurance.
- **Noted** a six-monthly update would be brought back to Committee.

6.8 Strategic Risk Review

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture advised the people and culture strategic risk register had been updated and had been circulated to the committee for review and approval. The format of the risk register had been modified to show the planned mitigating actions and associated updates that included any proposed changes to due dates for actions. A workshop would be set up to consider level 2 risks.

The Committee Chair questioned whether Health and Safety governance processes would be considered a risk, in the light of the next items on the agenda. The Director of People and Culture advised this question would be included in the Health and Safety Action Plan Update.

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

6.9 Health and Safety Action Plan Update

Report by Gareth Adkins, Director of People and Culture

The Director of People and Culture explained that the 'Health and Safety Committee Assurance Report 12 Sep 23' addressed challenges within the Governance structure. The Health and Safety Governance, Risk and Assurance report provided an overview of discussions held in the previous Health and Safety committee meeting, which was felt necessary for the Committee to take assurance as the meeting was inquorate.

The Director of People and Culture provided assurance that there were no major concerns about Health and Safety actions across the organisation. Further work would be required to review governance of Health and Safety through committees with regular formal updates to be provided rather than the minutes of the Health and Safety Committee. The Corporate Improvement Plan would include recommendations to improve the governance structures to ensure good practice. Risk Management processes would ensure the right health and safety information was provided to the right person/group, at the right time and in a format that could be understood and responded to appropriately.

The Employee Director offered support in her capacity as a co-chair of the Health and Safety Committee and explained that the approach taken would improve staff engagement around Health and Safety. Conversations had occurred with the Director of People and Culture and the Head of Occupational Health and Safety on staff engagement to assist in the recruitment of more Health and Safety representatives.

Responding to a question from the Chair, the Director of People and Culture advised that the Short Life Working Group would need to consider whether governance arrangements were fit for purpose in relation to health and safety relating to social work and social care services.

The committee:

- **Reviewed** the report.
- Agreed to take **limited** assurance.
- Provided **support** in the setup of the Short Life Working Group and creation of a corporate improvement plan.

6.10 **Blueprint for Good Governance – Delivery of Actions Progress Update**

Report by Ruth Daly, Board Secretary

The Board Secretary explained that the report provided an update on the delivery of actions contained in the Board's agreed Blueprint for Good Governance Improvement Plan 2023 that were relevant to the Staff Governance Committee. A six-month update would be provided to the Board at the end of January 2024.

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

7. **Items for Information and Noting**

7.1 **Area Partnership Forum minutes of meeting held on 20 October 2023**

The committee did not raise any points on this item.

The committee **noted** the minutes of the Area Partnership Forum meeting held on 20 October 2023.

7.2 **Health and Safety Committee minutes of meeting held on 12 September 2023**

The committee did not raise any points on this item.

The committee **noted** the minutes Health and Safety Committee meeting held on 12 September 2023.

8. **Any other Competent Business**

Committee Self-assessment exercise

The Board Secretary noted that the survey would be launched the following week and the outcomes from the committee self-assessment exercise would be reviewed at the development session to be held in January 2024.

Development Session

The Director of People and Culture explained that an overview of programmes being delivered would be presented at the Development Session. It would be beneficial for the committee to have oversight on strategic directions that are discussed in the Executive Director Group and the workforce implications of these, in particular new roles being promoted to address workforce challenges, new technology etc.

Strategic Risk Review

The Committee Chair noted the question she raised under the Strategic Risk Review item had not been answered as to whether Health and Safety governance process would be considered a risk. She noted that there are mitigating actions in place, but clarity was required to understand if a further risk needed adding to the Risk Register. The Director of People and Culture advised that further consideration would be given outwith the meeting to determine if Board escalation was required.

9. **Date and Time of Next Meeting**

The next team meeting is scheduled for Wednesday 16 January 2024 at 10 am via TEAMS. The Development Session to be held on 17th January at 10.00 am via Teams.

10. 2024 Meeting Schedule

The Committee noted the meeting Schedule for 2024:

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

Meeting Ended 13.04 pm

HIGHLAND HEALTH & SOCIAL CARE GOVERNANCE COMMITTEE

Report by Committee Chair

The Board is asked to:

- **Note** that the Highland Health & Social Care Governance Committee met on Wednesday 1 November 2023 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:

Gerry O'Brien, Committee Chair, Non-Executive Director
Philip Macrae, Non-Executive Director, Committee Vice Chair
Tim Allison, Director of Public Health
Cllr, Chris Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Pam Cremin, Chief Officer
Cllr, David Fraser, Highland Council
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Kara McNaught, Area Clinical Forum Representative
Kaye Oliver, Staffside Representative
Wendy Smith, Carer Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)

In Attendance:

Ruth Daly, Board Secretary
Paul Chapman, AHP Associate Director, Highland Partnership
Arlene Johnstone, Head of Service, Health and Social Care
Ian Kyle, Head of Integrated Children's Services, Highland Council
Fiona Duncan, Chief Executive Officer and Chief Social Worker, Highland Council
Tracy Ligema, Communications Manager
Fiona Malcolm, Head of Integration, Highland Council
Nathan Ware, Governance and Assurance Co-ordinator
Stephen Chase, Committee Administrator

Apologies:

Kate Dumigan, Michelle Stevenson, Catriona Sinclair, Julie Gilmore, Tracey Gervaise.

1 WELCOME AND DECLARATIONS OF INTEREST

The meeting opened at 1pm, and the Chair welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHSH website.

The meeting was quorate.

1.2 DECLARATIONS OF INTEREST

J McCoy made a declaration in connection with item 3.6 that she had a role within MySelf Management who had carried out funded work in the past and were currently working in partnership with Technology Enhanced Care, but noted that having applied the guidance she felt that the circumstances were too remote from the item under discussion to be interpreted as a conflict of interest.

1.3 Assurance Report from Meeting held on 30 August 2023 and Action Plan

The draft minute from the meeting of the Committee held on 30 August 2023 was approved by the Committee as an accurate record.

Regarding the Rolling Actions, the committee agreed that the Staff Experience item be closed as further consideration is needed around staff involvement and engagement with the committee. The Chair will meet the Chief Officer to consider a suitable way forward.

The Committee

- **Approved** the Assurance Report
- **Noted** the Action Plan.

1.4 Matters Arising From Last Meeting

There were none.

The Committee:

- **NOTED** the updates.

2 FINANCE

2.1 Year to Date Financial Position 2023/2024

The report of the position to month 6 was circulated ahead of the meeting for which an overspend of £7.521m was reported within the HHSCP. The overspend was forecast to increase to £15.135m by the end of the financial year.

The Deputy Director of Finance spoke to the report and noted the different format designed to give a better visual representation of the content.

1. Two of the ongoing main risks for the partnership were supplementary staffing and prescribing and drug costs. It was noted that there was only two months of prescribing information in the system and that their described position within the forecast was entirely based on estimates. There was a risk around this because it was known that the number of scripts had been much higher than in previous years, however NHH was in the same position as all the other boards and was currently trying to work through the situation.
2. The SLA uplift had not yet been fully agreed for the current financial year. This was expected to come through in the following week or so. The expectation was that that would be higher than the baseline uplift that boards had received and therefore some pressure could be created there.
3. Delivery of savings had continued to be a big risk. There were a few mitigations to improve the position and there had been reduced support and sustainability package requests.
4. NHH had received a non-recurrent VAT rebate, and additional Scottish Government funding for sustainability and new medicines.

5. The Health and Social Care position had deteriorated from month 5 and there was a year-to-date overspend of £7.5 million, which was forecast to increase to £15 million by the year end. The main reason for that deterioration from months 5 to 6 is the revisiting of savings.
6. Savings slippage had now been built into the forecast year end position.
7. An increase had been seen in the cost of independent sector packages.
8. The cost improvement programme was described (p.11 of the report) which showed 10.6 million target within the partnership.
9. At the end of month six, slippage of about £4.3 million had occurred against cost improvement programmes and it was forecast that slippage would increase to £6.5 million at the end of the year.
10. An assurance of progress table had been added to the report and it was explained that was presented fortnightly to the Efficiency and Transformation Governance group. This showed 39 schemes relevant to the partnership on the tracker.
11. The Efficiency and Transformation Governance group were now meeting fortnightly with operational and support areas reporting back on plans and providing updates and progress. Three working groups had been established to address workforce, prescribing and digital that work across the whole system to see how savings could be generated within those areas.
12. The partnership had been asked to submit a financial recovery plan to Scottish Government and the outcome of which was to show that a year-end financial position of no worse than an overspend of £55.5 million could be delivered.
13. The actions within the recovery plan had been regulated and at this stage there was an assumption of full delivery and this had been built into the year end position of £55.975 million overspend. More pieces of work around additional savings were planned to address further reduction in locum and agency spend on the back of some progress seen in the Acute sector.
14. Annual leave accrual had been under review following the flexibility shown by Scottish Government around COVID. However, in the current year the same level of flexibility was not expected which would allow NHS to reduce some of the annual leave accrual from last year in the position.

During discussion,

1. It was agreed that a matter raised by W Smith would be considered in AOCB (see item below).
2. It was noted that there was a focused piece of work on Care Home capacity that would be taken to the next Joint Officers Group after which information could be brought to the committee. This work would look at spend and hours over a number of years to map that with pay awards.
3. It was noted that the lead officers of the partnership would be meeting to agree on the need for a financial workshop to bring forward medium to longer term proposals about commissioning and recognising some of the challenges within the quantum such as significant overspend on agency staff and sustainability payments. Significant risk around very high cost learning disability packages was also noted due to issues such as housing for patients that remained vacant due to staff recruitment issues.
4. Work to address and provide contingencies for the critical staffing levels within Care Homes was discussed. It was noted that there was a medium-term plan around the acquisition of Mains House, and around community redesign work with a keen eye on quality and safety.
5. The difficulties for staff working in isolation for clients with learning disabilities was noted especially in terms of the need for colleague support in the middle of a staffing crisis.
6. The usage of staff in day centres was discussed. Discussion was had around the perception by some that staff within day services were not fully utilised. The Chief Officer offered to meet with W Smith to discuss the issue further outwith the meeting.
7. The Chair recommended that the committee receive a fuller update at a future date on Learning Disabilities with a focus on how services are provided. The update is to include how day services had been redesigned to provide support to users.

8. The Chair asked that more space be given in the agenda for discussion of the Finance update at the January meeting with a view to considering the financial position for the year ahead.

The Committee:

- **NOTED** the report and accepted **limited** assurance.

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Engagement Framework Assurance Report

The report provided an overview of the progress made over the last 12 months towards implementing the ambitions of the Engagement Framework and highlighted progress of the implementation plan, progress with initial indicators, the main themes from colleague and stakeholder feedback, and the next steps and future focus.

A moderate level of assurance was offered to the committee from the report.

In addition, it was noted that the next steps would involve training and support at senior levels through face-to-face engagement, to grow local engagement with community groups, and to develop the Highland 100 panel.

More work was still to be done to finalise the governance arrangements for the framework and an oversight group was to be established. The report was due to also be presented to the Clinical Governance Committee on 2 November.

1. In discussion the following areas were noted,
2. Membership of the Highland 100 was discussed and assurances were sought around equality and inclusiveness of access beyond digital means of engagement. It was noted that though the membership covered a broad base there was a desire to go further especially in the area of addressing protected characteristics and this would necessarily require the use of different means of engagement based on preferences among those groups and individuals.
3. It was confirmed that there was no fixed period of membership for the Highland 100 as it was felt that it would have a natural lifecycle of engagement from its members with a need to refresh membership on a semi-regular basis based around data protection requirements to ask participants if they still wanted to be involved.
4. All staff had been contacted for the staff survey and those who engaged were self-selecting.
5. It was noted that metrics from a global perspective were not yet possible as engagement work had been largely project based however the work was largely on plan and there was a risk of rushing to conclusions with findings at an early stage.
6. A wider roll out of Care Opinion was under consideration but it was noted that there were some grey areas as Highland had a different set up than the standard model and it was not yet clear if some areas were included within the overall subscription. There was active discussion with Care Opinion on these matters.
7. Triangulation of information was also an area for future consideration. Colleagues in the Feedback team had been looking at improving response rates and there was a need to consider how best to display the information from Care Opinion in a way that was most meaningful for services and to find out what learning and improvement had taken place as a result.
8. The Chief Officer noted that she had been working with her senior leadership team to introduce development sessions on the back of the Internal Audit on Community Planning Partnerships and engagement with communities.

The Committee:

- **NOTED** the report and the current position in terms of compliance with legislation policy and the board objectives, and
- **Agreed** to accept **moderate** assurance.

3.2 Care Governance Framework Update

The report had been circulated ahead of the meeting and had been provided to update stakeholders on risks, actions undertaken and future planning to ensure that there were robust governance processes in place for the Partnership that could be used purposefully for audit, action and development. It had been recognised that governance in its broadest terms jointly across health, social work and social care could be problematic to streamline. This had been recognised by the Integrated Joint Board's (IJB) across Scotland and had been an unresolved issue for the Highland Health and Social Care Partnership. During 2023 there had been specific work undertaken to understand the extent of the issue and to work towards potential improved ways of working to have robust processes in place. The SBAR related to the work required for the social work and social care elements of the Partnership to be aligned with other areas of service delivery.

The Deputy Medical Director spoke to the report and thanked her co-author, Ruth MacDonald for taking forward the work with her and Mirian Morrison. The mock-up dashboard was noted for September and October, as was weekly engagement with day-to-day work on quality, patient safety and governance.

During discussion,

1. The Deputy Director of Nursing noted the unique position of NHS Highland where there are care homes managed within the NHS structure and suggested that there be note made of governing structures to include the nurses working in these care homes.
2. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care practice. It was commented that the assumption of absorption of social work and social care governance into NHS governance systems had seen a break on a level of integration and that therefore discussions now ongoing about a governance system that fully recognised the different roles and responsibilities of health and social care would be a positive for ongoing integration.
3. On a related note, a slight concern was expressed about the implications for integration of Health and Social Care professional practice. It was commented that the assumption of absorption of social work and social care governance into existing NHS Clinical Governance systems had underpinned this concern. Therefore, discussions are now in place about a governance system that fully recognises the different roles and responsibilities of health and social care in a manner positive for ongoing integration.
4. With regard to medication errors, the Director of Adult Social Care noted that he would investigate if this was due to increased number of errors or better reporting of errors and return the information for circulation to the members.
5. It was decided that the role of the HHSCC as distinct from the Clinical Governance Committee in providing assurance to the Board on Care Governance was yet to be fully determined and would be explored further noting that this was an evolving area.
6. The Chair agreed to have further discussion with the Deputy Medical Director and the Chief Officer as to when the next update to the committee should come.

The Committee:

- **NOTED** the report,
- **ACCEPTED moderate** assurance from the report, noting that there would be a fuller discussion at a forthcoming development session.

3.3 Children and Young People Services Mid-year Review

The SBAR noted that working within the legal framework of the Public Health Bodies (Scotland) Act 2015, The Highland Council had been commissioned to deliver a number of child health services on behalf of NHS Highland. These services were delivered within the Lead Agency Model of integration, articulated within the partnership agreement with outcomes and performance measures outlined in the integrated children's service plan. The committee was asked to consider the delivery of the delegated functions as part of the Lead Agency Model.

The Chair of the Integrated Children's Services Planning Board noted that the report highlighted for committee members what some of the delegated functions were within Child Health Services as delivered on behalf of the NHS by the Highland Council as part of the lead agency model. The report set out the range of services delivered by the Highland Council and highlighted some significant changes since 2020 particularly in relation to the delegated functions within Child Health and a refocus in line with a number of local and national drivers all set out to better meet and improve outcomes for Highlands families. Some of the key system pressures were acknowledged in the report and the mechanisms in place to support the workforce with a brief description of the current escalated risks identified within the service.

During discussion, the following areas were addressed,

1. It was noted that there was a 'balance scorecard' as agreed with NHS Highland as a mechanism to measure Key Performance areas for the delegated services to ensure functions are met. The focus paper to be presented at the next JMC would be based on the balance scorecard.
2. Work to address the challenges around recruitment were noted with the aim of creating strong packages to attract the best candidates for some of the specialist roles, and there had been some successes with recruitment via the Advanced Nurse Training programme.
3. The need to avoid too much of a silo response to Childrens Services was noted with a need to counterbalance this with an examination of how services join up.
4. The issue of developing the structure of reporting on quality was raised and it was noted that this is a live debate with further work to be done.
5. Issues around IT, connectivity and better communications between Highland Council and NHS Highland systems was discussed. It was noted that some progress had been made but that this was still a live issue. The Head of eHealth at NHS Highland had recently noted some significant progress which was awaiting confirmation of timescales and an agreement on funding.
6. The Deputy Lead Nurse noted that there was ongoing work and discussion around the whole integrated approach and outcomes for children and young people especially in terms of oversight of professional practice. She noted that a professional assurance framework for all nurses, midwives and allied health professionals had recently been launched with very clear performance indicators around professional practice and safe quality care and that the team will work with the leads in Highland Council to help inform the future iterations of that report.

The Chair thanked I Kyle and noted that the next iteration would be the annual report in approximately 6 months.

The Committee: – Noted the report and accepted moderate assurance.	
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3.4 Chief Social Worker Annual Report

The Annual Report by the Chief Social Work Officer, Highland Council, for 2022/23 was presented to the Committee for information. The report had previously been provided to Members of Highland Council with information as to the range of activities that had been

carried out over the past year – thus meeting its statutory duties and responsibilities – whilst highlighting the opportunities and challenges moving forward.

It was noted that the Committee had no role in the report and that it was presented for discussion.

The Chief Social Worker spoke to the paper and noted that it had followed the updated template as provided by the Chief Social Work Officer Advisor for Scottish Government thus fulfilling Highland Council's statutory requirements. The report ensured professional oversight of social work practice and service delivery which included professional governance, leadership and accountability for the delivery of social work and social care services, whether provided by the local authority, the Health Board or purchase through the Third Sector or independent sector. The Highland Council as lead agency of Children's Services, has delegated functions for Child Health Services, which include health visitors, school nurses, specialist nurses and allied health professionals. It also retained the functions of justice services and the Mental Health Officer service.

1. It was noted that demand had risen across the board for services and staffing and that vacancies in staffing were an indication of unmet need.
2. A joint inspection for Children at Risk of Harm had taken place in the past year and covered a period of six months. While there were significant actions stemming from the inspection, the partnership had produced an action plan and the inspection confirmed those areas for action already identified by the partnership.
3. There had been some recruitment successes through 'grow our own' training programmes in both the Highland Council and NHHSH but there was a need to address the recruitment of experienced staff to increase the robustness of the service.
4. In order to address concerns and risks within the system there was now a strategic plan for Adult Social Care in place for final sign off and an Integrated Children's Plan.
5. The Chief Social Worker encouraged colleagues to get in contact.

The Chief Officer welcomed the report for its breadth and the clear outlining of integration agreements.

In discussion, the following areas were addressed,

1. The importance of a whole family well-being approach as supported by additional SG funding was noted in order to enable Adult and Children's Services to work more effectively together. It was commented that supporting adults who support a child as parent/carer was as important as supporting the child in question in order to identify particular issues for support. A paper was due to be presented to the JMC on some of the work underway to address these issues to align the whole family model with the other work in the community and existing pilots within NHS Highland to maximise opportunities for effective joint working.
2. The impact of unmet need was noted in terms both of those in need and the additional burden on existing staff and that there is a need to find a way to assess this.
3. The success of the Home to Highland programme was noted both for its benefit to a large number of children and the added benefit of financial improvements in the system.
4. The need to address the transition between Children's Services and Adult Services was also noted.

<p>The Committee: - Noted the report.</p>	
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[The Committee took a rest break from 3.00 to 3.11]

3.5 Primary Care Improvement Plan

The Assurance Report was circulated to the committee ahead of the meeting and provided a summary of planning and progress achieved on the project to date and forecast for the coming period. The report covered the period to 31 October 2023. In line with commitments made in the MOUs (1 & 2), HSCPs and NHS Boards will place additional Primary Care staff in GP practices and the community who will work alongside GPs and practice staff to reduce GP practice workload. Non-expert medical generalist workload needs should be redistributed to the wider primary care multi-disciplinary team ensuring that patients have the benefit of the range of expert advice needed for high quality care.

The Specific priority services to be reconfigured at scale were: Pharmacotherapy, FCP MSK, Community Link Workers, Primary Care Mental Health, Vaccinations, CTAC, and Urgent Care.

The report was offered for noting in the absence of the Primary Care Manager and the Deputy Medical Director who had had to leave the meeting early. The Chief Officer offered to take any questions raised away for considered answers.

During discussion, the following points were raised,

1. A practice view was given by N Wright who noted how well the approach had worked at his practice for areas such as pharmacotherapy, self-referral to physiotherapy, and the increased equity of service that a hub formation had provided. Community link workers had also been a positive influence where they had been available.
2. Despite a preference by some GP colleagues that vaccinations would be better kept in practice the national model did not allow for this but the benefit was that more time had been freed up to spend with more complex patients.
3. The Director of Public Health spoke about the outcomes of the new model of Board-led provision for vaccinations. It was acknowledged that cost of vaccination delivery at GP surgeries was lower at a local level but in terms of volume of delivery it was expected that the new model would be more effective overall. Figures were approximately on trend for the first quarter with what they had been before the transition to VTP but more work was need to ensure the figures rise. However, there was still some dissatisfaction with the new model with issues around scheduling for COVID and Flu vaccinations with some people having to travel longer distances.
4. The issue of communications between GPs and Public Health was raised: it was noted that there were regular newsletters with a health improvement emphasis and that this was often focussed on areas of deprivation in conjunction with community link workers for signposting and directing people to appropriate services and support. However, this had been a mixed picture of success due to the lack of a comprehensive community link worker base and further work was needed to improve.
5. The Chief Officer noted in response to a question that a detailed response to potential slippage and key risks in terms of the PCIP would be provided following the meeting.
6. The Chief Officer also noted that detail of the evaluation process for the PCIP could be provided after the meeting with the minute, if appropriate for the committee.

The Chair noted that he would discuss with the Chief Officer as to when it would be appropriate to have the next update on PCIP come to the committee.

<p>The Committee: – NOTED the and accepted moderate assurance report.</p>	
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3.6 Technology Enhanced Care Overview

The report and accompanying presentation provided an overview and update for the provision of Technology Enabled Care (TEC) in Highland. Historically, TEC in Highland had operated as a hosted service not directly linked to the separate EHealth or RD&I functions. The report suggested that TEC would need to be considered as part of a suite of integrated,

innovative digital solutions to meet the needs of people in NHS Highland hospitals and communities.

The paper noted that Digital solutions, applied thoughtfully and appropriately, could help to: maintain independence of individuals for longer, expedite discharge from hospital, reduce the need for long term residential care, reduce the size and complexity of care at home packages, prevent the development or exacerbation of long-term conditions, support patient activation and self-management and promote lifestyle and behaviour change which in turn could help to reduce hospital admissions, reduce the need for GP appointments, and the length of stay in hospital. Digital solutions could be applied in an integrated way to support training, assessments, reviews, reablement etc in ways that Highland had not yet explored or implemented.

T Ligema gave an overview of the full presentation material that was circulated with the report, noting the three key workstreams of Telecare, Near Me and Connect Me and their usage and opportunities for better use of available technologies in care.

During discussion, the following issues were raised,

1. The Chair asked where the opportunities and challenges raised in the report and presentation fit into current thinking in terms of Horizons 1-3.
2. The Chief Officer commented that in working directly with the digital infrastructure team, T Ligema had brought many insights to the senior leadership team and attends the weekly Senior Leadership Team meeting.
3. The Chief Officer commented that the Senior Leadership Team had become aware recently of the low take up in Highland of Near Me and that this had led to incorporating the workstream into urgent and unscheduled care, work delivering Care At Home and managing Delayed Discharges.
4. It was noted that work culture is one reason for the variable uptake among clinicians of some kinds of technology. The Chief Officer offered to bring a report or development session to the committee on leadership work to address these issues for assurance, especially in connection with the joint strategy.
5. The issue of users of TEC such as Telecare who do not make proper use of the support available was discussed in terms of education and acknowledging what kinds of technology are most appropriate and user friendly for different groups.
6. It was noted that Highland had been a pioneer in terms of the adoption of Near Me and that it was disappointing to see a fall in use in terms of the national average.
7. The issue of cost variance across different areas was raised.
8. The pending issue of analogue switch off was raised in terms of the lack of digital access across all parts of Highland and that this included people from vulnerable groups. It was noted that there was a requirement from energy companies to provide a battery as back up to counter power outages but that such batteries only lasted for an hour whereas outages in parts of Highland can last days. The Chair agreed to discuss the issue with the Chief Officer outwith the meeting to ensure the Board is properly cited on the matter and that in collaboration with Highland Council colleagues the issues could be properly addressed.
9. The related issue of emergency planning was raised in terms of capacity for Near Me usage if there is a sudden demand during an emergency. It was noted that there were facilities such as waiting rooms and group facilities on Near Me which were not currently used and could assist with issues of capacity. Surveys of patients who had used the service had been very positive, however it was acknowledged that should be a matter of offering choice (e.g. face-to-face or remote video consultation) to ensure that patients were not disenfranchised by one particular model and that clinicians can assess when it is clinically safe and appropriate to use a particular system.
10. It was asked if projected savings would cover the costings to push plans for TEC forward, given the lack of costings in the report. It was answered that there were some things which could be implemented at minimal cost but that a larger piece of work was needed to analyse cost benefits.

11. It was commented that anecdotal evidence demonstrated that Near Me was not offered as routine by clinicians, and that while it was not appropriate to offer video consultations some areas such as more routine outpatient follow up appointments may be suitable in some cases and save patients from travelling.
12. It was noted that there was work underway with the Telecare team to consider an individual risk assessment basis to ensure that patients are properly supported by a suitable number of responders.
13. The need to review the policies around support packages such as Telecare was noted to ensure the effectiveness of support infrastructure and responsiveness.

The Chair thanked the committee for the discussion and noted that the item was very likely to return to the committee in more than one format.

The Committee:

- **NOTED** the report and
- accepted **moderate** assurance.

3.7 IPQR Dashboard Report

The Chair invited questions from members on the IPQR to be sent to the Committee Administrator in advance of the minutes for consideration and answers. Due to time overrun The Head of Strategy was not able to be present for this item, hence the submission of questions.

The Chief Officer gave a brief summary of the report which noted the ongoing pressures in Adult Social Care, but also drew attention to more positive news around Care at Home, capacity in Care Homes and a reduction in waits for psychological therapies and a growth in SDS.

1. Question received outwith the meeting:
“What changes are going to be introduced as a result of the most recent development session on the IPQR, in particular what is the thinking about how the committee uses the non-reportable wait information?”

The Committee:

- **NOTED** the report.

3.8 Chief Officer’s Report

The Chief Officer noted the major redesign programmes which had included a recent workshop for the Caithness Redesign and further engagement work with general practice. Regarding the Skye project, the final delivery group meeting following the Sir Lewis Ritchie report and recommendations had been held and work would now be taken forward by the district team with weekly meetings.

The Joint Monitoring Committee had recently met and it was noted that there would be work undertaken to establish a joint risk register to make the shared risks more explicit for the JMC and the partnership.

The Chief Officer noted that three of the nursing teams within the partnership had received recognition from the Scottish Mental Health Nursing Forum Awards, and that two nurses were due to receive the Queen's Nursing Institute for Scotland Award which carries much prestige within the profession, at a ceremony in Edinburgh.

The Committee:

- **NOTED** the report.

4 COMMITTEE FUNCTION AND ADMINISTRATION

4.1 Governance Blueprint Improvement Plans Update

The Board Secretary noted that the Board had undertaken an assessment earlier in the year with regard to Scottish Government's Blueprint for Good Governance. It was noted that oversight sits with the Board but HHSCC and Clinical Governance have informal oversight of three of the 17 actions and report on progress in these areas to the Board. A full formal six month update will go to the Board at the end of January.

The Chair noted that the committee would keep revisiting the Governance Blueprint and that it had spoken about some of the items of relevance earlier in the meeting.

The Committee

- **noted** the update, and
- accepted **moderate** assurance from the report.

4.2 Review of Committee Terms of Reference

The Board Secretary outlined the Board requirement of governance committees to review their Terms of Reference, and noted the suggestions to reconsider the membership of the committee.

In discussion,

1. Cllr Fraser suggested that the matter be deferred until the role of the JMC is reflected in the Terms of Reference following consideration by the officers of the JMC, NHSH and THC.
2. The committee agreed to revisit the Terms of Reference at its next meeting following the area of suggested discussion as noted above.

The Committee

- **agreed** to revisit the Terms of Reference at the January 2024 meeting.

4.3 Committee Work Plan

The Chair invited members to send him suggestions for the 2024 workplan which will be formulated soon.

The Committee

- **noted** and **agreed** the Work Plan for 2023-24 in its current form.

5 AOCB

1. W Smith raised the matter of the Carers Short Break Fund but had had to leave the meeting early. The Chief Officer noted that she had emailed the information to W Smith and shared information in the committee Team channel later in the meeting. The Carers Short Break Fund would reopen on Monday 6 November 2023 with a rebranded scheme following feedback from carers during the recent Carers Roadshow. The fund will now be called the Carers Wellbeing Fund and there would be two information sessions held via MS Teams, the first had been held on 31 October with another to be held on Thursday 2 November at 10am. The Chief Officer thanked K McNaught for assistance with the information.
2. A committee Development Session was scheduled for Wednesday 29 November at 1pm via Microsoft Teams. The proposed themes were Sustainability, and Committee Self-evaluation. It was noted regarding the Committee Self-evaluation, that the survey is due

to be circulated around 13 November for a fortnight with the findings to be discussed at the development session.

6 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 17 January 2023 at 1pm** on a virtual basis.

The Meeting closed at 4.29pm

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