

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	29 November 2022 – 9:30am	

Present

Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Ms Jean Boardman, Non-Executive
Ms Elspeth Caithness, Employee Director
Ms Muriel Cockburn, Non-Executive
Ms Heledd Cooper, Director of Finance
Mr Garrett Corner, Non-Executive
Mr Albert Donald, Non-Executive
Mr Alasdair Christie, Non-Executive
Ms Ann Clark, Non-Executive
Ms Sarah Compton-Bishop, Non-Executive
Ms Pamela Dudek, Chief Executive
Ms Kate Patience-Quate, Interim Nurse Director
Mr Philip Macrae, Non-Executive
Mr Gerard O'Brien, Non-Executive
Ms Joanne McCoy, Non-Executive
Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Dr Gaener Rodger, Non-Executive
Ms Catriona Sinclair, Chair of Area Clinical Forum

In Attendance

Ms Lorraine Cowie, Head of Strategy and Transformation
Ms Ruth Daly, Board Secretary
Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP
Ms Louise Bussell, Chief Officer, Community Services
Ms Ruth Fry, Head of Communications and Engagement
Ms Fiona Hogg, Director of People and Culture
Ms Deborah Jones, Director of Strategic Commissioning, Planning and Performance
Mr David Park, Interim Deputy Chief Executive
Mr Nathan Ware, Governance & Corporate Records Co-Ordinator
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning
Ms Katherine Sutton, Chief Officer, Acute Services
Ms Natalie Booth, Board Services Assistant

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting especially new attendees and members of the public and the press.

Apologies were recorded from Brian Williams.

2 Declarations of Conflict of Interest

Mr A Christie recorded that he had considered making a declaration of interest as a member of The Highland Council but felt this was not necessary after completing the Objective Test.

3 Minute of Meetings of 27 September 2022 and Action Plan

The Board **Approved** the minutes of the scheduled Board meeting of 27 September 2022 and the Action Plan.

4 Matters Arising

There were no matters arising.

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

The Chief Executive drew the Board's attention to the following issues:

- While the system remained under pressure, it was important to stress that good care was being delivered across the Board area and positive feedback reflected this. A balanced approach focusing on planned care was central to reducing waiting lists. Along with national campaigns, NHS Highland was also looking at how self-care routes could be better communicated to help avoid unnecessary hospitalisation.
- Building on a more agile workforce approach, volunteers had been sought to assist in care homes with a longer-term aim of permanent recruitment. This followed the model adopted to create COVID Response teams. All PVG requirements would be fulfilled and a formalised recruitment process was in place, as well as access to training resources through TURAS.
- The national Vaccination booking system had been implemented which had caused some challenges for the public. This was now being addressed and had resulted in a good uptake in Highland: 93% uptake among care home residents (against a national average of 89%), 44% for frontline staff and 82% for people over the age of 65.

The Board **noted** the update.

6 Integrated Performance and Quality Report

D Park drew particular attention to the updated position on Cancer Services. K Sutton noted that performance had improved recently and work continued to progress. There had been a capacity gap within the diagnostic, radiology and pathology elements of the Breast Service, including surgeon capacity to deliver. She also confirmed that performance for September on the 62-day target sat at 73.5% compared to the Scottish average of 72.1%. Achievement of the 31-day standard had recently increased to 94.4%, against a Scottish average of 93.6%.

In discussion the following matters were raised:

- K Sutton advised that the Cancer Performance Board was being reviewed and would focus on strategic elements and networking across Scotland. The situation with Cancer Services was dynamic and capacity in some areas, such as pathology, was significantly limited across the UK.
- Gynaecology and ENT were challenging areas, but work was continuing to minimise any impact.
- Scottish Government funding had been reduced and so the challenges to meet targets for the end of March 2023 were more evident. Work was underway to deliver a more resilient workforce to all outpatient areas and take advantage of all patient pathway opportunities. Work was also ongoing with partner boards to leverage additional capacity by using virtual appointments and Near Me.
- K Sutton confirmed that a waiting list initiative was in place to leverage capacity by ensuring the use of all nursing staff to help alleviate the situation. A recruitment campaign was also underway.
- Argyll and Bute had been successful in a bid to the Hospital at Home scheme and embedding this into community delivery. This initiative was at an early stage.

- L Bussell noted that recruitment for Drug and Alcohol Services was particularly difficult but there had been some recent success. Funding had been received and discussions were ongoing to see how our partners could work with NHS Highland on this.
- Skye and Caithness had also been identified for the Hospital at Home initiative and there was positive benchmarking with Western Isles.
- F Davies spoke about maximising opportunities for working with Third Sector groups particularly in the Argyll and Bute region.
- P Dudek noted that the balance between the need to deliver services and address a reduced staff complement would continue for some time.

The Board **agreed** to take **limited assurance** from the report; and **noted** that the annual delivery plan and winter plan will support mitigation plans where possible.

7 Finance Assurance Report

H Cooper introduced the report and confirmed that, for the period to end of month 7 (October 2022), an overspend of £22.548m was reported which was forecast to increase to £42.981m by the end of the financial year. The year-to-date position included slippage against the savings plan with a forecast of £16.527m slippage at the end of the financial year.

In discussion, the following points were addressed:

- It was noted that short term actions around good financial governance were being reissued to colleagues so that managers' levels of authorisation were clear.
- The Financial Review Board would start to look at the entire financial situation to provide a holistic overview rather than concentrate on savings alone. It was advised that unmet savings had resulted because of several factors and a more robust plan at the beginning of the financial year would have helped. It had taken time to make the required adjustments and additional pressures had also impacted on savings.
- H Cooper advised that if all the identified actions were put in place, an overspend of approximately £26m could be forecast. The main challenge is that there is no additional funding to invest in change while simultaneously making savings.
- H Cooper advised that savings targets were allocated to divisional level and not to managers. However, there is a need to align the savings plans with the ADP to map out activity and evidence the process.
- F Davies noted that the month 6 position shows an overspend within the Argyll and Bute budget, but that financial balance was anticipated within the IJB at year end.
- L Bussell added that the care home sector was under significant pressure both locally and nationally, and some care homes had been lost. There were challenges regarding locum and agency spend but there were opportunities around self-directed support. Work was underway with Highland Council and independent providers to understand future needs and find a more sustainable service for the future. Concerns were expressed about future funding for care homes from The Highland Council and more information on the in-year pressures was requested for the forthcoming Highland Health and Social Care Committee meeting.
- P Dudek noted that statutory responsibility for adult social care sat with The Highland Council, and it would be necessary to work together as partners to resolve the budgetary challenges. She added that the Board must understand the implications of this and confirmed she would be considering how this matter could be taken forward collectively within each organisation. Further updates would be provided to the Board along with commentary on the associated risks.
- P Dudek stressed the need for good clinical engagement to understand the risks to support and defend the situation of how services are run and negotiate priorities on a national basis.

The Board **discussed** the report and **agreed** to accept **limited assurance**.

The Board took a break at 11.10am and reconvened at 11.20am.

8 Winter Preparedness

K Sutton spoke to the circulated report and advised that the Winter Preparedness Plan was being taken forward under the strategic direction of the Unscheduled Programme Board chaired by Fiona Davies. The vaccination programme was central to the plan given the anticipation of high levels of respiratory illness. It was confirmed that the plan had been developed according to the Scottish Government Framework and made use of the associated action lists. The Board was also reminded that winter preparedness arrangements for Argyll and Bute were being taken forward through the IJB.

The plan set out the necessary enablers and referred to additional finance to support the Board. In addition, work was underway to build capacity across the system both in hospital and social care settings. It was also confirmed that the national Operational Pressures Escalation Level framework (OPEL) was now being used in Highland. Given the unpredictability of population demand for services and the challenges faced within health and social care teams, only limited assurance could be offered. While mitigating actions had been put in place, periods of intense system pressure over the winter period may be unavoidable.

During discussion, K Sutton provided the following additional information:

- The plan included mission critical elements and the Plan reflected the collective input from social care and GP colleagues.
- There was a plan for managing outbreaks of flu and norovirus in Highland's inpatient settings. Previous red and green COVID pathways had been stepped down.
- The plan would be re-evaluated in May 2023 and would be brought back to the Board to assist with winter planning for 2023-24.
- Scottish Government funding had been received to assist with the reintroduction of extended hours and enhanced services. Extended GP hours were already in place.
- There was an opportunity to redesign pathways to ensure they are fit for purpose and, if they proved successful, it would allow continued investment in other areas.

Reflecting on a meeting the previous day of the Board Chairs Group with the Cabinet Secretary, the Board Chair expressed a note of caution in terms of actions 45 and 47 about the deployment of medical students. He also requested that future iterations of the Winter Preparedness Plan include a glossary of acronyms.

The Board **noted** the Winter Preparedness report and **agreed** to accept **limited assurance**.

9 NHS Highland Engagement Framework

R Fry introduced the item and noted that the framework was a toolkit rather than a strategy. The toolkit helped define what the Board meant by communications engagement, set out the key performance indicators and explained the assurance and governance process.

In discussion, the following matters were addressed:

- Actions arising from the feedback received from engagement work will be taken forward via the team plan, overseen by the Staff Governance Committee, and timeframes will be assigned to the actions.
- It was commented that the framework should be viewed as a living document and that it will respond to the actions of the wider organization.
- Careful thought should be given to the advocacy process especially in relation to work with those with lived experience and groups such as Highland Senior Citizens.
- F Hogg welcomed the progress made by the Communication and Engagement team and noted the need to take every opportunity to work with Community Planning partners to listen to the various voices around the table.

The Board **Agreed** to take **substantial assurance** from the report and **approved** the Engagement Framework.

The Board took a break at 12.55pm and reconvened at 1.25pm.

10 National Treatment Centre

D Jones introduced the item and reiterated the context for the National Treatment Centre (NTC) and how, as part of the COVID recovery programme in Scotland, a decision had been made by Scottish Government (SG) to look at how the NTCs could be viewed as national assets to support the recovery of national waiting times.

Construction work would soon be complete and there were no major concerns regarding the completion date. Recruitment was reported currently at 66% of the total staffing complement. There were residual risks associated with recruitment with implications for the numbers of beds and theatres available at the date of opening. In particular, the challenges associated with recruitment of clinical fellows were described. Mitigations to the risks associated with recruitment were highlighted in the report.

During discussion:

- D Jones agreed to provide numbers on how many staff will be recruited from Raigmore Hospital and other healthcare settings within NHS Highland outwith the meeting. K Sutton noted that this had been a national concern as all boards were recruiting from the same pool.
- F Hogg noted that the approach to recruitment undertaken by D Jones and K Sutton was a template for the future for NHS Highland. There was a particular focus on 'grow our own' approach to fostering talent in Highland.
- P Dudek commented that the implications and risks had all been acknowledged at the outset of the project. The 'Aim High, Aim Highland' recruitment campaign on the London Underground and elsewhere had been extended to support wider recruitment and some benefit had been derived from this approach.

It was noted that the bulk of band 3 support staff would be recruited after Christmas. The Board **Agreed** to take assurance from the progress of the construction programme and the development of the service model for care delivery for the National Treatment Centre Highland.

The Board **Noted** that the NTC-H would be considered a national asset by the Scottish Government hosted by NHS Highland and that a 'People not postcode' approach would be taken in the allocation of activity within all National Treatment Centres.

The Board **Agreed** to take **moderate assurance** from the report.

11 Whistleblowing Quarterly Update Q2. 2022/23

F Hogg advised that the week of 3 October 2022 had been designated as 'Speak Up Week' and presented an opportunity to promote whistleblowing and related areas across the Board area. During that week, the Guardian Service met staff across the Board area to highlight how staff could raise concerns. A Donald, as the Board's Whistleblowing Champion, had met with staff in Argyll and Bute to promote the whistleblowing standards and get a sense of the extent to which staff felt their voices were being listened to. One area of note for follow up was around equality and diversity related concerns.

The engagement work shows that there is still work to be done to raise awareness among colleagues and partners to understand the whistleblowing standards and how to raise concerns, but that there is an improvement in people knowing about and taking up the opportunity to speak up. Training had been developed to help staff understand what kind of concerns could be classed as whistleblowing.

F Hogg advised that she was involved with the independent National Whistleblowing Office as part of a small national working group developing a toolkit of guidance and support for managers and others involved in managing concerns. This should be ready to use by next April.

It was confirmed that the Quarter 3 report would be considered by the Board in March 2023. It was expected that this report would highlight areas such as monitored referrals, trend data and reporting capability. The Whistleblowing Champion visits had proved useful and would continue to assist with embedding and enhancing this work. It was noted that the timescales for resolution are very tight and, in some cases, they were not being met largely due to the complexity of several cases.

The Chair commended the visits being undertaken by the Whistleblowing Champion and the useful feedback in the reports he had provided. The Chair also suggested that similar feedback could be made available to the Board from the Guardian Service.

The Board **Agreed** to take **moderate assurance** from the report regarding confidence of compliance with legislation, policy and Board objectives.

12 Corporate Risk Register

(a) Report by Lorraine Cowie, Head of Strategy & Transformation on behalf of Dr Boyd Peters, Medical Director.

Dr Boyd Peters provided an overview of the report which highlighted the strategic risks being considered for closure and additional risks to be added to the register. The report also informed the Board of how the risk register would be re-aligned with the Together We Care Strategy.

Risk 662 was now proposed for closure as this related to the completion of the Together We Care Strategy. The Finance, Resources and Performance (FRP) Committee had agreed to close risk items 123 relating to system performance during Covid, and 830 on sustainability of funding. The Board was asked now to agree to their removal.

The FRP Committee had agreed to the addition of new risks relating to redesign of services to create transformation, achievement of financial balance, and achievement of financial efficiencies. The Board was asked to agree to these additions. The Board was also invited to note that there would be other risks to be added to the register which would be covered in the paper by the Director of People and Culture. Item 12(b) refers.

Board members raised the following points in discussion:

- The concise layout of the report was welcomed as it helped to provide assurance.
- Concern was expressed regarding the wording of the two newly proposed risks relating to achievement of financial efficiencies and balance. The wording of the risks needed to articulate the longer-term sustainable position of the Board rather than the current financial year.

The Board **Approved** the addition of three new risk areas, as set out in the report with appropriately modified wording. The Board **Approved** updates to risks 662, 123, 830, and **Agreed** to take substantial assurance from the Strategic Risk Register update.

(b) People and Culture Strategic Risk Review Report By Fiona Hogg, Director of People and Culture

Fiona Hogg provided an update on the Staff Governance Committee's approach and oversight of the strategic risks within its remit. The Committee had proposed some substantial revisions that reflected the changing risk profile and mitigation. The opportunity had also been taken to align the risks to the Strategy and the Annual Delivery Plan. The Committee had taken assurance and oversight of the level 2 risks held and managed by the Director of People and Culture and would review them on a rolling basis.

Fiona Hogg drew particular attention to risk 877 relating to engagement and highlighted that this did not sit within the scope of the Committee's remit. It was proposed that this risk would be

overseen by the Highland Health and Social Care Committee as it applied only to the Highland area and plans were already in place in Argyll and Bute.

A new risk was proposed about the ongoing impact of social, political, and economic factors on our workforce. These factors could have multiple impacts on staff health and well-being.

Moderate assurance was proposed from the Staff Governance Committee in relation to the strategic risks for which it was responsible.

During discussion on risk 877, Board members highlighted that the Highland Health and Social Care Committee would not have oversight of issues within acute services in Highland. On that basis, it was suggested that the risk owner should be the Chief Executive. The Chief Executive noted her agreement to this proposal and that the risk should remain a corporate Board level risk.

Following discussion in which a brief outline was also provided on progress with international recruitment, the Board:

- (a) **AGREED** to take moderate assurance from the review of the People and Culture related Risks and the approach by Executive Directors and the Staff Governance Committee to the ongoing oversight of these risks, as set out in the SBAR and Appendices.
- (b) **APPROVED** the updates to risks 632, 706 and 1056, as set out in Appendices 1,2 and 4 and **APPROVED** the new risk related to the impact of the ongoing Socio-Economic situation as set out in Appendix 5 for inclusion to the Strategic Risk Register.
- (c) in respect of Risk 877, **APPROVED** the interim updates to this risk as set out in Appendix 3 and **AGREED** that this risk should be included in the Corporate Risk Register with the Chief Executive as the Accountable officer. Oversight of the risk would be maintained by both the Highland Health and Social Care Committee, and the Clinical Governance Committee for acute services, moving forward.

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

(a) North Highland

L Bussell outlined that the report indicated an improvement on the previous year's performance. There was, however, a need for further work to embed the improvements and developments across the service.

In discussion of the report:

- It was advised that the aim for next year's report is to make it more visual and bolder in conveying the information. For the present report, the aim was to produce a version that summarised the key messages succinctly so it could be presented on one page.
- S Compton-Bishop commented that the public and carer representatives who sit on the Strategic Planning Group have provided invaluable advice in terms of avoiding unnecessary jargon.
- The Chair noted that the reports highlighted a lot of good news and congratulated the teams involved. He suggested that the Comms Team be consulted on ways of communicating the highlights of the reports widely but in a more accessible fashion.

The Board **Approved** the HSCP Annual Performance Report for 2021/22.

(b) Argyll and Bute IJB

F Davies introduced the report on behalf of Argyll and Bute IJB, and paid tribute to the significant work over the past couple of decades undertaken by the Head of Performance for Argyll and Bute Health and Social Care Partnership, Stephen Whiston, who was unable to be present and is due to retire in 2023.

The Annual Performance Report had been postponed due to COVID rules. The report had been presented to the Integrated Joint Board on 23 November 2022 and brought to the Board for noting.

The focus of the report was on the HHSCP response to the pandemic and continuing work on the remobilisation of services and the vaccine programme.

The Board **Noted** the HSCP Annual Performance Report for 2021/22 and **Agreed** to accept Substantial Assurance.

14 **Child Poverty Action Plan Review 2021-22**

A paper had been circulated on the terms of the 2021/22 review of the Argyll and Bute Child Poverty Action Plan. The plan was jointly produced by the Health Board and the Local Authority to set out work being undertaken to tackle child poverty within their areas.

F Davies noted that the paper stated it was presented for awareness, but that this should be amended to say, presented for a decision. She confirmed that the plan was also available as a children and young people friendly version that has been co-produced with young people.

Earlier in 2022, the End Child Poverty Coalition published an analysis which showed a 1.8% reduction in child poverty for Argyll and Bute. While this was seen as good news, the year had presented significant new challenges in relation to child poverty, food shortages, the cost of living crisis, and the war in Ukraine, all of which had presented a difficult backdrop in working to mitigate child poverty. The key areas of the plan were to increase income through employment, earnings, and benefits. In the past year, Argyll and Bute IJB had been able to demonstrate how families have been directed to over £10 million of relevant support through advice centres.

During discussion:

- P Dudek commented on the positive way the Plan had been generated with involvement of children for a more comprehensive picture of children's services, and that this approach could inform the forthcoming Highland plan.
- S Ringwood commented that she had had the benefit of seeing the report when it came to the Argyll and Bute IJB and noted the chart which showed a reduction in the number of children experiencing poverty over the period between 2014 and 2021. This reflected a near 10% improvement which should receive commendation.
- The Chair congratulated Fiona Davies and her team on the report and noted the continuing challenges ahead.

The Board **endorsed** the Child Poverty Action Plan 2021-22.

15 **Gaelic Language Plan V3**

R Daly introduced the paper which appended the third Gaelic Language Plan for NHS Highland for submission to Bòrd na Gàidhlig by the end of March 2023. The report invited the Board to take moderate assurance.

In discussion, Board members welcomed the Plan's emphasis on actions relating to staff recruitments.

It was asked if evidence could be gathered showing the health benefits of people being able to engage with services in their preferred language. This was an area for research and potential collaboration with UHI that could be promoted as a special area of interest for NHS Highland. The Chair commented on the benefits of using first language among elderly groups and especially in the context of dementia.

The Board **Agreed** to take **moderate assurance** from the report and **Approved** the final draft for submission to Bòrd na Gàidhlig.

16 Committee Memberships and Chair Positions Review

R Daly introduced the report which detailed the review and recommendations for changes to Committee memberships and chair positions. It was confirmed that discussions had been held with all non-executive members of the Board concerned and that the recommended changes set out in the report were intended to take effect from 1 January 2023.

At the request of the incoming chair of the Clinical Governance Committee, consultation was underway with a view to change the meeting dates for March and June 2023. Final agreed dates would be communicated in due course.

In terms of the integration scheme for Highland Health and Social Care Partnership, members of the Board will be involved in the main strategic Committees of both lead agencies. Highland Council has been approached for Board membership of the Council's Health, Social Care and Well-being Committee and further details would be confirmed later.

In discussion:

- it was noted that the Chair of the Pharmacy Practices Committee would be appointed later.
- the list of vacant 'champion' roles was intended to show the range of roles to which other health boards had made appointments. Further clarity would be sought to establish if there was a definitive list of Champion positions.
- T Allison noted that he, as Director of Public Health, and the Director of Nursing are invited to be non-voting members of the Highland Council Health, Social Care and Well-being Committee as members of the NHS Highland Board.
- A Anderson noted that the FRP Committee would discuss the changes to its Terms of Reference at its next meeting regarding the wording of the document and the changed membership.

The Board agreed to:

- (a) take **moderate assurance** from the report and;
- (b) **Agreed** to increase the FRP Committee membership.
- (c) **Agreed** to the changes proposed for Committee memberships and Chair positions to take effect from 1 January 2023.
- (d) **Agreed** to the proposed Clinical Governance Committee date changes in March and June 2023.

17 Governance and other Committee Assurance Reports Escalation of Issues by Chairs of Governance Committees

The Board **received assurance** from the reports below and **noted** the minutes and actions.

a. Finance Resources and Performance Committee, 20 October 2022

A Anderson commented that the Committee had spent much time discussing the financial position of the Board and the minutes reflect the discussion and potential actions arising.

b. Highland Health and Social Care Committee, draft minutes of 2 November 2022

A Clark noted that the minutes reflected the discussion at the Committee.

c. Clinical Governance Committee, draft minutes of 3 November 2022

G Rodger commented that the Committee had evolved well over the last few years in terms of its reporting of assurance levels and raising of items for the Strategic Risk Register. The Committee is aware, along with the Board, that there are ongoing system pressures for clinicians. Positive feedback in terms of Clinical Governance quality and performance data dashboard reporting had allowed better triangulation of information and therefore greater assurance.

d. Area Clinical Forum, draft minutes of 3 November 2022

C Sinclair drew the Board's attention to a report raised by the Area Pharmacy Committee regarding pharmacy closures within the Health Board. The ACF had agreed to highlight the challenges set out in the report to the Board. Moderate assurance had been offered by the Community Pharmacy Services team in terms of providing a consistent pharmacy service to affected areas such as Inverness. B Peters added that this issue highlighted the workforce challenges faced by independent partner organisations which impacted on patients and the NHS. The independence of this sector meant that the issues were difficult to address directly.

J McCoy noted that she had attended the November meeting of the ACF and asked for the minutes to be amended to reflect this.

The Board Chair added that he had recently held a meeting with the ACF Chair, the Chief Executive, and the Medical Director to discuss how the Board and ACF might work more closely to improve the flow of information and engagement and that the Chief Executive will take this forward.

e. Staff Governance Committee, draft minutes of 9 November 2022

S Compton-Bishop noted that there had been discussion of hot topics on the wealth of ongoing work to support the workforce. This had included an examination of the risk registers and noted the evolution of the People and Culture Programme Board.

The Committee had agreed to dedicate more time at its next meeting to discussion of Whistleblowing and to receive an update from A Donald about his visits to staff across Highland in his role as Whistleblowing Champion.

f. Argyll and Bute Integration Joint Board, draft minutes of 21 September 2022

S Compton-Bishop gave a brief update on the most recent IJB meeting in November to supplement the minutes presented for September.

At the meeting on 23 November, the IJB had considered the strategic workforce plan which highlighted the challenges of staffing island communities. The Annual Report from the Argyll and Bute Chief Social Work Officer was received which articulated current societal pressures and challenges and how these had been hidden or amplified because of the pandemic. The papers were available at the IJB website and were recommended to all Board members.

g. Pharmacy Practices Committee of 31 August 2022

G Rodger noted that following mention in AOCB at the previous meeting of the Board, the Pharmacy Practice Committee had met and approved the pharmacy to go ahead in Spean Bridge.

18 Any Other Competent Business

The Board Chair updated the Board as follows:

- Confirmation had been received in October 2022 that Scottish Government had de-escalated NHS Highland to level 2 on the NHS Board Performance Escalation Framework in respect of Culture, Leadership and Governance. NHS Highland will remain at level 3 of the Framework for Financial Management and Mental Health Performance until further progress is made. The Board welcomed the move as recognition of further significant progress in challenging times, having been de-escalated from level 4 earlier in the year.
- Staff Recognition items at Board meetings had been very valuable for helping the Board to understand activity across the organisation, especially during the pandemic. How the Board incorporates such sessions in future is under consideration, with one possibility being that they form part of the Board's development session programme.

- The Chair would write to congratulate Andy Kent, who had recently won the Global Citizen Award at the Scottish Health Awards. He would also write to the Arrochar Medical Practice and to Rory Munro who had been nominated for other categories of awards.
- A Board briefing would take place on Wednesday 18th January when the Chair of Greater Glasgow and Clyde Health Board, John Brown, will present the new Blueprint for Good Governance. This will begin the process of a Pathfinder Self-evaluation on Governance.
- A session would take place on 15th December for Non-Executive members on access for training to the TURAS system led by colleagues from the Learning and Development team.

19 Date of next meeting

Tuesday **31 January 2023** at **9.30am**.

The meeting closed at 2.23pm

Draft

NHSH BOARD MEETING ACTION PLAN

Those items shaded grey are due to be removed from the Action Plan as they have been completed

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
NHSH BOARD MEETING 28 SEPTEMBER 2021				
28/09/21	12 b Strategic Risk Register <i>The risks and opportunities associated with National Care Service to be included in future strategic risk registers and considered at a future development session.</i>	<i>Louise Bussell Fiona Davies Boyd Peters</i>	December 2022	Partially COMPLETED <i>Considered at Board Briefing session 24 January 2023</i>
NHSH BOARD MEETING 26 JULY 2022				
26/07/22	5. Chief Executive's Report – Verbal Update of Emerging Issues <i>The National Treatment Centre formal report on progress will come to the September meeting of the Board.</i>	<i>Deborah Jones</i>	September 2022	COMPLETED <i>Now included on Board agenda for January 2023 and for future scheduled meetings prior to the opening of NTC</i>
NHSH BOARD MEETING 29 NOVEMBER 2022				
29/11/22	7. Finance Assurance Report <i>The need for the Board to be fully briefed and updated on the budgetary challenges for adult social care.</i>	<i>Chief Officers</i>	January 2023	COMPLETED <i>Full update provided to the Board briefing session on 24 January 2023.</i>
29/11/22	10. National Treatment Centre <i>D Jones agreed to provide numbers on how many staff will be recruited from Raigmore Hospital and other healthcare settings within NHS Highland out with the meeting.</i>	<i>Deborah Jones</i>	January 2023	COMPLETED <i>Information conveyed 16 December 2022</i>

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
29/11/22	<p>12b People & Culture Strategic Risk Review</p> <p>The Board APPROVED the interim updates to risk 877 as set out in Appendix 3 and AGREED that this risk should be included in the Corporate Risk Register with the Chief Executive as the Accountable officer. Oversight of the risk would be maintained by both the Highland Health and Social Care Committee, and Clinical Governance Committee for acute services, moving forward.</p>	Fiona Hogg Boyd Peters Lorraine Cowie	January 2023	<p>COMPLETED</p> <p>Risks have been added to the Corporate Risk Register</p>

NHS Highland



Meeting: NHS Highland Board

Meeting date: January 2023

Title: Dual-language Gaelic-English logo

Responsible Executive/Non-Executive: Fiona Hogg, Director of People and Culture

Report Author: Ruth Fry, Head of Communications and Engagement

1 Purpose

This is presented to the Forum for:

- Awareness

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Person Centred

This report relates to the following Strategic Outcomes

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

2 Report summary

2.1 Situation

NHS Highland's Gaelic Language Plan (GLP) includes a commitment to develop and use a dual-language Gaelic/English logo. This action is dependent on approval from NHSScotland and, ultimately, the Cabinet Secretary. This approval has now been granted and NHS Highland will shortly be able to begin using the new logo.

2.2 Background

2.2.1 Introduction

NHS Highland is among 57 public authorities in Scotland, required to publish and implement a Gaelic Language Plan (GLP) under the Gaelic Language (Scotland) Act 2005. Gaelic language plans are prepared to increase the capacity of an organisation to support the usage, status and acquisition of Gaelic as part of its functions. Key to achieving this is the introduction and mainstreaming of Gaelic into policy development, service delivery and other organisational activities. The broad outcome is to make Gaelic increasingly visible and audible across Scotland.

2.2.2 Gaelic Plan Background

Highland's first two GLPs were approved in 2012 and 2018 respectively. The next plan is due for submission to Bòrd na Gàidhlig in Spring 2023. The Plans generally last for five years. In the previous two plans, there was a commitment made to rendering the NHS Highland logo bilingual.

2.2.3 Progress to date

NHSScotland retains ownership of NHS branding across Scotland. Within NHS Highland, use of the logo and visual brand is in line with national guidelines and is overseen by Medical Illustration, who provide a professional design service for the Board.

Following the engagement of Lasair Ltd to provide support with GLP implementation and the preparation of the next GLP, the NHS Highland Communications Team made a request to NHS Scotland for a bilingual NHS Highland logo in 2021 but this was turned down due to a proposed review of branding. As that review is now underway, the request was repeated, with NHSHighland Chief Executive, Pam Dudek raising this with Director General, Caroline Lamb and a business case submitted.

At the end of December NHS Highland received notice that NHSScotland would recommend approval of the request to the Cabinet Secretary, and the Cabinet Secretary has now approved the request.

NHSScotland has stated that other NHS Boards, on an individual case-by-case basis, may submit a business case to adopt a dual language logo – only as part of their own Gaelic Language Plan, for agreement with Bòrd na Gàidhlig. The

NHSScotland parent brand identity will not adopt a dual language logo, at this stage.

To create consistency across all NHS Boards, the NHSScotland branding team will create and agree the dual language logo variant itself in all the various required versions (two colour, spot colour, black, reversal and in jpeg, eps and png). This will follow existing protocols to ensure consistency with existing approaches and future requests.

The final design files will be provided to NHS Highland. The logo is likely to have a similar layout to the NHS Western Isles / Eileanan Siar logo.

2.3 Assessment

2.3.1 Aims

We continue to make progress against the Communications and Engagement Strategy and Annual Action Plan, with some significant milestones reached over this period.

A bilingual logo not only demonstrates equal respect for Gaelic and English also has a major impact in awareness-raising across the organisation and to the public, as the logo is so visible across all departments and capital infrastructure.

Discussions with Bòrd na Gàidhlig have emphasised the importance and meaningful impact that a bilingual logo could have in terms of awareness raising. Many of the public authorities with Gaelic language plans have already implemented bilingual logos, and in this respect, NHS Highland has been lagging behind.

The dual-language logo will:

- Fulfil our statutory duties under the Gaelic Language (Scotland) Act 2005 by carrying out the NHS Highland Gaelic Language Plan.
- Demonstrate equal respect for Gaelic and English.
- Ensure Gaelic speakers recognise they can access health and social care support and services in their native tongue.
- Encourage Gaelic speaking and learning and therefore contribute to the future of the Gaelic language.
- Bring NHS Highland into line with other local and national public bodies in the area which have bilingual logos (e.g. The Highland Council, HIE, Police Scotland).

2.3.2 Target audience: Gaelic speakers amongst service users and staff

The area covered by NHS Highland is home to almost 50% of the Gaelic speakers in Scotland. The NHS Eileanan Siar (Western Isles) Board area remains the stronghold for Gaelic language, and NHS Highland provides a number of services for people living there. Raigmore Hospital in Inverness plays a key role in the healthcare of many Western Isles patients.

2.3.3 Target audience: Gaelic speakers amongst staff

The positive uptake of our most recent Gaelic language class activity confirms that there is a real willingness on the part of staff to learn the language, and the breadth of role and location further confirms that there is no limit in terms of either locus or post, for those wishing to learn the language, with active learners from as far north as Orkney and as far south as Helensburgh

2.3.4 Benefits

A bilingual logo signals to members of the public that they are entitled to use Gaelic in conducting their daily business with the public authority, and to employees that they can use Gaelic in the workplace as part of their normal duties. It will play a part in ensuring that Gaelic continues to be used, securing the future of the language and supporting its recovery, in line with the aims of the 2005 Act.

Using such a logo would also ensure Bòrd na Gàidhlig do not refer NHS Highland to the Scottish Government for not fulfilling its statutory duties under the Gaelic Language Act.

2.3.5 Next steps

Digital versions can be rolled out initially at no cost, to include online usage (website, TURAS eLearning platform, letterhead, email signatures etc) and on a new for old basis for estates/signage/vehicles.

An estates signage policy will be developed to reflect the changes in conjunction with the communication and estates departments. Funding has been provided under the Slàinte project via Bòrd na Gàidhlig's Gaelic Language Act Implementation Fund (GLAIF) to provide key signage at the entrances to Raigmore Hospital and Assynt House in a bilingual format.

The dual-language logo will be implemented as soon as the approved versions are received by NHSScotland.

2.5 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"/>

4 Recommendation

- **Awareness** – For Members' information only.



Meeting: NHS Highland Board
Meeting date: 31 January 2023
Title: Director of Public Health Annual Report
Responsible Executive/Non-Executive: Tim Allison, Director of Public Health & Policy
Report Author: Tim Allison, Director of Public Health & Policy

1 Purpose

This is presented to the Board for:

- Awareness and Discussion

This report relates to a:

- Legal requirement

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

2.1 Situation

The Annual Report of the Director of Public Health for 2022 is presented.

2.2 Background

Directors of Public Health are required to produce an annual report concerning the state of health of their local population. There is no set format for the report and in recent years the reports have tended to focus on individual themes rather than acting as a repository for population health intelligence.

2.3 Assessment

The report for 2022 is presented to the Board of NHS Highland along with this paper. The theme for the report is prevention of ill health. There is presentation of the local context and evidence base, together with case studies that show the value of prevention within NHS Highland. There are also recommendations for action for both NHS Highland and for partners.

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"/>

Comment on the level of assurance

There is substantial assurance that the requirement for the publication of the report is met. Other elements of public health reporting will continue to need further work as will implementation of the recommendations from the report.

3 Impact Analysis

3.1 Quality/ Patient Care

Prevention is an important part of both quality and patient care, and it is recommended that it is included in all pathways.

3.2 Workforce

There are no specific workforce implications from this paper, but a focus on prevention will affect work undertaken and will also improve the health of the workforce.

3.3 Financial

There are no direct financial implications from the paper. A focus on prevention would incur costs, but net savings are possible from NHS budgets for many prevention initiatives. Some could also be cash releasing.

3.4 Risk Assessment/Management

Risks are managed in line with NHS Highland's policy.

3.5 Data Protection

No personally identifiable information is involved.

3.6 Equality and Diversity, including health inequalities

The report addresses equality issues.

3.7 Other impacts

No other impacts to note.

3.8 Communication, involvement, engagement and consultation

This is an independent report from the Director of Public Health which builds on evidence from many sources.

3.9 Route to the Meeting

This is an independent report from the Director of Public Health. Considerable work has been undertaken within the Public Health Directorate to produce the report.

4 Recommendation

The Board is asked to note the 2022 Director of Public Health Annual Report.

4.1 List of appendices

The following appendices are included with this report:

- The Annual Report of the Director of Public Health 2022
<https://indd.adobe.com/view/45cbb2d9-8f8d-44dd-a040-efe28296701c>

NHS Highland



Meeting: NHS Highland Board

Meeting date: 31 January 2023

Title: Annual Report submitted to the Scottish Government for the Highland Alcohol and Drugs Partnership.

Responsible Executive/Non-Executive: Tim Allison, Director of Public Health

Report Author: Debbie Stewart co-ordinator of HADP

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 NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	x	Thrive Well	x	Stay Well	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				

2 Report summary

2.1 Situation

Highland NHS is host to the Highland Alcohol and Drug Partnership (HADP) which is managed through the Directorate of Public Health and Policy. The HADP reports to a multi-agency strategy group made up of partners who contribute to the local ADP strategy. HADP reports to the Highland Community Planning Partnership Board. Annual progress is monitored by the Scottish Government through the completion of an annual report. The HADP's annual

report has already been agreed at the Highland Community Planning Partnership Board 9 December 2022.

2.2 Background

Alcohol continues to be a leading cause of illness and early death in Scotland and significant inequalities persist in the health harms alcohol causes and in the rates of mortality related to it.

1245 people died from conditions caused by alcohol in Scotland 2021 and in Highland council area this number was 61ⁱ.

Drug-related deaths have been increasing since 1996 but since 2013 the upward trend has been steeper. For Scotland, in 2021, there were 1,330 drug-related deaths and in Highland the number was 35ⁱⁱ.

Performance is measured by the drug and alcohol treatment waiting times. The standard is as follows: 90% of people referred for help with their drug or alcohol problem will wait no longer than three weeks for treatment that supports their recovery. The latest statistical report, published December 2022, for the time period of 1 July and 30 September 2022, reports 87.2% and shows this standard was not metⁱⁱⁱ.

The Scottish Government has stated that drug related deaths are a national emergency and have made substantial investment into reducing drug related deaths. Of particular relevance to the NHS is the introduction of the Medication Assisted Treatment (MAT) Standards^{iv}. There are 10 standards with 1-5 showing good progress and 6-7 prioritised for the first quarter of 2023. The two national documents driving this work are: ‘Rights, Respect and Recovery’ 2018^v, and the ‘Alcohol Framework’ 2018^{vi}.

2.3 Assessment

The annual report provides a comprehensive narrative and explanation of how the additional finance has been invested to demonstrate progress against the Rights, Respect and Recovery strategy (2018) and the Alcohol Framework (2018) including a specific focus on the national mission of drug related deaths. HADP has made good progress, for example, in increasing the capacity of residential support for those wishing to follow a detoxification programme, introduction of the MAT standards, developing an immediate response pathway and establishing a housing first model. These programmes of work will remain a priority for 2023/24. The HADP remains committed to progressing the ‘Planet Youth Prevention Model’ (Icelandic model) and agreements with schools are in now in place. Feedback on the content of the reports and progress made will be provided by Scottish Government separately to the ADPs and is expected in June 2023.

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:

HADP will respond to feedback provided by the Scottish Government on the report – expected June 2023.

Continue to work with the national MAT Implementation Support Team (MIST) to meet the Medicines Assisted Treatment Standards.

This annual report is a standard agenda item at the HADP strategy group.

3 Impact Analysis

3.1 Quality/ Patient Care

Positive

- The additional funding directed towards residential rehabilitation and rehabilitation will reduce waiting lists.
- The introduction of the MAT standards, particularly same day access, increased choice and assertive outreach will transform the type of service currently available and will save lives.
- The development of an immediate response pathway for non-fatal drug overdose will save lives.
- The introduction of lived experience panels and additional support for service users will ensure their voices are heard.

Negative

- The introduction of the MAT standards, although welcome, will put pressure on existing services because of the increase in work load and in particular the challenge of recruiting/retaining staff in rural and remote locations.

3.2 Workforce

The introduction of the MAT standards, continue to be challenging for services to achieve particularly in rural locations, where there are a small teams of staff and recruitment remains an issue. There is the potential for increased job satisfaction because the staff will be able to offer an immediate service and also benefit from the increase in posts with more career structure.

3.3 Financial

The Scottish Government has declared drug related deaths as national emergency and provided additional resources to increase spend in Highland Council area. The money is allocated to NHS Highland and HADP co-ordinates this spend and commissions services across partner agencies.

3.4 Risk Assessment/Management

The COVID-19 pandemic affected all aspects of HADP work, for example, data management through to provision of services where it is difficult to recruit staff or staff become unwell. Although recovery is underway some of the risks remain particularly where the staff team is small. The main risk is the waiting times target is not met and that over the next three years drugs and alcohol death rates do not fall.

3.5 Data Protection

The implementation of the national Drug and Alcohol Information System (DAISy) required a Data Sharing Agreement with Public Health Scotland. This was agreed with the Caldicott Guardian and with the advice from the Data Protection Team. An additional data Sharing Agreement was also made between the Scottish Ambulance Service (SAS) and NHS Highland so that non fatal overdose information is directly reported by SAS to the Drugs and Alcohol Services for immediate follow up.

3.6 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a Scottish Government annual reporting template. The template, however, includes a number of questions that relate to equality and diversity and tackling health inequalities.

Section 3: Getting it Right for Every Child, Young People and their Families. This section includes questions about support for children, young people, the families of those with problematic alcohol and drug use and those who experience gender based violence.

3.7 Other impacts

Other sections include information about the involvement of those with lived experience and tackling stigma.

3.8 Communication, involvement, engagement and consultation

The process for completion of this annual template involved partner contributions, for example, alcohol and drug recovery/treatment services, prevention/whole population-based approaches, criminal justice services and individuals with lived experience. A draft copy is circulated to strategy group members.

3.9 Route to the Meeting

Presented and agreed at the Highland Community Planning Partnership, December 2022, and agreed by the Strategy Group on 23 November 2021.

4 Recommendation

NHS Highland Board is asked to note the assurance provided by the reports on the work of the Alcohol and Drugs Partnerships and also note the challenges relating to service delivery and health improvement.

4.1 List of appendices

The following appendices are included with this report:

Appendix No 1, HADP Summary Annual Report 2021/22 (Full report available if requested)

ⁱ Alcohol Related Deaths in Scotland [National Records of Scotland Alcohol Deaths](#) Published 4 August 2022

ⁱⁱ Drug Related Deaths in Scotland [National Records of Scotland Drug Related Deaths](#) Published 28 July 2022

ⁱⁱⁱ National Drug and Alcohol Treatment Waiting Times [Public Health Scotland](#) 1 July 2022 to 30 September 2022

^{iv} Medication Assisted Treatment Standards [Scottish Government](#) 31 may 2021

^v Rights, Respect and Recovery [Scottish Government](#) 28 November 2018

^{vi} Alcohol Framework 2018 [Scottish Government](#) 20 November 2018

SUMMARY Highland Alcohol and Drugs Partnership (HADP) – Delivery Progress Report 2021/22 and Investment Plans (2022/23)

1. Purpose

HADP requests that the NHS Highland sign off the Delivery Progress Report 2021/22 and Investment Plans 2022/23. The Delivery Progress Report was agreed by the HADP Strategy Group and signed off by the HADP Chair on 23/08/22. It was agreed and signed off by the Community Planning Partnership 9 December 2022. All relevant partners contributed to completion of the report including; NHS Drug and Alcohol Recovery Service, Health Improvement, Public Health, Finance Department, Highland Council Criminal Justice Social Work, Housing Department, Integrated Children’s Services Partnership, Youth Action Service, Education Department, HMP Inverness. The Report was submitted to Scottish Government on 05/08/22 pending sign off from the CPP. The Investment Plans have been agreed by the HADP Strategy Group but will require further work to ensure the available resource is fully utilised in 2022/23.

2. Context

HADP is required to submit a reporting template to Scottish Government on an annual basis. Scottish Government usually reviews the report and provides scrutiny and feedback on good practice and areas for improvement. However, as yet no feedback has been received for the previous annual report (2020/21) resulting from Covid-19 and other pressures. In the absence of an Integrated Joint Board for Highland, Scottish Government requests sign off via the CPP.

3. Summary of Delivery Progress Report (2021/22)

The annual Delivery Progress Report has four sections; 1) Education and Prevention 2) Treatment and Recovery 3) Children, Young People and Families 4) Public Health Approach to Justice. There is a further Section II Financial Framework. Sections 1 to 4 reflect activity related to the national and local drug and alcohol strategy, Ministerial priorities and the National Mission to reduce drug related deaths. Please note that HADP was not required to RAG progress for submission to Scottish Government, but has included this information in the summary.

Section No	Priority Area	RAG	Activities & Progress	Areas for Improvement
1	Education & Prevention		Diverse range of communications events/campaigns e.g. Bi-weekly Bulletin, Count14, Highland Substance Awareness Toolkit, Fetal Alcohol Spectrum Disorder, Substance Aware School Award, Stay Safe (Festive/festivals), Overdose Awareness, Parents Under Pressure Workshop, Third Sector Funding Workshop, National Recovery Walk, Planet Youth Schools Event, Lived Experience Panel Getting Involved Event, Highland Families Are Recognised and Included (FARI) Events, Alcohol Awareness via Payslips (NHS/HC) Use of Social media, Twitter/Facebook, website HOPE App downloads >400 / digital inclusion Planet Youth survey, results, presentations, action planning (Caithness, Sutherland & Tain)	Resources in different languages Increase HOPE App downloads, Service Directory Evidence positive outcomes Review of occasional licenses Review/redesign HADP website

			<p>Consistent representation on licensing forum</p> <p>Adherence to alcohol overprovision statement</p> <p>Education/prevention test of change in primary school setting</p>	
2	Quality Treatment & Recovery		<p>Increase in residential rehab capacity</p> <p>Housing First pilot improving health/wellbeing outcomes for people with complex needs & drug alcohol problems</p> <p>Expected drug/alcohol screening/treatment options available in Inverness and surrounding area</p> <p>Involvement of PLE in policy development</p> <p>Recovery Workers Training Project</p> <p>Mutual aid networks</p> <p>Trauma-informed training opportunities</p> <p>Peer distribution of naloxone</p> <p>Increase in availability of positive activities</p> <p>Surveillance and monitoring of alcohol and drug deaths</p>	<p>Alcohol Related Cognitive Screening</p> <p>Medication Assisted Treatment (MAT) Standards 1- 5 embedded by April 2023</p> <p>Rapid access to treatment (remote and rural)</p> <p>Increase residential rehab and out of area placements</p> <p>Integrated drug/alcohol/mental health support/protocols Living/lived experience panel involvement in service planning</p> <p>Development of recovery communities</p> <p>Uptake of trauma informed training/workforce development</p> <p>Deliver OD immediate response pathway</p> <p>Reduce alcohol deaths/establish review process</p> <p>Reduce drug deaths/strengthen review process</p> <p>Embed family inclusive practice</p> <p>Increase family support mutual aid groups</p> <p>Advocacy development</p> <p>Expand Third Sector non-medical drug and alcohol provision</p>
3	Children, Young People & Families		<p>Joint working/improvement plan with Child Protection Committee (CPC), Integrated Children's Services Partnership (ICSP) via joint committee</p> <p>Ongoing funding of Whole Family Coordinator post (Action for Children), Psychologist (drugs/alcohol) with (CAMHS), Specialist midwife (drugs/alcohol), Health Development Officer and Workforce Development post (Highland Council) and Third Sector (Youth Highland)</p> <p>Action for Children successful application to CORRA to establish Family First Service</p>	<p>Expand whole family approaches/family inclusive practice</p> <p>Reduce drug deaths among young people</p> <p>Expand support for adult family members</p> <p>Develop nurse specialist posts to provide whole family support</p>
4	Public Health Approach to Justice		<p>HMP Inverness distribution of naloxone embedded</p> <p>Cognitive Behavioural Therapy</p> <p>Membership crossover with Community Justice Partnership (CJP)</p> <p>Funding for community justice/drug and alcohol posts including; DTTO2, Harm Reduction Police Officer, Cognitive Behavioural Therapist (Prison/community)</p> <p>Custody link workers (CJP) and Medics Against Violence (Police) providing in-reach and outreach support</p> <p>Community Integration Plans (CIP) process via Criminal Justice</p>	<p>Strengthen partnership working/joint funding with Community Justice Partnership (CJP)</p> <p>Increase uptake of DTTO2</p> <p>Maximise treatment/support/diversionary opportunities across multi-agency criminal justice pathway</p>

4. Investment Plans (2022/23)

HADP has received the following funding for investment in 2022/23 to deliver on the; Programme for Government to deliver Rights, Respect and Recovery and the National Mission to reduce drug deaths. The monies are to develop/strengthen a range of service developments e.g. an immediate response pathway for non-fatal overdose (NFOD), assertive outreach, living/lived experience panel, increased access and capacity for residential rehabilitation, Medication Assisted Treatment (MAT) Standards, Whole Family approach and family inclusive practice. The HADP decision-making process on allocation is informed by: People (improved outcomes), Partnership (joint perspective), Package (suite of measures), Policy (delivery of priorities) and Public (best value for money). Funding letters were received in June 2022. Slippage accumulated from delayed start of initiatives and recruitment challenges will require shorter-term investment in 2022/23. Additional proposals are being developed to fully utilise the resource for 2022/23. Due to Highland having a different model of integration, slippage cannot currently be carried forward. Representation has been made to Scottish Government to resolve this challenge. Please note the amounts below are likely to require revision in relation pay settlements in 2022/23.

4.1 Total Uplift in Resource = £1,811,196

Programme for Government Monies (Implementation of Rights, Respect and Recovery) = £799,000 p.a.

Service Development	Investment
Prevention and Education (HC, NHS, Third Sector) Health Development Officer (drugs & alcohol) based with HC. Planet Youth pilot in Caithness, Sutherland and Tain, Health improvement development initiatives/campaigns.	£78,065
Policy Links / Evidence-base	What Works in Drug Education and Prevention Planet Youth
Whole Family Approach (Third Sector) Whole Family Coordinator based with Action for Children	£54,651
Policy Links / Evidence-base	Improving Holistic Family support
Housing First Urban (HC, NHS, Third Sector) Multi-disciplinary co-located team of Housing Officer (HC), Drug/Alcohol Nurse (NHS) and Support Worker (Salvation Army)	£133,546
Policy Links / Evidence-base	Preventing Homelessness Housing First Evidence
Naloxone/Nyxoid (NHS)	£17,500
Policy Links / Evidence-base	Targeted Distribution of Naloxone
DTTO2 (HC)	£102,418

Multi-disciplinary co-located team of Social Workers and Nurse	
Policy Links / Evidence-base	Rights, Respect and Recovery
Recovery Workers Training Project (Third Sector) Employability support to 3 – 5 people in recovery	£76,407
Harm Reduction Officer (Police) Diversion into treatment services	£46,268
Policy Links / Evidence-base	Rights, Respect and Recovery
Recovery Support Workers (NHS) 6.5 based with Drug and Alcohol Recovery Service	£203,724
CAMHS Psychologist (drugs and alcohol) (NHS)	£37,083
Specialist Midwife (drugs and alcohol) (NHS)	£27,826
Policy Links / Evidence base	Rights, Respect and Recovery
MAT Coordinator (NHS) - contribution	£10,000
Policy Links / Evidence-base	Medication Assisted Treatment (MAT) Standards
Total	£787,488

National Mission Monies (Implementation of National Mission and Ministerial Priorities) = £1,012,196 p.a.

Service Development	Investment Costs
Cognitive Behavioural Therapist (Prison/Community)	£64,229
Policy Links / Evidence-base	Trauma-Informed Practice
Rural Housing First - Caithness Multi-disciplinary co-located team of Housing Officer (HC), Drug/Alcohol Nurse (NHS) and Support Worker	£133,546
Policy Links / Evidence-base	Housing First Evidence
Positive Activities Coordinator (Third Sector) Based with Newstart with service to Housing First, DARS, CJSW and other clients/families with drug and alcohol problems	£49,448
Policy Links / Evidence-base	Rights Respect and Recovery
Medication Assisted Treatment Standards MAT Coordinator, CBT Therapist, Admin Officer (NHS)	£172,174
Policy Links / Evidence-base	Medication Assisted Treatment (MAT) Standards
Crossreach/Beechwood House (Third Sector) Increase in bed capacity from 8 to 13, increase in pre and post rehab support, increase in detox capacity, feasibility of repurposing properties to provide safety and stabilisation support	£234,516
Policy Links / Evidence-base	Pathways into, through and out of Residential Rehabilitation in Scotland
NFOD Immediate response pathway – multi-agency team including drug/alcohol/mental health nurse, social worker, support worker. Team to	£150,875

provide assertive outreach, intensive short-term support, bridge into treatment and support services	
Assertive Outreach – Third Sector partner to be commissioned	£120,545 (Currently unallocated)
Living/lived experience panel – Third Sector partner to be identified	£23,452 (Currently unallocated)
Taskforce Response Fund	£73,260 (Currently unallocated)
Policy Links / Evidence-base	Six Strategies to Save Lives
Total	£1,022,045

4.2 Additional Resource

- £100,000 per year for 5 years was secured by Action for Children from CORRA in March 2022 with support from HADP and the Integrated Children's Services Partnership (ICSP) to establish a Family First service to meet the needs of children and young people affected by parental drug and/or alcohol problems and promote a whole family approach. HADP's contribution may require to be increased in 2022/23 for match funding purposes.

4.3 Local Improvement Fund

Highland Third Sector Interface (HTSI) secured £380,000 in 2021/22 to administer a Third Sector grant scheme over the next three years. The purpose of the scheme is to invest in growing the Third Sector role in providing drug and alcohol related support across Highland. The collaboration will enable HADP to benefit from HTSI expertise and achieve better reach into local communities affected by drug and alcohol issues.

4.4 Challenges

- Support urgently required for formal commissioning process to improve choice, access to treatment/support and achievement of MAT/Waiting Times Standards
- Effectively utilising slippage in current financial year accumulated from delayed start/recruitment challenges
- Model of integration does not currently enable slippage to be carried over in to the next financial year
- Many partners already stretched resulting in limited capacity to manage/progress projects/service developments
- HADP Support Team has limited capacity to effectively monitor and evaluate the growing number of projects/service developments
- Single system IT solution required for integrated teams e.g. Housing First, Immediate Response Pathway Team to maximise clinical/contact time and avoid duplication

deborah.stewart2@nhs.scot

HADP Coordinator

31/08/22

NHS Highland



Meeting: NHS Highland Board
Meeting date: 31st January 2023
Title: National Treatment Centre Highland Update
Responsible Executive/Non-Executive: Deborah Jones, Director of Strategic Commissioning Planning and Performance
Report Author: Deborah Jones

1 Purpose

The purpose of the report is to provide NHS Highland with an update on the progress of the development of the National Treatment Centre (NTC-H)

This is presented to the Board for:

- Assurance
- Awareness

This report relates to a:

- Annual Operation Plan
- National Policy

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

- Safe
- Effective
- 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	X
Care Well	X	Live Well	X	Respond Well		Treat Well	X
Journey Well	X	Age Well	X	End Well		Value Well	
Perform well	X	Progress well	X				

2 Report summary

2.1 Situation

The National Treatment Centre Highland (NTC-H) is part of a national network of 10 treatment centres funded by the Scottish Government. The Treatment Centre Programme aims to provide additional acute, diagnostic and treatment capacity within Scotland.

The contract will complete at the end of January 2023 with the technical commissioning of the building being finalised at the end of February 2023 with a building zonal plan in place to enable these works to be completed whilst allowing the process of transfer and mobilisation to take place

As at the time of writing this paper 78.5% of the total number of staff (163.39 of 208.22 WTE) have been recruited with further efforts being made to recruit to the residual posts by the end of March 2023.

A detailed transfer and mobilisation plan has been developed to ensure that all equipping, staff orientation and staff training can be undertaken within the timescale required prior to opening in April 2023.

The programme is on schedule to deliver the building and new service model as planned from Monday 3rd April 2023. Known risks to the programme are being monitored and managed to minimise any potential delay occurring.

The Cabinet Secretary for Health and Social Care has confirmed his availability to officially open the new NTC-H on Monday 5th June 2023.

2.2 Background

Planning for the National Treatment Centre Highland (NTC-H) commenced in 2014 and was based on a strategic needs assessment, which confirmed that NHS Highland would be continuously challenged with meeting the National Treatment Time Guarantee (TTG) without additional recurrent capacity being identified.

The full business case (FBC) submitted and accepted by the Scottish Government was predicated on assumptions that a facility comprising 24 beds (3 flexible use for ophthalmic patients) 5 operating Theatres 13 consulting rooms (Inc 2 teach & treat and 4 virtual consulting rooms) and a full range of ophthalmic diagnostic and treatment services would allow NHS Highland to meet the TTG.

Given the location for the NTC-H and its off-site proximity to Raigmore Hospital, it was agreed from a clinical safety perspective, that only the least complex

surgery should be delivered in the new facility. This meant that anesthetic risk category (ASA¹) 1&2 patients could be treated within this new facility.

3 Assessment

Construction and Technical Commissioning

Good progress is being made and completion of all construction requirements will be made by the end of January 2023. The technical commissioning process is underway and will be completed by the end of February 2023.

The PSCP provides weekly workforce reports and is managing the risk of winter flu and COVID to safeguard the workforce on site

A detailed technical commissioning programme is in place and is being closely monitored. All risks to the programme completion are being monitored closely and mitigation plans are in place to safeguard delivery of the building.

NHS Highland estates team and PSCP have worked productively with NHS Assure to ensure that all the construction reviews are timetabled within the overall programme. Both pre-construction and construction reviews have been completed with supported status expected at the end of January.

A meeting with NHS Assure is planned for the first week in February to ensure that the final reviews and reporting from these reviews can take place within the programme timeline as planned.

Transfer and Mobilisation

A detailed transfer and mobilisation plan has been established to ensure that once handed over, the building, services and people will be ready for the delivery of care from 3rd April 2023.

Network and communications implementation will be completed by the end of February 2023.

Equipping has commenced and will continue through January and February.

The PSCP / NHS estates team training programme was issued on 22nd December and will take place over the coming weeks

The de-coupling of staff from Raigmore, recruited to work within the NTC will complete on 12th February and plans have been established to ensure that business as usual services will not be impacted.

¹ The ASA Physical Status Classification System uses a scale from I to VI, with I being a healthy patient with minimal risks

From February 12th, 2023, NTC staff will have access to the building for training and orientation

Clinical services are expected to continue with some changes expected whilst the transfer process takes place. However, the team is working hard to minimise disruption to patients.

Recruitment and Staffing

At the time of drafting this paper 78.5% (163.39WTE) of the total staff (208.22WTE) number required have been recruited.

- 100% of the staff require for the NTC ward have been recruited
- 100% of the orthopaedic theatre staff (2.4 theatres) have been recruited

At this stage, the NTC can only open with 1 ophthalmic theatre fully staffed. Further recruitment effort is being made to secure the x2 band 5 theatre practitioners and x2 band 5 admission/ discharge nurses to enable all three ophthalmic theatres to open.

Out of Hours medical cover recruitment is at 50% with plan in place to recruit locums whilst further recruitment effort of made.

Recruitment to the band 2-3 soft facilities posts has been slower than expected,

- Portering / security at 61%
- Catering at 64%
- Domestic services at 51%
- Highland Table at 50%
- Stores at 75%

During the recruitment campaign, significant effort has been placed on emphasising the terms and conditions available for staff recruited into these critical roles. Further interviews are planned, and it is hoped that percentages will increase accordingly.

Our ability to open fully will be influenced by how well we are able to recruit to all the clinical and support roles. Phasing plans for opening are being developed to reflect staff availability.

4 Conclusion

Progress is being made across all areas of the programme with a range of risks and associated mitigation plans in place aimed at ensuring the NTC-H can open as planned on Monday 3rd April.

Significant effort has been made to secure the clinical and support staff required with further recruitment effort ongoing

A phased opening plan is being developed to reflect available staff. This is being closely monitored by the project team with the Board being updated on progress as we move towards 3rd April.

The Scottish Government has confirmed the Cabinet Secretary for Health and Social Care will be available to official open the National Treatment Centre Highland on Monday 5th June 2023

5 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"/>

5 Impact Analysis

5.1 Quality/ Patient Care

The NTC -H will increase surgical capacity for both orthopaedic and ophthalmology services.

5.2 Workforce

The NTC-H is looking to recruit an additional 208.33 WTE staff. The People Plan developed through extensive staff engagement encapsulates the aspirations of staff to deliver world class service and outcomes for patients

5.3 Financial

The final cost to completion report is being updated from the forecast report presented in November 2022. The anticipated total development costs including VAT and the UHI and HIE contribution adjustment is projected to be £48,569,935.

The revenue proposal submitted to the Scottish Government is as follows,

	22/23	23/24	24/25
	£	£	£
Pay	5,044,349	9,969,565	9,969,565
Non-Pay	2,131,970	7,307,968	7,787,334

5.4 Risk Assessment/Management

The key risks to the project are as follows,

- If the NTC-H recruitment programme fails to secure all the staff required to open all the operating theatres and beds a phased opening will need to be undertaken in line with recruitment activity.
- On site staff sickness may prevent the PSCP ability to complete within the contract period

- Failure of a few key commissioning activities along the programme timeline that require retesting
- NHS Assure are unable to deliver outputs to final commissioning and handover reviews

Mitigation plans are being developed to minimise the risks identified above

5.5 Data Protection

At this stage in the development data protection does not apply from a patient information perspective

5.6 Equality and Diversity, including health inequalities

Equality diversity policies and process are being followed

5.7 Other impacts

N/A

5.8 Communication, involvement, engagement, and consultation

Extensive staff engagement has taken place throughout the programme and will continue as part of the process of developing the service model.

An increased presence through social media is included in the communication plan.

Patient representatives are included in the Project Board membership.

The NTC-H microsite provides regular updates and information for staff, members of the public etc.

6 Recommendation

The Board is asked to note this report and take moderate assurance from the information provided.

NHS Highland



Meeting: NHS Highland Board

Meeting date: 31 January 2023

Title: Annual Review of Code of Corporate Governance

Responsible Executive/Non-Executive: Pam Dudek, Chief Executive

Report Author: Ruth Daly, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

This 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	P	Progress well					

2 Report summary

2.1 Situation

This report proposes Board approval of revised sections of the Code of Corporate Governance which have been considered and recommended by the Audit Committee on 6 December 2022. The report has been prepared by the Board Secretary, with input from Finance colleagues, to take account of developments and changes that require to be reflected in the Code.

2.2 Background

The Board's Code of Corporate Governance is subject to an annual review, the last iteration of which was agreed by the Board in January 2022. The Code incorporates the following sections:

- (a) How Business is organised:
 - NHS Highland Board Committee Structure
 - Standing Orders for NHS Highland Board
 - Governance Committee Terms of Reference
- (b) Code of Conduct for Board Members
- (c) Standing Financial Instructions
- (d) Reservation of Powers and Scheme of Delegation
- (e) Counter Fraud Policy and Action Plan
- (f) Standards of Business Conduct for Staff

2.3 Assessment

An assessment of the elements of the Code of Corporate Governance and revisions made to sections (a), (b) and (e).

Section (a) Revisions to Governance Committee Remits

Throughout the autumn of 2022, governance Committees considered revised terms of reference. The changes to ToRs are highlighted in the appendix to this report. In particular, references to duties associated with achieving best value have been made clearer in the Clinical Governance and FRP Committee ToRs.

The revisions to the both the Remuneration Committee and Staff Governance Committee ToRs have been reviewed during December 2022 and January 2023 respectively. Once final confirmation of the changes has been given, these ToRs will be considered by the Audit Committee in March 2023 and recommended to the Board for inclusion in the Code in due course.

Section (b) Revisions to Code of Conduct for Board Members

In May 2022 the Board agreed to adopt a revised Code of Conduct for Board members as produced by Scottish Government. The new Code of Conduct has been included in the Board's Code of Corporate Governance and available on the web since early June 2022.

Section (e) Revisions to Fraud Policy and Action Plan

Revisions to the Fraud Policy and Action Plan have been made to reflect current post holders and updated contact details as well as some minor updates and clarifications to the text of the Policy.

The Audit Committee has agreed that any administrative updates to policies contained within the Code of Corporate Governance should be made throughout the year, with final clarification of any changes being swept up in the annual review.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

3 Impact Analysis

3.1 Quality/ Patient Care

3.2 Workforce

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

This report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

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

3.7 Other impacts

No other impacts

3.8 Communication, involvement, engagement and consultation

The outcome of the Review of the Code of Corporate Governance will be communicated to the wider organisation as appropriate on completion and available on the NHS Highland website.

3.9 Route to the Meeting

The contents of this report have been considered by individual governance committees. The report has been made available for the Executive Directors Group’s consideration.

4 Recommendation

The Board is invited to:

- (a) **Approve and take assurance from** the revisions to the Code of Corporate Governance as recommended by the Audit Committee:
 - proposed changes to Committee Terms of Reference as set out in the appendices to this report,
 - inclusion of the new Code of Conduct for Board members issued by Scottish Government in May 2022,
 - update to the Counter Fraud Policy and Action Plan.

- (b) **Note** that a report will be submitted to the Committee with revisions to the Staff Governance Committee ToR in due course; and
- (c) **Take assurance** that the updated Code of Corporate Governance will be published on the Board’s website after the Board meeting.

4.1 List of appendices

The following appendices are included with this report:

The following appendices are included with this report:

- Appendix 1 revised ToR Audit Committee
- Appendix 2 revised ToR Clinical Governance Committee
- Appendix 3 revised ToR Finance, Resources & Performance Committee
- Appendix 4 revised ToR Highland Health and Social Care Committee
- Appendix 5 revised Fraud Policy and Response Plan

Sections Added	



AUDIT COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board approval: January 2023

1. PURPOSE AND ROLE

- 1.1 To ensure the management of the Board's activities is in accordance with the regulations governing the NHS in Scotland that an effective system of internal control is maintained and that a strong corporate governance culture is in operation. The duties of the Audit Committee shall be in accordance with the Scottish Government Audit & Assurance Handbook, dated March 2018.
- 1.2 To approve and monitor the delivery of the internal and external audit plans.
- 1.3 To ensure a system of internal control is in existence and maintained to give reasonable assurance that assets are safeguarded; waste or inefficiency is avoided; risk management is in place; reliable financial information is produced.
- 1.3 To ensure a system of control is in existence and maintained to give assurance on risks related to information governance, security and privacy.
- 1.5 To support the Board and Accountable Officer in their responsibilities through a process of constructive challenge which focuses on both processes and outcomes.

2. COMPOSITION

- 2.1 The membership of the Audit Committee will be:
 - Five Non-Executive members of NHS Highland Board (one of whom will be the Chair).
- 2.2 The Committee may have the option to co-opt members to meet specific skill sets.
- 2.3 The Chair of NHS Highland Board cannot be a member of the Committee.
- 2.4 In order to avoid any potential conflict of interest, the Chair of the Audit Committee shall not be the Chair of any other governance Committee of the Board.

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Chief Executive
- Director of Finance
- Chief Internal Auditor or representative
- Head of Area Accounting
- Statutory External Auditor
- Board Secretary

2.3 The Director of Finance shall serve as the Lead Officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 There will be a minimum of 5 meetings a year one of which is specifically to consider the annual accounts. Ad hoc meetings to consider particular issues or business requiring urgent attention can be arranged.

4.2 The June meeting will be attended by the External Auditor, and the Annual Accounts will be presented for agreement at this meeting.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting. Papers are made available to all Non-Executive Directors of the Board who may attend meetings as they wish.

4.4 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. The Committee shall elect a Vice Chair from its membership who will chair meetings if the Chair is absent from any meeting of the Committee.

4.5 At least once per year the Committee should meet with the External/Internal Auditors without any Executive Directors or Board staff present.

4.6 The Committee may sit privately without any Non-Members present for all or part of a meeting if they so decide.

5. REMIT

- 5.1 The main objective of the Audit Committee is to support the Accountable Officer and NHS Highland Board in meeting their assurance needs. This includes advising the Board and Accountable Officer on:
- The strategic processes for risk, control and governance and the Statement on Internal Control
 - The effectiveness of the internal control environment
 - Assurances relating to the corporate governance requirements of the organisation
 - the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures
 - Determining the planned activity and results of internal audit reviews and reports
 - The adequacy of management response to issues identified by all audit activity, including the external audit's management letter/report
 - The accounting policies, the accounts and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of errors identified and management's letter of representation to the external auditors
 - Anti-fraud policies, whistle-blowing processes and arrangements for special investigation
 - To support organisational and financial performance and efficiency as well as the effectiveness and quality of services
 - Information governance and assurance, by giving direction to and receiving reports from the Information Assurance Group on its activities, and on risks related to information governance, security and privacy.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Independent external advice can be accessed in respect of matters within the Committee's Remit.
- 6.2 The Committee will report to the Board through the issue of Minutes, by highlighting any key issues to the Board and through the Annual Report which will summarise its conclusions from the work it has done during the year.
- 6.3 The Chair is responsible for ensuring there is clarity of communication and accountability with the other Governance Committee Chairs.
- 6.4 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Blueprint for Good Governance values. This will be reported to the Board and Accountable Officer and inform the Committee Annual Report to the Board.

- 6.5 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board in June each year.
- 6.6 The Committee will work closely with the Audit Committee of the Argyll & Bute Integration Joint Board, but it is important to recognise the boundaries between the two Committees and the need to avoid duplication. It will therefore be important to ensure the internal audit plans for the two Committees complement each other rather than duplicate effort. The Committee will seek regular updates from the IJBs Audit committee in order to be aware of issues that require its attention and also to guard against duplication.

7. REPORTING ARRANGEMENTS

- 7.1 The Audit Committee reports directly to NHS Highland Board on its work. The Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 The Audit Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual
- 7.3 The Audit Committee will receive Minutes of meetings of the Information Assurance Group and the Resilience Committee together with a short update report according to the meetings schedule for these groups.

Sections added	Sections Deleted
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CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: January 2023

1. PURPOSE

- 1.1 To carry out the statutory duties as outlined in NHS MEL(1998~)75, NHS MEL (2000)29 and NHS MEL (2001)74.
- 1.2 To give the Board assurance that clinical and care governance systems are in place and working throughout the organisation.
- 1.3 To provide assurance that decision making about the planning, provision, organisation and management of services which are the responsibility of the Board takes due cognisance of the quality and safety of care and treatment.
- 1.4 To oversee the clinical governance and risk management activities in relation to the development and delivery of the NHS Highland Strategy, ensuring it fits with national strategies, takes into account local population needs and demographics, and is geared towards quality, sustainable community and acute services.
- 1.5 To assure the Board that clinical and care governance arrangements in both Health and Social Care Partnerships are working effectively.

2. COMPOSITION

2.1 The membership of the Clinical Governance Committee will be:

- 4 Non Executives Board members, one of whom would Chair the committee
- Chair of the Area Clinical Forum
- Staff side Representative
- 2 Independent Public Members
- Medical Director
- Director of Public Health
- Nurse Director

2.2 Ex Officio

Board Chair
Chief Executive

2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. Where appropriate, deputies will be permitted. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Deputy Medical Directors
- Chief Officer NH/Director of Community Services
- Chief Officer A&B
- Chief Officer of Acute Services
- Clinical Director of e-Health (Head of e-Health as substitute)
- Director of Pharmacy
- Board Clinical Governance Manager
- Clinical Governance Manager Argyll & Bute
- Contracted Services Representative, The Highland Council
- Associate Director Allied Health Professionals
- Deputy Nurse Director
- Associate Nurse Directors
- Head of Midwifery
- Director of Adult Social Care
- Consultant Community Paediatrician
- Lead for Realistic Medicine

2.4 The Medical Director shall serve as the lead officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due, to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Clinical Governance Committee shall meet as necessary to fulfil its purpose but not less than six times a year. The Chair may convene ad-hoc meetings to consider business requiring urgent attention.

4.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee and a Vice Chair who will chair in their absence.

4.3 If the Chair is absent from any meeting of the Committee, the Vice Chair shall chair the meeting.

4.4 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.5 Items will be added to the agenda with the agreement of the Chair and/or Medical Director.

- 4.6 An action plan will be produced after each meeting within 5 working days to ensure business of the Committee is progressed and implementation of agreed actions takes place as soon as possible where appropriate.
- 4.7 All papers received by the Committee will be presented in person, unless otherwise agreed by the Chair.

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- interrogate the clinical and care governance systems to ensure that the principles and standards for clinical governance are being implemented;
 - challenge evidence gathered across the organisation to raise areas of concern, ensure that these are properly addressed, and to monitor and review the effect of actions taken and report outcomes to the Board;
 - review outcomes against local and national standards and to ensure compliance with national regulatory and performance requirements;
 - select and agree a range of clinical targets and outcomes in conjunction with clinicians and other relevant personnel and ensure an appropriate audit and reporting framework is adhered to across the organisation
 - receive exception reports from its reporting committees on relevant areas of concern and the submission of action plans of amended practice;
 - receive reports from its reporting committees;
 - receive regular reports from the Quality and Patient Safety Groups on the implementation of the quality & patient safety framework and on an agreed range of quality targets and outcomes;
 - receive the Committee's risk register at every meeting
 - receive the Strategic Risk Register at alternate meetings for consideration by the Committee;
 - review regularly the sections of the NHS Highland Integrated Performance and Quality Report relevant to the Committee's responsibility; and
 - receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
- 5.2 The Committee will undertake an annual self-assessment of the its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

- 5.3 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.
- 5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.
- 5.5 *The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".*

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

6. AUTHORITY

- 6.1 The Committee is authorised to investigate any activity within its remit. It is authorised to seek any information required from any employee and all employees are directed to co-operate with any requests made by the Committee. Furthermore, independent external advice may be accessed in respect of matters within the Committee's remit.
- 6.2 The Committee is accountable to the Board and will report to the Board through the issue of Assurance Reports. The Committee will raise specific issues with the Board as it considers necessary.
- 6.3 The Committee will present an annual account to the Board in execution of its duty to provide assurance that NHS Highland's statutory duties with regard to clinical governance are being fulfilled.
- 6.4 A number of committees and groups are accountable to the Clinical Governance Committee and will provide assurance to the Committee. Such assurance is given by the submission of exception reports of activity and areas of good practice, exception reports on areas of concern, and work plans. Areas of concern identified by these committees will be addressed specifically on the agenda of the Clinical Governance Committee. In addition, the Lead Executives for the reporting Committees will be asked to give a written exception report when appropriate together with an annual presentation to the Clinical Governance Committee.

6.5 Assurance regarding Adult Social Care Services is within the remit of the Argyll & Bute Integrated Joint Board and the Highland Health and Social Care Partnership.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to NHS Highland Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board’s attention.

7.2 The following Committees will report to the Clinical Governance Committee:

- NHHSH Quality and Patient Safety Groups – Exception Reports and all Minutes to every meeting
- Argyll and Bute Clinical & Care Governance Committee – Exception report and all Minutes to every meeting
- Control of Infection Committee Assurance Report
- Area Drug & Therapeutics Committee – 6 Monthly Exception Report
- Transfusion Committee - 6 Monthly Exception Report
- Organ and Tissue Donation Committee - 6 Monthly Exception Report
- Health and Safety Committee - 6 Monthly Assurance Report on issues relating to Clinical Governance
- Research, Development & Innovation Committee – Annual report

7.3. The Board Assurance Framework will be scrutinised by the relevant Committees of the Board with an update on all changes being submitted to the Audit Committee

Sections added	<i>Sections deleted</i>
Sections moved	



**FINANCE, RESOURCES AND PERFORMANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE**

To be approved by NHS Highland Board January 2023

1. PURPOSE

1.1 The purpose of the Committee is to keep under review the financial position and performance against key finance and non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.

2. ROLE

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

- resource allocation
- performance management
- strategic planning
- all digital functions
- environmental sustainability workstreams

2.2 To ensure that systems and procedures are in place to monitor, manage and improve performance, across the whole system, and liaise closely with relevant Governance Committees (Staff, Clinical and Audit) to ensure appropriate remedial action takes place.

2.3 To consider financial plans, approve annual budget proposals and business cases for submission to the NHS Board.

3. COMPOSITION

2.4 The membership of the Finance, Performance and Resources Committee will be:

- Five ~~Four~~ Non-Executive members (one of whom will be the Chair).
- Chief Executive
- Director of Finance
- Medical Director
- Director of Public Health
- Director of Nursing
- Director of Estates, Facilities and Capital Planning

3.1 The Chair of the Audit Committee will not be a member of the Finance, Performance and Resources Committee.

3.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. **Where appropriate, deputies will be permitted.** In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Deputy Chief Executive
- Chief Operating Officer (Acute Services)
- Chief Officer, Argyll and Bute IJB
- Chief Officer, North Highland
- PMO Director
- **Head of Strategy and Transformation**
- Board Secretary

3.3 The Director of Finance shall serve as the Lead Officer to the Committee.

4. QUORUM

4.1 No business shall be transacted at a meeting of the Committee unless at least three Non-Executive members are present. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the committee so that quorum is achieved. This will be drawn to the attention of the Board.

5. MEETINGS

5.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

5.2 NHS Highland Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

5.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

6. REMIT

6.1 The Committee shall have accountability to the Board for ensuring that the financial position of the Board is soundly based, having regard to:

- compliance with statutory financial requirements and achievement of financial targets;
- such financial monitoring and reporting arrangements as may be specified from time-to-time by Scottish Government Health & Social Care Directorates and/or the Board;

- the impact of planned future policies and known or foreseeable future developments on the financial position;
- **scrutiny of the delivery of Board Strategy and Annual Development Plans for those areas of the Committee's interests**
- Highland's overall performance, strategic policy and planning objective, and ensure mechanisms are in place to promote best value improved efficiency and effectiveness
- ensuring a rigorous and systematic approach to performance monitoring and reporting is in place to enable more strategic and better informed discussions to take place at NHS Highland Board meetings
- review regularly the sections of the NHS Highland Integrated Performance Report relevant to the Committee's responsibility.
- recommend the annual revenue and capital budgets, and financial plans consistent with its statutory financial responsibilities;
- review the Property Strategy (including the acquisition and disposal of property) and capital plans, and make recommendations to the Board;
- **review the Board's achievement of NHSScotland's Policy on the Global Climate Emergency and Sustainable Development**
- review the Board's digital strategy and performance against the digital delivery plan
- the regular review of NHS Highland's Business Continuity Plan
- oversight of emergency planning arrangements
- scrutiny of relevant financial and performance risks on the Corporate Risk register on a bi-monthly basis
- undertake an annual self-assessment of the Committee's work and effectiveness.

Arrangements for Securing Value for Money

- 6.2 The Committee shall keep under review arrangements for securing economy, efficiency and effectiveness in the use of resources. These arrangements will include procedures for (a) planning, appraisal, control, accountability and evaluation of the use of resources, and for (b) reporting and reviewing performance and managing performance issues as they arise in a timely and effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

- 6.3 The Committee has key responsibilities for:
- reviewing the development of the Board's Financial Strategy in support of the Annual Operational Plan, and recommending approval to the Board;
 - reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
 - monitoring the use of all resources available to the Board; and
 - reviewing all matters relating to Best Value.
- 6.4 Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the

Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference.

- 6.5 The Committee will receive minutes from the Asset Management Group, Financial Recovery Board and the Performance Recovery Board. Issues arising from these Committees will be brought to the attention of the Chair of the Finance, Performance and Resources Committee for further consideration as required.

The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chair of the respective Committee by the end of May each year for presentation to the Audit Committee in June

The Annual Report will include the Committee's assessment and conclusions on its effectiveness over the financial year in question.

The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

- 6.6 *The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".*

The Committee is responsible for promoting the economical, efficient and effective use of resources by the organisation, on those areas within its remit, in accordance with the principles of Best Value. These are set out in the Scottish Public Finance Manual, along with a statutory duty under the Public Finance and Accountability (Scotland) Act 2000. The Committee will provide assurance to the Chief Executive, as Accountable Officer, that NHS Highland has systems and processes in place to secure best value in these delegated areas, and this assurance will be included as an explicit statement in the Committee's Annual Report.

Performance

- 6.7 To support the development of a performance management and accountability culture across NHS Highland.
- 6.8 Receive annual reports and **regular quarterly** updates from the Sub-committees established by the Committee in order to provide assurance and accountability.
- 6.9 To monitor and review risks falling within its remit.

6.10 To receive reports from the Digital Health and Care Group **three times per year on a quarterly basis** to ensure systems are in place and maintained to give assurance to the Board on all digital functions.

6.11 To receive reports from the NHS Highland Environmental & Sustainability Board on a quarterly basis to ensure that systems are in place and maintained to give assurance to the Board on all matters relating to delivery of the NHSScotland Policy on the Global Climate Emergency and Sustainable Development.

General

6.12 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

6.13 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June. **The Annual Report will include the Committee’s assessment and conclusions on its effectiveness over the financial year in question.**

6.14 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee’s planned work during the forthcoming year.

7. AUTHORITY

7.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

7.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

8. REPORTING ARRANGEMENTS

8.1 The Finance, Performance and Resources Committee reports directly to NHS Highland Board on its work. The Chair of Committee shall provide assurance on the work of the Committee and the draft minutes will be submitted to the NHS Board meeting for information.

Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

8.2 The following Groups will report to the Finance, Performance and Resources Committee:

- Asset Management Group
- Digital Health and Care Group

- NHS Highland Environmental & Sustainability Board
- Financial Recovery Board
- Performance Recovery Board

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HIGHLAND HEALTH & SOCIAL CARE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: January 2023

1. PURPOSE

- 1.1 The purpose of the Highland Health and Social Care Committee is to provide assurance to NHS Highland Board that the planning, resourcing and delivery of those community health and social care services that are its statutory or commissioned responsibility are functioning efficiently and effectively, ensuring that services are integrated so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

2. COMPOSITION

- 2.1 The membership of the Committee is agreed by the full NHS Board and has a Non-Executive Chair.

Voting Committee members as follows

5 x Non-Executives, one of whom chairs the Committee and one of whom is the Council nominee on the Health Board

5 x Executive Directors as follows - Chief Officer, Director of Adult Social Care, Finance Lead, Medical Lead and Nurse Lead

3 Representatives of Highland Council

The wider stakeholder and advisory membership (non-voting) will be as follows:

Staff Side Representative (2)

Public/Patient Member representative (2)

Carer Representative (1)

3rd Sector Representative (1)

Lead Doctor (GP)

Medical Practitioner (not a GP)

2 representatives from the Area Clinical Forum

Public Health representative

Highland Council Executive Chief Officer for Health and Social Care

Highland Council Chief Social Worker

The Committee shall have flexibility to call on additional advice as it sees fit to enable it to reach informed decisions.

2.2 **Ex Officio**

Board Chair

2.3 **In Attendance:**

Head of Personnel
Head of Health & Safety

The Committee Chair is appointed by the full Board.

3. **QUORUM**

No business shall be transacted at a meeting of the Committee unless at least one Non-Executive Director being present (in addition to the Chair) and comprising a minimum of one third of Committee members.

4. **MEETINGS**

4.1 The Committee shall meet at least five times per year. The Chair, at the request of any three Members of the Committee, may convene ad hoc meetings to consider business requiring urgent attention. The Committee may meet informally for training and development purposes, as necessary.

4.2 The Committee will be serviced within the NHS Highland Committee Administration Team and minutes will be included within the formal agenda of the NHS Board.

4.3 The agenda and supporting papers will be sent out at least five clear working days before the meeting.

4.4 All Board members will receive copies of the agendas and reports for the meetings and be entitled to attend meetings.

4.5 Any amendments to the Terms of Reference of Highland Health and Social Care Governance Committee will be submitted to NHS Highland Board for approval following discussion within the Governance Committee.

4.6 The Agenda format for meetings will be as follows:

- Apologies
- Declaration of Interests
- Minutes
 - Last Meeting
 - Formal Sub Committees
 - Formal Working Groups
- Strategic Planning and Commissioning
- Finance
- Performance Management
- Community Planning and Engagement
- Operational Unit Exception Reports

5. REMIT

5.1 The remit of the Highland Health and Social Care Committee is to:

- Provide assurance on fulfilment of NHS Highland's statutory responsibilities under the Public Bodies (Joint Working) Act 2014 and other relevant legislative provisions relating to integration of health and social care services
- Provide assurance on fulfilment of NHS Highland's responsibilities under the Community Empowerment Act in relation to Community Planning
- Contribute to protecting and improving the health of the Highland population and ensure that health and social care services reduce inequalities in health
- Develop the Strategic Commissioning Plan for integrated health and social care services and approve arrangements for the commissioning of services to deliver the agreed outcomes of the plan, ensuring the involvement of stakeholders and local communities
- Develop policies and service improvement proposals to deliver the agreed outcomes of the plan, within the available resources as agreed by the Joint Monitoring Committee
- Monitor budgets for services within its remit and provide assurance regarding achievement of financial targets
- Scrutinise performance of services within its remit in relation to relevant national and locally agreed performance frameworks, including the NHS Highland Annual Operating Plan and the Strategic Commissioning Plan for integrated health and social care services.
- Through the annual performance report of the Integration Authority provide an overview of North Highland Adult Services performance, in line with the 9 national outcomes for health and wellbeing to Highland Council as partners via the Joint Monitoring Committee
- Receive and scrutinise assurance from the Highland Council as to performance services delegated by NHS Highland under the Lead Agency arrangements

5.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board.

5.3 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.

5.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Highland Health and Social Care Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 Delegated authority is detailed in the Board’s Standing Orders, as set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Highland Health and Social Care Governance Committee is a Governance Committee of NHS Highland and is accountable directly to the Board.
- 7.2 The Committee will report to the Board through the issue of Minutes/Assurance Reports and an assessment of the performance of the Committee will be undertaken annually and presented by way of an Annual Report to the Audit Committee, then the Board.
- 7.3 As a committee of the Board and as indicated in the Standing Orders, the HH&SCC will escalate any risks or concerns that require a Board decision to the Health Board.
- 7.4 Establish a Strategic Planning and Commissioning sub-committee to fulfil the obligations set out in the legislation.

Sections added	Sections Deleted
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REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board approval: January 2023

1. PURPOSE AND ROLE

- 1.1 To consider and agree performance objectives and performance appraisals for staff in the Executive cohort and to oversee performance arrangements for designated senior managers. The Committee will be responsible for applying the remit detailed in NHS: MEL (2000) 25, NHS HDL (2002) 64 and subsequent guidance:

https://www.sehd.scot.nhs.uk/mels/2000_25.pdf https://www.scot.nhs.uk/sehd/mels/HDL2002_64.pdf

- 1.2 To direct the appointment process for the Chief Executive and Executive **Directors Members of the Board.**

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

2. COMPOSITION

- 2.1 The membership of the Remuneration Committee will be:

- Board Chair
- Board Vice Chair
- Employee Director
- 2 Non Executive Directors

- 2.2. The Director of People and Culture shall serve as the Lead Officer to the Committee.

- 2.3 All Executive members in attendance at the Committee will leave the meeting when any discussion takes place with regard to individual Directors' performance, **apart from the Lead Executive to the Committee.** The NHS Highland Chief Executive **and the Lead Executive to the Committee** will leave the meeting when there is any discussion with regard to their own **respective** performance, and pay and conditions.

3. QUORUM

- 3.1 Meetings will be quorate when at least **two three** members are present.

4. MEETINGS

- 4.1 The Committee shall meet as necessary, but not less than three times a year.

4.2 The NHS Highland Board Vice Chair will chair the Committee.

4.3 If the Chair is absent from any meeting of the Committee, the Committee Vice Chair will preside at the meeting. In the absence of both the Chair and the Vice Chair, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.4 The agenda and supporting papers for each meeting will be sent out at least five clear working days before the meeting.

4.5 The principal minutes will be circulated to all Committee members. Abridged minutes edited to remove all personal details will be circulated to all Board members.

5. REMIT

5.1 The remit of the Remuneration Committee is to:

- Agree all the terms and conditions of employment of Executive Directors and Senior Managers of the Board, including
 - job descriptions
 - job evaluation
 - terms of employment
 - basic pay
 - performance related pay
 - benefits (removal arrangements and cars)
- Agree objectives for executives before the start of the year in which performance is assessed
- To assure the Board that effective arrangements are in place for carrying out the above two functions in respect of all other senior managers
- Conduct a regular review of the Board's policy for the remuneration and performance assessment of executive directors, other senior managers and medical consultants, in the light of guidance issued by the SGHD and any specific National, External or Internal Audit Report.
- Agree the output of the Discretionary Points Advisory Committee in relation to the award of discretionary points to Consultants.
- ***To review and approve all Independent Review Panel recommendations associated with NHS Highland's agreed Healing Process of March 2020. The Committee sees anonymised recommendations and, given the inherent sensitivities, all Committee attendees must adhere to the need for strict confidentiality in relation to all information from the Independent Review Panel shared with the Committee.***

The Remuneration Committee, under the leadership of the Chair will:

- Ensure Remuneration **Sub**Committee members are fully trained to undertake Committee member duties.
- Ensure efficient and effective use of public monies in relation to managerial and executive pay.
- Ensure that decisions on pay are fully supportable and auditable.
- Ensure that individual targets and assessments of performance against targets are tied to the Board's overall performance in providing health and social care services.
- Take full account of Government policy on pay in the public sector and the need to contain overall management costs when determining pay increases.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 Delegated authority is detailed in the Board’s Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

7. REPORTING ARRANGEMENTS

- 7.1 The Remuneration Committee reports directly to the NHS Highland Board on its work. Minutes of the Committee are presented to the Board **in Committee** by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board’s attention.
- 7.2 The Committee will undertake an annual self-assessment of its work and effectiveness in accordance with NHS Highland and Good Governance values. This will inform the Annual Report to the Board. The Remuneration Committee has access to the National Remuneration Committee Self-Assessment Pack to ensure that the performance is in line with National Guidance.
- 7.3 The Committee will provide an Annual Report incorporating a Statement of Assurance for submission to the Board via the Audit Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit Committee in June.
- 7.4 The Committee shall draw up and approve, before the start of each financial year, an Annual Work Plan for the Committee’s planned work during the forthcoming year.

FRAUD POLICY AND RESPONSE PLAN

Finance Department

Warning – Document uncontrolled when printed

Policy Reference:	Fin 7.0	Date of Issue:	November 2022
Prepared by:	Technical Accountant	Date of Review:	November 2022
Lead Reviewer:	Fraud Champion	Version:	1.7
Authorised by:	Director of Finance	Date:	November 2022
Planning For Fairness:	No		
Distribution: <ul style="list-style-type: none"> • Executive Directors • Non-Executive Members • All Managers • All Staff 			
Method Intranet ü			

Fraud Policy

1. Introduction
2. The Bribery Act 2010 – Key Points
3. The Bribery Act 2010 – NHS Highland's Aims & Objectives
4. National Fraud Initiative
5. Guidance to Staff on Fraud/Bribery/Corruption/Theft
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7. Public service values
8. NHS Highland policy & public interest disclosure act
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Annex 1: Misappropriation of Medicines

Annex 2 Flow Chart – Where misappropriation of medicines is suspected

Annex 3: Flow Chart - Procedures for Dealing with Allegations of
Fraud/Bribery/Corruption/Other Irregularities

FRAUD POLICY

1 Introduction

- 1.1 NHS Highland is committed to maintaining strict ethical standards and integrity in the conduct of its business activities. All NHS Highland staff and individuals acting on NHS Highland's behalf are responsible for conducting NHS Highland's business professionally, with honesty, integrity and maintaining the organisation's reputation and free from bribery.
- 1.2 One of the basic principles of public sector organisations is the proper use of public funds. It is therefore important that all those who work in the public sector are aware of the risk of and the means of enforcing the rules against fraud/theft and other illegal acts involving corruption, dishonesty or damage to property.

2 The Bribery Act 2010 – Key Points

- 2.1 The Bribery Act 2010 ("The Act") came into effect on 1 July 2011, aiming to tackle bribery and corruption in both the private and public sectors.
- 2.2 The Act is one of the strictest pieces of legislation on bribery and makes it a criminal offence for any individual (employee, contractor, agent) associated with NHS Highland, to give, promise or offer a bribe, and to request, agree to receive or accept a bribe (sections 1, 2 & 6 offences) and this can be punishable for an individual by imprisonment of up to ten years.
- 2.3 In addition, the Act introduces a corporate offence (section 7 offence) which means that NHS Highland can be exposed to criminal liability, punishable by an unlimited fine, if it fails to prevent bribery by not having adequate preventative procedures in place that are robust, up to date and effective. The corporate offence is not a standalone offence and will follow from a bribery/corruption offence committed by an individual associated with NHS Highland, in the course of their work. NHS Highland therefore takes its legal responsibilities very seriously.
- 2.4 If a bribery offence is proved to have been committed by an outside body corporate with the consent or connivance of a director or senior officer of NHS Highland, under the Act, the director or senior officer would be guilty of an offence (section 14 offence) as well as the body corporate which paid the bribe.

3 The Bribery Act 2010 – NHS Highland's Aims & Objectives

- 3.1 NHS Highland welcomes the Act and is keen to ensure compliance with the Act's standards.
- 3.2 NHS Highland does not tolerate any form of bribery, whether direct or indirect, by its staff, agents or external consultants or any persons or entities acting for it or on its behalf.
- 3.3 NHS Highland will not conduct business with service providers, agents or representatives that do not support its anti-bribery statement and it reserves the right to terminate its contractual arrangements with any third parties acting for or on behalf of NHS Highland with immediate effect, where there is evidence that they have committed acts of bribery.
- 3.4 The success of NHS Highland's anti-bribery measures depends on all employees, and those acting for NHS Highland, playing their part in helping to detect and eradicate bribery. Therefore, all employees and others acting for or on behalf of NHS Highland are encouraged to report any suspected bribery.

4 National Fraud Initiative (NFI)

- 4.1 NHS Highland is required by law to protect the public funds it administers. It may share information provided to it with other bodies responsible for auditing or administering public funds, in order to prevent and detect fraud.

5 Guidance to Staff on Fraud/Bribery/Corruption/Theft

- 5.1 This guidance is not intended solely for staff. It is also intended for anyone acting on the Board's behalf including Non-Executive Directors, the Board's contractors, agents etc. Reference to 'staff' in this section will also mean all of these.

- 5.2 The Fraud Policy relates to all forms of fraud, bribery, corruption or theft and is intended to provide guidance to employees on the action, which should be taken when any of these are suspected. Such occurrences may involve employees of NHS Highland, suppliers/contractors or any third party. This document sets out the Board's policy and response plan for detected or suspected fraud, bribery, corruption or theft. It is not the purpose of this document to provide direction on the prevention of fraud.

- 5.3 Whilst the exact definition of fraud, bribery, corruption or theft is a statutory matter, the following working definitions are given for guidance:

- Fraud broadly covers deliberate material misstatement, falsifying records, making or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.
- Bribery is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.
- Corruption relates to a lack of integrity or honesty, including the use of trust for dishonest gain. It can be broadly defined as the offering or acceptance of inducements, gifts, favours, payments or benefits in kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly, however they may be unreasonably using their position to give some advantage to another.
- Theft is removing property belonging to NHS Highland, its staff or patients with the intention of permanently depriving the owner of its use, without their consent.

For simplicity this document will refer to all such offences as "fraud", except where the context indicates otherwise.

- 5.4 NHS Highland already has procedures in place, which reduce the likelihood of fraud occurring. These are included within the Code of Corporate Governance (i.e. Standards of Business Conduct, Standing Orders, Standing Financial Instructions), financial procedures, systems of internal control and risk assessment. The Board takes part in post payment verification system which covers all Family Health Service expenditure.

- 5.5 It is the responsibility of NHS Highland and its management to maintain adequate and effective internal controls, which deter and facilitate detection of any fraud. The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of Internal Audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.

6 Collaborating to Combat Fraud

- 6.1 NHS Highland will work closely with other organisations, including Counter Fraud Services, the Central Legal Office, Audit Scotland, the Cabinet Office, Department for Work and Pensions, the Home Office, Councils, the Police and the Procurator Fiscal/Crown Office to combat fraud.

- 6.2 NHS Highland will agree formal partnership agreements with other investigative bodies e.g. Counter Fraud Services (CFS) and, where appropriate, engage in joint investigations and prosecutions.
- 6.3 The Cabinet Office on behalf of Audit Scotland assists appointed auditors by conducting a National Fraud Initiative which is a data matching exercise. Data matching involves comparing computer records held by one body against other computer records held by the same or another body. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it indicates that there may be an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error or other explanation until an investigation is carried out. The exercise can also help bodies to ensure that their records are up to date.
- 6.4 Audit Scotland currently requires NHS Highland to participate in a statutory data matching exercise under its powers in Part 2A of the Public Finance and Accountability (Scotland) Act 2000 to assist in the prevention and detection of fraud. We are required to provide particular sets of data to the Cabinet Office on behalf of Audit Scotland for matching in each exercise, and these are set out in Audit Scotland's instructions for Participants. It does not require the consent of the individuals concerned under the Data Protection Act 2018.
- 6.5 Data matching in Scotland is subject to a Code of Data Matching Practice, and information on Audit Scotland's legal powers and the reasons why it matches particular information, is provided in the full text Privacy Notice.

7 Public service values

- 7.1 The expectation of high standards of corporate and personal conduct, based on the recognition that patients come first, has been a requirement throughout the NHS since its inception. MEL (1994) 80, 'Corporate Governance in the NHS', issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

- 7.2 All those who work in the organisation should be aware of, and act in accordance with, the above values. In addition, NHS Highland will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

8 NHS Highland policy & public interest disclosure act

- 8.1 NHS Highland is committed to maintaining an honest, open and well-intentioned atmosphere within the service. It is committed to the deterrence, detection and investigation of any fraud within NHS Highland.
- 8.2 NHS Highland encourages anyone having reasonable suspicion of fraud to report the incident. It is NHS Highland's policy that no staff member will suffer in any way as a result of reporting any reasonably held suspicions. For these purposes 'reasonably held suspicions' shall mean any suspicions other than those which are groundless and/or raised maliciously.

- 8.3 In addition, the Public Interest Disclosure Act protects workers who legitimately report wrongdoing by employers or colleagues. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

9 Instructions to staff

- 9.1 Staff who suspect improper practices or criminal offences are occurring relating to fraud, theft, bribery or corruption, should normally report these to the Fraud Liaison Officer (FLO) via their line manager, but may report directly where the line manager or Head of Department is unavailable or where this would delay reporting. If the suspected improper practice involves the Head of Department, the report should be made to a more senior officer or the nominated officer as described in 13.1 below. Managers receiving notice of such offences must report them to the nominated officer.
- 9.2 It should be noted that staff who wish to raise concerns about unprofessional behaviour or decisions, where fraud, theft, bribery or corruption are not suspected, should do so by following the guidance contained in the NHS Highland's [Whistleblowing Policy](#). Following investigation of the complaint, if improper practices or criminal offences are suspected, the matter should be referred by the investigating officer, to the FLO. Any further action taken will follow the guidance contained within this policy.
- 9.3 Confidentiality must be maintained relating to the source of such reports.
- 9.4 Further choices for staff are:
- You may use the Counter Fraud Service (CFS) Fraud Hot Line which is 0800 151628 or report your suspicions (anonymously, if desired) through the CFS Website on www.cfs.scot.nhs.uk
- 9.5 It should be added that under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, other third parties or use blogs or twitter to publicise details about a suspected fraud/theft. Care needs to be taken that nothing is done which could give rise to an action for slander or libel.
- 9.6 Please be aware that time may be of the utmost importance to ensure that NHS Highland does not continue to suffer a loss.

10 Roles & responsibilities

- 10.1 Responsibility for receiving information relating to suspected frauds and for co-ordinating NHS Highland's response to the NFI exercises has been delegated to the FLO. This individual is responsible for informing third parties such as CFS, the Cabinet Office on behalf of Audit Scotland, Internal and External Audit or the Police when appropriate. The FLO shall inform and consult the Chief Executive, Director of Finance, the Board Chairman and the Chairman of the Audit Committee in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. The contact name and address of the FLO, is as follows:

Sarah Macaulay
Technical Accountant
Assynt House
Beechwood Park
Inverness IV2 3BW
01463 704836
Email: sarah.macaulay@nhs.scot

- 10.2 Where a fraud is suspected within the service, including the Family Health Services i.e. independent contractors providing Medical, Dental, Ophthalmic or Pharmaceutical Services, the FLO will make an initial assessment and, where appropriate, advise CFS at the NHS National Services Scotland.
- 10.3 The Director of Human Resources or nominated deputy, shall advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures.
- 10.4 Where the incident is thought to be subject to either local or national controversy and publicity then the Board and the Scottish Government Health Directorates should be notified before the information is subjected to publicity.
- 10.5 It is the responsibility of NHS Highland's senior officers to ensure that their staff are aware of the above requirements and that appropriate reporting arrangements are implemented.
- 10.6 It is the responsibility of all staff to protect the assets of NHS Highland. Assets include information and goodwill as well as property.
- 10.7 It shall be necessary to categorise the irregularity prior to determining the appropriate course of action. Two main categories exist:
- Theft, burglary and isolated opportunist offences; and
 - Fraud, bribery, corruption and other financial irregularities.
- The former will be dealt with directly by the Police whilst the latter may require disclosure under the SGHSCD NHS Circular No. CEL (2013)11 – Strategy to Combat Financial Crime in NHS Scotland.
- 10.8 Responsibility for ensuring that recommendations from CFS investigation reports and from data matching exercises conducted under NFI have been implemented and steps taken to ensure full compliance has been delegated to the CFC, name and address below.

11 Contact Points

Relevant contact points are as follows:

Counter Fraud Champion:	Alasdair Christie Non Executive Director Assynt House, Beechwood Park Inverness IV2 3BW
Fraud Liaison Officer:	Sarah.Macaulay Assynt House, Beechwood Park Inverness IV2 3BW 01463 704836 E mail: sarah.macaulay@nhs.scot
Deputy Fraud Liaison Officer:	Jacqui Fraser Assynt House, Beechwood Park Inverness IV2 3BW 01463 704884 Email: jacqui.fraser1@nhs.scot
Director of Finance:	Heledd Cooper Assynt House, Beechwood Park Inverness IV2 3BW 01463 704924 Email: heledd.cooper@nhs.scot

Board Secretary:	Ruth Daly Assynt House, Beechwood Park Inverness IV2 3BW 01463 704868 Email: ruth.daly2@nhs.scot
Accountable Officer for Controlled Drugs:	Ian Rudd Assynt House, Beechwood Park Inverness IV2 3BW 01463 706895 Email: ian.rudd2@nhs.scot
Associate Director of Pharmacy, (Community Pharmacy Services and CD Governance)	Jackie Agnew Assynt House, Beechwood Park Inverness IV2 3BW 01463 706830 Email: jackie.agnew@nhs.scot
Associate Director of Pharmacy (Acute Services):	Rhona Gunn Raigmore Hospital Inverness 01463 705582 Email: rhona.gunn2@nhs.scot
Lead Nurse for Medicines Governance:	Joanne Gemmill Assynt House Inverness 01463 705168 Email: joanne.Gemmill1@nhs.scot
Associate Director of Pharmacy: (Primary Care))	Thomas Ross Assynt House Beechwood Park Inverness IV2 3BW 01463 706980 Email: thomas.ross2@nhs.scot
Lead Pharmacist: (Mental Health)	Karen MacAskill New Craigs Hospital Leachkin Road Inverness 01463 704663 Email: karen.macaskill@nhs.scot
Associate Director of Pharmacy: (Argyll & Bute)	Fiona Thomson Lorn & Islands Hospital Glengallan Road Oban PA34 4HH 01631 788942 Email: fiona.thomson5@nhs.scot
Internal Auditor:	Azets Tel: 0131 473 3500

Counter Fraud Services: [CFS](#)
National Fraud Initiative: [Audit Scotland](#)

RESPONSE PLAN

12 Introduction

The following sections describe NHS Highland's intended response to a reported suspicion of fraud/bribery/corruption or theft. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different therefore, the guidance will need to be considered carefully in relation to the actual circumstances of each case before action is taken.

13 Reporting fraud

- 13.1 A "nominated officer" will be appointed as the main point of contact for the reporting of any suspicion of fraud, corruption, bribery or theft. For NHS Highland, this officer is the FLO (see 11). In the absence of the FLO, the Deputy will deal with the issue. For incidents involving any Executive Directors, the nominated officer shall be the Board's Chairman, contacted through the FLO.
- 13.2 The FLO shall be trained in the handling of concerns raised by staff. Any requests for anonymity shall be accepted and should not prejudice the investigation of any allegations. Confidentiality should be observed at all times.
- 13.3 All reported suspicions must be investigated as a matter of priority to prevent any further potential loss to NHS Highland.
- 13.4 The FLO shall maintain a log of any reported suspicions. The log will document with reasons the decision to take further action or to take no further action. The log will also record any actions taken and conclusions reached. This log will be maintained and will be made available for review by Internal Audit.
- 13.5 The FLO should consider the need to inform the Highland NHS Board, the Chief Internal Auditor, External Audit, the Police and CFS, of the reported incident. In doing so, they should take cognisance of the following guidance:
- inform and consult the Director of Finance and the Chief Executive at the first opportunity, in all cases where the loss may exceed the delegated limit (or such lower limit as NHS Highland may determine) or where the incident may lead to adverse publicity.
 - it is the duty of the Director of Finance to notify the Chief Executive and Chairman immediately of all losses where fraud/theft is suspected.
 - CFS should normally be informed immediately in all but the most trivial cases.
 - If fraud, bribery or corruption is suspected, it is essential that there is the earliest possible consultation with CFS. In any event, CFS should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
 - if a criminal act of fraud, bribery or corruption is suspected it is essential that there is the earliest possible consultation with the Police. In any event the Police should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.
 - at the stage of contacting the Police, the FLO should contact the Director of Human Resources to consider whether/when to initiate suspension of the employee pending an enquiry.
- 13.6 All such contact should be formally recorded in the Log.

14 Managing the investigation

14.1 The Director of Finance will appoint a manager to oversee the investigation. Normally, the manager will be an employee from CFS. The circumstances of each case will dictate who will be involved and when.

14.2 The manager overseeing the investigation (referred to hereafter as the “investigation manager”) should initially:

- initiate a Diary of Events to record the progress of the investigation.
- if possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred. If this is established the Police, External Audit and the Chief Executive should be informed if this has not already been done.

14.3 If after initial CFS enquiries it is determined that there are to be no criminal proceedings then a NHS Highland internal investigation may be more appropriate. In this instance, all information/evidence gathered by CFS will be passed to NHS Highland. The internal investigation will then be taken forward in line with Employment law, PIN guidelines and relevant Workforce policies such as the Management of Employee Conduct, as appropriate.

14.4 The formal internal investigation to determine and report upon the facts, should establish:

- the extent and scope of any potential loss.
- if any disciplinary action is needed.
- the criminal or non-criminal nature of the offence, if not yet established.
- what can be done to recover losses; and
- what may need to be done to improve internal controls to prevent recurrence.

14.5 This report will normally take the form of a report to NHS Highland’s Audit Committee.

14.6 Where the report confirms a criminal act and notification to the Police has not yet been made, it should now be made.

14.7 Where recovery of a loss to NHS Highland is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office, which provides legal advice and services to NHS Scotland.

14.8 This report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or delegated officer within the Directorate, who shall gather such evidence as necessary.

15 Disciplinary/dismissal procedures

15.1 Consideration should be made in conjunction with CFS/FLO on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Highland’s Employee Conduct Policy.

15.2 The disciplinary procedures of NHS Highland must be followed in any disciplinary action taken by NHS Highland toward an employee (including dismissal). This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee’s line manager

Where the fraud involves a Family Health Services Practitioner, the Board should pass the matter over to the relevant professional body for action.

16 Gathering evidence

- 16.1 This policy cannot cover all the complexities of gathering evidence. Each case must be treated according to the circumstances of the case taking professional advice as necessary.
- 16.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff, preferably from the Human Resources Directorate, to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of their own words.
- 16.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.
- 16.4 Physical evidence should be identified and gathered together (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigating officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.
- 16.5 CFS staff acting on behalf of the Director of Finance require and are to receive access to;
- All records, documents and correspondence relating to relevant transactions
 - At all reasonable times to any premises or land of NHS Highland
 - The production or identification by any employee of any Board, cash, stores or other property under the employee's control

17 Interview procedures

- 17.1 Interviews with suspects should be avoided until the formal disciplinary hearing. The investigating officer should, wherever possible, gather documentary and third party evidence for the purposes of their report. If, however, an employee insists on making a statement it must be signed and dated and should include the following:
- "I make this statement of my own free will; I understand that I need not say anything unless I wish to do so and that what I say may be given in evidence".
- 17.2 Informal contact with the Police should be made at an early stage in the investigation to ensure that no actions are taken which could prejudice any future criminal case through the admissibility of evidence, etc.

18 Disclosure of loss from fraud

- 18.1 Guidance on the referring of losses and special payments is provided in CEL10 (2010). External Audit should be notified of any loss as part of their statutory duties. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit Committee and will include all losses with appropriate description within the standard categories specified by the SGHSCD.
- 18.2 Management must take account of the permitted limits on writing off losses for "Category 2 Boards", as outlined in circular [CEL \(2010\)](#).

19 Police Involvement

- 19.1 It shall normally be the policy of NHS Highland that, wherever a criminal act is suspected, the matter will be notified **to the Police, as follows:**
- During normal working hours, it will be the decision of the Director of Finance as to the stage that the Police are contacted. If the Director of Finance is unavailable, this decision will be delegated to the FLO.

- Out with normal working hours, the manager on duty in the area where a criminal act is suspected, may contact the Police and is duty bound to report the matter to the Director of Finance at the earliest possible time.

19.2 The FLO and investigating manager should informally notify the Police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

19.3 Formal notification of a suspected criminal act will normally follow completion of the investigating manager's report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the Police investigation.

20 Press Release

20.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Highland should prepare at an early stage, a Press release, giving the facts of any suspected occurrence and any actions taken to date e.g. suspension. The Central Legal Office and the Police should agree the release where applicable.

21 Resourcing the investigation

21.1 The Director of Finance will determine the type and level of resource to be used in investigating suspected fraud. The choices available will include:

- Internal staff from within NHS Highland
- Human Resources
- Internal Audit
- External Audit
- CFS
- Specialist Consultant
- Police

21.2 In making a decision, the Director Finance, should consider independence, knowledge of the organisation, cost, availability and the need for a speedy investigation. Any decision must be shown in the Log held by the FLO. A decision to take "No action" will not normally be an acceptable option unless exceptional circumstances apply.

21.3 In any case involving a suspected criminal act, it is anticipated that CFS involvement will be in addition to NHS Highland resources. In any case involving other suspected criminal acts, it is anticipated that Police involvement will be in addition to NHS Highland resources.

22 The law and its remedies

22.1 Criminal Law

The Board shall refer all incidences of suspected fraud/criminal acts to Counter Fraud Services or the Police for decision by the Procurator Fiscal as to any prosecution.

22.2 Civil Law

The Board shall refer all incidences of loss through proven fraud/criminal act to the Central Legal Office for opinion, as to potential recovery of loss via Civil Law action.

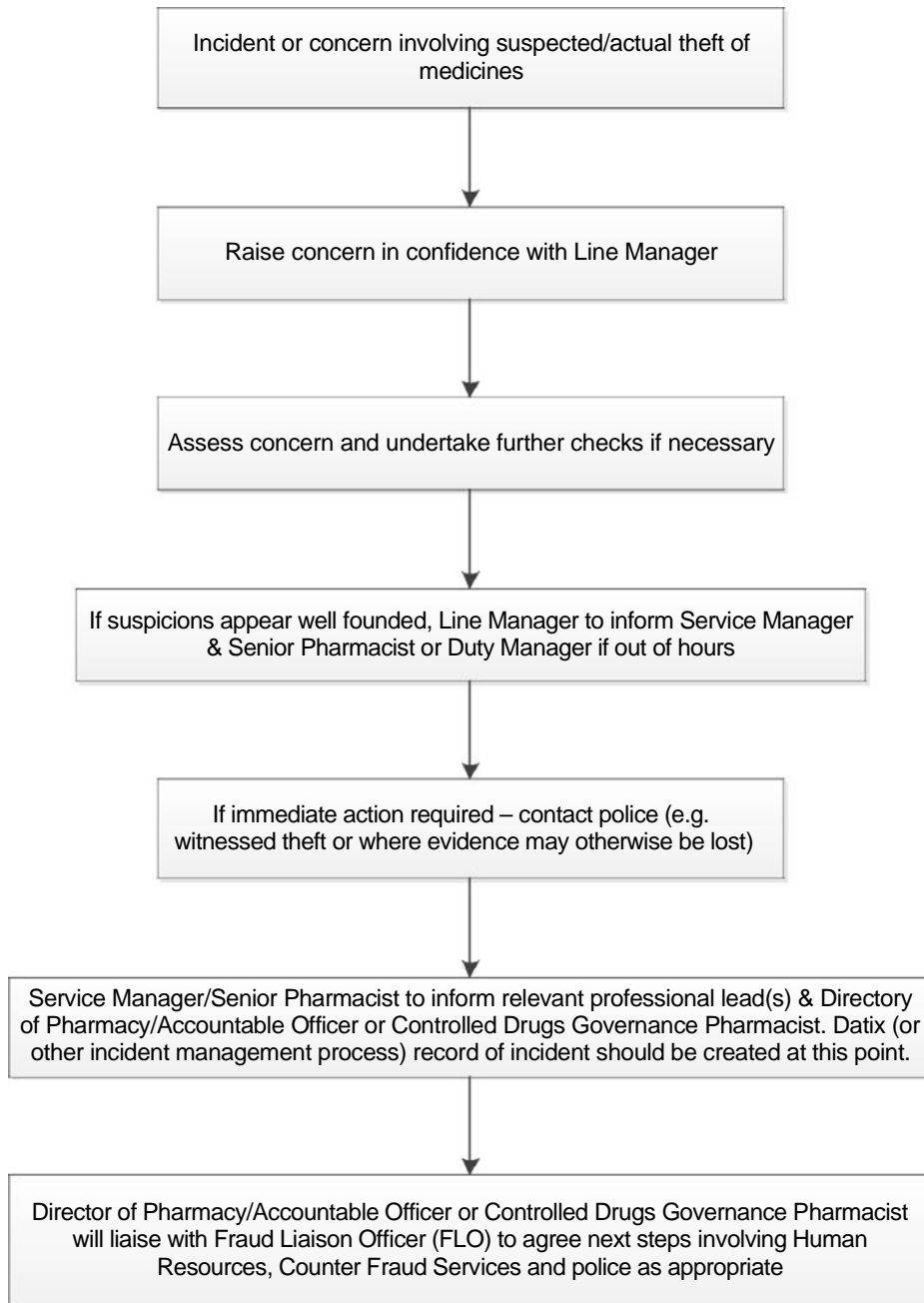
Annex 1 to this policy gives guidance to staff on the action which should be taken in all cases where misappropriation of medicines is suspected.

SAFE AND SECURE HANDLING OF MEDICINES

Suspected or actual theft of medicines

Theft of medicines is a serious criminal offence under the Medicines Act 1968, the Misuse of Drugs Act 1971 and other legislation and will be dealt with accordingly by NHS Highland, professional regulatory bodies and the police.

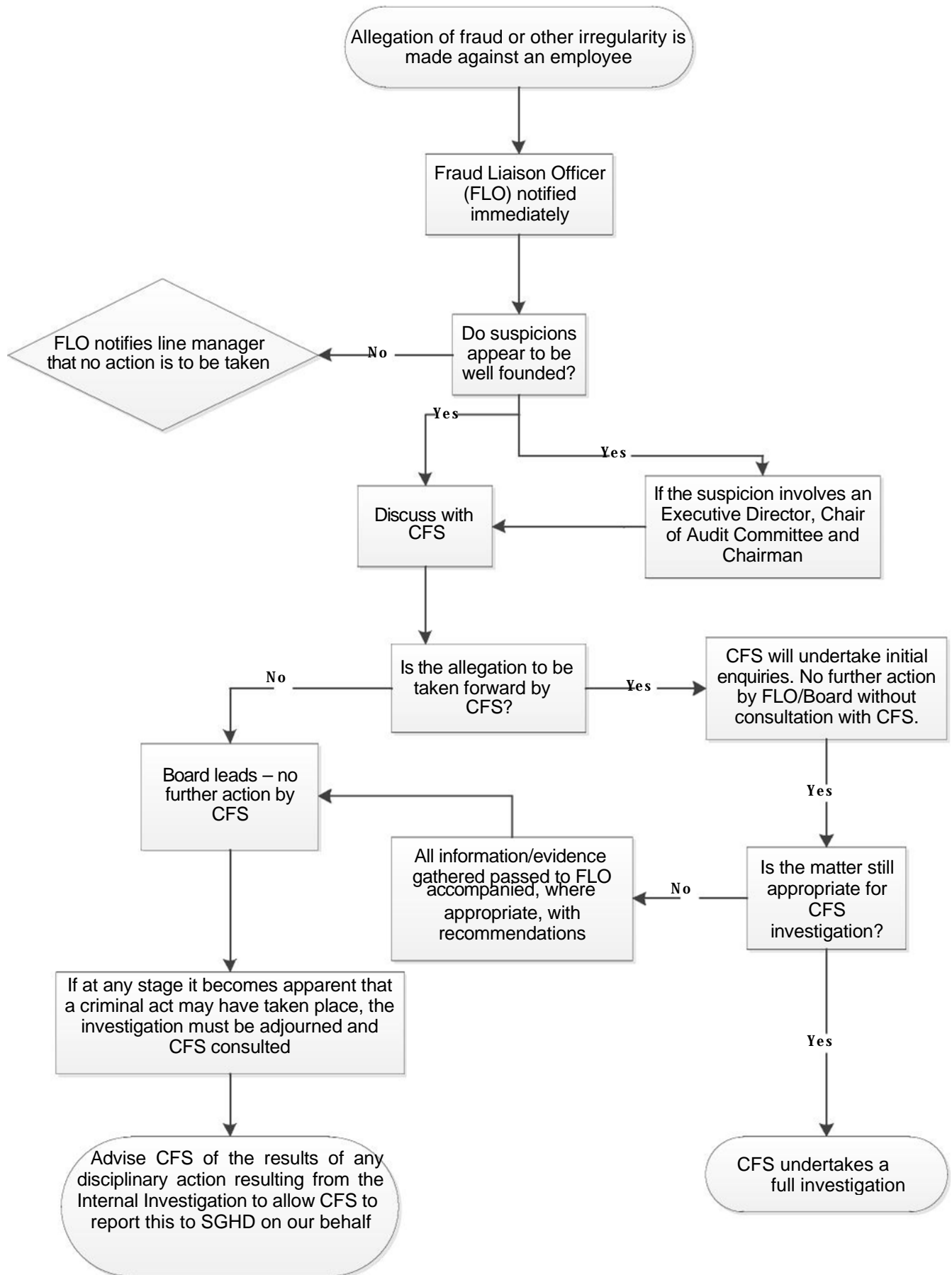
- 1.1 Any member of staff who has reason to believe that medicines have been taken without authority has a duty to report their concerns to the Nurse in Charge of the clinical area/ Line Manager.
- 1.2 All concerns will be treated in the strictest confidence subject to procedural requirements associated with any formal escalation. All investigations must be carried out in a discreet manner.
- 1.3 The Nurse in Charge/ Line Manager must take reasonable steps to ensure that medicines are in fact missing, for example check administration records, cupboards not normally used for storage of medicines and pharmacy delivery records. Any evidence must be retained pending further investigation.
- 1.4 If the Nurse in Charge/ Line Manager is unable to satisfy him or herself that all medicines can be accounted for, they must report their suspicions to the Senior Clinical Pharmacist and the relevant Service Manager (or Duty Manager out of hours) at the earliest opportunity. If immediate action is required (e.g. witnessed theft or where key evidence may otherwise be lost) the police must be contacted.
- 1.5 Where a Service Manager/Senior Clinical Pharmacist has been informed of suspected/ actual theft of medicines, they must inform the relevant professional lead(s) and the Head of Pharmacy/Accountable Officer for CDs who will liaise with the FLO and agree a course of action commensurate with the circumstances presented, which may include referring the matter to CFS or the Police.
- 1.6 The flowchart which follows this page must be followed in all cases of suspected/actual theft of medicines.
- 1.7 Note that the Incident Management Policy for Significant Events must also be followed in the event of any such incident. [link here](#)



Note: All actions must be undertaken as discreetly as possible and in confidence

PROCEDURES FOR DEALING WITH ALLEGATIONS FRAUD/OTHER IREGULARITIES

ANNEX 3



HIGHLAND NHS BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk	
DRAFT MINUTE of MEETING of the NHS Board Audit Committee Microsoft Teams	6 December 2022 10.00am	

Present: Alasdair Christie, NHSH Board Non-Executive (Chair)
 Gerry O'Brien, NHSH Board Non-Executive (Vice Chair)
 Alexander Anderson, NHSH Board Non-Executive
 Susan Ringwood, NHSH Board Non-Executive
 Gaener Rodger, NHSH Board Non-Executive

Other Non-Executive Directors Present: Boyd Robertson, NHS Highland Chair
 Sarah Compton Bishop, NHSH Non-Executive

In Attendance: Heledd Cooper, Director of Finance
 Ruth Daly, Board Secretary
 Pam Dudek, Chief Executive
 David Eardley, Azets, Internal Auditors
 Fiona Hogg, Director of People and Culture
 Katie Jobling, Scottish Clinical Leadership Fellow
 Stephanie Hume, Azets, Internal Auditors
 Sophie Kiff, Head of Financial Services
 David Park, Deputy Chief Executive
 Kate Patience-Quaite, Interim Nurse Director
 Boyd Peterson, Medical Director
 Iain Ross, Head of eHealth
 Katherine Sutton, Deputy Director of Operations
 Nathan Ware, Governance & Assurance Co-ordinator
 Stephen Chase, Committee Administrator

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

The Chair welcomed the members and attendees to the meeting and noted....

Apologies had been received from S Sands.

Alasdair Christie advised that being an elected member of the Highland Council he had applied the test outlined in paragraphs 5.3 and 5.4 of the Code of Conduct and concluded that this interest did not preclude his involvement in the meeting.

David Eardley declared an interest, on behalf of Azets, in item 3.3 in case any directly relevant matter was raised.

The Chair noted that he had discussed outwith the meeting the intention to add a special meeting of the committee in February in order to address Internal Audit reports and minimise their potential impact on the March meeting, the last before the end of the financial year. A February date will be found and an invitation circulated to the committee.

2. MINUTE AND ACTION PLAN OF MEETING HELD ON 6 SEPTEMBER 2022 [pp.1-7]

- The minute of the meeting held on 6 September 2022 was approved as an accurate record.
- The rolling actions had been reissued the previous day noting completed and outstanding items. The Chair urged that a push be made to close off outstanding items for the February meeting in order to ease the transition between Chairing of the committee from A Christie to G Rodger, especially concerning actions around Maternity Services and Payroll Expenses.
- The actions around development sessions were considered of more direct relevance to the Board and that it would be a question of determining if the Board felt these sessions would be useful as to whether they remained as actions for the committee.
- G Rodger noted that the action on Unfilled Shifts had come to the Clinical Governance Committee and could be closed for the Audit Committee.

The Committee

- **APPROVED** the amended minute of the meeting held on 6 September 2022.
- **NOTED** The Rolling Action plan.

3. MATTERS ARISING

3.1 RISK MANAGEMENT AUDIT RECOMMENDATIONS (pp.8-15, plus spreadsheet)

The Chair noted that he and G O'Brien had met with the team to discuss actions and that Stuart Sands had sent comments in response to the recommendations.

- The main thrust of discussion had been around the delays on the action plan and the points that had not yet started and if this impacted the offer of substantial assurance.
- S Sands had also asked if Internal Audit could look at progress, perhaps in spring 2023, on how this work is developing and will be embedded into the organization.

L Cowie introduced the report and associated action plan and noted that it is a developmental area for the organisation and had been discussed in depth at EDG.

- Recruitment to the role of Corporate Risk Manager had not been successful and therefore a secondment had been implemented to support the organization to start the process of leading the development of a project plan to support the Executive Directors.
- It is felt that there is a plan in place for the pivotal areas top initiate the process and enable the work to be embedded.
- The Risk Champions or DATIX champions (whatever it is decided to call them) will support individual areas to achieve a robustness for regular risk processes throughout the organization.

The Chair commended the report and asked if there would be adjustment of the target dates as listed in the report to recognise revisions.

L Cowie noted that the dates were ambitious but that it was an iterative process to assist the organisation achieve focus.

S Compton-Bishop noted a concern about the naming in that it does not reflect a pan Highland approach under the Together We Care banner which risked isolating Argyll and Bute from the process.

B Peters commented that this had been discussed the previous week with the EDG and that the paper had yet to be modified to reflect the discussion had.

The committee **accepted** substantial assurance from the report.

3.2 Unfilled Shifts Report

B Peters introduced the report and noted that it had been reviewed at the recent Clinical Governance Committee.

- There were three outcomes:
- It was recognized that the work done so far is still unvalidated but given any flaws it had been considered a very interesting piece of work.
- The audit had been given as advisory rather than commissioned by the usual routes.
- It had been suggested that the report be shared with HIS (Healthcare Improvement Scotland) who are working on ways to measure safe and appropriate staffing across the healthcare system because it could be a significant contributor to that work.
- It was decided to share the information in the operational clinical world, so that people are aware of the concerns identified in the work and to help shape responses.
- It was felt that the work could help the organization maintain some grip oversight in terms of development and therefore the final outcome would be overseen by Fiona Hogg.
- The Clinical Governance Committee had been assured of the actions and by the direction of travel.

G Rodger added that there had been good discussion at Clinical Governance Committee over the past year on the subject and there was agreement that there were useful parts of the report.

The committee **accepted** the report.

3.3 Update on Internal Audit Procurement

H Cooper provided a verbal update from and noted that the procurement team had reviewed the best route to procurement and decided to use the APC (advanced procurement for universities and colleges framework agreement) to enable the widest scope of suppliers. The team were well advanced with its commodity strategy and are collating all marketing engagement information to start the engagement in January.

A timetable will be circulated when that becomes available. The possibility of running a financial or productivity efficiency saving before it is put out to tender given the financial position of the organisation, was raised, and views on this were requested.

The Chair suggested that S Sands could be useful in the conversations around planning these actions given his knowledge and experience.

The Committee
- **Noted** the update.

INDIVIDUAL INTERNAL AUDIT REPORTS

4.1 Progress Report [pp.16-23]

D Eardley noted support for the addition of a special meeting of the Committee in February 2023 to assist with the close-off of remaining Internal Audits.

The Internal Audit plan remains on track with a peak of activity towards March 2023, and work is at advanced stages in all areas and Management responses are being drawn together with liaison work with B Peters and H Cooper to address areas of cross cutting in the audits.

4.2 2023/23 Draft Internal Audit Plan

[pp.24-42]

D Eardley commented that he was keen for the relationship between Azets and NHS Highland to continue but respected that the procurement process was in train. Therefore item 4.2 was not a definitive plan but part of an iterative process based on work done previously considered on a risk assessment basis, with areas for discussions to be had and to invite the committee to consider areas.

During discussion the following points were addressed,

- G Rodger noted, in her role as Board champion for Environment and Climate Change issues that there was due to be an Environmental Sustainability audit. She asked that with two key members of staff in this area having recently left their posts and recruitment had faced some challenges if now was the most suitable time for such an audit.
- D Eardley commented that the environmental report audit is at a relatively advanced stage and that the challenges around recruitment would be reflected in the reporting and in terms of the recommendations and associated time scales.
- G Rodger noted the suggested audit of Infection Control and the Vaccination Program could be delayed, as currently there were robust processes and procedures in place for these areas, in order to prioritise other areas. The Vaccination Transformation Programme was perhaps an area for scrutiny instead of the Vaccination Programme itself.
- D Eardley commented that Internal Audit did not see this as an area of high risk for NHS Highland but that it is a risk for every health board, however this was a decision for the Audit Committee if this should be a piece of work as proposed or as a short, targeted project.
- G O'Brien noted that it would be helpful to see timelines of when it is thought work commitment could be met and therefore at which meetings of the Committee the audits could be seen.
- G O'Brien noted that an audit of Social Care could be useful in terms of moving the health and social care agenda forward and for the internal audit to be a 'critical friend' with clear objectives.
- D Park commented that there would be external audits of cyber security and GDPR (see IAG below) and that therefore it may not be necessary to carry out an internal audit in this area, however this would be for the Committee to consider.

4.3 Recruitment Report

S Hume introduced the report which outlined five control objectives, with an aim to consider the whole process and with some root cause analysis of the main barriers to recruitment, and what initiatives had been implemented within the organization to think differently.

- For those posts which were not being filled, rather than repeatedly advertise the same post without success the audit had looked at the wider process and whether the organization is seeking feedback on recruitment exercises and embedding change as a result.
- Particular areas of recruitment challenge had been considered such as initiatives to aid recruitment and reporting on recruitment within the organization.

- Six improvement actions were identified, three of which were grade 3:
- With regard to feedback activities (point 3.1) under Control Objective 3. While feedback can be given and in a number of different ways, there is not a formalized process for obtaining, reviewing and learning from within the organization, and therefore no agreed action plan in place.
- Plans were noted for ‘on boarding’ surveys which staff will be required to complete at key points in the process. However, this process will miss out unsuccessful applicants who may have insightful feedback and still have an interest in working with the organisation.
- Another area of consideration is if Staff Governance or other committees consider these processes.
- With regard to integrated decision making around the Authority to Recruit form is an assessment of a risk when a vacancy is not filled. This requires the relevant operational management leads to sign off and it highlights any consultation with professional leads outlining where the post is related to cost improvement plan. It was found from a sample of the ATR forms that there were a few issues to consider within the process such as linking to wider service strategies, recruitment market intelligence and workforce planning.
- Documentation of the recruitment process was found to be variable across management teams and some staff were unclear as to their role in the process. Therefore the recommendations include clarifying and communicating to staff the need for proper documentation and to involve them more fully in the recruitment process to give a better understanding of the requirements of their roles in a recruitment procedure.
- Management have a role here to consider any appropriate resources to support the process especially when capacity within teams is stretched.
- Regarding reporting structures (5.1), it was found that thought there is a reporting structure for recruitment activities via the senior leadership team and the Partnership Forum reports going to these committees are ad hoc and tend to relate to changes or clarifications in processes rather than a wider holistic review of recruitment with insufficient evidence of monitored action plans, risk assessments, and assurances over recruitment activity.

F Hogg commented that the audit had been very helpful and that the team were keen to use it in its planning work much of which is already underway.

Work is already in progress for the next internal audit on Workforce Planning which is likely to arrive in February. She acknowledged that many key questions the team have been considering were raised by the audit such as assuring the right approvals and authorisations are in place, and the Executive team are currently looking at this.

The importance of fully involving staff in the recruitment process was acknowledged in order to get away from the idea that all responsibilities default to the Recruitment team rather than acknowledging the key role of everyone within a recruiting department to understand their roles in ensuring successful recruitment processes.

In discussion, it was re-emphasised that Recruitment itself is a supporting service for teams rather than the team who handle every aspect of the process and that successful recruitment has to involve the particular team who are recruiting for a satisfactory outcome for both the team and the successful candidate.

The Committee

- **NOTED** the reports.

ASSURANCE REPORTS

5. MANAGEMENT FOLLOW UP REPORT ON OUTSTANDING AUDIT ACTIONS

5.1 Internal Audit Recommendations Update

(pp.62-65)

The Chair suggested that historical actions be addressed at the present meeting and that remaining items could be discussed at the next meeting.

The Director of Finance gave an overview of the appendix that had been circulated to give the committee a position statement for the actions.

- The majority of actions from the Internal Audit relating to Payroll and Expenses, Staff Redeployment and PMO financial savings had been completed, and the outstanding items were being monitored through the People and Culture Program Board.
- It was recommended that these actions were closed off because they were now monitored through existing groups as business as usual, and will be reported on through these existing structures for assurance.

In discussion,

- The Chair requested that focus and resource be given to ensure that the work around point 2.3 is closed off and agreed with Internal Audit before the February meeting of the Committee.
- G Rodger commented that the Significant Adverse Events item had come routinely to the Clinical Governance Committee and expressed surprise that the item was still marked for completion as it had been considered closed off at Clinical Governance Committee.
- The Chair expressed approval for the clear template in which the actions were laid out.
- The Chair invited a response from Internal Audit:
- S Hume commented that she would be happy to meet with H Cooper and sponsors for the actions in order to ensure items are closed off.
- The Chair asked that the CE convey thanks to the Executive Team for pushing these items to conclusion.

The Committee

- **Accepted** substantial assurance from the report
- **Agreed** to the closure of historic audits, and
- Took **assurance** where actions had been incorporated into 'business as usual' reporting assigned to appropriate governance monitoring.

6. CORPORATE GOVERNANCE – Audit Committee Annual Report

6.1 Annual Review of Committee Terms of Reference

(pp.66-107)

R Daly introduced the item and noted that this year there were three specific elements to the Code of Corporate Governance that had been revised:

- Terms of Reference committees
- Confirmation of the inclusion of the new Code of Conduct for Board members
- Revisions to the Fraud Policy and Action Plan.

Terms of Reference for the Staff Governance Committee are still to be considered at its meeting in January and therefore this item will return to Audit Committee for approval at a later point.

It was recommended that any future updates to policies of an administrative nature that would be contained within the Code, for example changing contact details, could be made as appropriate throughout the year with notification at meetings of the Audit Committee.

The Committee

- (a) **Approved** and took assurance from the revisions to the Code of Corporate Governance for recommendation to the Board as follows:
 - the proposed changes to Committee Terms of Reference as set out in the appendices to this report,
 - the inclusion of the new Code of Conduct for Board members issued by Scottish Government in May 2022,
 - the update to the Counter Fraud Policy and Action Plan.
- (b) **Noted** that a report will be submitted to the Committee with revisions to the Staff Governance Committee ToR in due course;
- (c) **Took assurance** that the updated Code of Corporate Governance would be published on the Board's website after the next meeting of the Board;
- (d) **Agreed** that any future updates to contacts and personnel referred to in policies contained within the Code of Corporate Governance be made as appropriate throughout the year, with confirmation in the yearly update report to the Committee.

7. INFORMATION ASSURANCE GROUP UPDATE

(pp.108-114)

D Park introduced the item as Senior Information Risk Owner and noted that this was the second such report since the governance arrangements for Information Governance had been reviewed.

I Ross gave an overview of the report for the Committee.

- He noted that the IAG (Information Assurance Group) had met on four occasions since its last report to Audit Committee.
- The IAG had closed off 23 points from its action plan.
- NHS Highland will receive an audit from the Information Commissioners Office on 12th, 13th and 16th January, and preparations are underway. Evidence must be submitted by 19th December. As part of the preparations planning interviews will be conducted with the key people being interviewed. The ICO are auditing all health boards and therefore it has been possible to receive advice from other boards who have already been audited.
- In the circulated appendices for the ICO audit was a list of data breaches for 2022.
- NHS Highland will also be audited by NIS (Network Information Systems) which covers all aspects all around the running of an IT department, especially cyber work. The IAG is also engaging with the Cyber Centre of Excellence, a new NHS body that is beginning to provide guidance to health boards on cyber defences and how to react to a cyber incident.
- The NIS audit health boards annually around cyber compliance and in 2022 overall NIS compliance rose by 4% to 55%. The auditor was pleased that there was steady progress, particularly against the backdrop of the pandemic.
- Scottish Government, have changed the focus of the NIS audit and there will be some different compliance levels and targets to be met. These levels of compliance affect the supply chain and therefore areas such as Procurement, Medical Physics, Radiotherapy, and Estates, because of their digital footprint within NHS Highland.
- A Digital Resilience Group has been set up to focus on the NIS work. Dates are awaited for the 2023 NIS audit.

- The IAG is carrying out a significant piece of work on compliance regarding the safe handling of information as part of Statutory Mandatory Training. This will consider overall compliance and areas of overdue compliance and the potential for creating hard controls to ensure SMT is completed, which could include shutting off access as a final sanction. This is still work in progress within the IAG.
- The IAG issued a newsletter in September and this will be done on a regular basis so that NHS Highland staff get a better understanding of the work going through the IAG.
- Work to review the structure for Records Management is also underway.
- A piece of work is in progress to look at providing data protection services to General Practice. Currently, all but one practice is signed up to this initiative.
- Further hard controls have been implemented regarding the removal of staff access on leaving NHS Highland to ensure secure removal from systems.
- There had been some significant incidents which the IAG have been reviewing and the key incidents were listed in the appendices. I Ross commended the Out of Hours Service in terms of their business continuity plan and speed of response.

In discussion,

- The Chair commented on the excellence of the report and noted the difficulty of negotiating contracts for specialist work in relation to supporting data protection within GP services.
- I Ross noted that there would be some national funding to take on this work which had allowed some additional recruitment into the team.
- Concern about the levels of staff not completing Statutory Mandatory Training was discussed and the difficulties involved in sanctioning staff were noted especially from an operational perspective such as addressing locum GPs who have arrived ready for work but have not completed all the required Statutory Mandatory compliance. The aim is for staff to only be allowed onto the systems once they have completed Statutory Mandatory Training but consideration of the wider practicalities are still under review.
- D Park proposed that a development session be held for the Audit Committee on GDPR in the coming year to increase understanding of the issues involved.
- The Committee **noted** the report and accepted the recommendations.

The Committee

- **Noted** the report and **accepted** substantial assurance that the Information Assurance Group are ensuring compliance with legislation, policy and Board objectives for NHS Highland.
- **Noted** that the Committee work plan will be updated to include a development session on GDPR in 2023.

8. COUNTER FRAUD

H Cooper requested that the item be deferred to the next meeting where the Counter Fraud lead will provide an update.

The Fraud Policy and Response Plan have been amended, as noted in item 6.1 above.

9. SIGNIFICANT ADVERSE EVENTS

B Peters noted that a progress report had been going to Clinical Governance Committee and provided an overview of the action plan.

- An audit tool had been developed and had seen two cycles so far.
- A review of QPS resourcing has been carried out and some additional training has taken place to support the processes.
- Some restructuring of the 'When Things Go Wrong' web page has been carried out and this will be incorporated into the new NHS Highland Intranet.
- As noted above, Clinical Governance Committee will close off the completed actions.
- A Significant Adverse Events newsletter is now complete and will be circulated. This will be a quarterly item.

The Committee

- **NOTED** the update.

10. RISK MANAGEMENT PROCESS

- This item was considered as part of item 3.1.1 above.

11. AUDIT SCOTLAND

The Chair directed the committee's attention to the suite of Audit Scotland reports, which are accessible via the link below:

<https://www.audit-scotland.gov.uk/report/search>

12. ANY OTHER COMPETENT BUSINESS

- H Cooper commented that she had met with the new External Auditors for NHS Highland, who are Audit Scotland. Introductions will be made with the Audit Committee Chair and it is hoped that an audit plan for this financial year will be agreed at the next meeting with them.
- The Chair thanked the committee members for their support during his time as Committee Chair.
- B Robertson, as Chair of the Board commended A Christie on his contribution as Chair of the Audit Committee having taken over during a difficult time for the Board and had instilled much confidence in the committee and its area governance oversight.

13. DATE OF NEXT MEETING

An additional meeting of the committee will be held on **Tuesday 7 February 2023** (details to be confirmed).

The following (scheduled) meeting will be on **Tuesday 8 March 2022** at **9.00am** on a virtual basis.

The meeting closed at **10.28 am**.

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 11 January 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, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Ann Clark, Board Non-Executive Director and Vice Chair of NHHSH
Cllr, Muriel Cockburn, Board Non-Executive Director
Claire Copeland, Deputy Medical Director
Cllr, David Fraser, Highland Council (until 2pm)
Cllr, Ron Gunn, Highland Council
Joanne McCoy, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative

In Attendance:

Rhiannon Boydell, Head of Service, Community Directorate
Stephen Chase, Committee Administrator
Lorraine Cowie, Head of Strategy & Transformation
Pam Cremin, Deputy Chief Officer, Highland Community
Frances Gordon, Finance Manager
Arlene Johnstone, Head of Service, Health and Social Care
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (until 2pm)
Jo McBain, Deputy Director for Allied Health Professionals
Kara McNaught, Area Clinical Forum Representative (until 3pm)
Boyd Robertson, Chair of NHS Highland Board
Ian Thomson, Head of Service: Quality Assurance; Adult Social Care

Apologies:

Kate Dumigan and Elaine Ward.

1 WELCOME AND DECLARATIONS OF INTEREST

The Chair opened the meeting at 1pm, welcomed the attendees and advised them that the meeting was being recorded and would be publicly available to view for 12 months on the NHS website.

The meeting was quorate.

- The Chair thanked A Clark for her considerable work as outgoing Chair to the Committee, and that the change in chairing arrangements reflected good governance procedures as agreed by the Board.
- M Stevenson noted an interest in item 3.3.1 as Patient Representative but on consideration felt that there was no conflict of interest.
- The Chair congratulated Louise Bussell on behalf of the Committee following her appointment to Director of Nursing for NHS Highland to take effect from February 2023. Pam Cremin will be undertaking a recruitment exercise for the Interim Chief Officer and a Mental Health Service Manager will be able to be recruited.
- The Chair requested that item 5.2 be considered at this point in the meeting.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023

[PP.1-9]

F Gordon gave an overview of the month 8 position from the paper on behalf of E Ward and invited questions from the Committee.

During discussion, the following points were addressed,

- A Clark requested more information about the year-end position and how things have changed in terms of the overall picture for Adult Social Care over the course of the year, and how much of the non-recurring monies had NHS Highland invested across the year with the aim of mitigating the overspend position at the year end?
- F Gordon noted that there had been considerable investment within the partnership on various services and a plan is in development to identify areas to target. It was suggested that a fuller breakdown of what remains in the balance and allocations in the Partnership for Adult Social Care can be brought for future meetings.
- M Simpson asked if it was feasible for NHS Highland to set up its own agency for staffing in order to address the spend on locum and agency staff.
- F Gordon answered that NHS Highland does have a bank service agency (which is promoted to reduce agency costs), however the setting up of an additional company is not something that had been explored.
- L Bussell and the Chair added that one of the significant challenges is that bank service will never be able to offer as high a rate of pay as an agency. There are further challenges that would have to be met in setting up an 'in house' agency regarding the legal implications and demands of terms of conditions which set pay at Agenda for Change levels.
- L Cowie commented that there is a specific workstream in progress to look at how the organisation contracts different agencies, works to address expanding the skill mix and makes for more attractive conditions of work.
- J McCoy asked if there had been any update on a work stream with Scottish Government to reducing agency costs that had been mentioned at a previous reporting.
- L Cowie commented that this national piece is encountering several challenges to its progress but that the committee will be informed of progress as it arises.
- J McBain commented that anecdotal evidence had shown that flexibility of working had been one of the key factors in people wanting to work on a locum basis even though the package for NHS Highland has many benefits including sickness cover and maternity rights which agency staff lack, and that therefore there is a need to understand these other motivations in aiming to attract permanent staffing.

- P Cremin commented that discussions have been had on a North Scotland basis to address these issues and that a solution had not yet been found.
- G O'Brien asked what approach could be tried to achieve a different outcome for next year in terms of operational overspends and identifying significant areas of transformation and savings.
- L Bussell noted that a number of meetings had been had with the Highland Council, on these challenges and changing needs, and to consider what areas might require a reduction in funding. These conversations are ongoing with the Highland Council and proposals are being worked up over the next couple of weeks. The Committee will be kept informed at its meetings of these developments.

After discussion, the Committee:	
– AGREED to receive limited assurance from the report.	

3 PERFORMANCE AND SERVICE DELIVERY

It was agreed that item 3 of the Chief Officer's report on Care Home Pressures would be discussed at this point in the meeting to allow for fuller participation (see 3.7 below for minuting).

3.1 Assurance Report from Meeting held on 2 November 2022 [PP.10-21]

The draft Assurance Report from the meeting of the Committee held on 2 November 2022 was approved by the committee as an accurate record.

The Chair noted that he had reviewed the rolling actions and proposed a course of action for each in order to close off these items.

The Committee	
– Approved the Assurance Report, and	
– Noted the Action Plan.	

3.2 Matters Arising From Last Meeting

3.2.1 Following M Simpson's request for information on energy costs for NHS Highland a spreadsheet was made available to the committee detailing costs.

3.2.2 Following W Smith's request for further information on Carer pay a spreadsheet was made available to the committee.

In discussion, the following points were addressed,

- I Thomson responded to questions about the document, noting that he was not involved in setting the budget but had some oversight of the Carers' Programme Budget.
- He noted that there had been some unused expenditure and in order to use it up it was determined that it should be used as an accelerated means to support short breaks for carers targeted for eligible need especially in light of current cost of living pressures over the winter period, provided not as a power under the act but as a duty.
- These funds are non-recurrent and there will be a need to address how such support can be met in the future.
- A Clark commented that it was difficult to get a sense of the scale of what the potential problem might be for addressing this and other unmet need for carers if it is not possible to fund this next year.
- The Chair commented that he will meet with the Chief Officer to address when the Carer Strategy should next come to the Committee and address these concerns.
- J McCoy asked for more detail about Carer Involvement in the 2023-24 projection.

- I Thomson answered that this was connected to consultation on the new care strategy in order to support the independent voice of unpaid carers. The line is there to support provision of replacement care costs for those carers involved in the consultation and to support some grassroots initiatives to bring the carers together with the potential for assisting support for a carers union.
- W Smith asked if the financial support for carers was to meet assessed needs.
- I Thomson confirmed that it is about a duty under the act and is to support assessed need as the result of an adult carer support plan and where people have been seen to be in critical or substantial need. There are existing routes through traditional district care planning, but this acts as a quick route to address difficult circumstances provided as a duty given the circumstances of the winter cost of living crisis.
- I Thomson added that there are some rules that still apply to the assessment, for example, if a person was a power of attorney or a proxy of any sort, then they cannot be paid.
- W Smith asked if instead of some of the activities on offer to unpaid carers funds would be better spent on supporting breaks or the fast-tracking of care packages.
- I Thomson acknowledged the suggestion and noted that he would like to take this area forward with a disinterested group of unpaid carers to shape future expenditure.
- M Cockburn commented that it is essential that unmet needs are identified especially in addressing early support and prevention.
- In summing up, the Chair noted that he would be speaking to L Bussell, I Thomson and W Smith to ensure that the next update sufficiently addresses the above discussion in the implementation of the Carers Strategy.

The Committee:

- **NOTED** the updates.

3.3 Community Services District Reports (Nairn and Mid Ross)

[PP.22-45]

R Boydell introduced the reports which were presented for information and discussion by the Committee as to what information and format would be most beneficial.

The reports had been written by district managers and reflected different styles of presentation and kinds of information.

The Mid Ross District report featured successful work with its Assessed to Home Programme.

In discussion,

- M Simpson commented on the need for a framework to assist the Committee in assessing the reporting with some consistency.
- Clarity was sought on reference to the backlog of maintenance at Mid Ross Memorial Hospital (p.25) and if fire compliance was a part of this backlog and if the recommendations made by the Fire Service had been carried out.
- R Boydell answered that there is a visit by the Fire Service every year and that the Estates Department work with the Fire Service to ensure work is done and mitigating actions are carried out.
- There has been a short delay in carrying out some of the work but there is a plan in place and contingency planning around staffing and evacuation is in place.
- L Bussell added that an interim plan has been developed with Estates. Some of the fire compliance work is disproportionately expensive for the part of the building concerned and therefore the plans involve a reconfiguration of the layout of services so that the firework is appropriate for the services within that part of the building,
- T Allison commented that with the particular demography of Highland there is a need to take care with locality reporting especially around the reporting of percentages rather than absolute numbers due to the sometimes significant variance in age groups and associated health needs in different localities.

- M Stevenson commented that fire compliance work that was meant to have taken place within the General Ward had not started yet, and asked if there was funding to carry out that work and if the Rheumatology Unit would be impacted by proposed changes to the layout.
- L Bussell answered that all fire compliance work would be carried out but that due to the age of the building it had been necessary to consider reconfiguring service use and layout. There would not be additional funding available in the short term which would give some time to consider best use of the facilities of the building as a whole. The Rheumatology Unit would not be impacted by the changes.
- L Bussell commented that the reports were very much a first attempt at locality reporting for the Committee and would be developed further with the possibility of including reporting on Mental Health and Third Sector provision for districts and how these align with the NHS Highland Annual Delivery Plan.
- A Clark commented that she would send the Chair some thoughts on the format and content of the reports.
- A Clark noted that the reports laid bare the challenge faced by staff faces in meeting increasing demand within fixed or reducing real term budgets, and raised interesting questions about how successful approaches to addressing equity across the health board are addressed.
- It was asked if the data on average length of stay in the Mid Ross report would be useful to compare across our community hospitals and future within the IPQR.
- L Cowie noted that discussions are underway about delayed discharge in local hospitals but that further meetings are planned where comparable factors across Highland, Argyll and Bute and the rest of Scotland could be considered for future reporting.
- It was asked what the outcome was of the discussions at SLT I response to these reports and what can you know, conclusions or key issues were raised.
- L Bussell answered that different local reports had been considered at the last SLT meeting
- And it was felt that such reports had given managers a rich picture of exactly what had been happening in each of the areas and the unique challenges for those areas and what were the replicable challenges.
- M Stevenson asked if the underspend of £78,000 for Mid Ross Memorial Hospital had been reallocated within the hospital.
- R Boydell clarified that the figure was for the previous year and was not a true underspend at end of year having been taken into the bottom line at the end of the year.
- M Cockburn asked if it was possible to use these reports to raise awareness of good practice among areas.
- R Boydell answered that there is programme of work focused on the movement of patients through the system to ensure people go through the system and avoid admission and stay wherever possible, in their community. These pieces of work are being shared in various working groups. The aim is to standardize as much as possible of this work and measure its impact.
- N Wright commented that the district managers had used the reports to highlight some of the really positive work and asked if this would be shared with other stakeholders in areas which are under development such as Caithness or Lochaber.
- C Birt commented on the percentages reported and that the data as presented was not necessarily comparable across different localities.
- T Allison commented that with the particular demography of Highland there is a need to take care with locality reporting especially around the reporting of percentages rather than absolute numbers due to the sometimes significant variance in age groups and associated health needs in different localities. He noted that percentages reflected reporting within practices and the measure of the burden of a disease in that local area and therefore not necessarily comparable across localities. However, there was opportunity here to work with colleagues in Health Intelligence and elsewhere to try and standardize the reporting as much as possible. The data, even unstandardized, demonstrated the level of need in those particular areas.

- L Cowie added that there is an agreement with Primary Care under review to get standardized data extracted direct from Primary Care systems to address these concerns for benchmarking. Some of the other health boards currently do this data extraction work and therefore it would be possible to benchmark against their figures.

The Committee:

- **NOTED** the reports.

3.4 SDS Strategy Assurance Report

[PP.46-52]

I Thomson provided an overview of the report and noted that the SDS Strategy implementation had focussed on the culture and practice of Integrated Care and Adult Social Care. He noted that there had been a number of national reports that suggested SDS had lost its way across Scotland with various hurdles and convoluted assessments, losing some of the creativity needed to find community solutions for individuals.

The workforce have felt the impact of increasing levels of paperwork which have tied them to traditional ways of working, and this has meant that staff had not often been accessing solutions from the community.

A reference group of interested parties, workers, supported individuals, carers and some national groups were brought together to develop a new strategy and a consultation document was produced to set out its ambitions and plans to enable person-centred care. The aim of the planning is to build relationships and find solutions from the bottom up and deal with the complexity of negotiating the various elements, and to make those who need support aware of the packages and potential help available.

The strategy is still a live work in progress.

- C Birt asked for clarity as to whom Self-Directed Support was aimed at.
- I Thomson confirmed that older people make the largest component of those concerned but a number of other groups under the remit included adults with a learning disability, adults with mental health difficulties and physical disability.
- P Cremin commented that events such as the recent closure of a nursing home had shown that not all staff wanted to transfer to NHS Highland but that some wished to have a more flexible arrangement in terms of their hours and therefore could be engaged as a workforce to respond to self-directed support and thereby strengthen work around care in communities and provide an alternative to the problems around recruitment in areas such as care at home. Respite Care has been temporarily suspended at Dalmore and some staff have gone into the community. I Thomson and P Cremin are working with the partnership group there as a test case for responsive self-directed support in the community.
- A Clark commented that constant evaluation was key to demonstrating success against the key measures and asked if work had been identified to address this.
- I Thomson answered that plans were not at this stage yet and that there would be a need for a number of proxy measures to do simple evaluation work with partners and get processes up and running.
- A Clark commented that with Scottish Government interest in this area that it would be worth seeing what could be done to obtain funding to partner with UHI or another partner with experience of setting up an evaluation program for this kind of culture change such as Evaluate Scotland.
- W Smith added that there has been recent work carried out in related areas by the University of Strathclyde in relation to developing awareness of human rights across Scotland which had involved evaluating the work of unpaid carers.
- R Gunn commented that this would be a good project to demonstrate more widely how NHS Highland is listening to its population to effect real change.

- The Chair, in summing up, noted the importance of implementing evaluation work and that it would be valuable to explore partner opportunities with researchers and organisations with experience of relevant research methodologies.
- The Chair added that for the next update in around a year's time it would be useful to demonstrate some such evaluation process notwithstanding the long term nature of the work.
- I Thomson thanked the Committee for its comments and noted that he would explore the suggested partner opportunities.

The Committee:

- **AGREED** to accept moderate assurance from the report.
- **Agreed** that an update return to the committee in a year's time.

The committee held a short break at this juncture and reconvened at 3.10pm.

3.5 Community Services Risk Register [PP.53-57; Updated version circulated separately]

P Cremin introduced the report and circulated an updated version of the paper, which included additional detail around the DATIX system. The paper was brought for assurance of regarding the actions and mitigations to manage risks.

During discussion the following questions were addressed,

- W Smith asked if the focus around health and safety ligature points came under general safeguarding and if it had been picked up by the Mental Health Commission or another kind of inspection.
- P Cremin answered that there had been an expected visit from Health and Safety Executive to mental health hospitals as part of their national work across health boards looking at buildings, compliance and NHS Highland's ability to provide safe areas of care.
- W Smith asked how NHS Highland is meeting its outcomes for compliance in these areas and if there had been any specific concern for New Craigs.
- A Johnstone answered that there were a series of different routes for overseeing ligature risks within NHS Highland. There is steering group which feeds into Mental Health and Learning Disability groups, which then feed into the Capital Assets Group. The team work closely with Estates colleagues, however there are complications due to New Craig's operating under a PFI with the building owned by Robertson's, and therefore it is a triangulated discussion.
- Audits have been carried out in each ward and these are being currently being refreshed as a result of demands from the recent HSE inspection. A series of meetings have been set up to ensure compliance with the requirements of the inspection.
- A number of the ligature risks have already been removed from the wards within New Craigs, and there is a long term piece of work to assess which parts of New Craigs are high risk or high cost and how to work pragmatically to close wards and decant the patients in order to carry out the necessary work.
- The bigger pieces of work, for example the doors and the windows, will require extensive capital funding and funding applications are in process.
- A Clark commented that she would send some ideas for developing the work of the report to P Cremin and asked if earlier risks around the premises of Sexual Health Services had been resolved.
- P Cremin answered that there had been positive developments with the purchasing of another modular building to be placed adjacent to the current location and that she would come back with more detail on this.
- A Clark also asked what would be required to elevate the recommended assurance level to 'substantial assurance'.
- P Cremin answered that this would be a case of demonstrating areas of escalation and mitigation and where there had been good outcomes in terms of recognizing risks and working through the mitigation to a successful outcome or an adverse outcome. It would

be key to show learning from these processes and that work to develop the process was ongoing. The team have recently partnered up with support from the Planning and Performance team to consider dashboard reporting to better demonstrate actions and outcomes around the risks to better give assurance to the Committee.

- L Cowie commented on the need to carry out training for senior leaders across the organization to help understand the difference between risks and issues and how each are scored, to provide more context on a Health and Social Care Partnership basis, but also to the wider Board Risk Register to better understand what can be done at an individual and at a Board level.
- J McCoy thanked P Cremin for the additional information provided by the updated version of the report and commented that timescales would also be a useful addition.
- P Cremin noted that the DATIX system records when a risk is due for review and that all action plans have associated dates for completion which are updated in the risk register. The Community Risk Register Monitoring Group oversees these risks for the purposes of assurance.
- J McCoy also asked if the figures in the report had been discussed with staff so that they understand the implications of this work and be offered support in terms of their work capacity.
- A Johnstone noted that the HSE inspection had asked that frontline staff be included more in planning meetings to address some of these issues so that they are more fully involved in the piece of work. Work towards implementation is at an early stage but it is likely to include a module on TURAS around ligature risks.
- The Chair suggested that risk of access to medium and low secure beds be considered at the next meeting as a part of the Mental Health update, especially in terms of mitigation to address individuals best served by medium and low secure units.
- The Chair also suggested that an update to this work come in around 9 months (to be determined with the Chief Officer) to get a sense of the direction of travel.

The Committee:

- **AGREED** to accept **moderate** assurance from the report.

3.6 IPQR Dashboard Report

[PP.58-61]

L Cowie introduced the report and noted that this was the second time the IPQR had come to the Committee and demonstrated an iterative process as work continues to align the metrics with Together We Care, the Annual Delivery Plan, the needs of the Committee and the Joint Strategic Plan with Highland Council.

The latest version had included much information on delayed discharges to show particular challenges in areas such as Care At Home, Care Homes and Adults with Incapacity to show you the individual areas that pose challenges within delayed discharges.

Drug and Alcohol reporting was a new addition as was Non Reportable Waiting Lists, the latter of which encompass the work of community mental health teams. The next aim for the report is to incorporate areas such as Dietetics and Podiatry.

In discussion,

- The Chair asked, when can the Committee expect to start to see this data reflected and picked up in other reports that come to the Committee.
- L Cowie noted the aim to the reporting. of bringing data together in a consistent manner across the organisation in order to have greater consistency more broadly of reporting and responses and commented that it was a gradual process but one that should be come clearer over the next 12 months.
- A Clark asked for some more detailed commentary on what the data was telling the Board in specific areas such as Physiotherapy and Community Mental Health.

- A Clark questioned whether the proposed level of moderate assurance proposed was appropriate given general levels of waiting times and the fragility of some service areas.
- L Bussell responded that one of the challenges faced by individual teams is that they will need to be cited regularly on the data in order to better understand the position. Where teams have been cited on reporting improvements have been seen but many are at an early stage in terms of understanding the data and responding appropriately as with the Drug and Alcohol team for example which is an area where a level of moderate assurance could be relevant.
- L Cowie noted the difficulty of providing assurance to cover a wide range of performance indicators which made it difficult at times to highlight areas of success within teams.
- A Clark suggested that discussion at Committee was a good opportunity to highlight positive team stories and show the effort and context within which teams are working.
- T Allison commented on the need for both report authors and committees to work to better understand the ask of each in terms of what the committee is being assured of and that this is a process of development.
- A Clark suggested that a discussion be had with the Board Secretary, Ruth Daly about how best to address levels of assurance at the governance committees for better consistency of reporting and understanding.

In summing up, the Chair proposed that the Committee **accept limited assurance** overall but aim to capture recognition of areas which are performing well in future minuting. He noted that there is a strong argument for consistency of assurance received between governance committees and that limited assurance is suitable in these circumstances due to the scale of the work and the wider risks involved.

The Committee:

- **Accepted limited assurance** from the report.

3.7 Chief Officer's Report

[PP.62-69]

L Bussell introduced the report having spoken in more detail earlier in the meeting about part 3 of the report on Care Home Pressures (see below), and invited questions from the committee.

In discussion,

- A Clark asked about MAT standards and to what extent the quality improvement codesign has involved people with lived experience in the improvement actions in areas such as the proposed advocacy services.
- L Bussell noted that she would discuss the detail with A Johnstone and provide an update at a later time.
- M Stevenson requested that there be a glossary for acronyms for reports.
- L Bussell apologised and noted that future reports would be more mindful of this issue.
- T Allison commented that a constructive meeting had been had between A Clark, L Bussell, T Allison and C Birt about content for item 4 on Health Improvement. There was appraisal about what information is available and shared work in Public Health regarding population indicators, governance oversight of areas such as, for example, drug-related deaths. A good degree of assurance was noted from the discussion.
- The Chair asked if a paper on governance arrangements for Adult Social Care fees could be presented to the March committee.

Care Homes Update

L Bussell noted that the past two years had taken their toll on the Care Home sector and current cost of living pressures were also having a knock-on effect. Work had been ongoing with Highland Council to address these matters.

- Work to look at how other regions are considering these pressures is underway, such as Moray's housing-based solutions, in order to find an optimum model for care within each of NHS Highland's localities.
- There is a good understanding of where there is a good level of care homes and where there is more vulnerability across the geography, and there is a process of mapping out where the loss of any more care homes cannot be afforded and those areas with more capacity to understand the risks and address mitigation.
- The Chair asked for a broad idea of the number of care homes and residents at risk.
- L Bussell noted that this was a difficult area to be certain of as there had been significant change in some areas that had been thought stable, and the current situation was reactive out of necessity. It is thought that currently there are close to 200 residents that are in care homes who are exposed to a more vulnerable position. There is not anything imminent for any of the homes concerned but there is a need to be mindful of the current risks.

In the discussion that followed the following areas were addressed,

- Cllr Fraser noted the importance of looking ahead to develop a medium to long-term situation for Highland in the knowledge that it is not possible to continue to build enough homes to address current rates of admission.
- He noted that he would like to see within the strategy what can be done with housing but that prevention of many of the issues starts at community level with things such as social daycare and lunch clubs which keep people active within their communities, and delay the journey of going into care or nursing care.
- L Bussell commented that the ultimate aim is ensure that people who do not want to go in a care home can stay in their own home with care homes as a last resort. It is a matter of getting a right balance of people's preferred options and supporting that. There is much work to be done.
- M Stevenson asked about urgent care and if the same pressures within community hospitals are the same as for care homes.
- L Bussell agreed and noted that there are a number of people in community hospitals whose end destination would be either to go home with care at home or to go into a care home. Due to pressures in those sectors there has been a need to open additional beds in community hospitals and some are working at full capacity.
- Staffing is a particular challenge in order to achieve more availability of beds. The remote and rural nature of Highland means that community hospital beds are not always in an appropriate location for the person and there is a need to avoid moving people out of area because getting them back to their local area is more difficult. There is a difficult balance in conversations with people about this transition and a need to engage with families and the community.
- The Chair asked if this was a particular issue for Highland and how it may be impacted by the recent announcement by the Cabinet Secretary about utilizing beds to support delayed discharges.
- L Bussell answered that every board and every locality will have a huge variation in the challenges they face. Highland is to some degree an 'early adopter' in terms of facing these challenges due its older population and a disproportionately high number of very small and often remote care homes where staffing and recruitment face several challenges. The physical environment of some older care homes and the need to achieve care inspectorate standards increases these pressures. Other boards are starting to see these issues too.
- Conversations are ongoing with Scottish Government to highlight the challenges faced by Highland.
- Highland has one independent provider and they are expanding, however it has been more difficult to recruit for the independent sector in Highland than it is in other areas of the country.

- Scottish Government have an appreciation of the position, however there is still expectation that a local solution is found, all of which is feeding into discussion with Highland Council which will also be affected by the National Care Service when it arrives.
- L Bussell commented that an update on progress would come to the next meeting following further conversations over the next month or so.
- Chair commented that there would be further discussion of Care Home-related matters at a forthcoming meeting of the Board.

The Committee:

- **NOTED** the report.

4 HEALTH IMPROVEMENT

See discussion in item 3.7.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan

[PP.70-72]

The Chair noted that the workplan would be reviewed at the next agenda planning meeting in light of the fragility of the current situation, and would be presented for consideration at the next meeting.

- **The Committee noted** that the Work Plan would be reviewed for 2023-24 and presented at the March meeting for approval.

6 AOCB

- None.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 1st March 2023** at **1pm** on a virtual basis.

The Meeting closed at 4.04 pm

<i>DRAFT</i>	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	12th January 2023– 1.30pm Microsoft TEAMS	

Present

Catriona Sinclair (Chair)
Stephen McNally (Vice Chair)
Elspeth Caithness, Employee Director
Eileen Anderson, Area Medical Committee
Linda Currie, Associate AHP Director, A & B
Eileen Anderson, Area Medical Committee
Kara McNaught, Team Manager, Adult Social Care
Al Miles, Area Medical Committee
Zahid Ahmad, Area Dental Committee
Kara McNaught, Team Manager, Adult Health & Social Care
Patricia Hannam, Area Pharmaceutical Committee
Manar Elkhazinder, Area Dental Committee (until 4pm)

In Attendance

Boyd Peters, Medical Director
Claire Copeland, Deputy Medical Director (from 3pm)
Boyd Robertson, Chief Executive
Gerry O' Brian, Non Executive Director
Lorraine Cowie, Head of Strategy (Item 4)
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The Chair welcomed everyone to the meeting. Apologies were received from C Dreghorn, F Jamieson, A Javed and T Allison.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 3rd November 2022

These were taken as accurate and correct.

3. MATTERS ARISING

There were no matters arising.

4. ITEMS FOR DISCUSSION

4.1 Winter Planning – Lorraine Cowie, Head of Strategy

The Chair explained that she had met with the vice chairs and discussed how best to have a look at the system challenges. It was agreed to invite L Cowie along to the meeting and to give the committee an opportunity to ask questions and find out information that was

required to be brought back to the different committees that feed into this committee. This would allow information to flow into the strategy document for the coming year.

The Chair welcomed L Cowie to the meeting after the minutes and reports (Item 5) were taken.

The Chair invited L Cowie to speak to the committee about the strategy document. She advised the committee members to listen to the presentation, ask questions and then feed back at the next committee meeting so that this would be incorporated into the strategy document for next year.

L Cowie spoke to her presentation and took committee through some slides that covered winter planning. She explained that transformation is a subject that needed to be understood as there were various changes that needed to be implemented to maximise the skill mix of staff as there were challenges recruiting new staff. Work with primary care and GPs had to be looked at with a view to maximising the work done with partners to address the various challenges that were in effect.

Discussions were had around the rurality of NHS Highland and the impact that Scottish Government targets would have on them. Rural health care is more expensive to deliver and yet the funding received from Scottish Government does not seem to take this into consideration. L Cowie explained that this is raised with Scottish Government repeatedly and stated that there is a piece of work that requires to be done with respect of demonstrating the cost impact of delivering rural health care in the different areas covered and how this affects patient health outcomes.

It was noted that sharing the information given within the presentation with the various committees would help in the process of breaking down how each committee can feed into the strategy. L Cowie stated that she was happy to attend any of the committees to explain further.

B Robertson stated that the issue of rurality has been raised frequently especially in respect of care homes and the differences between rural areas and cities where the care homes were much larger and covered a larger population. Encouraging Scottish Government colleagues to visit the various areas within Highland is key so that they can see for themselves the rurality of places and see the setting itself.

Discussions were had around the NHSScotland Resource Allocation Committee (NRAC) funding particularly rurality and deprivation. B Peters shared a slide explaining the funding that was received and explained in more detail how it was allocated. It was noted that deprivation was more heavily weighted than rurality. L Cowie explained that additional monies that were received from Scottish Government are often given with a directive of where the monies should be spent. This has been challenged repeatedly with an ask of receiving these monies through core funding where they could then be spent on where there is an actual need instead of where Scottish Government believes there should be a need. It was noted that deprivation was easier to identify within an urban setting compared to a more rural setting and that the NRAC funding did not take this into account.

It was noted that there is a need to look at local authority funding also when looking at the whole system, funding affected all parts of the system. L Cowie stated that she was doing some work with T Allison on waiting lists and trying to show where deprivation was a leading factor for those on the waiting lists. This would highlight again where funding was needed. Service Level Agreements (SLAs) were also discussed with it being noted that responsibility sat with the individual departments as to the spend within them. Discussions were had around the availability of information to the various department managers with regard to finance. The role of clinicians and the role of finance was discussed with the need for the clinicians to feed back what was needed and finance to be aware of this. It is not the role of finance to make the decisions.

L Currie stated that she did receive financial reports in A & B and regularly looked at the budgets for her department. She highlighted the geographic difference between A & B and North Highland. Discussions were had around prevention care and if funding was being made available for this. Discussions were had around the access to services across the country and the availability of these services more widely.

The Chair highlighted how things have been done since Covid and the need to look at the ways in which things should be done going forward, with some things no longer needed and what can be taken forward and improved.

Discussions were had around the data that was available and what was required by the committee. L Cowie stated that she had lots of data but needed to know what was needed from the data by the various clinicians. It was noted that there were so many systems in place that it could be challenging to get to the data that was required. Different clinicians use different systems which may or may not talk to other systems within the organisation and this brings more challenge as if data was not being captured then it could not be monitored. It was highlighted that there are staff within the organisation already that perhaps could be given further training to develop into other roles and a need to look at this further, especially as for some roles recruitment was challenging.

The Chair thanked everyone for the discussion and encouraged everyone to go back to their committees and bring back to the next meeting their thoughts and ideas.

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Area Medical Committee meeting – 6th December 2022

A Miles highlighted that the minutes circulated were the incorrect ones. The committee had met on the 6th December but were not quorate. Therefore, the following items were only discussed.

- An update was required from the Director of People & Culture with respect to the Culture Programme Board and when it was next meeting.
- NHS Private Care Interface – this creates a lot of work for secondary care and independent contractors. Looking for further information from B Peters.
- Update with regard to the National Treatment Centre (NTC), 50 to 60 percent of staff have now been recruited and it is April 2023 when this opens.
- Reports were taken from the sub committees. Update was given about the vaccination travel programme. All vaccinations should now be provided from community pharmacies. Concern that there may be more winter viruses as there is a lower uptake on the vaccines this year, this would put more pressure on GP Practices. Hospital Sub Committee discussed the winter plan. L Cowie presented on the winter plan and there were discussions around outpatient waiting lists. Update on the visit from the Chief Medical Officer.

The Chair explained that as travel vaccinations were not a core service that many community pharmacies were not offering them. Many did not have the capacity to offer this service, moving the travel vaccines from GP surgeries to community pharmacy was only part of the solution in place.

E Anderson explained that she had contacted F Hogg in relation to the Culture group for an update on what was happening but had so far not received a reply. She has also contacted C Yiangou with regard to the Primary and Secondary Care Interface arrangements and he will attend the next Area Medical Committee. As per last committee meeting, invites were meant to be sent to S McNally and E Anderson for the next meeting to discuss the beds in Raigmore Hospital, but these invites have not been received.

The Chair highlighted the festive break and that this had had an impact on emails with replies still perhaps waiting to be sent due to the volume of emails received over the festive break by various colleagues.

B Robertson gave an update for the recruitment of staff to the NTC and this was now sitting at 80%. Discussions were had around whether this percentage included staff being

transferred across to the NTC or were new staff. It was noted that it was a mixture of both.

5.2 Area Optometric Committee meeting – 17th November 2022

There was no one in attendance from Optometry.

5.3 Area Healthcare Sciences Forum meeting

No update as no one in attendance at this meeting.

5.4 Area Pharmaceutical Committee – 12th December 2022

The Chair asked if P Hannam would speak to this as she was not in attendance.

- Presentation on TGWC
- Committee was looking at the membership of committee
- Update from the Director of Pharmacy – current staffing, retirements occurring prior to April and the plans to address this.
- IT issues – digital prescribing strategy for community pharmacy is linked into the GP IT reprovisioning, there may be delays with this.

AI explained that there was only one system that was in operation called VISION. The timeline for the digital prescribing has been given as in the next 3 years. There may be some legislative issues that are holding the process back, but it should be a robust system that is more paper free than the system that is used in England.

The Chair explained that it was challenging to address the handwritten prescription and signature aspect due to it be part of the legislation process itself. There was an update given at Community Pharmacy Scotland where the progress was explained, and it appears that progress is now being rapidly made.

5.5 Area Dental Committee meeting – 30th November 2022

M Elkhazinder stated that there were a few issues that the dental committee wished to raise to committee:

- concerns around the IT infrastructure – this would allow dental to liaise with other services, sharing of dental records, charts etc could then be shared with GPs, hospitals and public dental services.
- Ventilation – this issue was raised during Covid but still remains an issue
- Recruitment and retention – ongoing issues with trying to recruit into dentistry, committee was enquiring about the use of media to try to encourage more people to come to work in Highland

The question was raised as to the comms and how to use this as a medium. The Chair stated that she would look into this further as there had been a lot of generic advertising for staff but there may be further help available. B Robertson stated that the issue of recruitment in dentistry had been raised by colleagues at Board level. K McNaught also highlighted that it was not always easy to find where the jobs for NHS Highland are advertised and some work done around making these vacancies easier to find may help.

Discussions were also had around providing facilities to replace those practices that are closing to address the waiting lists of patients.

Action: The Chair to speak with R Fry to discuss further.

5.6 Adult Social Work and Social Care Advisory Committee – 8th December 2022

K McNaught stated that this was her first meeting as Chair and most of the meeting was spent reviewing the constitution.

- Looking at membership – top heavy, there is a need to look at membership
- draft terms of reference have been started and members have been asked to feed into this
- how does this committee fit into this committee?

K McNaught has a meeting with S Steer, Director and R Macdonald, Deputy Director next week to go over the terms of reference. Discussions were had around the Lead Professional role and the expectation of what social work will pick up. Discussions were also had around the Scottish Social Services Council (SSSC) register and the concerns around this. Referral Assessment Officers were also discussed, there are not currently expected to be registered but the register is now closed and will not open again until 2024.

5.7 Area Nursing, Midwifery, and AHP Advisory Committee – no meetings have taken place.

L Currie explained that the team were going through a transitional process. K Patience-Quate were in the process of circulating a survey round the membership, both the advisory and the leadership committee. This should hopefully increase membership and increase the committee productivity. Meetings should resume next year.

5.8 Psychological Services meeting – no meetings took place

The Forum **noted** the circulated minutes and feedback

6 ASSET MANAGEMENT GROUP

Alex Javed and Stephen McNally

6.1 Verbal Update

S McNally stated that the Asset Management Group had only spent around one third of their capital by month 8. However, the capital would be spent by the end of the twelve-month period.

The Forum **noted** the update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE

7.1 Minute of Meeting of 2nd November 2022

K McNaught stated that this was the first meeting that she had attended. G O'Brien explained that the main item that was discussed was the fragility of the care home sector. There is a lot of work going on at this time and hoping to develop a strategy that will be able to respond to the fragility. The care homes are under a lot of pressure and the position of local authorities financially have a big impact on this. Work will be ongoing for some years but there is transformational work that is going on to look at how things can be done slightly differently to address the challenges presented.

The Forum **noted** the circulated minutes

8 Dates of Future Meetings

9th March 2023
4th May 2023
6th July 2023
31st August 2023
2nd November 2023

9 FUTURE AGENDA ITEMS

The Chair asked for suggestions for future agenda items from committee members.

- NTC – this might not be until the May meeting due to time constraints and getting the service up and running
- Culture oversight group

The Chair encourage committee to get in contact with any items they wished to see on the agenda.

10. ANY OTHER COMPETENT BUSINESS

None

11 DATE OF NEXT MEETING

The next meeting will be held on the 2nd March 2023 at **1.30pm on Teams.**

The meeting closed at 2.50pm

**MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held in
the BY MICROSOFT TEAMS
on WEDNESDAY, 23 NOVEMBER 2022**

Present: SarahCompton-Bishop, NHS Highland Non-Executive BoardMember(Chair)
Councillor Amanda Hampsey, Argyll and Bute Council (Vice Chair)
Councillor Gary Mulvaney, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member

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
Kevin Colclough, Head of People Planning, Analytics and Reward, 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
DavidGibson, Chief SocialWorker/Head ofChildren and Familiesand Justice, Argyll and Bute HSCP
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Rebecca Helliwell, Associate Medical Director, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
FionaHogg, DirectorofHuman Resources andOrganisational Development, NHS Highland
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
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kieron Green, Councillor Dougie Philand, Susan Ringwood and Fiona Thomson.

2. DECLARATIONS OF INTEREST

There were none intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute HSCP Integration Joint Board held on 21 September 2022 were approved as a correct record subject to recording that Betty Rhodick, Public Representative was in attendance at this meeting.

4. MINUTES OF COMMITTEES

(a) Clinical and Care Governance Committee held on 26 October 2022

The Minutes of the meeting of the Clinical and Care Governance Committee had not been made available for the meeting.

The Chair of the Committee, Sarah Compton Bishop, gave a brief verbal update advising that the meeting had mainly focused on the Clinical and Care Governance Framework and Performance Reporting and how that would be reported to the Committee. She advised that the Minute would be available for the next meeting of the Integration Joint Board.

(b) Finance and Policy Committee held on 28 October 2022

The Minutes of the meeting of the Finance and Policy Committee held on 28 October 2022 were noted.

(c) Audit and Risk Committee held on 9 November 2022

The Minutes of the meeting of the Audit and Risk Committee held on 9 November 2022 were noted.

5. CHIEF OFFICER'S REPORT

The Board gave consideration to a report from the Chief Officer that included information on the autumn/winter vaccination programme, a short summary from the National Care Service Forum held on 3 October 2022; information on pressures that care at home services were under; information on the Winter Plan; and information on the Scottish Health Awards.

Decision

The Integration Joint Board noted the content of the submitted report.

(Reference: Report by Chief Officer dated 21 September 2022, submitted)

6. STRATEGIC WORKFORCE PLAN 2022 - 2025

The Scottish Government commissioned all NHS Boards and Health and Social Care Partnerships to develop and publish a three year Strategic Workforce Plan. The Board gave consideration to a report attaching the Argyll and Bute HSCP Strategic Workforce Plan for formal approval by the Board.

Decision

The Integration Joint Board –

1. formally approved the 3 year Workforce Plan for the Argyll & Bute HSCP and;
2. noted and approved the governance and reporting arrangements in relation to oversight of the actions contained within the Plan.

(Reference: Report by Head of People Planning, Analytics and Reward dated 23 November 2022, submitted)

7. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 2 (2022/23)

The Board gave consideration to a report on staff governance that covered financial quarter 2 (July to September 2022) and the activities of the Human Resources and Organisational Development Teams.

Decision

The Integration Joint Board –

1. noted the content of the quarterly report on the staff governance performance in the HSCP;
2. took the opportunity to ask any questions on people issues that were of interest or concern; and
3. endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by People Partner dated 23 November 2022, submitted)

8. WHISTLEBLOWING STANDARDS REPORT

The Board gave consideration to a report attaching the Whistleblowing Standards quarter one report (April – June 2022) and quarter two (July – September 2022) as well as the final version of the annual report covering the period 1 April 2021 to 31 March 2022, which was the first year of the standards.

Decision

The Integration Joint Board noted the content of the report.

(Reference: Report by People Partner dated 23 November 2022, submitted)

The Integration Joint Board adjourned between 2.35pm and 2.45pm for a comfort break. Betty Rhodick left the meeting for a short period at this point.

9. ARGYLL AND BUTE HSCP PERFORMANCE REPORT - NOVEMBER 2022

The Board gave consideration to a report detailing performance against six new targets set for reducing long waiting times across both inpatient and outpatient specialities for 2022, 2023 and 2024. The report detailed current performance against the new targets building on previous remobilisation performance.

Decision

The Integration Joint Board –

1. acknowledged performance against target with regards to the Outpatient & Inpatient Long Waiting Times for November and previous month;
2. noted the performance with regards to the Treatment Time Guarantee (TTG) - Inpatient/Day Case Waiting List;
3. noted the update with regards to progress with the development of the Integrated Performance Management Framework (IPMF);
4. acknowledged Delayed Discharge performance and forecasting; and
5. acknowledged progress against CAMHS & Psychological Therapies 18 week LDP standard.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 23 November 2022, submitted)

10. ARGYLL AND BUTE HSCP ANNUAL PERFORMANCE REPORT 2020/21

The Board gave consideration to a report presenting the Argyll and Bute HSCP Annual Performance Report 2020/21. The report took account of the significant impact the Covid 19 Pandemic had had on services and the changes to the delivery of Health and Social Care Services.

Decision

The Integration Joint Board approved the Annual Performance Report for the Health and Social Care Partnership for the year 2021.

(Reference: Report by Head of Strategic Planning, Performance and Technology dated 23 November 2022, submitted)

Betty Rhodick joined the meeting again during the consideration of the following item of business.

11. CHIEF SOCIAL WORK OFFICER REPORT 2021/2022

The Chief Social Work Officer is required to submit an annual report to the Scottish Government in the autumn. The Board gave consideration to a report presenting the Chief Social Work Officer Report for the financial year 2021/22.

Decision

The Integration Joint Board noted the content of the Chief Social Work Officer Report 2021/22.

(Reference: Report by Chief Social Work Officer dated 23 November 2022, submitted)

12. CLIMATE CHANGE REPORTING 2021/22

All public bodies in Scotland are legally required to submit and publish a Public Bodies Climate Change Report. The Board gave consideration to a report providing the proposed submission for the Integration Joint Board with a brief overview of how the Health and Social Care Partnership was responding to the Climate Change and Sustainability agenda in partnership with Argyll and Bute Council and NHS Highland.

Decision

The Integration Joint Board –

1. noted the requirement to submit a Climate Change Duties Report by 30 November;
2. approved the proposed submission attached as Appendix 1 to the submitted report; and
3. endorsed the partnership approach taken by the HSCP in respect of its Climate Change Duties.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

13. FINANCE

(a) Budget Monitoring - 6 Months to 30 September 2022

The Board gave consideration to a report providing a summary of the financial position of the Health and Social Care Partnership as at 30 September 2022 and a forecast for the year. The report also provided an update on the delivery of the savings programme and utilisation of reserves.

Decision

The Integration Joint Board –

1. noted that there was a relatively small forecast revenue overspend of £737k as at 30 September 2022 and that it was anticipated that the HSCP would be able to operate within available resources in the current year;
2. noted progress with the savings programme and confirmation of £3.3m in savings delivered, 55% of target;
3. noted that earmarked reserves of £4.7m had been committed;
4. noted that the net cost of the revised local authority pay offer was not confirmed but would add a further cost pressure to Social Work Budgets; and
5. noted that the Scottish Government were in the process of clawing back Covid Reserves (circa £2.5m) and had reduced the Primary Care Improvement allocations by £2.8m as a consequence of reserves held.

(Reference: Report by Head of Finance and Transformation dated 23 November

2022, submitted)

(b) **Medium Term Financial Plan 2023-2026**

The Board gave consideration to a report providing a medium term financial plan for 2023/24 to 2025/26. The report was the basis for detailed financial planning and would be used to inform the savings target for 2023/24. It was intended that the budget gap would be addressed through the development of a value for money strategy and savings plan. The financial plan would continue to evolve as funding and cost pressures were confirmed. The UK Budget was expected in November with a draft Scottish Budget in mid-December 2022.

Decision

The Integration Joint Board –

1. noted the draft Financial Plan and budget outlook for 2023-24 to 2025-26;
2. noted the high level of risk and uncertainty;
3. noted the forecast budget gap; and
4. noted that work was underway to develop value for money and savings plans to address the budget gap.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

(c) **Audited Annual Accounts 2021/22**

The Integration Joint Board is required to produce a set of audited annual accounts for 2021/22. The accounts were produced within a revised extended timescale and had been subject to independent audit by the external auditors, Audit Scotland. The audit process had been completed and Audit Scotland had issued an unqualified report. The Accounts, Audit Report and Letter of Representation were considered by the Audit and Risk Committee at its meeting on 9 November 2022.

Decision

The Integration Joint Board –

1. noted that Audit Scotland had completed their audit of the annual accounts for 2021-22 and had issued an unqualified Independent Auditor's Report;
2. noted the 2021/22 Annual Audit Report prepared by Audit Scotland and management responses to the recommendations;
3. approved the draft letter of Management Representation to Audit Scotland; and
4. approved the Audited Accounts for signature and publication.

(Reference: Report by Head of Finance and Transformation dated 23 November 2022, submitted)

14. DATES FOR THE FORTHCOMING YEAR

The Board gave consideration to a proposed programme of meeting dates for the Integration Joint Board and its Committees for the forthcoming year.

Decision

The Integration Joint Board agreed the proposed meeting dates for the Integration Joint Board and its Committees for the forthcoming year.

(Reference: Proposed meeting dates prepared by Business Improvement Manager dated 23 November 2022, submitted)

15. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 25 January 2023 at 1.00pm.

STAFF GOVERNANCE COMMITTEE

Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 9th November 2022 with attendance as noted below.
- **Approve** the report and agreed-on actions resulting from the review of the specific topics detailed below.

Present:

Sarah Compton-Bishop, Board Non-Executive Director (Chair)
Jean Boardman, (Non-Executive) Vice Chair
Bert Donald (Non-Executive)
Elspeth Caithness, (Employee Director)
Kate Dumigan, (Staff side representative) (until noon)
Aileen Gardner, (Staff side representative)
Pam Dudek, (Chief Executive)

In Attendance:

Fiona Hogg, Director of People and Culture
Gaye Boyd, Deputy Director of People
Bob Summers, Head of OHS (10am until 11am)
David Park, Deputy Chief Executive (from 10.15am)
Katherine Sutton, (Chief Office, Acute) (10am until 11am)
Ruth Daly, Board Secretary
Boyd Peters, Medical Director (from 11.15am)
Tim Allison, (Director of Public Health) (until 1pm)
Ruth Fry, Head of Comms & Engagement)
Jo McBain, Director AHP's (until 1pm)
Heledd Cooper, Director of Finance
Margaret Moss, Associate Director AHP's (North Highland)
Louise Bussell, Chief Officer, Highland HSCP

Karen Doonan, Committee Administrator (minutes)
Nathan Ware, Governance & Assurance Co-Ordinator
Helen Freeman, Director of Medical Education (Item 5.5, 6.1)

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed everyone to the meeting. Apologies were received from D MacDonald, C Lawrie and F Davies. C Lawrie has arranged for A Gardner to attend as deputy.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETINGS HELD ON 7th September and 9th November 2022

The Minutes of the Meetings held on 7th September and 9th November 2022 were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

F Hogg explained that progress is being made on all open actions in the action plan. F Hogg also explained that if an item had been added to the workplan, this would allow us to close the action plan item..

- Action 53 and Action 90 – Both actions can be merged so there is only one action around IPQR. The wording will just need amending, to ensure that the specific items we want to see are clearly set out.
- Action 37 and Action 86 – Items to be closed off and a new action regarding the review of Induction can be created to ensure there is an ongoing review of the induction process.

The Committee **Approved** the updates to the Action Plan.

2.3 REVIEW OF COMMITTEE WORKPLAN and HOT TOPICS (Updated)

The Chair explained the Committee work plan has recently been amended to include the "Hot Topic" section at the top of the page, ensuring that each of these items are considered, even if not a substantive agenda item, until they are no longer required to be a "Hot topic".

F Hogg stated that the 2023 to 2024 work plan had not been created yet, but the Workplan Standing items section will give an idea what is needed to be included for the upcoming year. It also splits out certain topics that only need to be included in the agenda for certain meetings. The example was given of the Communication and engagement update, due to good progress being made on the area, it will not need to be assured at every meeting, only every 6 months. Having these two types of standard items will give assistance to creating agendas and planning for each meeting.

The Spotlight Session will now include a review of the People risks on the level 2 risk registers. The People team are currently working on a new template to integrate the two, this will allow a discussion around how they are being delivered against the Staff Governance standards and which actions are being taken to ensure level 2 risk registers are being effectively managed.

The Committee:

- **Approved** the minutes of the meetings held on 7th September and 9th November 2022.
- The Committee **Approved** the updates to the Action Plan.
- **Noted** the latest version of the Staff Governance Committee 2022/23 Workplan and that the 2023 to 2024 is a work in progress.

3 MATTERS ARISING NOT ON THE AGENDA

On boarding and Exit surveys

The Chair asked for an update on the launch of the on-boarding and exit surveys. F Hogg explained that these were a key focus for the People team at the moment, aiming to launch them in Feb 2023. Having the surveys will provide good insight and collectively feed into the improvement work the board are currently working on.

4 ITEMS FOR APPROVAL

4.1 Staff Governance Committee ToR approval

Fiona Hogg, Director of People and Culture

The Chair stated that the Staff Governance Terms of Reference had been amended prior to the previous meeting in November. Since November there has been a further update to the statement of best value. F Hogg explained that more people are getting involved in the Staff Governance Committee and members who cannot attend often send a deputy in their place.

F Hogg expressed the importance of Non-Executive Directors, Chief Executives and Professional Leads attending Staff Governance, and if they cannot attend to have a deputy attend in their place. E Caithness highlighted the importance of finding a deputy who could attend the full meeting.

The committee reviewed the amendments made and **approved** the revised Terms of Reference for this Committee.

Integrated Performance and Quality Report for Board - People & Culture

Fiona Hogg, Director of People and Culture

F Hogg explained that the summary presented will be added into the Integrated Performance and Quality Report for Board for January. F Hogg spoke to her presentation. There has been a review of how metrics are going to be used going forward, it was highlighted that there are three key areas sickness areas, turnover and vacancies.

- **Sickness absence** increased between October and November 2022 to above 6% for the first time in NHS Highland. Long term resource gaps are a factor, as well as an aging workforce and the sustained level of pressures as we also see winter levels of illness. Currently working with teams to provide support and ensure leave and breaks are being taken and long term absences and return to work are managed effectively.
- **Turnover** rose in November after falls in the previous 3 months, there's no specific reason other than typically less people are actively job hunting in summer and less posts are advertised, and this is the end of the process. On boarding and exit surveys will launch shortly and help us centrally gather feedback on the issues people experience in joining us, as well as why they leave.
- **Vacancies** fell in October and November with more balance between the numbers at advert, shortlisting and interview stage, so workload is more stable and positions are progressing through the process.

Discussion was had regarding the data gathered to provide the figures for sickness absence and turn over. F Hogg explained the turnover was based on those who have externally left NHS Highland and that includes taking retirement. P Dudek explained that it is important to look further into the data gathered to establish further understanding of what it means for the organisation. Further discussion was had around adding aggregated data about workforce availability that takes into account levels of vacancies as well as sickness absence report as this is a useful tool for work force planning and how data is presented to the board. K Sutton stated it would also be useful if the IPQR data was presented with any actions that are being taken based on the data, in addition to the background to the figures.

D Park explained that data can be divided in different ways, but from a Staff Governance perspective, data needs to be used to provide assurance that the processes and controls in place are effective. Data needs to be presented at different operational levels to make the appropriate change required, and then this can be overseen in terms of the governance. Caution is needed around data as it can easily become unmanageable operationally.

F Hogg explained there is ongoing work to provide the correct operational levels with the right detail at the right frequency that gives the assurance of what we are doing.

The committee **reviewed** the report and **approved** for submission to the Board.

5 ITEMS FOR REVIEW AND ASSURANCE

5.1 Area Partnership Forum minutes of meeting held on 9th December

Minutes were not available for review. The Chair asked for them to be made available for review at the next Staff Governance Committee meeting.

Action: K Doonan to add to the papers for the next meeting

The Committee were **unable to approve** the minutes of meeting.

5.2 Health and Safety Committee Minutes of 13th December 2022

Minutes are not available for review. The Chair asked for them to be made available for review at the next Staff Governance Committee meeting alongside the minutes from the 11th October 2022, which had not yet been to the Committee for review.

Action: K Doonan to add to the papers for the next meeting.

The Committee were **unable to approve** the minutes of meeting.

5.3 Strategic Risk Review

Fiona Hogg, Director of People and Culture

The Strategic Risk Review will be an item for every Staff Governance meeting as this will feed into the board reporting. In November the focus of the report was to review the wording, levels and action plans. This went to the board and was approved; the only work needing to be completed for this review is the update of the online Datix tool.

For the culture risk 632, Two actions are on track and being delivered, however, there has been a slight delay in setting up the People and Culture programme board.

The workforce risk 706 has received a very high rating and will be monitored through the People and Culture programme board which hasn't been set up yet. There are structured workforce reviews with each executive and their SLTs around their workforce risk, opportunities and challenges, enabling them to set up their own action plans.

The Statutory and Mandatory training risk 1056 is covered elsewhere on the agenda, and remains a very high risk

For the new Socio Economic Risk (number yet to be allocated) there were two initial actions which were around winter planning and checklist & contingency planning for strike action, both have been completed. Further actions will be considered.

Whilst it is not the remit of the Staff Governance Committee's to manage the level 2 risks, there is a need to have some oversight and assurance that the level 2 risk registers are being actively managed at the correct level and that progress is being made for each item. Therefore, the level 2 risks will be included in the Spotlight sessions.

The Committee **reviewed** the report and progress made and decided to take **moderate** Assurance from the report.

5.4 Update on Whistleblowing visits and our approach / next steps

Verbal update by Bert Donald, Non-Executive Director

It was stated that whistleblowing is an integral part of culture in the organisation; if the culture is not right colleagues will not feel confident in speaking up. B Donald stated that he has been visiting sites across the board area over 21-days to date. It has been noticed that not all concerns brought forward were whistleblowing issues but more concerns around certain areas and that further work within the organisation was required to improve staff knowledge of the whistleblowing standards.

P Dudek explained the need to be cautious with concerns raised ensuring that they are validated, managed correctly and investigated thoroughly. Discussions were had around the whistleblowing standards and how they can be promoted organisation wide to increase awareness and understanding. F Hogg stated that it could be possible to begin workshops with the senior leaders, this would allow them to share information within their teams about the whistleblowing standards. The Chair highlighted that the use of data is important to validate concerns raised whether they are deemed whistleblowing or not.

B Donald explained by the end of February each year he has to write to the Cabinet Secretary, providing them with an update on the whistleblowing process within NHS Highland. This includes how the board continue to actively support and promote openness and transparency within the organisation; demonstrate how staff are encouraged to speak up and reporting arrangements that provide assurance to the Board.

The Committee **reviewed** the information and progress made and **noted** the next steps.

5.5 Medical Education Annual report

Report from Helen Freeman, Director of Medical Education

H Freeman spoke to her presentation. Highlighting the challenging period since Covid and explained that Scottish Government are aiming to increase the number of medical students across all Scottish Health Boards.

- Core remit of Medical Education is to ensure the quality of training and experience for medical students and to support trainers with their teaching activities. This is managed through the educational structure and committee.
- Workforce planning needs to be reviewed to assess how capacity can be increased to contribute to the increase of medical students. If trainee numbers are to increase this will have an impact on trainers and consultants who support them.
- NHS Highland have placements available across all sites including Primary care and RGH's. Currently we have 190 Doctors in training, this is likely to increase due to Scottish Government proposals.
- Shortage of availability to place trainees into primary care at Foundation level. This reflects the huge service pressures that colleagues are facing. There is an option for NHS to create this capacity and this is something that is being looked into.
- Increase in International recruitment has resulted in the Health Education England and GMC producing the International medical graduate pilot.
- Accommodation still challenging for medical students as there is limited availability – especially for international graduates. NHS Highland have invested in accommodation renovation including the medical education room at Raigmore Hospital.
- Quality processes in place are effective - early indication of staff concerns at a medical surgery in Oban due to red flags. Two visits led to an SBAR being raised into the senior leadership team and an agreement for an action plan and additional recruitment.
- New Craig's Hospital had a visit triggered last year due to red flags. There has been a lot of work with the medical education team, local leadership and trainees. Positive visit which highlighted the hand over the newly developed simulation boot camp.
- Funding has allowed for the introduction of high-fidelity simulation equipment for post graduate surgical training. Some immersive and VR equipment and some ultrasound device simulation equipment for our medical and ascetics trainees.
- Bootcamps have been introduced for Graduate Development, Psychiatry, Unconscious Bias and Equality & Diversity.

H Freeman explained that the priority going forward is to promote a supportive learning culture, to continue work around equality and inclusion. The question was raised as to how to increase the capacity for more medical students. H Freeman explained that there is a review of the workforce planning and there is a close liaison with existing clinical teams within NHS Highland and the partner education provider.

Discussions were had around the challenges with accommodation for training and for students and F Hogg and H Freeman agreed they would collaborate at a future point due to both experiencing similar challenges.

B Donald enquired about the issues faced in Oban and the reporting of issues to the Deanery and whether steps taken are sustainable. H Freeman outlined the anonymous feedback session carried out by the Deanery each year and explained that by the time the feedback is provided the organisation is already aware of the majority of the issues and have a plan already in place to resolve the issue. H Freeman stated that there is recruitment for a rural emergency practitioner role with a view for creating a tier system within the emergency department to allow more support.

H Freeman explained there is a challenge with the increase in the number of trainees and how the organisation manages this – there is a need for this to be monitored as the requirements for education are becoming more defined. B Peters summarised that the ongoing debate in respect of how medical education is reported to the Board – through Staff Governance, Clinical Governance or whether it is reported directly to the Board. Medical Education is regulated through the General Medical Council (GMC), NHS Education for Scotland (NES) and the Scottish Education system, meaning there are certain regulations that need to be adhered to regarding future workforce planning and staffing. B Peters explained that the feedback gives an insight of the way things will work at an operational level.

The Committee reviewed the report and progress made and agreed to take **Moderate Assurance** from the report.

6 ITEMS FOR INFORMATION AND NOTING

Update on approach to Compassion and Values

Presentation by Helen Freeman

H Freeman spoke to a presentation. Everyone has a role to play in culture change and it was highlighted that there was different cultures and environments across different departments and teams. To bring these cultures together the organisation as a whole need to agree shared values together and to work toward these.

- Engagement is a key marker in understanding the how the care and quality of an organisation. Driven by a sense of being valued and how we interact with each other.
- External stressors can contribute to incivility in the environment which could mean people may not realise the impact of their behaviour.
- NHS Highland are using a compassion focussed approach as this leads to better health outcomes, appears to protect from burnout. Treating healthcare staff compassionately has a huge impact on patient care quality and safety.
- We have developed the caring with compassion framework that can be used in how we communicate as an organisation and through our teams. These key themes are - Safety, Belonging, Respect, Trust, Supported, Valued, Thriving.
- To promote the compassion framework and encourage discussion about how it lands with colleagues, there will be an engagement programme and a schedule of events for colleagues to find out more information regarding each framework item and will allow staff members to provide any feedback and for the framework to be updated appropriately

The question was raised as to how to engage with colleagues in a way that they feel safe enough to speak up and feedback. H Freeman explained that it may be challenging to

evaluate, raising awareness may have a direct or indirect effect. Raising trust and engagement may build a culture where people feel happier to speak up.

D Park highlighted the importance of having managers and supervisors on board with this, having clear expectations would make this easier. P Dudek expressed that it is important to have engagement from all operational levels, without this we will fail to support the work being done.

B Peters explained that the change may be difficult for some colleagues and it may be a long process. H Freeman stated that this is not a launch this is the introduction of engagement sessions to promote and receive feedback on the proposed framework.

The Committee **reviewed** and **commented** on the proposed approach outlined and plans for progressing this work.

6.1 Health and Care Staffing Act Implementation update

Update from Fiona Hogg, Director of People and Culture

While presenting, the following was highlighted:

- In late December 2022, colleagues from NHS Highland attended a virtual roadshow from colleagues in HIS and Scottish Government setting out more information about the act.
- NHS Highland needs to be aware of this Act and the Committee will need to understand the timescales and scope and what our role will be, in terms of assurance and oversight.
- There will be ongoing support from HIS and Scottish Government through implementation, including guidance, learning communities, working on staffing tools and we linked into all of this through various colleagues.
- NHS Highland will oversee progress with the implementation through an integrated governance approach as this is aligned to our strategy and ADP, not a separate piece of work.
- The actions in the unfilled shift audits related to two key areas; data, systems and processes and the work needed to redesign roles that are hard to fill and review establishments. This is a core part of the workforce efficiencies that people partners, and finance colleagues are supporting with each of the leadership team.
- People and Culture Programme board will oversee the work of the workforce oversight group. This is being put in place throughout January and February 2023.
- Health and Care Staffing Act also applies to Care Services as well as the Health Boards. Due to the nature of the work, they have slightly different duties under the Act.
- Regular updates will be made to the Staff Governance Committee on progress with implementation of the Act.
- As the detailed plan develops towards implementation date, appropriate development and committee papers will be scheduled into the work plan to give the Committee appropriate information and support to fulfil oversight and assurance role.
- The Governance arrangements will be in place for the workforce group and the People and Culture Programme Board will be in place by March committee.

The Committee **noted** the update on implementation of the Health and Care Staffing Act and on the recent Unfilled shifts audit.

6.3 Update on Progress and Approach to Statutory and Mandatory training

Presentation from Fiona Hogg, Director of People and Culture

While presenting the following was highlighted:

- Statutory and Mandatory Training compliance is on the work plan, allowing timely updates or issues to be raised at any meeting.
- Strategic risk reports will cover progress on this Very High Risk and the Directorate spotlight sessions will include details of how this is managed on their level 2 risk registers.
- 6 monthly deep dives into the subject have been added to the March and September SGC agendas and this will also go to Board in March.
- There are specific actions within our Annual Delivery Plan on this topic, so updates on progress with the ADP and the People and Culture Programme Board assurance reporting will cover this area.
- Health & Safety indicators will also be added to our IPQR and Staff Governance work force report on a regular basis.
- The Audit plan status states there were 17 actions, 5 have been completed, 6 have the RAG status of Green (they are on track and progressing well) and 6 have been paused or delayed. The oversight group are actioning 4 from the 'paused / delayed' group.
- The Audit Plan actions are currently being tracked through the Annual Delivery Plan (ADP), another report is expected in October – December
- Enablers – developed and delivered training videos including 'Day 1 corporate induction', an enabler which introduces tone and Culture for new staff joining NHS Highland.
- The systems team run regular communication and training for colleagues and managers to access the learning platform.
- Violence & Aggression have tailored training to start using scenario-based training and are monitoring the effectiveness and outcomes.

The Committee **noted** the progress made to date with improving compliance and the approach being taken moving forward.

6.4 Staff Governance Committee workforce report

Lori Pattison, People Planning and Analytics Manager

L Pattison provided an overview on the Workforce Report SGC December 2022 Presentation and Excel Spreadsheet SGC Metric Examples.

While presenting the following was highlighted:

- The SGC Metric Example spreadsheet provides examples of some potential metrics around workforce planning, availability and performance.
- There will be two styles of reports available to be viewed on the Dashboard. There will be a static report and a live feed. The Live feed will provide more details than

the static report and will also provide more flexibility as it allows filters to be applied to the data. An example was provided and the filtering by job families and professional groups highlighted.

- The Metric Dashboards are still being developed as there is further discussions around what information needs to be displayed on each dashboard, who will benefit from seeing that information and why will displayed information be required.
- There is a current discussion around retirement age, metric dashboards have helped produce data to inform the discussion. The dashboard highlighted that the retirement age is reducing in all professions. Trend analysis to show that over 2000 employees are age 57 and over with the average retirement age being 63.4. The professions with a lower age of retirement are Allied Health Professionals, Medical, Medical Support, Pharmacy and Psychiatry. Having this information available allows planning easier for managers to understand potential gaps in service with a third of the workforce being over 50.
- The Supplementary Staffing Dashboard will help understanding where the supplementary staffing is increasing. This will aid the understanding of the overall staff-force availability, spend ratio and how this maps to the current vacancies. This is still in the scoping phase of how it needs to be presented to staff governance.

The Chair commented on the presentation and explained that this is the first time this information has been presented to the committee and that some of the information on the presentation would not be relevant to the Staff Governance Committee.

F. Hogg explained that having the metric dashboards available to all staff at any operational levels will allow staff to see data for themselves and might reduce actions being taken that will not have an impact on improving the service.

Action: Feedback will be provided to L. Pattison by F. Hogg regarding which data would be relevant to present to the Staff Governance Committee.

The Committee **noted** the update and took **moderate assurance** from the report

6.5 Update on progress with the Annual Delivery Plan

Verbal update from Fiona Hogg, Director of People & Culture

The ADP is continuing to progress. A report is currently being compiled which will be presented to Scottish Government to confirm what was delivered between October and December 2023. Some items have been deliberately paused as further work is required to refocus and re-plan including promoting professionalism and team conversations.

The Committee **noted** the update on progress with delivery against the ADP People and Culture elements.

AOCB

There was no further business discussed.

8 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 8th March 2023 at **10.00 am** on **MS Teams**.

8.1 Meeting dates for 2023

10 May 23
28 June 23
6 Sept 23
8 Nov 23

The meeting closed at 1.15pm



Meeting: NHS Highland Board

Meeting date: 31 JANUARY 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 a:

- Annual Operating Plan

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

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

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

2 Report summary

The NHS Highland Integrated Performance & Quality Report (IPQR) is aimed at providing a bi-monthly update on the performance of our health and care system. It also gives a narrative on the specific outcome areas from the Executive Lead to give assurance.

We are continuing the review of the current IPQR process and reporting to ensure it meets the needs and assurances the board requires along with supporting our governance committees.

The current key performance indicators within this month's IPQR have been aligned to the strategy and additional indicators have been added to ensure we have measures for all outcome areas moving forward and alignment with the Local Delivery Plan measurements.

2.1 Situation

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

2.2 Background

The background to the IPQR has been previously discussed in the NHS Highland Board.

2.3 Assessment

A review of these indicators continues to take place in the associated Programme Boards, Performance Oversight Board and governance committees.

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"/>

Due to the continued challenges health and social care services face limited assurance on performance is provided at this time. The Annual Delivery Plan ensures we have a collaborative understanding.

3 Impact Analysis

3.1 Quality/ Patient Care

IPQR gives an integrated summary of our quality and patient care across the system.

3.2 Workforce

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

3.3 Financial

The financial summary is now separate.

3.4 Risk Assessment/Management

This intelligence contained in the IPQR is managed operationally and overseen through the appropriate Governance Committees, and the Performance Oversight Board. It will form part of continual improvement by all sectors involved and allow consideration of the intelligence presented as a whole system.

3.5 Data Protection

The Plan 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 the system.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation

- Take limited assurance on the performance of the system due to the continued challenges faced by health and care services
- The annual delivery plan and winter plan continues to support mitigation plans where possible

4.1 List of appendices

- IPQR – January 2023



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Integrated Performance and Quality Report

January 2023

The purpose of the IPQR is to give an overview of the whole system performance and quality to the NHS Highland Board. The data within has previously been considered at the Staff Governance Committee, the Finance, Resources and Performance Committee or the Clinical and Care Governance Committee. The Argyll & Bute data is not included in this month's report as they are refreshing their approach.

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

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



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Screening)

“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”



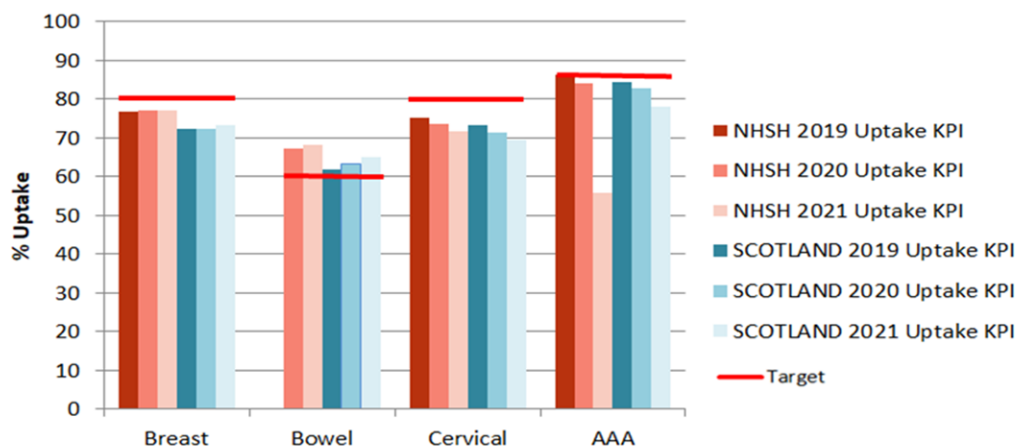
Dr Tim Allison,
Director of Public Health

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

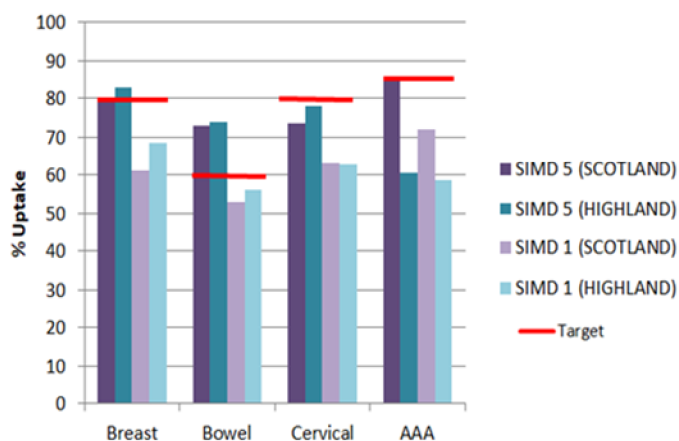
In Scotland there are 6 adult, 1 preschool and 2 newborn screening programmes.

The 6 adult programmes are: Bowel screening (men and women between 50-74), Breast screening (women between 50 to up to age 71), Cervical screening (women and anyone with a cervix between 25-64), Abdominal Aortic Aneurysm (AAA) screening for men aged 65, Diabetic Eye Screening (from age 12 with Type 1 or Type 2 diabetes), and Pregnancy screening. Newborn programmes are bloodspot and hearing screening, and the preschool programme is vision screening. Adult screening was paused during the COVID pandemic. Since remobilisation, all programmes have had to address the needs of those not invited during this gap whilst inviting newly eligible people.

Performance of Screening Uptake in NHS Highland



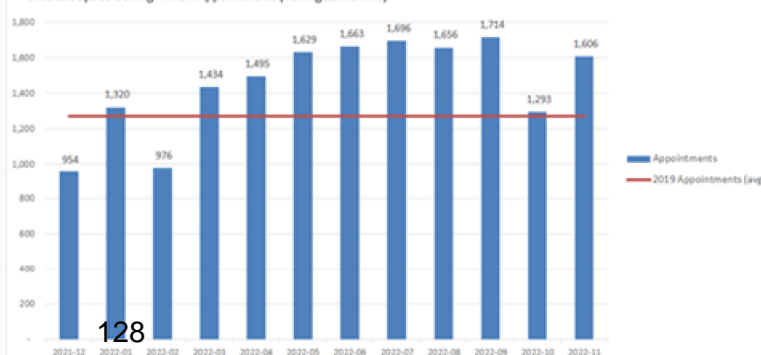
Inequality in Screening Uptake in NHS Highland 2020/21*



NHS AAA Backlog (Count of overdue men awaiting appointments)

	01-Jul-22	01-Aug-22	01-Sep-22	01-Oct-22	01-Nov-22
Number initial participants who are >66	507	429	330	124	114

Diabetic Eye Screening - NHS Appointments (Rolling 12 Months)



Performance Overview

Comparing screening performance to previous year results and against Scottish benchmarks, demonstrated that NHS screening participation is consistently higher than seen throughout Scotland.

The exception to this is for AAA screening in 2021 where pressures in the Argyll & Bute resulted in a backlog in men being invited for screening. This position is now improved as a result of improvements and capacity increases. There are no formal KPIs for Diabetic Eye Screening. New KPIs have been developed but not yet released nationally. However, management data has assured that appointment capacity has returned to pre-COVID levels. There is currently no KPI monitoring data for Pregnancy and Newborn screening due to data issues within BadgerNet. There are no KPIs for Child Vision screening. Screening uptake is consistently higher in least deprived areas (SIMD 5). A screening and inequalities plan is being finalised outlining focused activities to address equality gaps and widen access to screening.



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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3A

Our Population
Stay Well (Vaccinations)

“Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population”

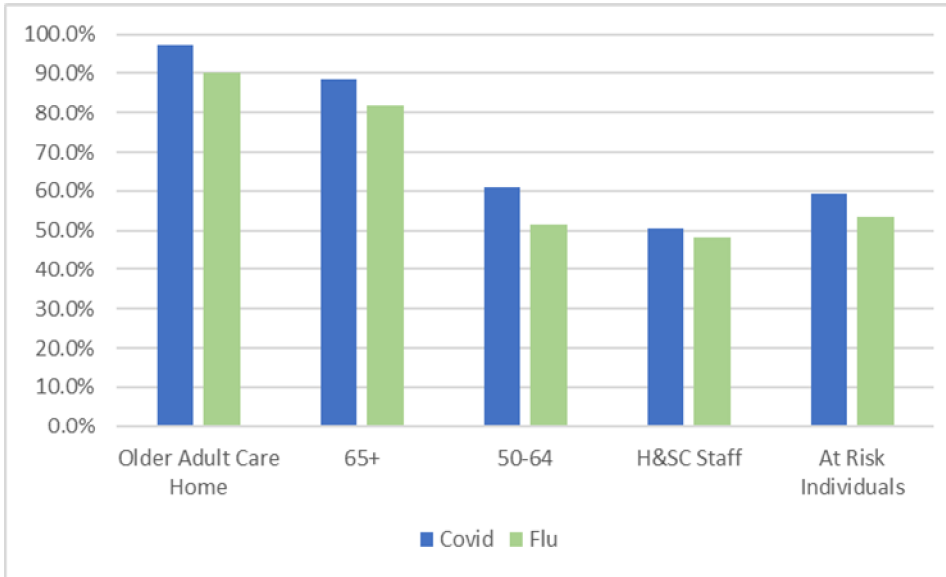


Dr Tim Allison,
Director of Public Health

The autumn COVID and influenza vaccination programme has been delivered by Board staff except for some islands where there has been practice delivery. There are 28 vaccination centres in the Argyll and Bute HSCP area and 65 in the Highland HSCP area in addition to school, care home and domiciliary vaccination locations.

As part of the Vaccination Transformation Programme, other vaccinations such as those for young children and school-aged children are in the process of transfer to board delivery.

Vaccination uptake as at 18/12/2022



Note: At Risk Individuals are aged 5-64 for Covid and 18-64 for Flu

Performance Overview

COVID and influenza vaccination uptake has overall been slightly lower in NHSH compared with the average for Scotland. However, for care home residents and health and social care staff the local rates have exceeded national averages. Argyll and Bute uptake is higher than that for Highland. Overall uptake for COVID vaccination was 70.9% at the end of December against a target of 80%. The opportunity for catch-up vaccinations remains.

Overall Vaccination uptake by Health Board

	Covid	Flu
Ayrshire & Arran	72.9%	63.8%
Dumfries & Galloway	77.1%	71.1%
Fife	71.9%	63.8%
Grampian	72.3%	63.8%
Highland	70.9%	62.5%
Tayside	72.2%	63.8%



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Dr Tim Allison,
Director of Public Health

Alcohol is an important factor in the health of the population and Alcohol Brief Interventions (ABIs) are a significant way to address this.

The target for ABI's is to deliver 3688 ABI's in priority settings (Primary Care, A&E and Antenatal) and expand delivery in wider settings (quarterly) There is currently no specific targeted focus on inequalities.

The Locally Enhanced Service for Alcohol Screening and Brief Interventions Service Level Agreement is currently being revised and updated.

Integrated Performance & Quality Report

Objective 1
Outcome 3

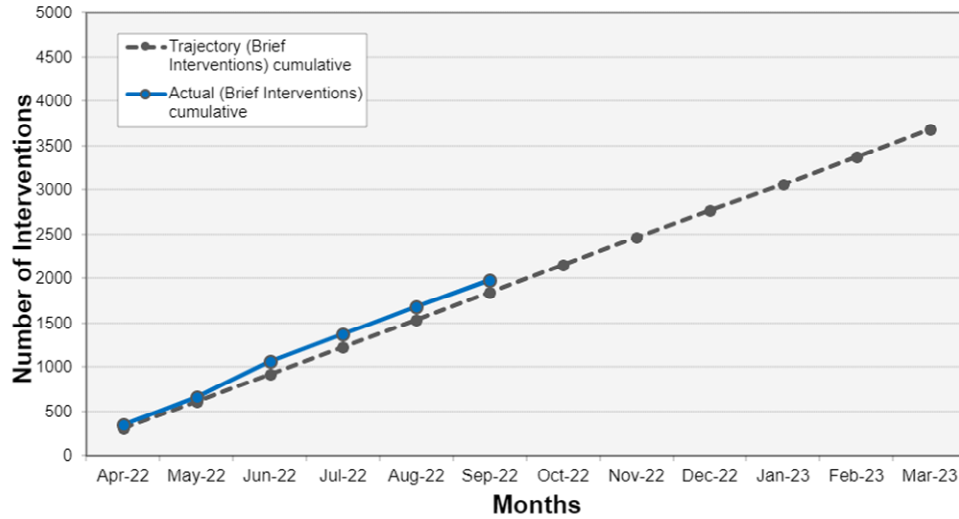
Our Population

Stay Well (Alcohol Brief Interventions)

Priority 3B "Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk"

New
indicator

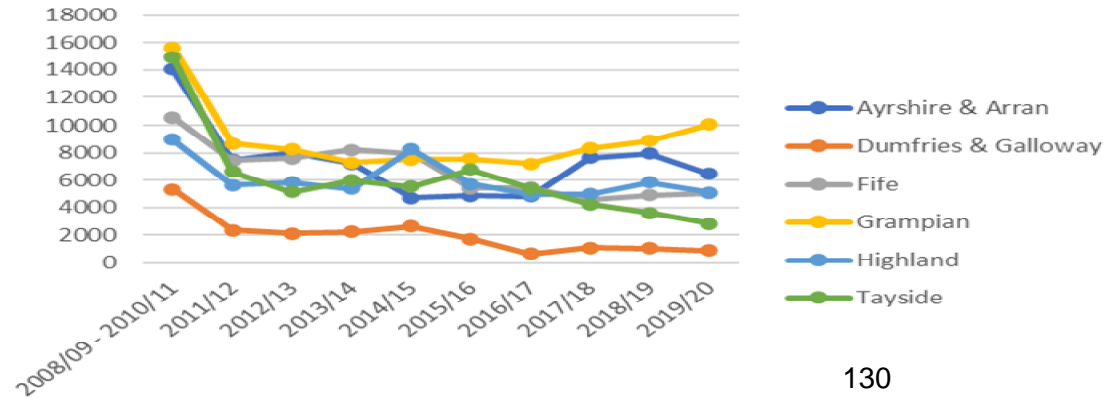
NHS Highland - Alcohol Brief Interventions 2022/23 Q2



Performance Overview

NHS Highland is currently above target with 1976 ABIs completed in total during the first 2 quarters of 2022/23 (above trajectory of 1841). However, current activity is not spread evenly and the overall target is being achieved through the work of a part of the system. The number of ABIs reported are for Highland area H&SCP with the majority from GPs. Very few cases being reported in the wider setting and no ABIs are available from Argyll and Bute. Delivery and reporting from secondary care needs to be addressed as reporting ceased during the pandemic and an improvement plan is needed for Argyll and Bute.

ABIs delivered





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Dr Tim Allison,
Director of Public Health

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

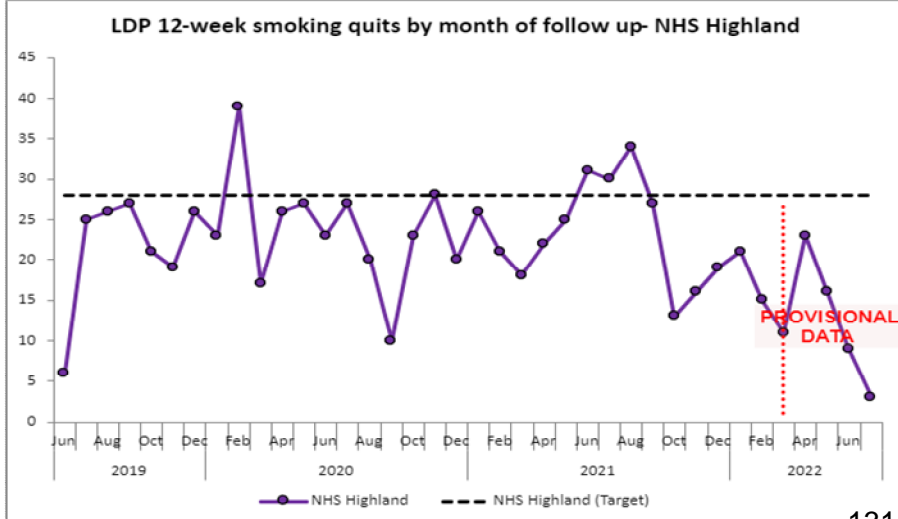
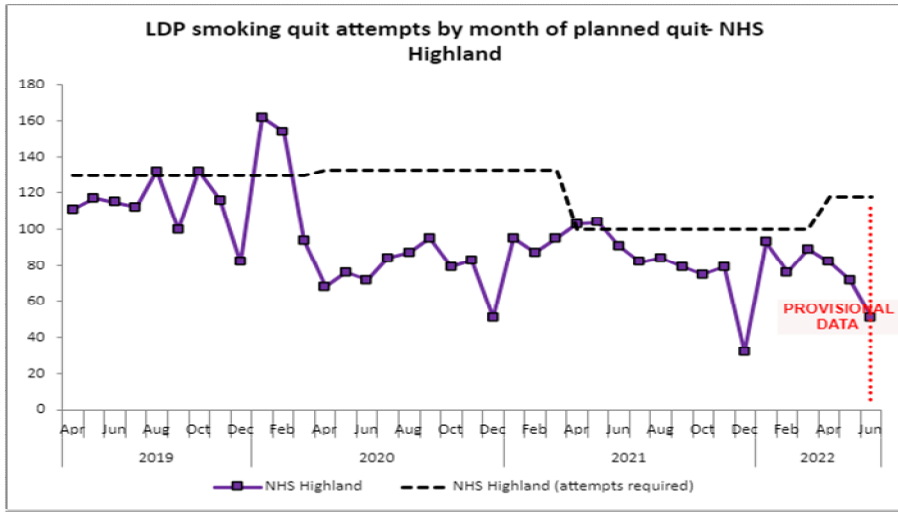
Integrated Performance & Quality Report

Objective 1
Outcome 3

Our Population
Stay Well (Smoking Cessation)

Priority 3B “Engage with individuals, families and communities to enable people to make healthier choices for their future and provide direct support when they are at risk”

New
indicator



Performance Overview

The current target is to deliver 336 successful quits at 12 weeks in the 40% most deprived within board SIMD areas. 57 successful quits were achieved in the first quarter at 12 weeks in the 40% most deprived (significantly below trajectory of 84). There are significant issues with capacity and data quality with Community Pharmacies and work is under way to remedy this. Referrals from health professionals in particular have dropped significant since the beginning of COVID. Work is taking place with the aim of improving this. The national target has remained the same for the last 5 years with only 3 of 15 Boards reaching the LDP target in 2020/21 and 4 reaching the target in 2019/20



Together We Care
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Integrated Performance & Quality Report

Objective 1
Outcome 3
Priority 3B

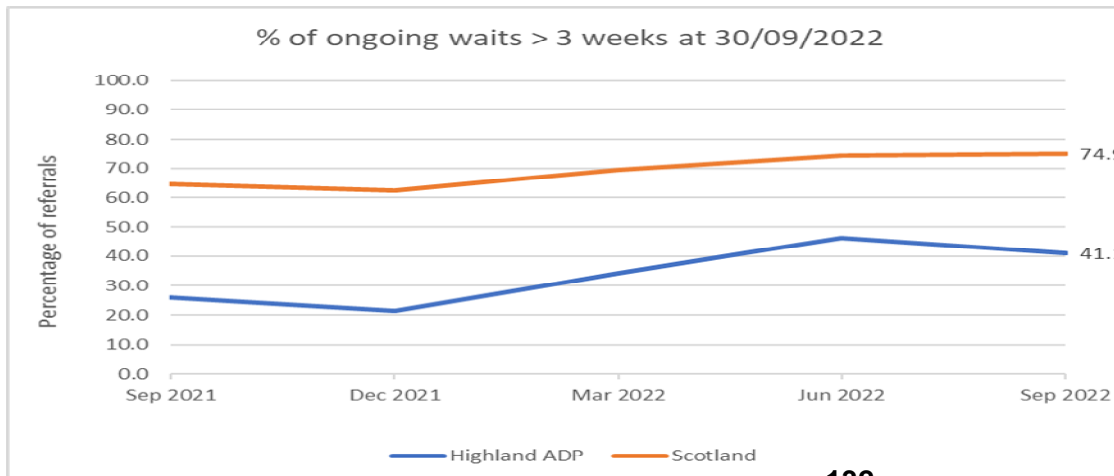
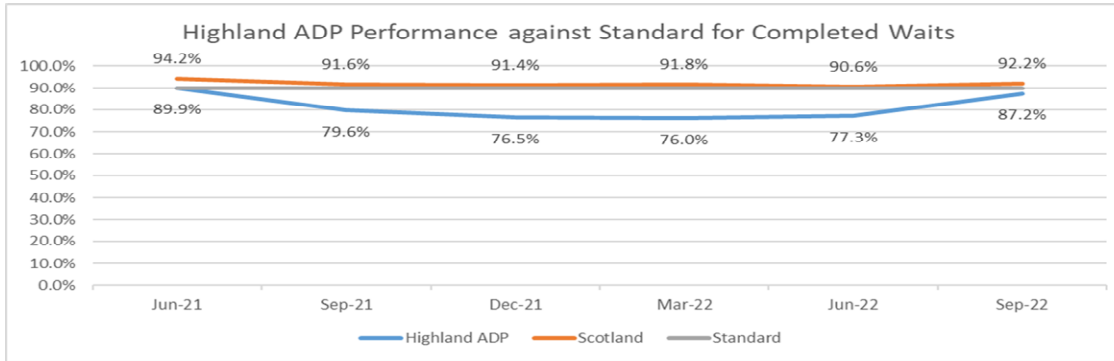
Our Population
Stay Well (Drug and Alcohol waiting times)
“No patient will wait longer than 3 weeks for commencement of treatment”



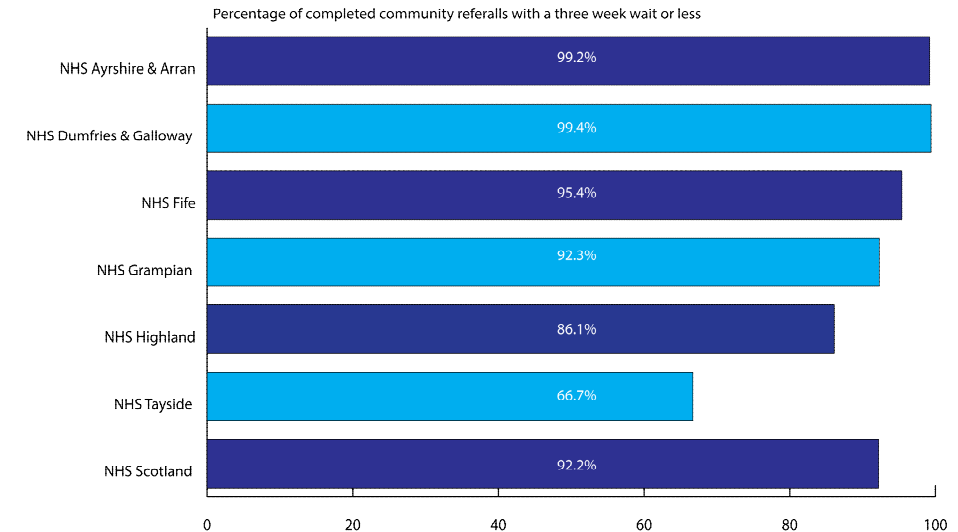
Louise Bussell
Chief Officer, NHHSCP

As identified last quarter there has been and continues to be a marked improvement in ADP performance against completed waits. In addition, there has been a reduction in the % of ongoing waits of more than 3 weeks. This relates to the service implementing new approaches and recruiting to new posts to support people across Highland. They continue to provide immediate assessment rather than delay, caseload supervision to ensure flow, and have redesigned the pathway.

**North Highland Drug & Alcohol Services September 2022 - 87.2%,
Please note the standard was achieved for people for Drug treatment in this
quarter
Scotland 92.2%**



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





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Katherine Sutton
Chief Officer, Acute

Start Well aims to give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy. The Maternity & Neonatal Programme Board is the collective strategic governing body to ensure we meet Start Well objectives through robust and rigorous planning, escalation and risk management.

Workforce planning is integral to the success of Start Well, and focussed discussions are actively underway to seek to address gaps across maternity and neonatal services.

Further work is to be done in understanding CMU models of care and how this vital part of maternity services can be utilised to create additional capacity within acute sites, and ensure NHS Highland is able to offer a maximised suite of available care and delivery options for women and their families.

Integrated Performance & Quality Report

Objective 1

Outcome 1

Priority 1A, 1C

Our Population

Start Well (Maternity Services)

“Give every child the opportunity to start well in life by empowering parents and families through information sharing, education and support before and during pregnancy”



Performance Overview

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

The LDP standard is that at least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will be booked for antenatal care by the 12th week of gestation. NHS Highland performance is 91.8% and is one of the highest performing boards in Scotland as at June 2022.

YTD Cumulative Summary (1 Jan 2022 - 30 Nov 2022)*

	Number of Bookings	Number of Deliveries
Skye and Lochalsh CMU	85	12
Caithness CMU	225	10
Fort William CMU	164	25
Raigmore Maternity	1451	1721

*Trends of this chart stratified by location will be available for the next IPQR.



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Katherine Sutton
Chief Officer, Acute

Integrated Performance & Quality Report

Objective 1

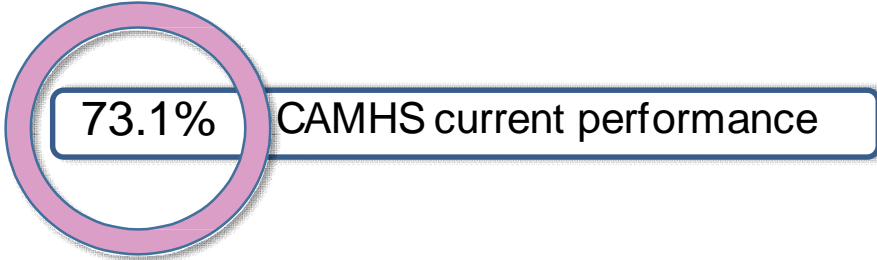
Outcome 2

Priority 2C

Our Population

Thrive Well (CAMHS/NDAS/Integrated Children's Services)

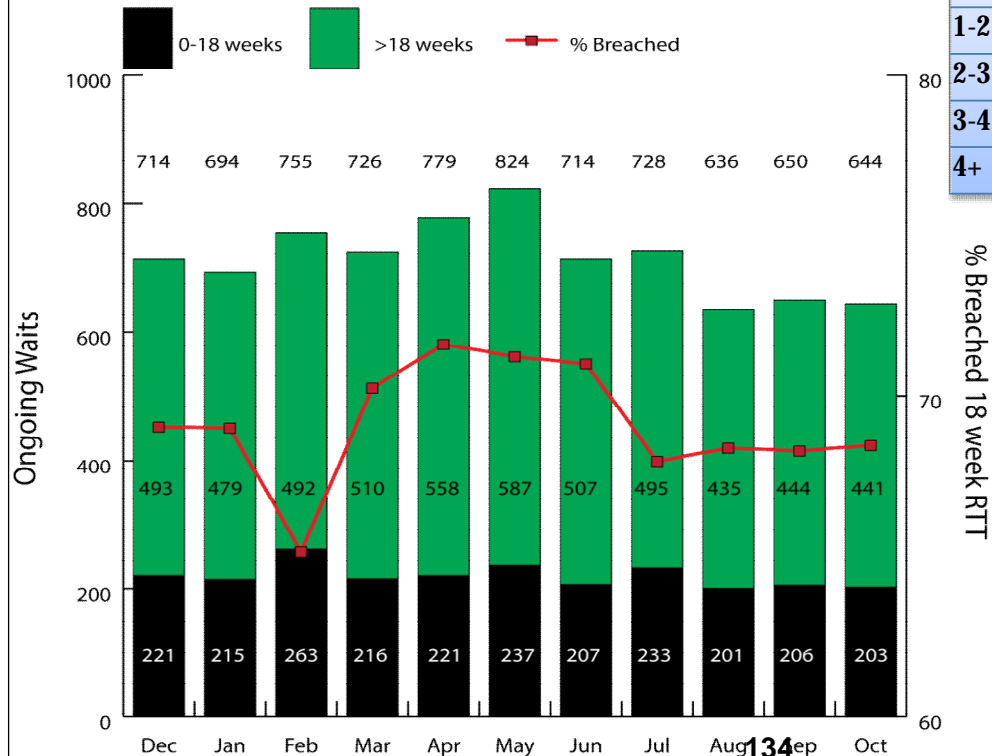
“Support children who have mental health or neurodiversity needs with timely, accessible care and a “no wrong door” approach”



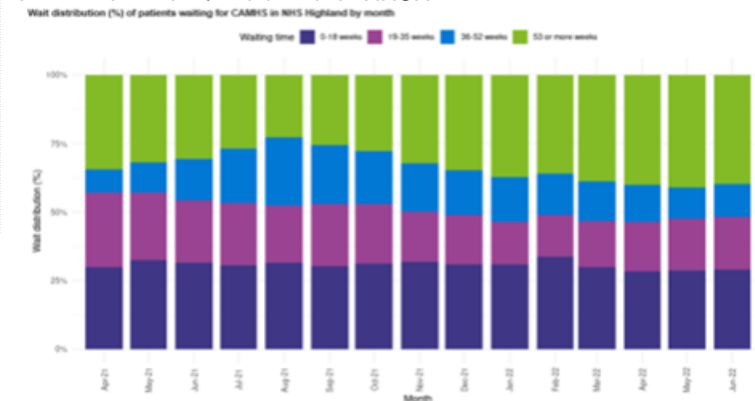
Performance Overview

The national target for CAMHS is that 90% of young people to commence specialist CAMHS services within 18 wks of referral.
A total of 644 children and young people are waiting to be seen of which 441 have waited over 18 weeks and 203 under 18 weeks. 274 have waited over 1 year, the longest wait being over 3 years. Benchmarking shows that we have a higher than average distribution of long waits to access services.

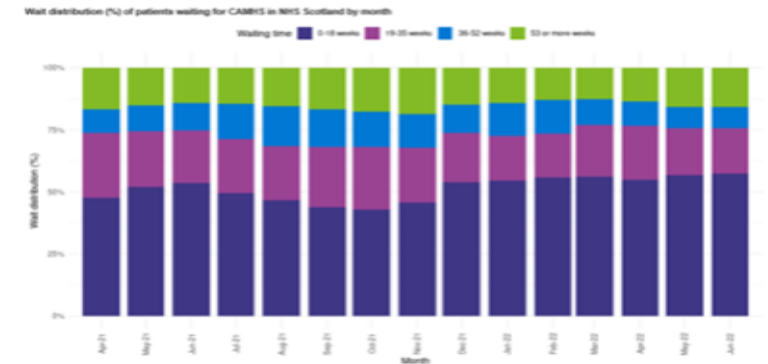
CAMHS waiting list 31.10.2022



Years	NH	A&B
1-2	151	12
2-3	92	0
3-4	19	0
4+	0	0



Average Length of wait bands in NHS Scotland





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Integrated Performance & Quality Report

Objective 1

Our Population

Outcome 2

Thrive Well (NDAS / Integrated Childrens Services)

Priority 2C *“Support children who have mental health or neurodiversity needs with timely, accessible care and a “no wrong door” approach”*

**New
indicator**



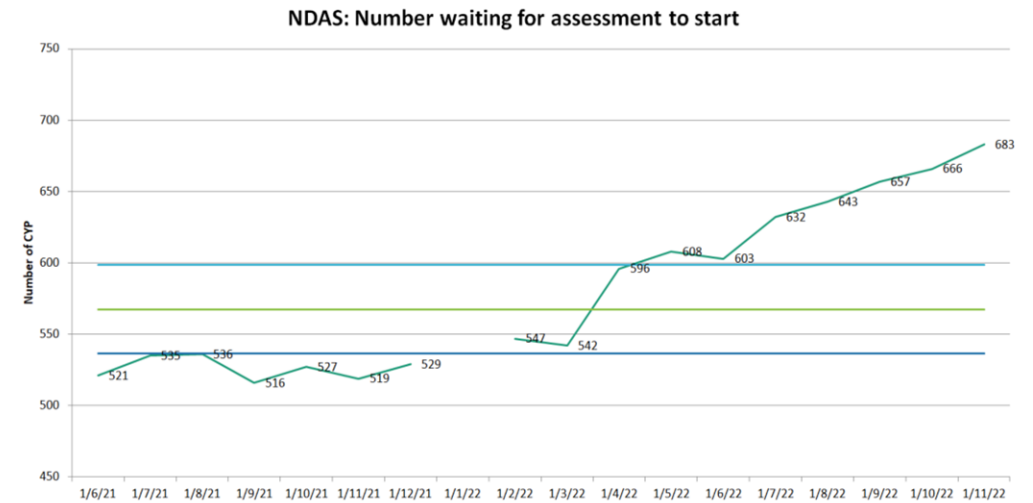
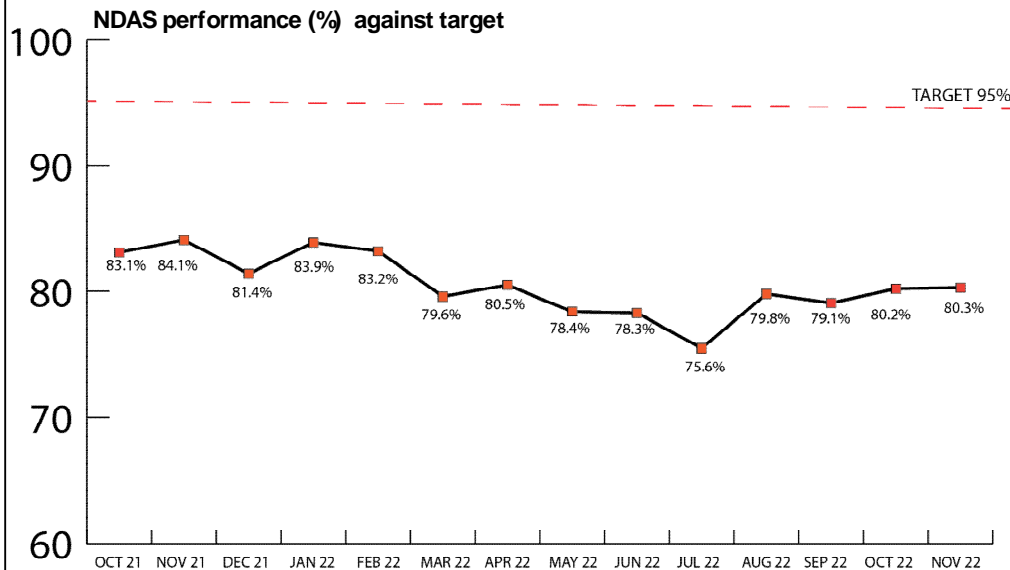
Performance Overview

There are 655 C&YP waiting to start the assessment process with a significant proportion waiting more than 2 years for this to commence.

Number waiting for assessment split by length of wait - 1st December, Trak	0-18 weeks	19-35 weeks	36-52 weeks	53-77 weeks	78-104 weeks	>104 weeks	Grand Total
	209	89	81	86	79	111	655

Katherine Sutton
Chief Officer, Acute

The Highland Council provided Clinical and Service leadership to NDAS to progress the change plan. NDAS currently has waits of just over 3 years to start assessment, with around 900 CYP waiting to start or conclude assessment. Longest waits impact when Clinical Psychology is required. Funding (2022/23) from Scottish Government Mental Health Recovery and Renewal Fund – Phase 2- Access to Specialist ND Professionals. Highland's ND Service is a cross agency, multi-disciplinary pan Highland service. This creates a number of pressures inherent to the whole system clear leadership and governance is being implemented to support impact through the proposed “hub and spoke” model.





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Katherine Sutton
Chief Officer, Acute

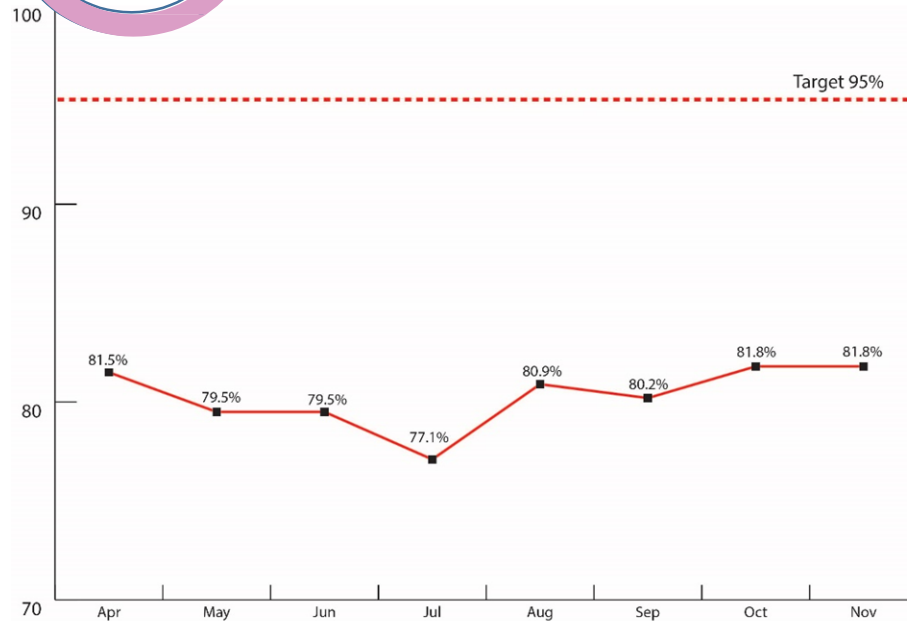
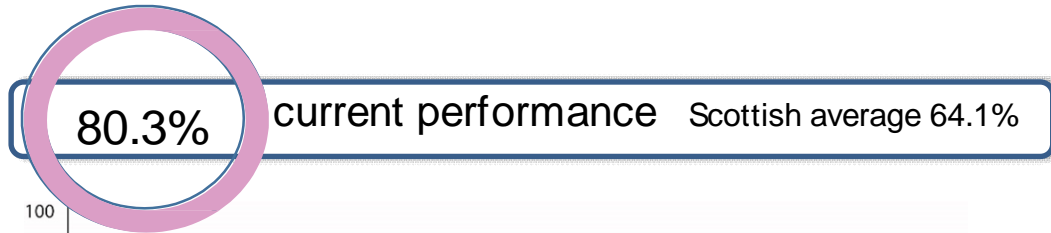
The improvements to urgent and unscheduled care are being supported through a number of governance arrangements. The Respond Well Programme Board is chaired by the Chief Officer for Argyll and Bute. The programme board aims to support delivering transformational change to address and bring about improvements to flow and capacity across the integrated systems of Argyll and Bute and Highland Council area including the Acute Hospitals. Robust winter plans have been developed and deployed supported by a newly introduced OPEL escalation framework. In addition programme improvements are being taken forward within the Acute Hospitals which target improvement in the Emergency Department performance

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11B

In Partnership
Respond Well (Urgent and Unscheduled Care)

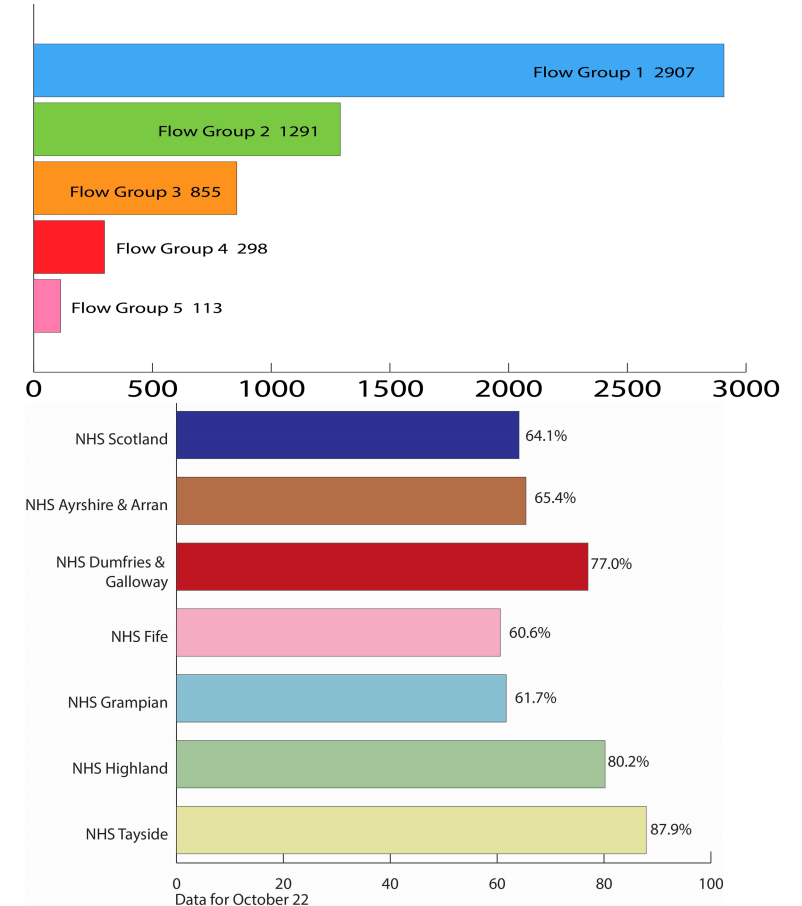
“Ensure that those people with serious or life threatening emergency needs are treated quickly”



	Oct 22	Nov 22
4 hour wait to treatment	80.2%	80.3%
ED conversion rate	21.97%	23.10%
Emergency (EDIS) att.	5485	4991
Total ED attendances	6012	5464

Performance Overview

The national target for ED is 95% of our population will wait no longer than 4 hrs. from arrival to admission, discharge or transfer for ED treatment. ED performance is 80.3%





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Katherine Sutton
Chief Officer, Acute

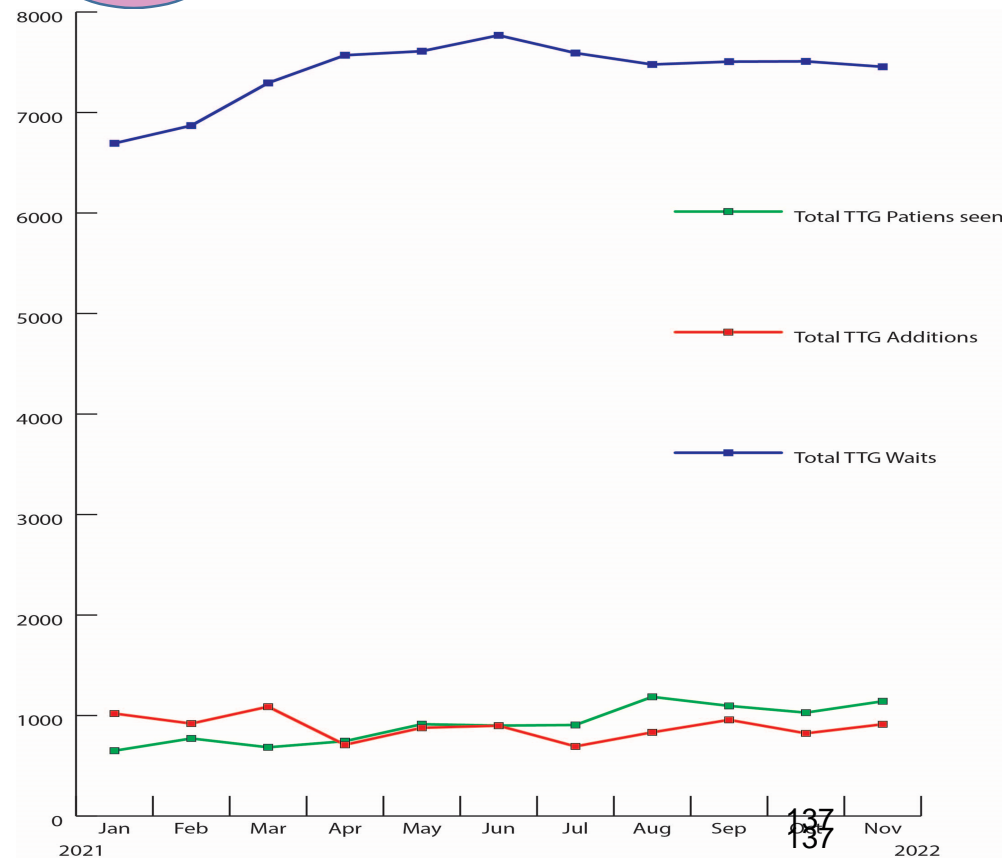
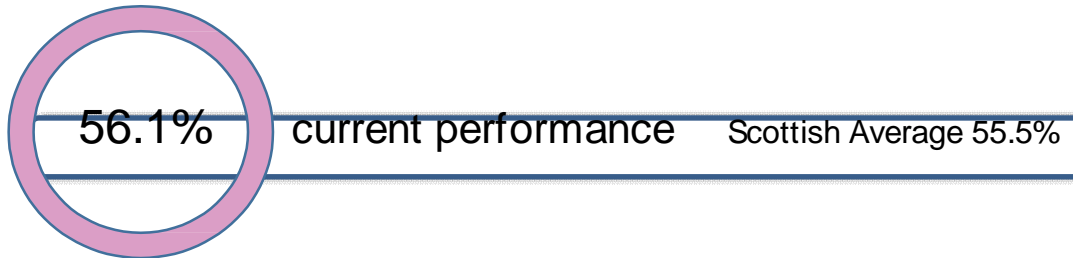
The Treat-well Strategy Programme Board is well established and chaired by the Deputy Medical Director Acute with an identified SRO and Programme Manager. Significant focus has gone into ensuring the numbers of long waiting patients are reducing. These actions have improved NHS Highland performance and we are now performing at Scottish average. The most challenged speciality continues to be Orthopaedics. We are aware that the NTC-H is coming on line April 2023. Work is ongoing to identify all opportunities and options to increase capacity for Orthopaedic patients. NHS Highland has engaged and responded well as a part of NHS Scotland remobilisation response. Looking forward there are significant challenges predicted to the current progress with recovery due to ongoing system pressures, bed and staffing availability. Scaling back of the elective programme is being planned as a part of planning for winter to help support the ongoing flow issues being experienced within Raigmore Hospital and reduce risks to compromising patient care. Recently announced reduction of funding to support recovery will impact the potential rate of recovery.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12A

In Partnership
Treat Well (TTG)

“Ensure that our population have timely access to planned care through transforming the way that we deliver our care and ensuring that they have the best experience possible”



Performance Overview

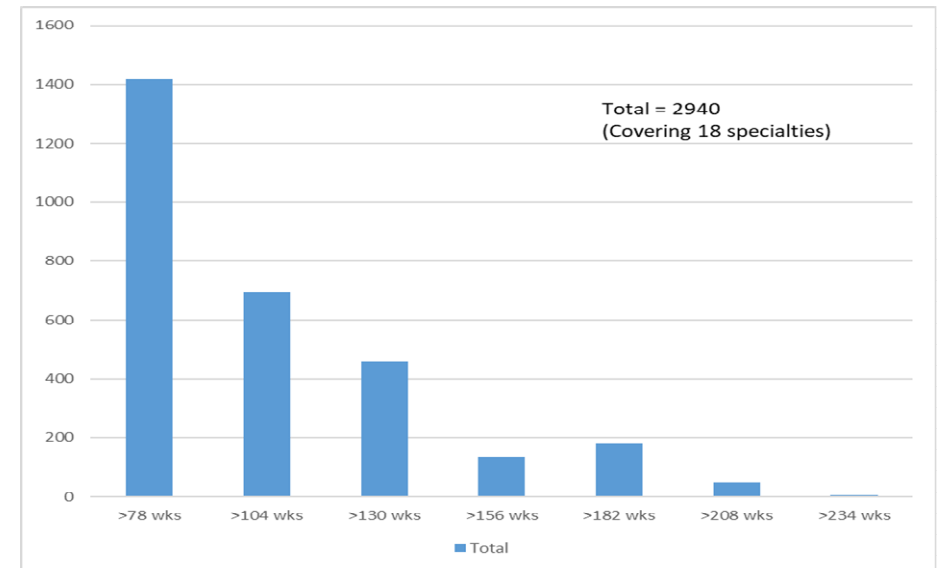
The national target for TTG is that no patient will wait >12 weeks from decision to treat to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 56.1% related to the overall TTG target.

- a) No > 78 week waits for inpatient/daycases by September 2023*
- b) No > 52week waits for inpatient/daycases by September 2024*

The TTG waiting list is reducing. There is focused work on reducing our population waits of >2 years .

Against National target of 0 patients waiting over 104 weeks as at 30th September 2022, NHS Highland had 679 patients waiting over 104 wks at this date.

Projected TTG waits over 78 weeks September 2023 as at 30th November 2022





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Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12B

In Partnership
Treat Well (Outpatients)

“Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources”



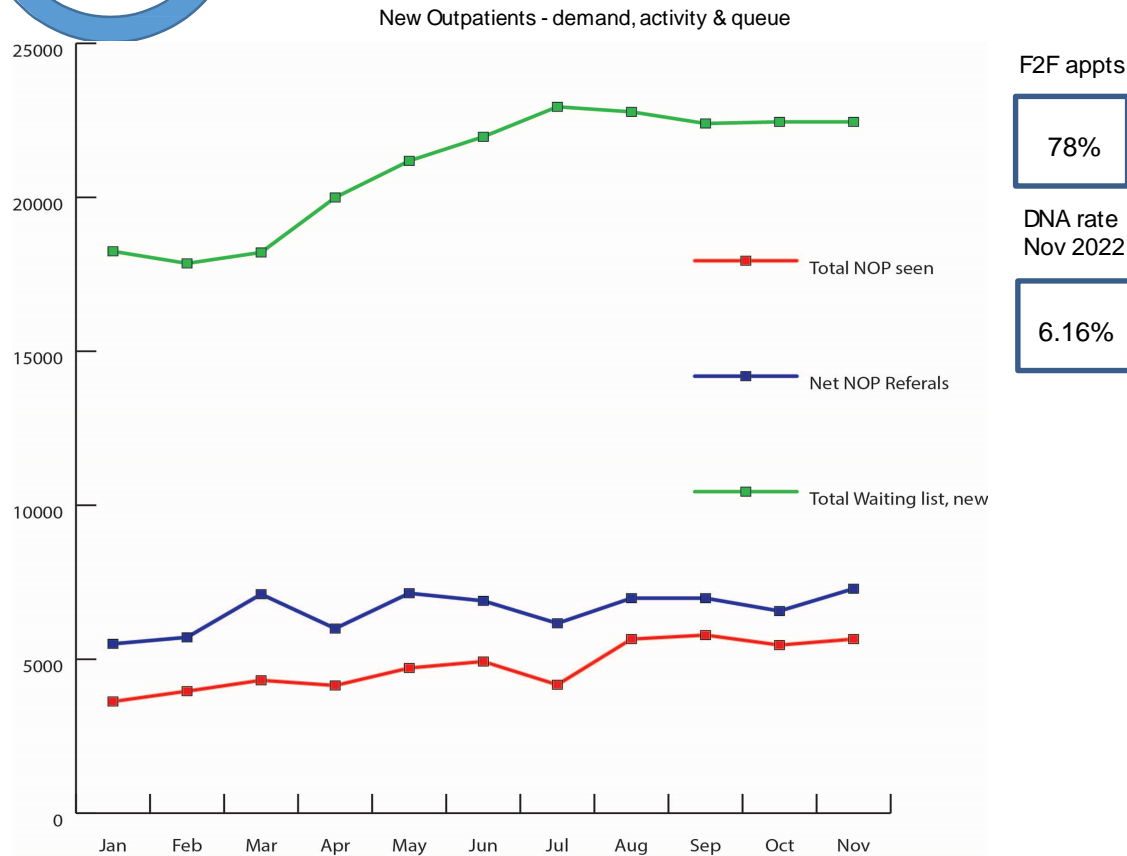
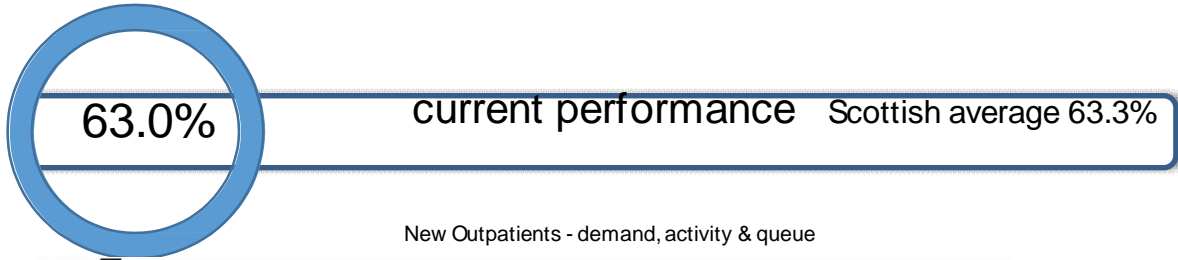
Katherine Sutton
Chief Officer, Acute

Remobilisation plans are progressing through the Treatwell Performance Recovery Programme

Board. Focus is being applied to ensure the correct levels of activity are being delivered at service level and increasing the number of appointments offered weekly to patients either via virtual or face to face contact. Plans have been developed at speciality level with Clinical Leadership at the forefront. Efficiency improvements as developed through the Financial Recovery Programme Board Out-Patients Cross Cutting Workstream and linking with The Centre for Sustainable Delivery are being applied across all speciality service areas. Additional capacity is being sourced to

support in some service areas. Engagement with the Scottish Government recently launched planned care recovery programme. Work is ongoing with regards to meeting the recently released Scottish Government targets.

Recently announced planned care funding constraints are impacting the potential rate of recovery with the March 2023 target looking extremely challenging to deliver.



F2F appts

78%

DNA rate
Nov 2022

6.16%

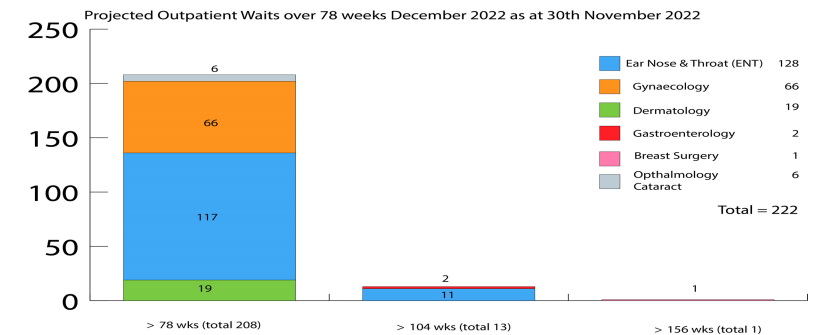
Performance Overview

The national target for outpatients is that no patient will wait >12 weeks from referral to appointment however SG have recently added interim targets for the majority of specialties that are described below. The 63.0% related to the overall OP target.

- a) No >78 week waits for new outpatients by December 2022 is the next target to reach.
- b) No >52 week waits for new outpatients by March 2023

The total new outpatient list size has remained static and monthly activity is not able to meet demand. Total new outpatients seen has increased in August with referrals also increasing. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.

Against National target of 0 patients waiting over 104 weeks as at 31st August 2022, NHS Highland had 4 patients waiting over 104 wks at this date.





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Katherine Sutton
Chief Officer, Acute

A diagnostics sub-group of the Treat well Programme Board has been established. This will mainly focus on improvements relating to access to Imaging and Endoscopy.

The endoscopy service has benefited from new technology to provide a diagnosis including QFit, Colon Capsule Endoscopy and Cytosponge. We have also increased the training capacity to create a more sustainable workforce and introduced a patient-centred booking process across all Northern Highland, with plans to include Oban from Spring 2023.

Integrated Performance & Quality Report

Objective 3
Outcome 12
Priority 12C

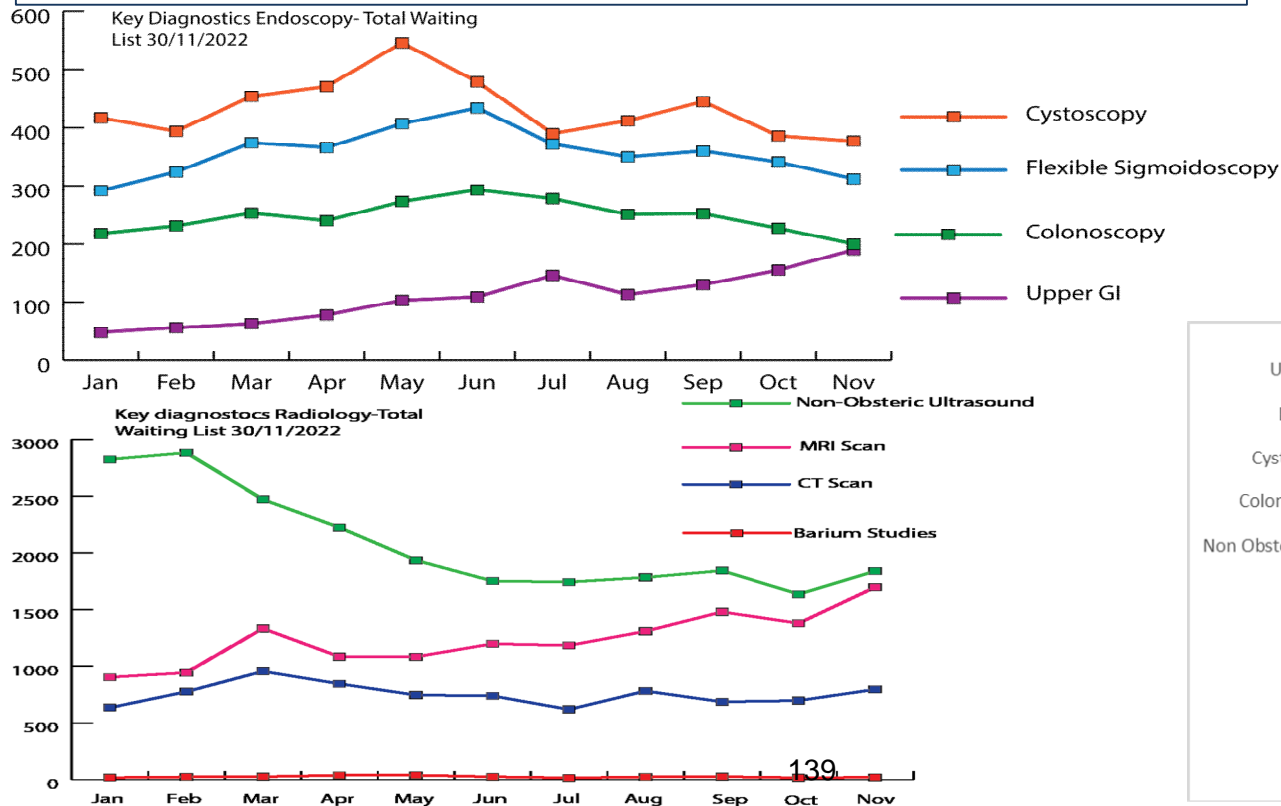
In Partnership
Treat Well (Diagnostics)

“Optimise diagnostic and support services capacity and improve efficiency with new service delivery models”

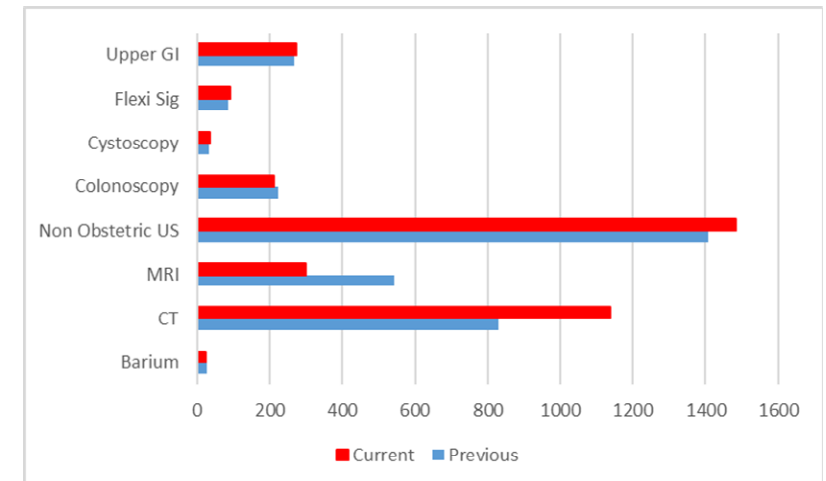


Performance Overview

The national target for diagnostics is that our population will wait no longer than 6 weeks for a key diagnostic test. We have 5436 people waiting for a key diagnostic test. 1698 patients are waiting for an MRI and there will be a requirement for increased activity in non-obstetric ultrasound to reduce the waiting list further. We are actively looking at how we improve analysis and reporting of diagnostic compliance targets.



8 KEY DIAGNOSTICS November 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper GI	377	274
Flexible Sigmoidoscopy	200	91
Colonoscopy	312	211
Cystoscopy	190	37
CT Scan	797	1138
MRI Scan	1698	299
Barium Studies	21	24
Non Obstetric Ultrasound	1841	1485
Total	5436	3559





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Katherine Sutton
Chief Officer, Acute

The Programme Board approach is being refreshed to develop a strategic improvement plan that addresses workforce, real estate and diagnostic challenges that are impeding service reliability. The strategic board is supported by an operational delivery group. The implementation of the principles of the Scottish Cancer Framework are being refreshed at service level.

Integrated Performance & Quality Report

Objective 3

Outcome 13

Priority 13A, 13B, 13C

In Partnership

Journey Well (Cancer Care)

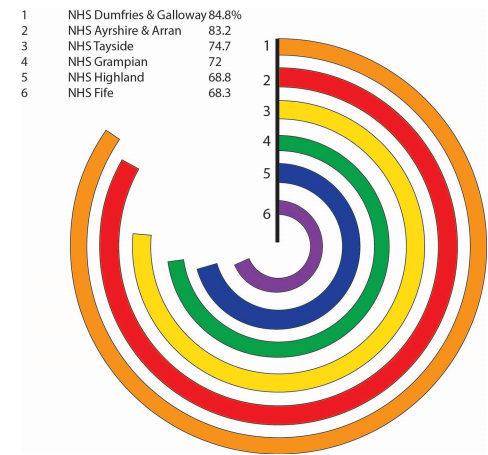
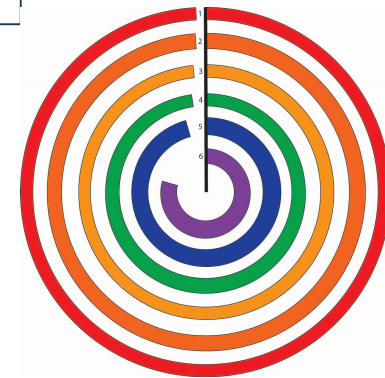
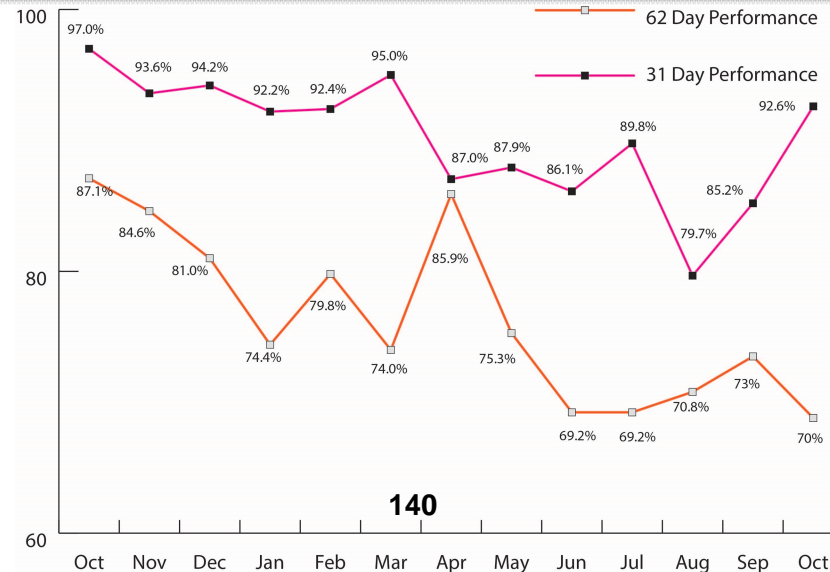
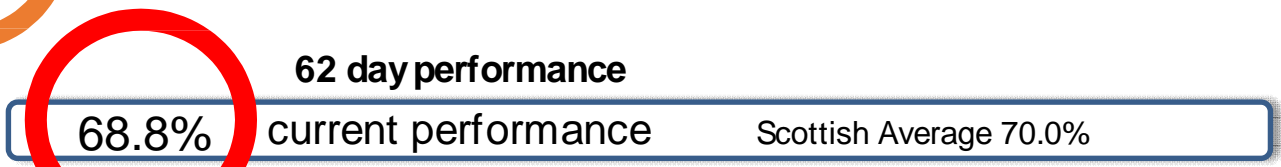
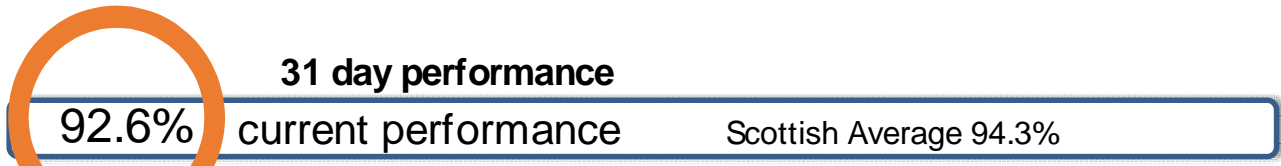
“Support our population on their journey with and beyond cancer by having equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment and personal support”



Performance Overview

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

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





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Integrated Performance & Quality Report

Objective 3

Outcome 13

Priority 13A

In Partnership

Journey Well (Cancer Care)

“We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis”

New
indicator

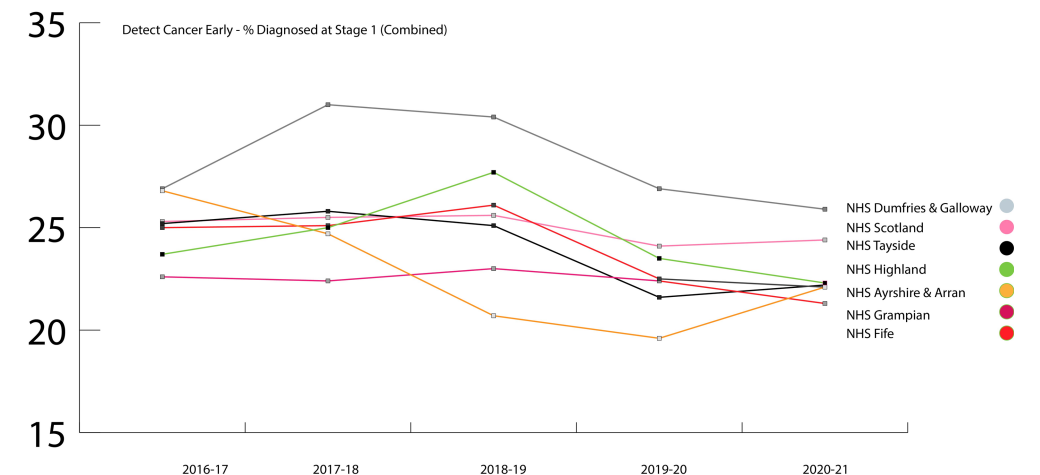
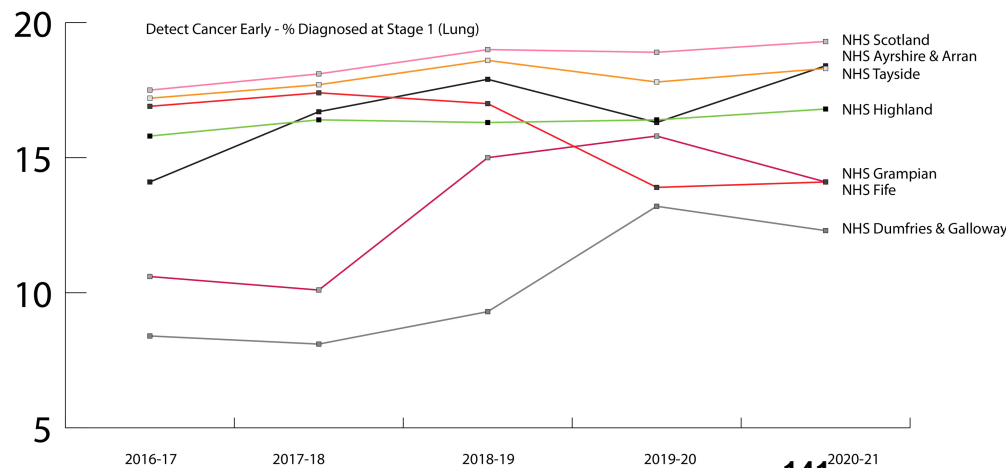
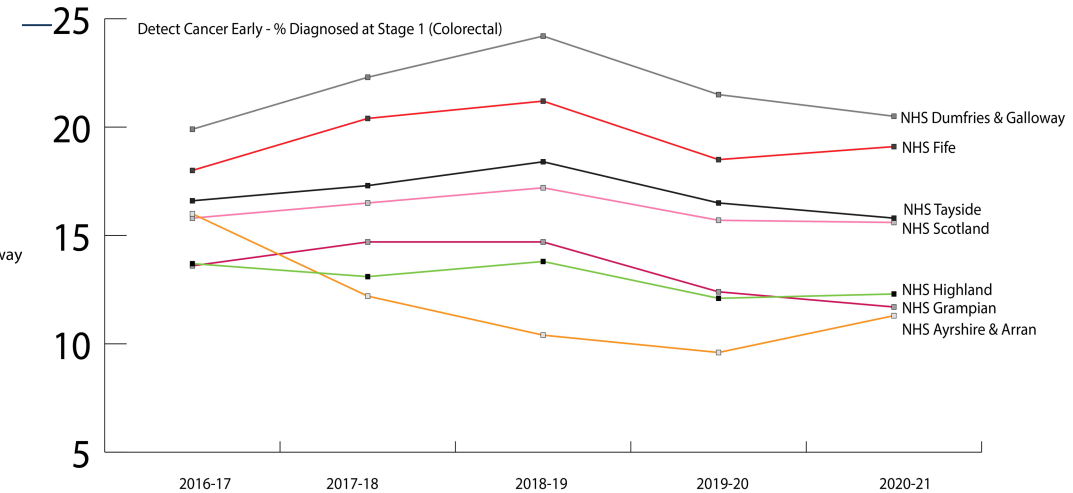
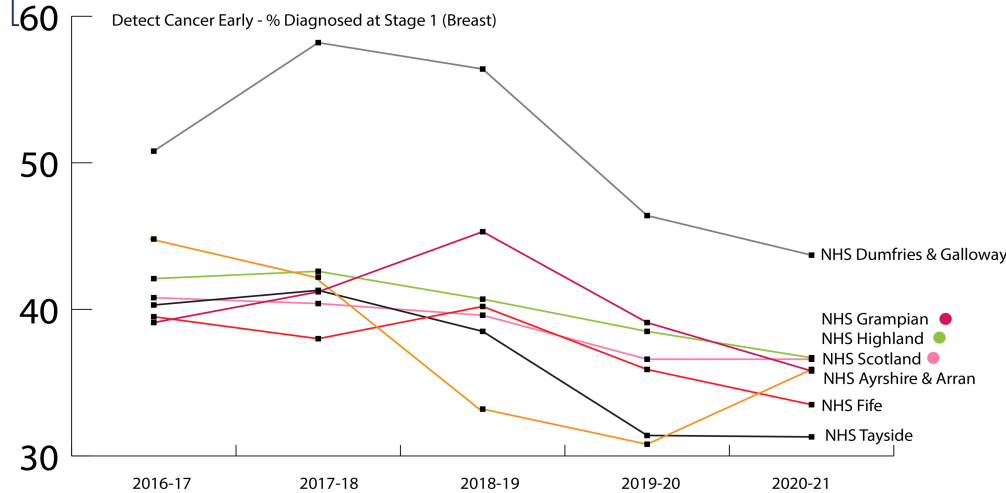


Katherine Sutton
Chief Officer, Acute

The Programme Board approach is being refreshed to develop a strategic improvement plan that addresses workforce, real estate and diagnostic challenges that are impeding service reliability. The strategic board is supported by an operational delivery group. The implementation of the principles of the Scottish Cancer Framework are being refreshed at service level.

Performance Overview

Increased detection of cancer at stage 1 is part of the LDP standards. For breast we in line with Scottish average and for colorectal and lung below Scottish average. Overall we are below Scottish average and within ADP we have work on improving awareness to support behaviour change.





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Louise Bussell
Chief Officer, NHHSCP

Delayed discharges continue to be a significant challenge locally and nationally.

The number of delayed discharges overall has not changed significantly over the period. Until October of this year however the bed days data was showing a reducing trend with people overall spending less time in hospital.

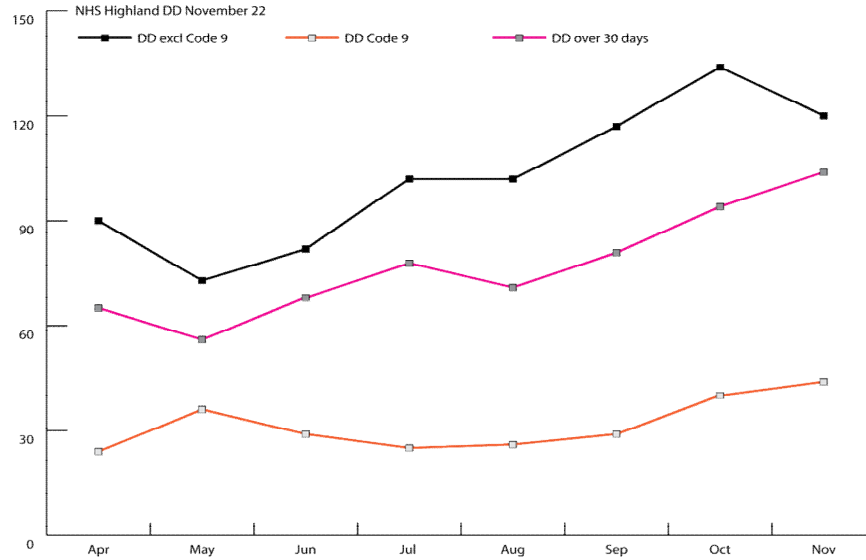
There is a high level of service redesign and development underway, aimed at improving flow and reducing delayed discharges over the coming months, albeit the challenge of adult social care capacity remains. This includes implementation of an agreed planned date of discharge for all patients and systems to establish community pull. Discharge without delay and improved pathway work continue with good multi-professional engagement.

Integrated Performance & Quality Report

Objective 3
Outcome 11
Priority 11C

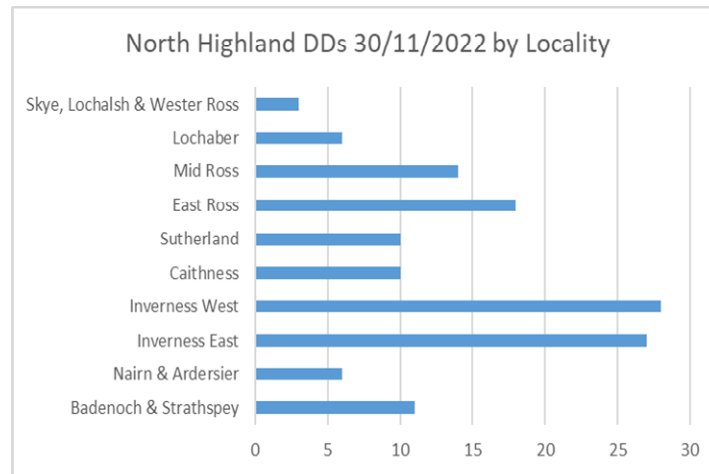
In Partnership
Respond Well & Care Well (Delayed Discharges)

“Ensure that our services are responsive to our population's needs by adopting a “home is best” approach”



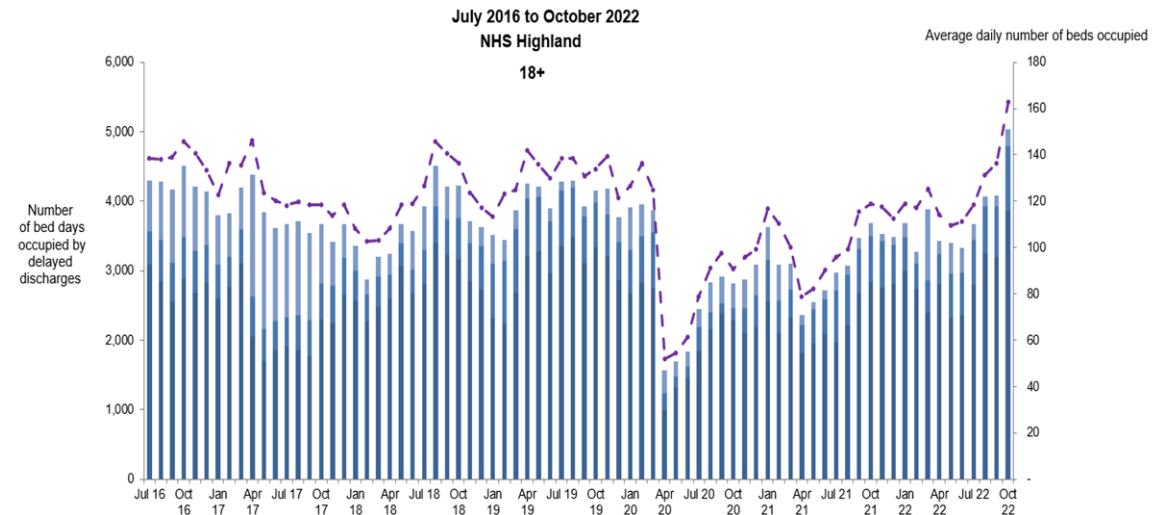
Performance Overview

There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. We had 138 delayed discharges @ November m/e with 37 of those code 9 (complex) 95 delayed discharges are >30 days.



142

Chart 1 - Bed Days Occupied by Delayed Discharges





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Louise Bussell
Chief Officer, NHHSCP

The number of people in care homes has shown a slight reduction. The rationale for this varies but in many cases relates to challenges with ensuring safe staffing levels and temporary bed closures for a variety of reasons. This does have an impact on delayed discharges, particularly in remote and rural locations. The number of care at home hours provided has reduced. This is due to a retraction of hours from independent providers who are finding recruitment and retention a real challenge. In-house capacity has increased in an attempt to respond although coverage across all areas is more costly and difficult to achieve. The team are working closely with providers to explore alternative approaches such as block funding and support with mileage rates and rapid recruitment events are being held in all districts.

Integrated Performance & Quality Report

Objective 3

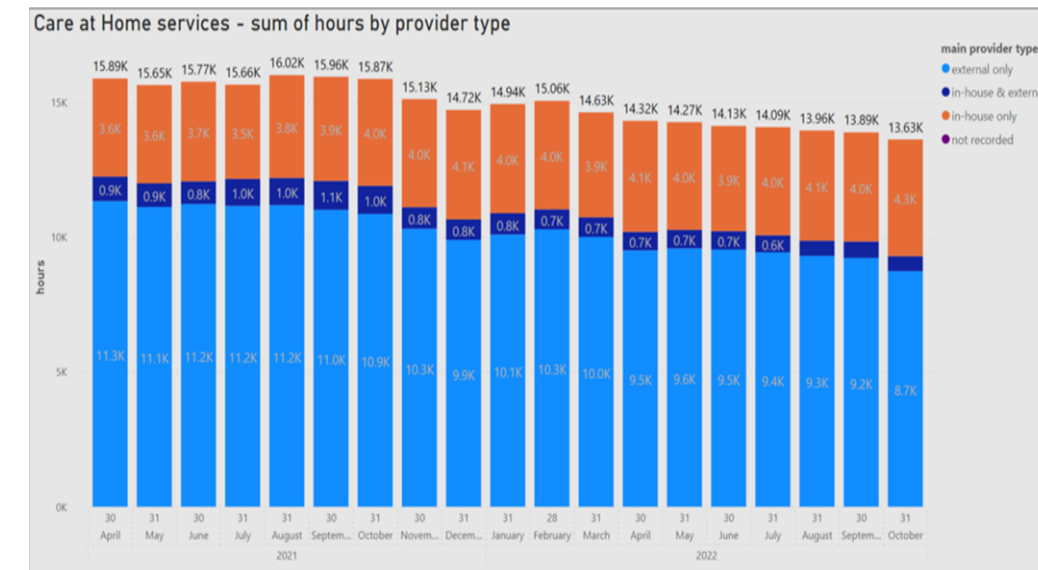
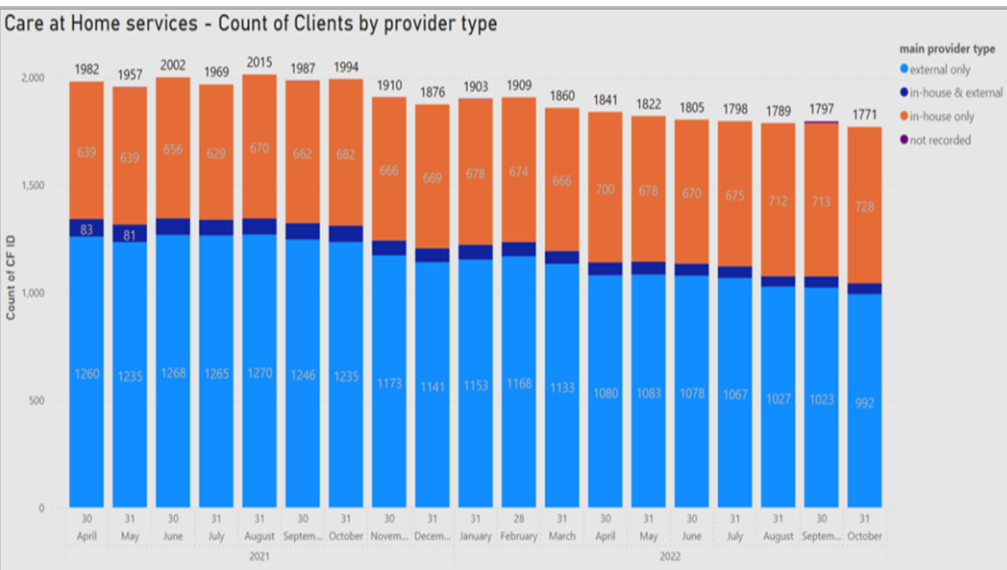
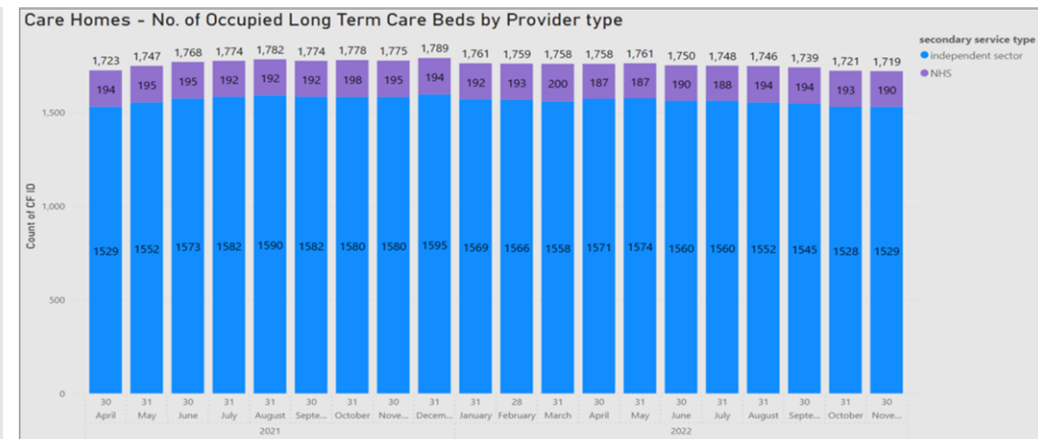
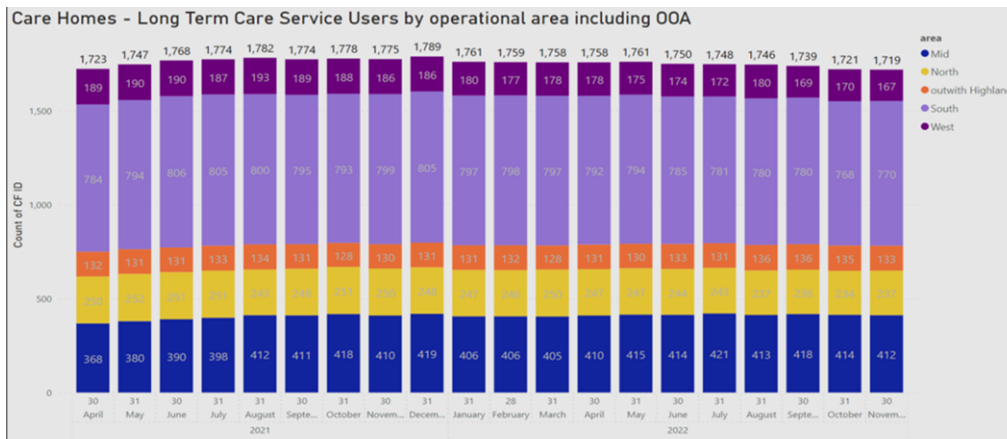
Outcome 9

Priority 9A, 9B, 9C

In Partnership

Care Well (Adult Social Care)

"Work together with health and social care partners by delivering care and support together that puts our population, families and carers experience at the heart"





Integrated Performance & Quality Report

Objective 3
Outcome 10
Priority 10A, 10B, 10C

In Partnership
Live Well (Psychological Therapies)

“Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing”



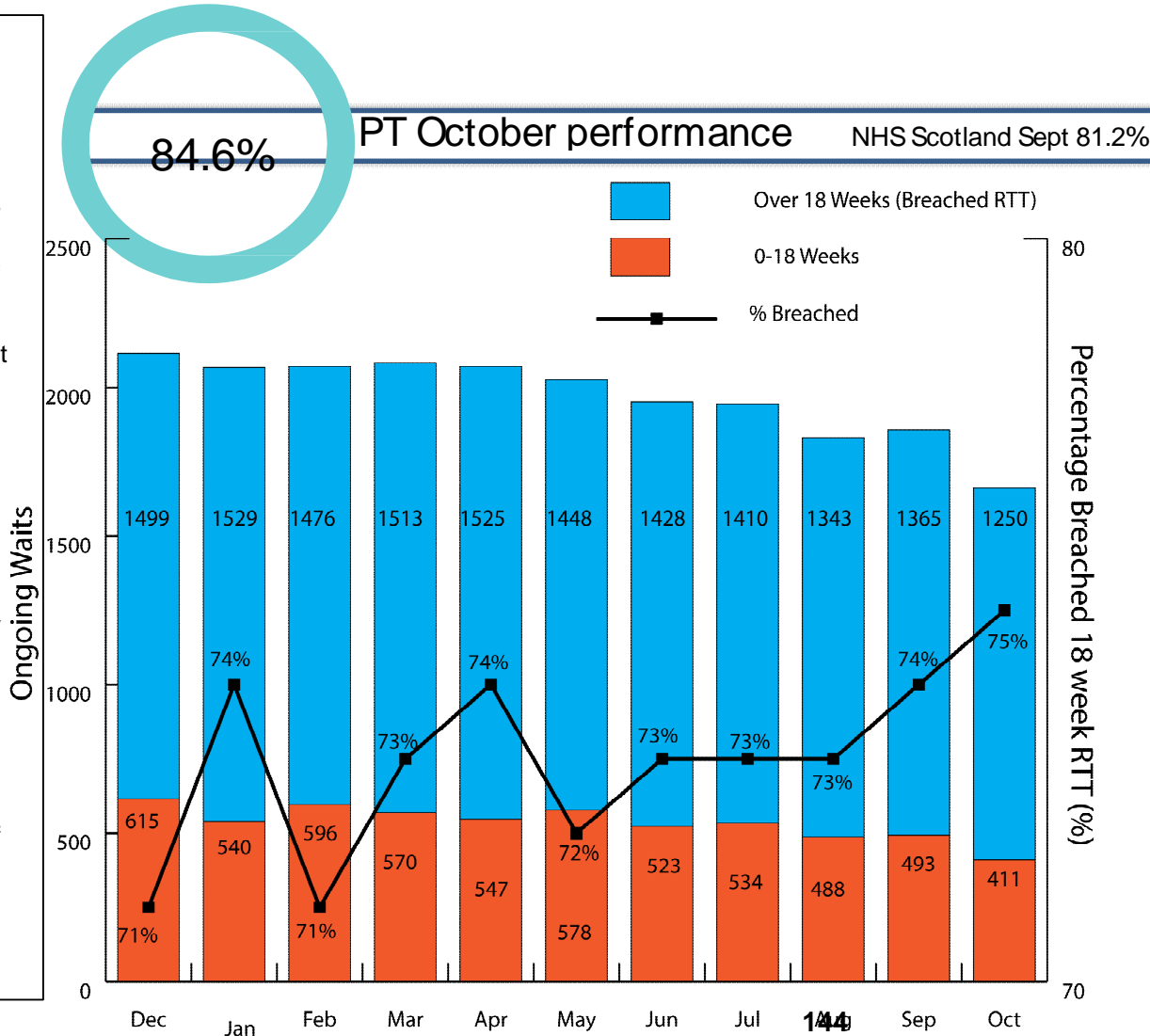
Louise Bussell - Chief Officer, NHHSCP

The information provided shows a sustained trajectory of reduced ongoing waits and the Board benchmarks positively across Scotland.

This is in line with the work set out in the comprehensive psychological therapies improvement plan.

Whilst we are moving in the right direction there is still a significant amount of work to do. The team have dedicated staff triaging both the general adult and the neuropsychology waiting lists and developing much clearer pathways for referrals for the future.

Recruitment remains the main challenge with lower levels of psychology staff in post than other boards. The Director of Psychology is actively leading on improving this position.



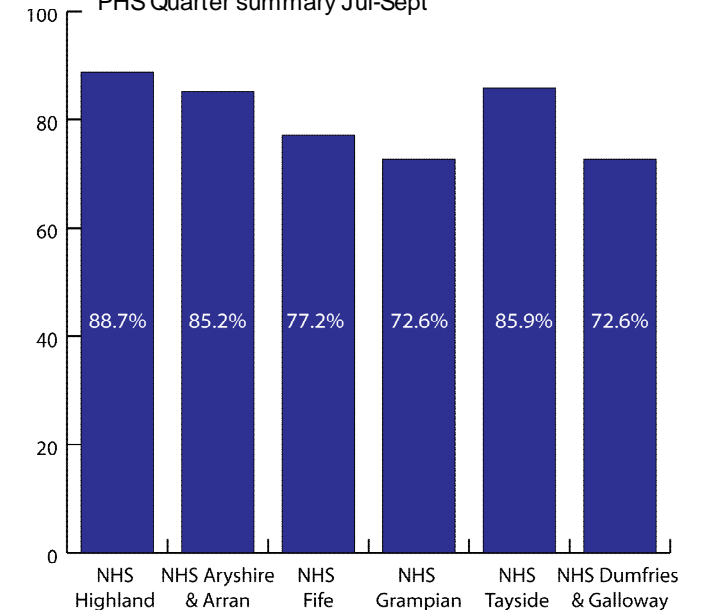
Performance Overview

The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral.

October 2022: Current performance 84.6%

We have 1661 of our population waiting to access PT services. 1250 patients are waiting >18 weeks (75.3% breached target) of which 869 have been waiting >1 year. Of the 1661 waiting, 344 of those are waiting for North Highland neuropsychology services of which 322 are waiting > 1 year. This is an improved position on previously reported position.

Psychological therapies performance (%) 2022, PHS Quarter summary Jul-Sept





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**Louise Bussell - Chief
Officer, NHHSCP**

The data shows poor compliance with the current standards as well as a reduction in people in Highland referred for post diagnostic support for dementia.

The data will be reviewed by the mental health programme board and followed up to ensure that a comprehensive plan is developed with the aim of improving the overall position.

Improved pathways need to be established in relation to primary and secondary care and through to Alzheimer's Scotland, who provide post diagnostic support alongside our community mental health team staff.

Integrated Performance & Quality Report

Objective 3 In Partnership
Outcome 10 Live Well (Dementia Post-Diagnostic Support)
Priority 14B “We will take a person-centred and flexible approach to providing support at all stages of the care journey for anyone who has dementia or depression”

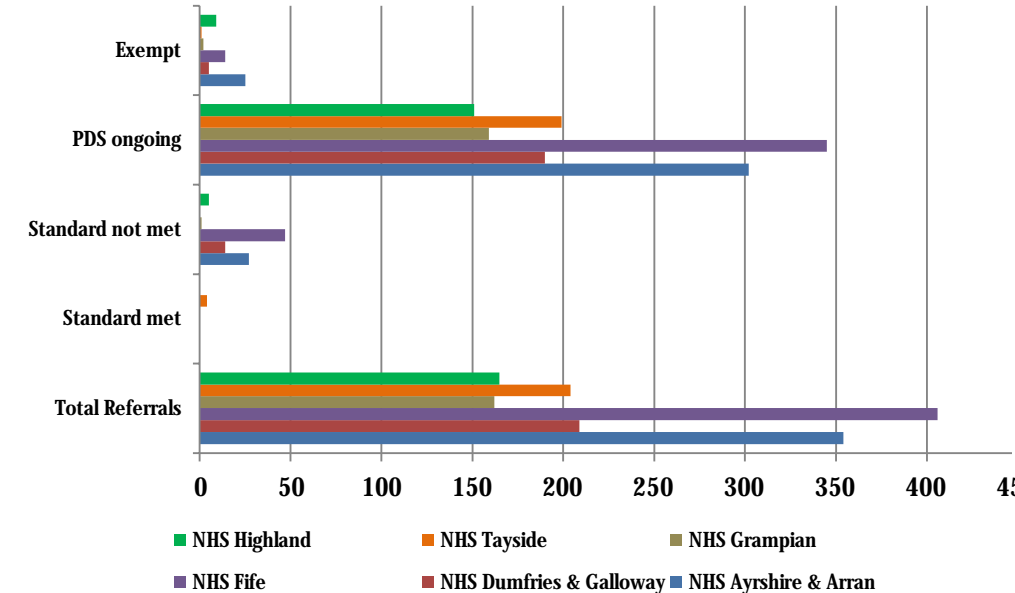
New to IPQR
IDP Standard



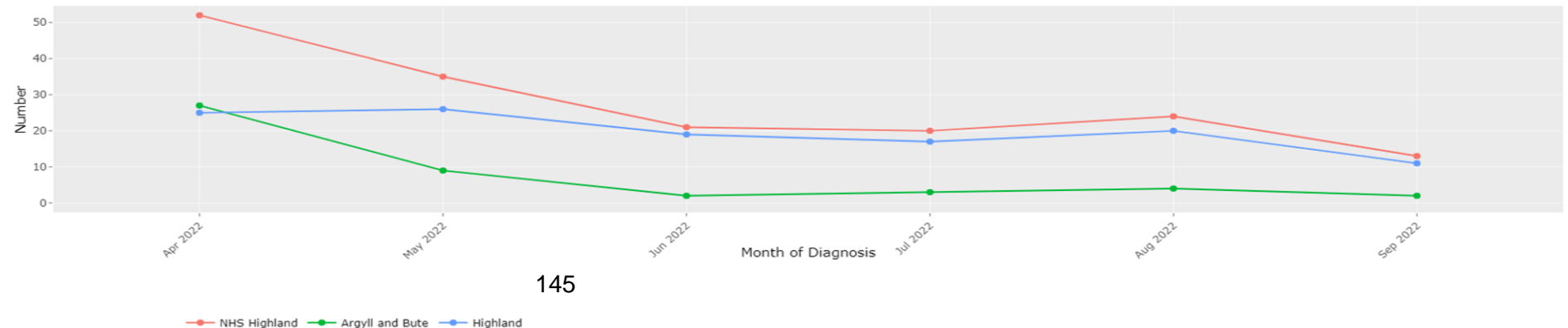
2021/22 Annual Reporting

	Health Board	Integration Joint Board (IJB)	
	NHS Highland	Argyll and Bute	Highland
Total Referrals	428	99	329
Standard Met	102	42	60
Standard Not Met	99	9	90
PDS Ongoing	187	34	153
Exempt	40	14	26
% Met Standard/Exempt	58.9%	86.2%	48.9%

Current Position - Number of Individuals Relating to PDS Standard – Benchmarked Up to Q2 FY 22/23



Number of Individuals Diagnosed and Referred for PDS – NHS Highland





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Fiona Hogg
Director of People & Culture

Sickness absence continued to increase in October and November and is now above the 6% for the first time for NHS Highland, although we are still below the national rates which were also above 6% in September too. Long term resource gaps are a factor, as well as an aging workforce and the sustained level of pressures as we also see winter levels of illness. Covid related illness from September now being recorded as sickness also contributes to this and as winter progresses we can expect further increases. We are working with teams to provide support and ensure leave and breaks are being taken and long term absences and return to work are managed effectively.

Turnover rose in November after falls in the previous 3 months, there's no specific reason other than typically less people are actively job hunting in summer and less posts are advertised, and this is the end of the process. However, it is below the peaks earlier in the year, which were influenced by high levels of retirements in part. Our onboarding and exit surveys will launch shortly and help us centrally gather feedback on the issues people experience in joining us, as well as why they leave.

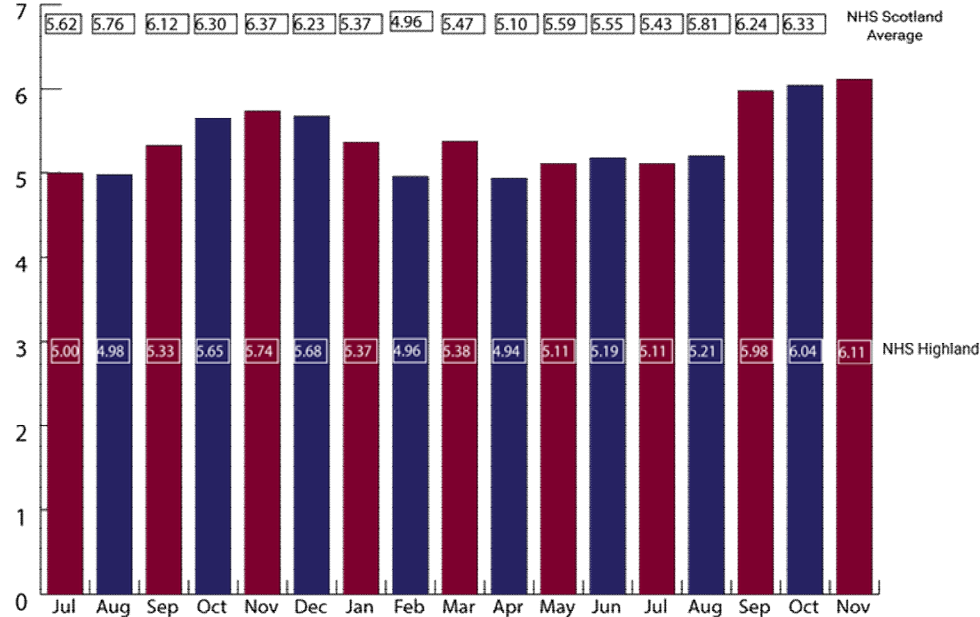
Vacancies fell in October and November with more balance between the numbers at advert, shortlisting and interview stage, so workload is more stable and positions are progressing through the process. Work to plan recruitment campaigns and use always on adverts, which are more efficient for volume roles is underway.

Integrated Performance & Quality Report

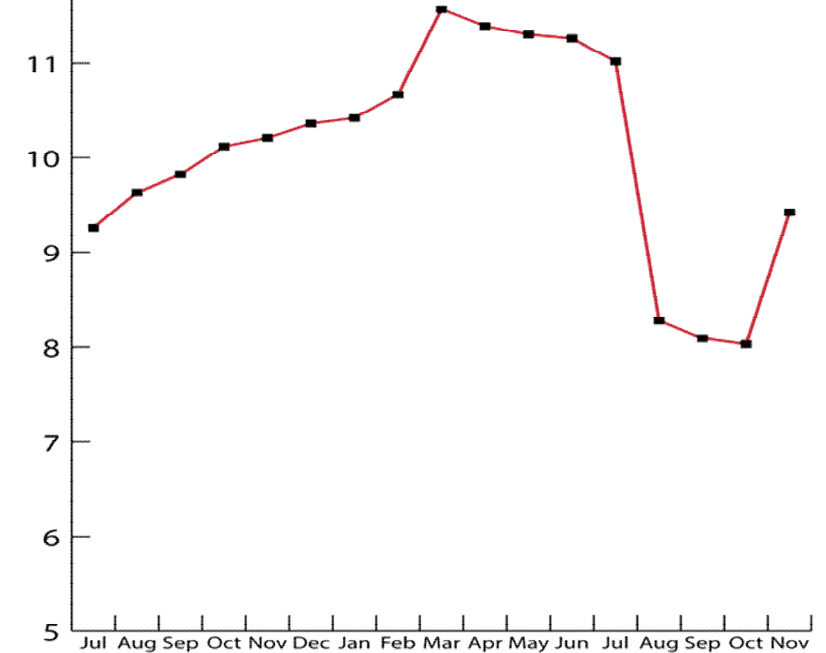
Objective 3 Our People



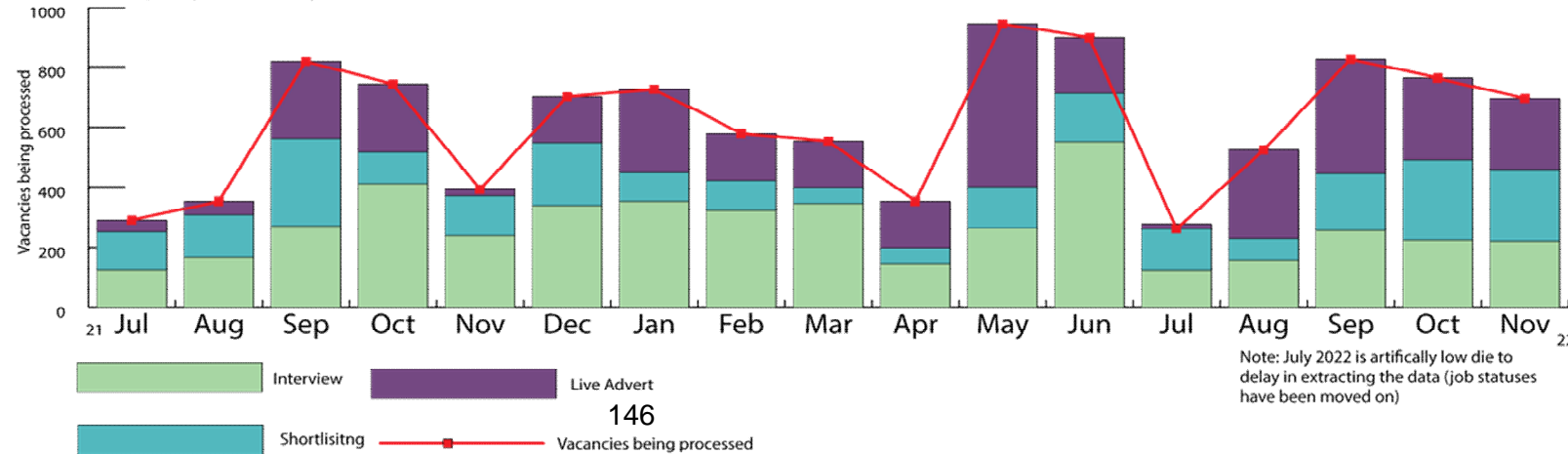
Colleague Absence rates by Month (%), NHS Highland



Staff Turnover(%), NHS Highland



Vacant jobs by status, NHS Highland



Note: July 2022 is artificially low due to delay in extracting the data (job statuses have been moved on)



Clinical Governance January 2022

Stage 2 Complaints information – October 2021 to October 2022 (EXTRACT 12.12.22) *excludes cases with stage of further correspondence and SPSO*

Together We Care

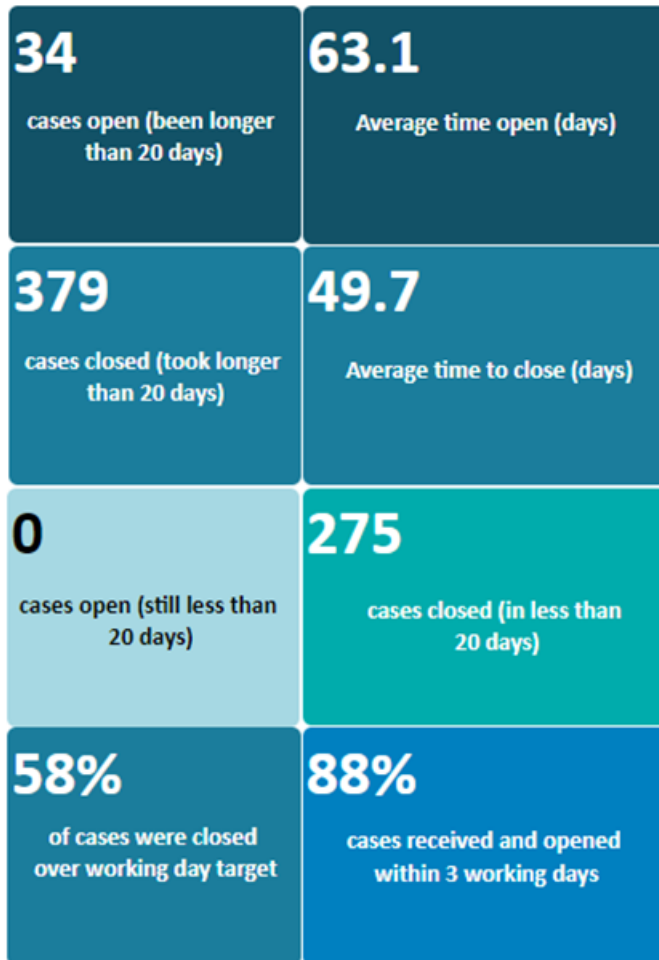
with you, for you NHS Highland stage 2 case overview



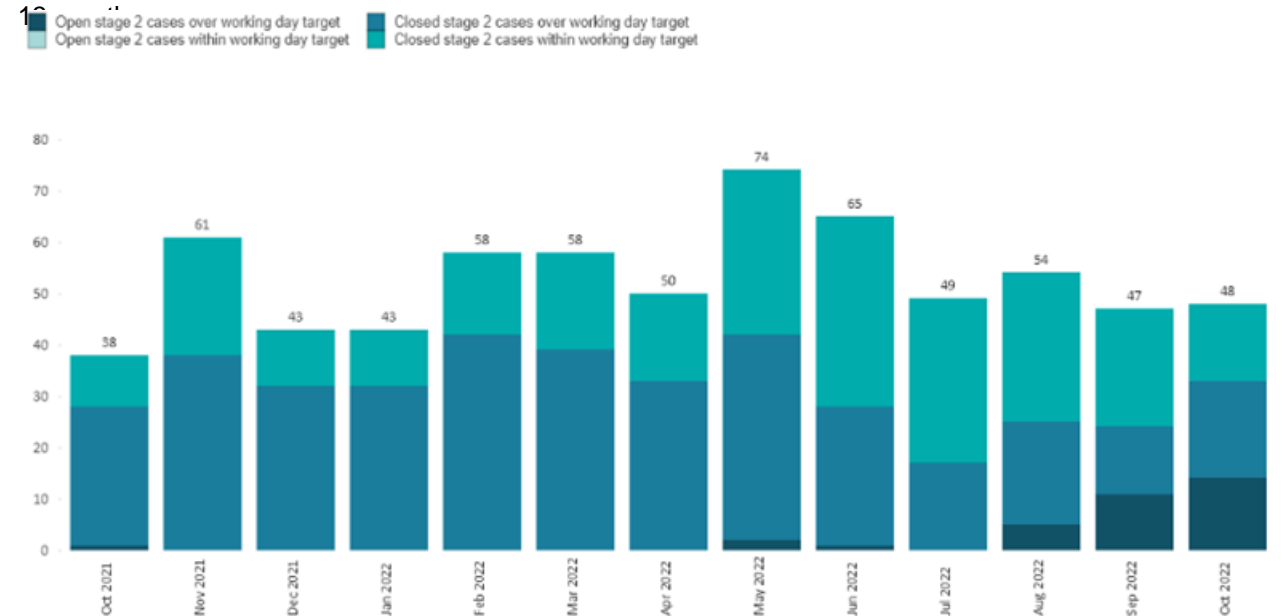
Context by Dr. Boyd Peters
Medical Director

Complaints:

Data show performance against 20 working day target response time improved in July but has slipped back to 31% in October. This is being closely monitored through EDG and SLTs to understand what factors have affected performance and what is needed to bring about improvement.



Working day status graph displaying number of stage 2 cases received for NHS Highland over last 12 months



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

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Highland	26%	38%	26%	26%	28%	33%	34%	43%	57%	65%	54%	49%	31%
Argyll & Bute	38%	57%	25%	33%	29%	60%	25%	14%	0%	40%	67%	14%	13%
Acute	0%	31%	21%	29%	34%	21%	30%	61%	64%	73%	60%	54%	31%
HHSCP	147 50%	39%	42%	7%	14%	67%	44%	20%	56%	75%	36%	62%	43%



Clinical Governance January 2022

Freedom of Information – October 2021 to October 2022 (EXTRACT 12.12.22)

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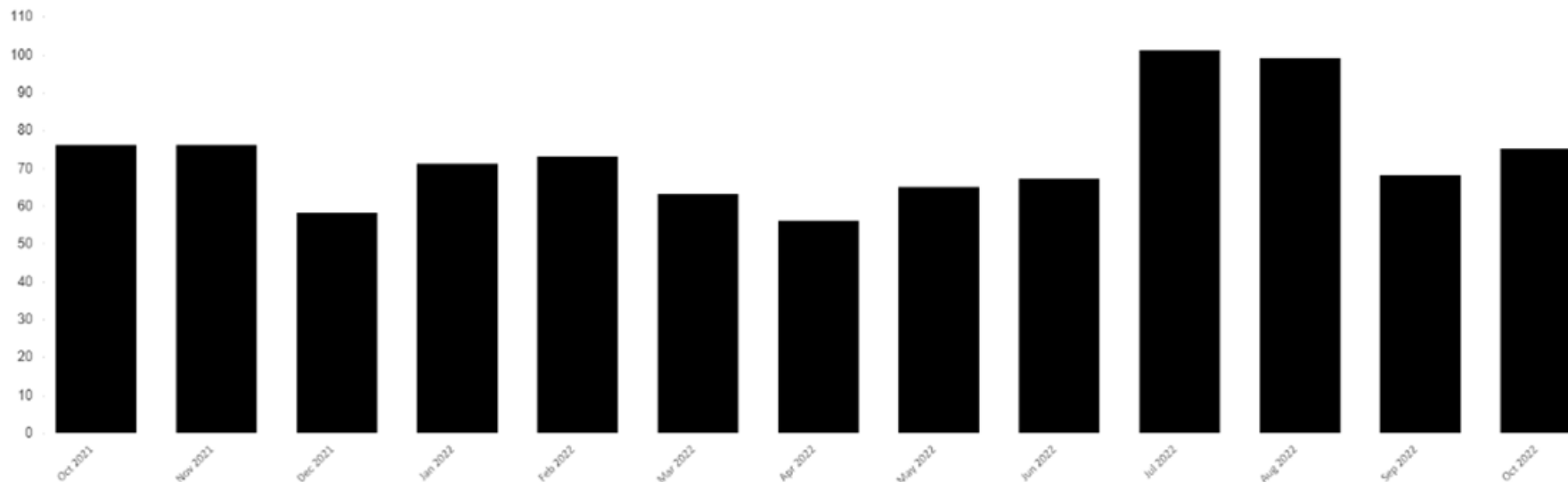
Context by Dr. Boyd Peters
Medical Director

Freedom of Information:

The Board is under a Level 2 Intervention by the Scottish Information Commissioner. Each quarter we require performance requires to be above 90%.

The performance target is 95% of FOI being responded to within 20 working days. The first quarter compliance was 92%. The second quarter was 99%. Performance of 96% was achieved in October. Increased activity in July & August was noted, thought to be linked to parliamentary recesses.

Number of freedom of information requests received in NHS Highland over last 13 months



NHS Highland working day % performance (closed within 21 days) over last 13 months

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
%	62%	87%	81%	90%	68%	86%	96%	95%	90%	95%	100%	100%	96%



Clinical Governance January 2022

Adverse Event information – September 2022 to November 2022 (EXTRACT 12.12.22)

	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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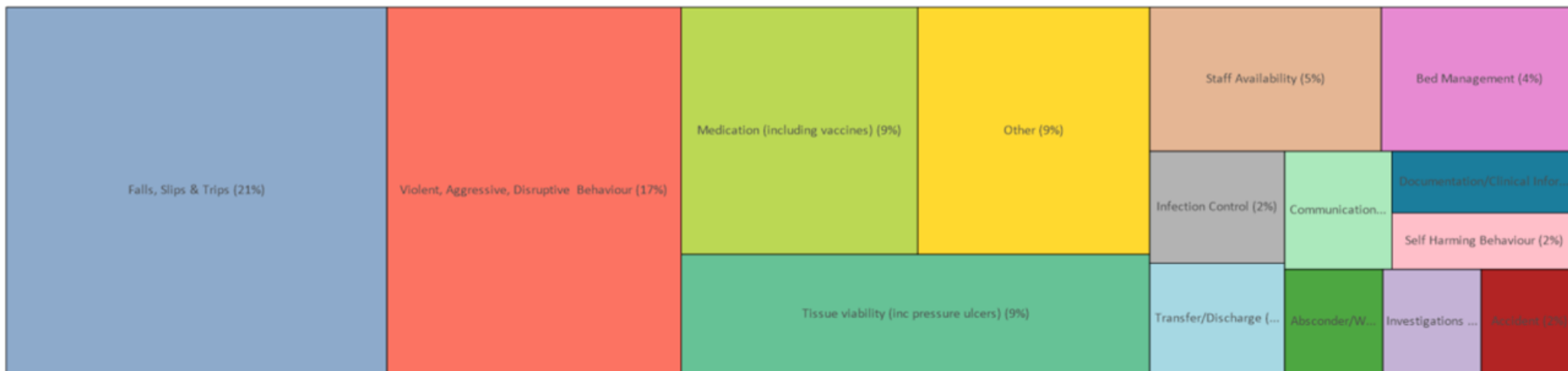


Context by Dr. Boyd Peters
Medical Director

Adverse Events:

The main categories of adverse events reported in the last three months remains unchanged. Groups are in place to review and monitor these categories. Work is underway to review all adverse events categorised as "other" to identify new categories that need to be added to datix.

Top 15 adverse event categories recorded in NHS Highland last 3 months % Share (September 2022 – November 2022)





Clinical Governance January 2022

Adverse Event information – November 2021 to November 2022 (EXTRACT 12.12.22)

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

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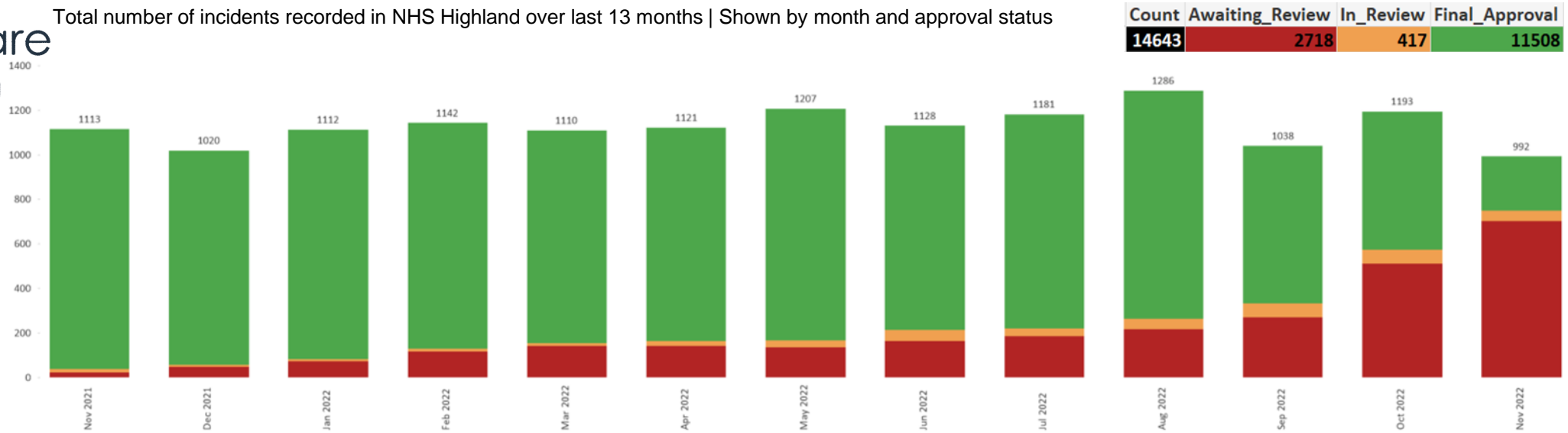
Context by Dr. Boyd Peters
Medical Director

Adverse Events:

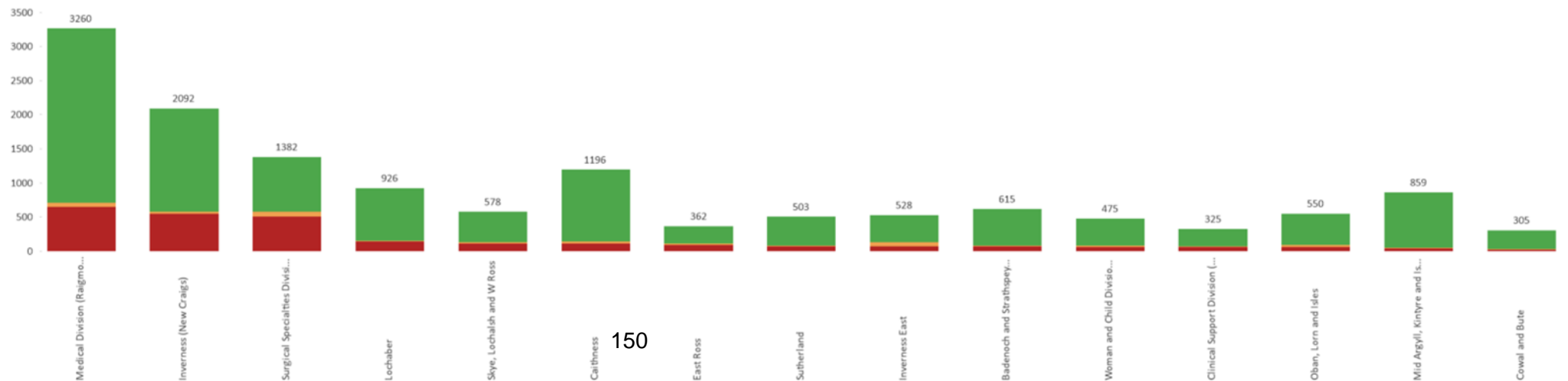
Clinicians report there is greater risk in the system particularly in Acute, as a result of increased length of stay, patient flow and patient acuity. A rise in number of Datix awaiting review is a concern. Work is in progress to reduce the number of adverse events awaiting review.

Better information on themes within 1000+ datix per month is needed in order to provide focus for improvement.

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



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





Clinical Governance January 2022

Significant Adverse Event Review information – November 2021 to November 2022 (EXTRACT 12.12.22)

	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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Context by Dr. Boyd Peters
Medical Director

SAERs:

Reported numbers of SAERs remains low, giving rise to the question of whether there should be others which have not been identified. SAER system improvement work continues in line with the internal audit plan. Backlog issues are being addressed, although this is more challenging in some parts of the organisation especially where the case is complex, for instance in Mental Health services.

The internal audit work is reported to Clinical Governance Committee and to the Audit Committee.

Number of SAERs declared in NHS Highland

	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Highland	1	3	2	0	0	1	1	0	3	0	0	1	1
Argyll and Bute	0	0	1	0	0	0	0	0	1	0	0	1	1
HHSCP	0	2	0	0	0	0	0	0	2	0	0	0	0
Acute	1	1	1	0	0	1	1	0	0	0	0	0	0

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

July 2020 – 1
September 2020 - 1
September 2021 – 1
April 2022 – 1
May 2022 - 1



Clinical Governance January 2022

Hospital inpatient falls – November 2021 to November 2022 (EXTRACT 12.12.22)

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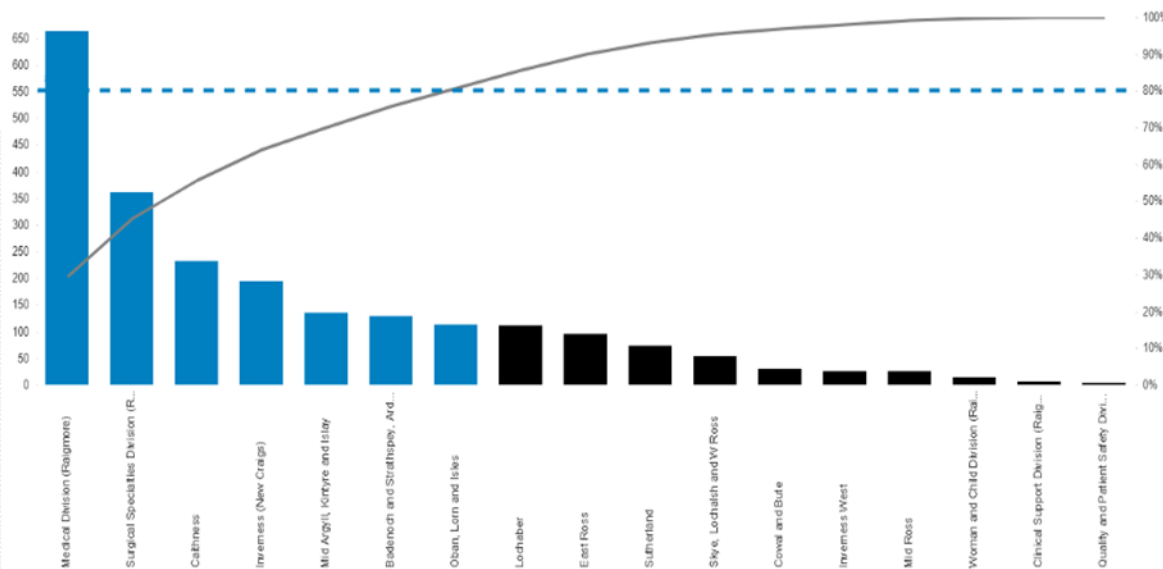
Context by Kate Patience-Quate
Interim Nurse Director

Taking a targeted approach to those areas with the highest incidence of falls and introducing daily care planning, with hourly care rounding has led to a significant improvement in the rate of total falls in those areas. Now this approach has been successfully tested, there will be planned roll out of this approach across areas of concern. Additional leadership capacity has been identified to support this work and a plan of priority areas for additional support is being drafted to commence in Jan 2023.

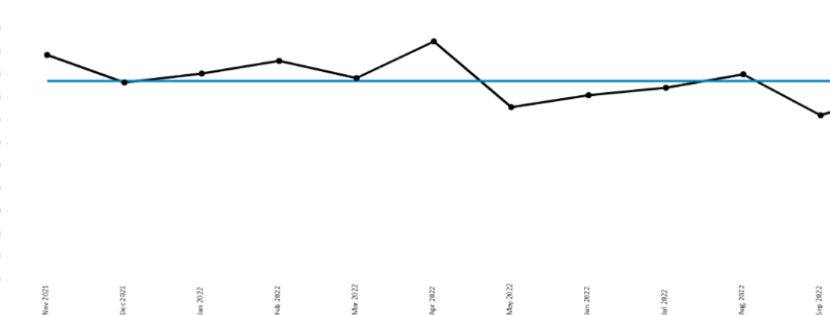
6 of the last 7 months have been below the 13 months rolling average for total falls as have falls with harm. Falls with harm remain consistent as a proportion of total falls and therefore continued focus on reducing all falls is critical.

A public awareness campaign on falls prevention and the to highlight the importance of strength and balance has commenced.

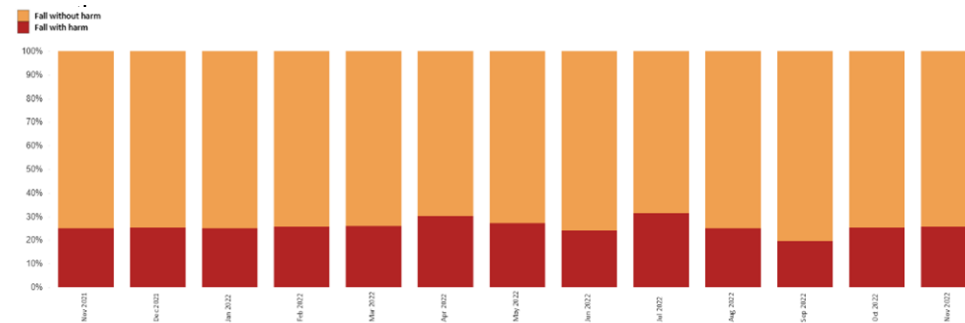
Pareto graph count of NHS Highland hospital inpatient falls by district/division over last 13 months



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



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



	Risk	Mitigation
1	Staffing challenges remain a significant risk in the acute environment, with regular instances of staff working in unfamiliar areas colleagues and often with reduced staffing numbers and skill mix..	<p>Key principles of a falls prevention are universally applied as part of essentials of safe care.</p> <p>Quality improvement work being undertaken to review falls risk assessment paperwork and will be rolled out across all acute work areas.</p> <p>Patients' mobility status and falls risk to be communicated as part of shift handover.</p> <p>Regular monitoring of staffing level and escalation of concerns.</p>
2	The Increasing complexity and frailty of patients in our care facilities.	<p>Regular review of staff support required to care for those with higher need.</p> <p>Support of the Dementia Nurse Consultant in relation to coping with delirium and dementia in acute wards.</p>



Clinical Governance January 2022

Tissue Viability – November 2021 to November 2022 (EXTRACT 12.12.22)

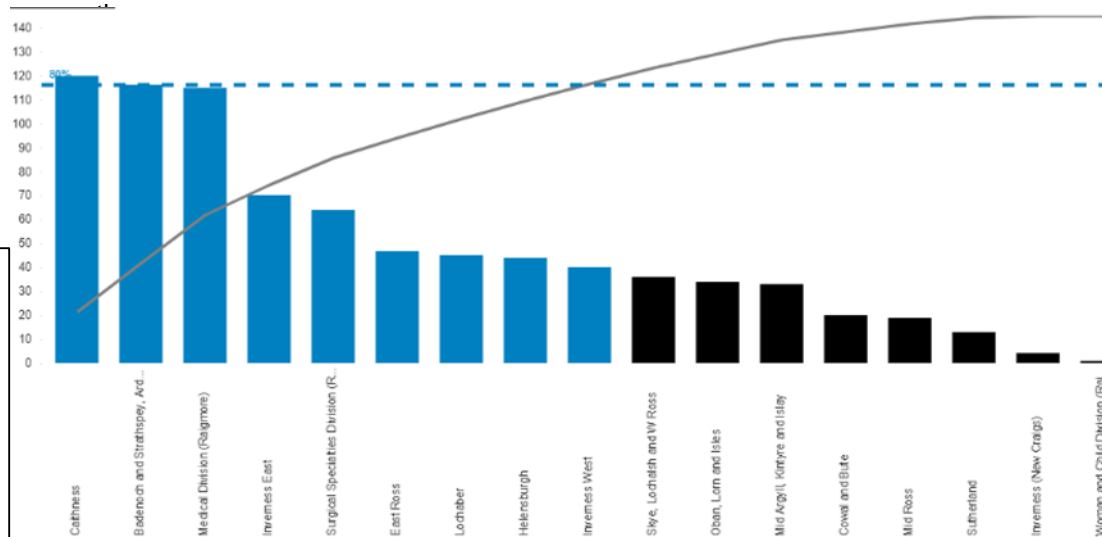
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Context by Kate Patience-Quate,
Interim Nurse Director

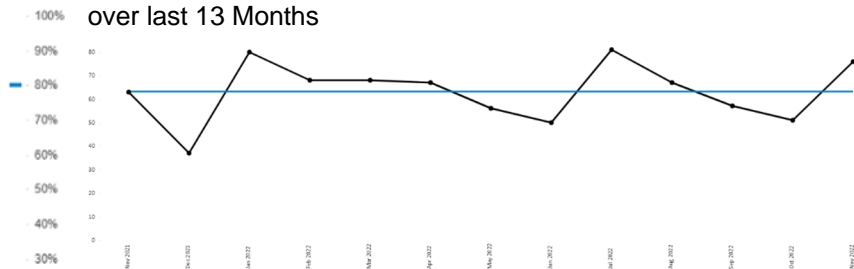
Healthcare Improvement Scotland, Scottish Patient Safety Programme have convened a national working group to refocus and launch the Pressure Ulcer Prevention Programme with targets to be agreed for hospitals and Care Homes in early 2023. NHS Highland agreed in the TVLG to commence by focusing on a 10% reduction of hospital acquired pressure ulcers. A key clinical/ leadership post for this service is currently in the recruitment process. Pressure relieving equipment is being reviewed within the organisation. Wound Formulary now available on the TAM.

	Risk	Mitigation
1	Specialist Tissue Viability Nurse clinical expertise and leadership capacity	<ol style="list-style-type: none"> 1.Reprofilling and development of new pan Highland senior Tissue Viability nurse post to be appointed - this post will provide enhanced senior clinical nurse leadership to lead the pan Highland TV service review and redesign 2.Additional fixed term nursing support for Care Homes as part of SG commitment to enhanced care home support to increase capacity to deliver preventative work in Care Homes and with Care @ Home teams 3.Designated Quality Improvement Practitioner to provide focussed support for pressure ulcer prevention across all care settings 4. Development of monthly TV Newsletter to provide ongoing updates and features on wound care products and practice to support generalists to upskill in wound care management
2	Demand for specialist Tissue Viability advice and support continues to increase and referrals to the NHS 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.

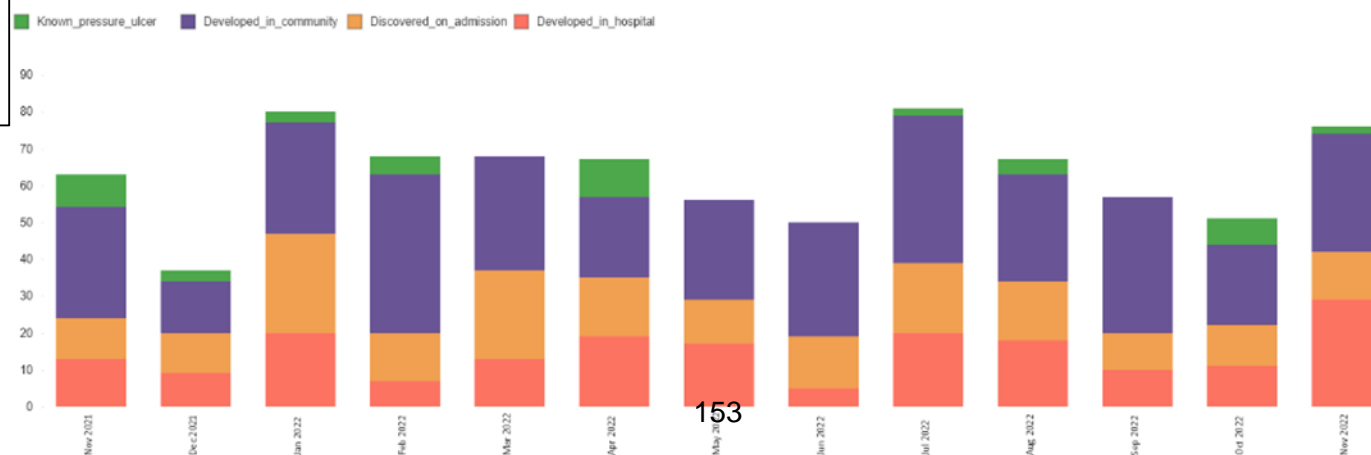
Pareto graph count of NHS Highland grade 2-4 pressure ulcers by district/division over last 13



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



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



Developed_in_hospital	191
Discovered_on_admission	197
Developed_in_community	388
Known_pressure_ulcer	45



Clinical Governance January 2022

Infection Prevention, E Coli, SAB and C Diff Infection Rates per 100,000 population
(EXTRACT 13.12.22)

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Context by Kate Patience-Quate
Interim Nurse Director

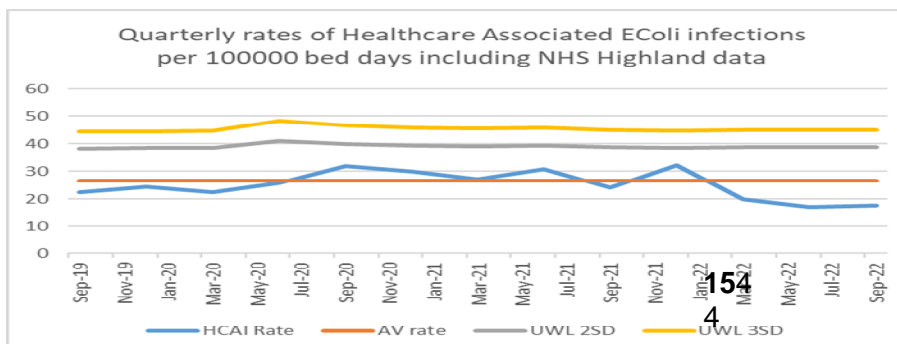
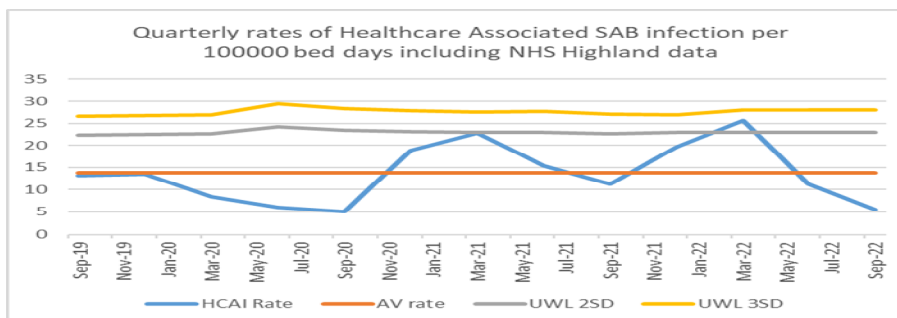
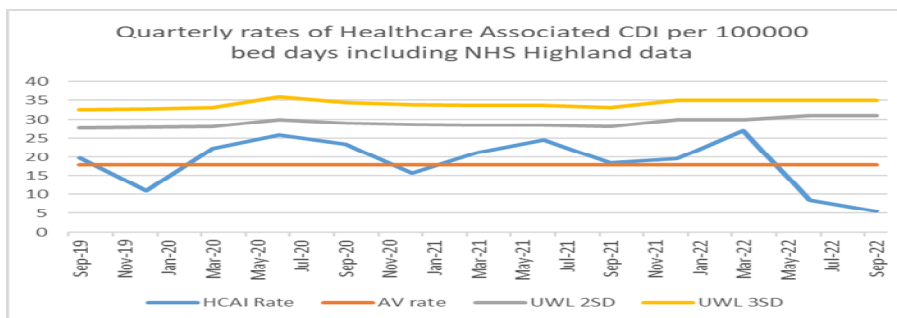
Published data from ARHAI (antimicrobial Resistance Healthcare associated infection) Scotland for the June – Sept quarter will not be available till 17.01.2023. Unvalidated NHS Highland data for quarter 3 (Oct-Dec22) will not be available until 7.1.2023.

NHS Highland data for the first 2 quarters of the year (April to Sept) identifies NHS Highland is under the performance rate for SAB and CDI infections. NHS Highland EColi rate is at 17.1 which is the performance target.

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

A plan is in place to identify how levels of infection may be improved over the forthcoming year.

A detailed IPC report is submitted to each Clinical Governance Committee for discussion and 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 operational units. Where present themes are addressed through specific action plans.
2	Sustained, increased pressures on Infection Prevention and Control specialists due to workload and new untrained staff being supported in post	Additional capacity provided to enhance IPC clinical resource with non-recurring SG funding due to end March 2023, and Business case under review following workforce review

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

Period	Apr-Jun 2022 Q1 (Validated by PHS)	Jul-Sep Q2 (NHS unvalidated data)	Oct-Dec Q3	Jan-Mar Q4
SAB	HCAI	HCAI	HCAI	HCAI
NHS HIGHLAND	12.4	5.5	n/a	n/a
SCOTLAND	17.3	n/a	n/a	n/a
C. DIFF				
NHS HIGHLAND	9.6	5.5	n/a	n/a
SCOTLAND	14.3	n/a	n/a	n/a
E COLI				
NHS HIGHLAND	19.2	17.8	n/a	n/a
SCOTLAND	34.8	n/a	n/a	n/a

Appendix: IPQR Contents

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

Appendix IPQR contents Cont.

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

Appendix IPQR contents Cont.

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



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Integrated Performance & Quality Report
Argyll & Bute Integration Joint Board

There is no performance report going to Argyll & Bute IJB meeting this month and therefore no intelligence within this IPQR. A&B are in a transition phase of development and governance transfer to Clinical and Care Governance committee. Their next report is due November together with their APR therefore we will reflect this in the next IPQR.

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 January 2023 at 2.00pm	

Present Alexander Anderson, Chair
 Tim Allison, Director of Public Health and Policy (from 10.00am)
 Graham Bell, Non-Executive Director
 Ann Clark, Non-Executive Director, Chair of HHSC Committee
 Heledd Cooper, Director of Finance

In Attendance Louise Bussell, Chief Officer, HSCP
 Muriel Cockburn, Non-Executive Director
 Sarah Compton-Bishop, Non-Executive Director
 Garret Corner, Non-Executive Director
 Lorraine Cowie, Head of Strategy & Transformation
 Jane Gill, PMO Director
 Jo McBain, Deputy Nurse Director
 Brian Mitchell, Board Committee Administrator
 Gerard O'Brien, Non-Executive Director
 David Park, Deputy Chief Executive
 Boyd Peters, Board Medical Director (from 2.10pm)
 Prof Boyd Robertson, Board Chair (ex officio)
 Simon Steer, Director of Adult Social Care
 Katherine Sutton, Chief Officer (Acute)
 Elaine Ward, Deputy Director of Finance

1 WELCOME AND APOLOGIES

Apologies were received from F Davies, P Dudek, J Gill, K Patience-Quate and A Wilson.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 20 OCTOBER 2022

The Minute of the Meeting held on 20 October 2022 was **Approved**, subject to the removal of question marks relating to new Risk Register Items (Item 10).

4 FINANCE

4.1 NHS Highland Financial Position 2022/2023 (Month 8), Financial Planning and Budgets

E Ward spoke to the circulated report and presented an outline of the NHS Highland financial position as at end Month 8, advising the Year-to-Date (YTD) Revenue over spend amounted to approximately £23.69m, with a forecasted overspend of £40.51m at 31 March 2023. The YTD position included slippage against the Cost Improvement Programme (CIP) of £11.03m, with slippage of £16.71m being forecast through to financial year end. It was reported the current position had improved by £2.47m from the previous month, reflecting benefit arising from the national Insurance reduction, additional Adult Social Care income, savings within Dental Services and a slightly improved position within Argyll and Bute. Specific financial updates were provided in relation to Acute Services; Highland Health and Social Care Partnership (HHSCP); Support Services; Argyll and Bute Integrated Joint Board; and savings delivery to date. A pay analysis was also provided, indicating £38.49m spend on supplementary staffing to date, highlighting that a sustainable staffing model was critical to achieving financial balance. A subjective analysis illustrated overspends across all areas, highlighting the pressures across all spend categories. A breakdown of the overall forecast position was also provided, as was the detail of the position against the overall £32.59m capital plan.

With regard to the NHSH Financial Recovery Plan, it was advised performance remained broadly static, with potential mitigating actions totalling £14.85m, and a best-case scenario overspend of £25.67m, which is £9.4m adrift of Scottish Government expectation of delivery in line with the initial financial plan. Overall risks and issues remained in line with that previously reported. The position being reported across NHS Scotland was broadly indicated, and members were advised as to detail of the recent budget announcement which would see NHS Boards receive a total increase of 5.9% for 2023/2024. This included recurring funding for the 2022/2023 pay award and a baseline uplift of 2%. Specific additional funding could be expected for vaccination activity, Test and Protect, additional PPE requirements and a number of specific Public Health measures. Additional funding would be received in relation to Policy commitments and recovery of Health and Social Care Services in 2023/24, with £95m transferring to local government from the Health and Social Care Portfolio. The capital allocation would be broadly in line with that for 2022/2023, with additional funding for legally committed projects. The overall NHSH Initial Allocation for 2023/24 was indicated, noting the next steps would include financial plan submission preparatory work; continued discussion on the pay award funding; discussion with Highland Council on the Adult Social Care element; review of the Local Authority Settlement letter and acceleration of work on the NHSH Sustainability & Value Programme. The report proposed the Committee take **Limited Assurance**.

H Cooper then took the opportunity to advise as to technical accounting adjustments still to be finalised for 2022/23, alongside additional financial allocations yet to be received. She advised that in terms of planning for 2023/24, the pay award would be fully funded. It was highlighted that the Annual Delivery Plan, and other high-level plans would be critical to relevant planning activity, with a significant savings challenge expected to remain. NHS Boards had been requested to replicate the national approach to Value and Sustainability and a proactive group would be required to take all relevant activity forward.

The following points were then raised in discussion:

- Technical Reserves. Advised some aspects included within existing Financial Recovery Plan but not all. More work required to define all relevant aspects.
- Savings Plan 2023/2024. Questioned how can staff at all levels could be encouraged, and given the relevant tools and knowledge to give greater consideration to financial aspects when developing service redesign and transformation proposals etc. It was accepted that

more could be done in this regard however it was stated dedicated support resource was being put in place, including mentoring and coaching elements. Stated improved performance monitoring and a savings activity plan approach would be beneficial. Key areas of focus were being identified. Confirmed detail of savings plan and underlying assumptions would be brought to the March 2023 meeting.

- Brokerage Repayment. Confirmed to be repaid in full.
- Performance. Questioned if improved service performance negatively impacting on financial position. Advised the main driver of overspend was related to workforce matters, particularly within Social Care. Overall cost of service delivery was increasing year on year. Noted an increased workforce does not necessarily lead to improved performance.
- Supplementary/Agency/Locum Spend. Realistic impact of any local workforce planning activity on this spend area questioned in context of wider position regarding recruitment. Stated future planning should be based on actual resource, not on desired levels of activity. View expressed supplementary staffing spend could now be considered a fixed cost.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** to share the presentation content with members following the meeting.
- **Noted** detail of the 2023/2024 savings plan would be brought to the next meeting.
- **Agreed** to take **Limited** assurance.

4.2 Adult Social Care Finance Plan

E Ward gave a brief presentation to members on the additional costs being faced in relation to Adult Social Care, these being used to inform current discussion with Highland Council. The various categories of spend were outlined, including enhanced rates and additional mileage payments to Care at Home providers and additional support to Care Homes. The existing level of Care Home support was indicated, as were the additional cost elements. The same was outlined in relation to Care at Home Services, Provider Relief Sustainability Payments, Enhanced Responder Service, and Care Response Team. She outlined the relevant 2022/2023 forecast position for Adult Social Care and advised the 2023/2024 projection indicated an adjusted emerging financial gap of approximately £10.5m.

Discussion points included the following:

- Finance and Performance. On point raised, it was confirmed relevant detail had been played into financial planning assumptions, with the additional costs indicated representing the current area of concern. These represented additional cost without additional benefit.
- Health and Social Care Integration. Confirmed active conversations held with Highland Council, recognising limited financial resource and a remote and rural area cost premium. Impact of Delayed Discharge was known, if not fully quantified in terms of financial cost comparison between ASC and Acute Care. Cost did not reflect clinical outcome. Statutory responsibility lay with Highland Council and challenging discussions continued to be held in relation to the overall strategy moving forward.
- Care Home Sector Engagement. Recognised as complex and critical activity area. Engagement taking place in context of National Care Service development, funding issues and in a sector where providers have the live option to simply withdraw from the sector. NHS Highland was at the forefront of such discussion in Scotland, and this was considered a high-risk area for the NHS Board.

After discussion, the Committee otherwise Noted the reported position.

5 SCOTTISH GOVERNMENT LETTER ON PLANNING

L Cowie spoke to the circulated letter outlining the Scottish Government approach to planning for the next financial year and beyond. This was to include a clear, high level, population-based priorities for the NHS as a whole; goal setting at national level; continuation of short, medium, and longer-term planning by NHS Boards; and a new commissioning approach to engender greater collaboration to reflect Scotland's population needs as a whole in local, regional and national plans. She advised the Quarter 3 update was due to be submitted to Scottish Government by 27 January 2023, an overview of which would be provided to the next meeting. At a national level, Directors of Planning were looking at how best to plan moving forward, recognising relevant priorities, and looking to the future of healthcare provision. National planning guidance was expected in February 2023. On the point raised, it was confirmed there had been discussion of the implications of the circulated letter with the Chief Officer for the Argyll and Bute Integrated Joint Board who in turn was to raise particular issues relating to overall communication with Scottish Government colleagues. Directors of Planning had also been sighted on this and a range of other associated aspects.

The Committee:

- **Noted** the position in relation to development of the NHS Highland Winter Ready Plan.
- **Noted** an overview of the Q3 submission would be provided to the next meeting.

6 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. It was advised all Local Delivery Plan Standards were included in the report, excluding GP access figures. Content of the Report remained under continual review. Members were then provided with specific updates on performance relating to screening uptake; vaccination activity; alcohol brief interventions; smoking cessation; drug and alcohol waiting times; Maternity Services; CAMHS/NDAS/Integrated Children's Services; Urgent and Unscheduled Care performance; TTG performance; Outpatients; Diagnostics; Cancer Care; Stage 1 Cancer Detection; Delayed Discharges; Adult Social Care; Psychological Therapies; and Dementia and Post-Diagnostic Support. Reporting arrangements for Argyll and Bute IJB remained under discussion. It was proposed the Committee take **Limited Assurance**.

Matters raised in discussion were related to the following:

- Outpatients Improvement Plan and Near Me Activity. Advised equality of access a key consideration although Near Me activity at or near capacity. Effectiveness of Near Me activity being evaluated through patient experience feedback.
- Key Factors in Stage 1 Cancer Detection. Advised current focus on improving early detection pathways through Cancer Board. Stated no simple solutions, intertwined with equality agenda, access to services, screening activity, engagement with Primary Care Services and targeting of relevant groups. Consideration being given to all these aspects.
- Post Dementia Support. Noted clear performance variance between North Highland and Argyll and Bute. Advised Mental Health Programme Board to consider this disparity at their next meeting on 25 January 2023. Alzheimer's Scotland had been commissioned to provide post diagnosis support for a twelve-month period.
- General Performance. Advised had been challenging period of late and was likely to extend into January 2023. Consideration to be given to extending and widening the existing Acute performance escalation framework (OPEL). Highlighted that work on Winter Ready Action Plan had helped build appropriate capacity to ensure improved de-escalation

activity was being applied where and when required. A whole system approach had been key and would continue to be refined. Updates would be provided to future meetings.

- Dental Health. Advised relevant data issues being actively considered.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Agreed** to take **Limited Assurance**.

7 ASSET MANAGEMENT GROUP MINUTES

There had been no Minutes circulated for this meeting.

8 MAJOR PROJECTS

8.1 Summary Report

There had been circulated a report providing the Committee with an update on all major Capital construction projects, in relation to both financial and programme management performance. The report provided a progress summary, an outline of key risks, an indication of upcoming activities and a cost update. It was proposed the Committee take **Moderate Assurance**.

The Committee otherwise:

- **Noted** the progress of the Major Capital Project Plan.
- **Agreed** to take **Moderate** assurance.

8.2 National Treatment Centre Update

There had been circulated a report providing an update in relation to position regarding the National Treatment Centre. The report gave a summary of the position as at 14 November 2022, an update in relation to key risks, an indication of upcoming activities and a cost update.

The Committee Noted the reported progress to date.

9 AOCB

There was no discussion in relation to this Item.

10 FOR INFORMATION

Members took the opportunity to reflect on the overall position in relation to the NHS in Scotland; the continued support given by the general public and the range of extremely positive activity being provided on daily basis by all those working across the sector.

11 2023 MEETING SCHEDULE

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

3 March
5 May

7 July
8 September
3 November
(All meetings to be held from 9.30am to 11.30am)

12 DATE OF NEXT MEETING

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

The meeting closed at 11.40am

NHS Highland



Meeting: NHS Highland Board Meeting
Meeting date: 31 January 2023
Title: Finance Report – Month 9 2022/2023
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 9 2022/2023 (December 2022).

2.2 Background

NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a

Cost Improvement Programme of £26.000m proposed. No funding source was identified to close the residual gap of £16.272m. This report summarises the position at Month 9 and provides a forecast through to the end of the financial year.

2.3 Assessment

For the period to end December 2022 (Month 9) an overspend of £24.488m is reported. A year end position of a £22.631m overspend is forecast based on the current operational position, mitigating actions from the recovery plan, benefits from the New Medicines fund and a reduction in CNORIS expenditure. The YTD position includes slippage against the savings plan of £12.488m with slippage of £16.962m forecast at financial year end.

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"/>

3 Impact Analysis

3.1 Quality/ Patient Care

The impact of quality of care and delivery of services is assessed at an individual scheme level using a Quality Impact Assessment tool. All savings are assessed using a QIA which can be accessed from the Programme Management Office.

3.2 Workforce

There is both a direct and indirect link between the financial position and staff resourcing and health and wellbeing. Through utilisation of the Quality Impact Assessment tool the impact of savings on these areas is assessed.

3.3 Financial

Scottish Government recognise the financial challenge on all Boards for 2022/2023. However, there is an expectation that Boards will deliver, as a minimum, the position as set out within their financial plan. For NHS Highland this means no more than an overspend of £16.272m.

3.4 Risk Assessment/Management

There is a high risk NHS Highland will overspend on its 2022/2023 revenue budget by more than £16.272m. The Board continues to look for opportunities both locally and nationally to bring the forecast overspend 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
- Financial Recovery Board held weekly
- Quarterly financial reporting to Scottish Government

3.8 Route to the Meeting

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

- EDG

4 Recommendation

Discussion – Examine and consider the implications of the matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 9
- Appendix No 2 – Recovery Plan – Mitigating Actions

Meeting:	NHS Highland Board Meeting
Meeting date:	31 January 2023
Title:	Finance Report – Month 9 2022/2023
Responsible Executive/Non-Executive:	Heledd Cooper, Director of Finance
Report Author:	Elaine Ward, Deputy Director of Finance

1 Financial Plan

- 1.1 NHS Highland submitted a financial plan to Scottish Government for the 2022/2023 financial year in March 2022 and this plan was approved by the Board in May 2022. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26.000m proposed. At the time of submission no funding source was identified to close the residual gap of £16.272m. It is now anticipated that SG will provide financial support by way of repayable brokerage. This report summarises the position at Month 9 and provides a forecast through to the end of the financial year.
- 1.2 Financial reporting submissions to Scottish Government have reverted to monthly during 2022/2023 recognising the severity of the financial challenge that all Boards are facing.

2 Financial Position YTD & Forecast

- 2.1 For the nine months to the end of December 2022 NHS Highland has overspent against the year-to-date budget by £24.488m and is reporting an adjusted forecast of £22.631m at financial year end taking into account the current position, mitigating actions from the recovery plan, remedial actions in Argyll & Bute, additional New Medicines funding and a reduction in the CNORIS estimate of expenditure.
- 2.2 The expectation of SG is that NHS Highland will deliver, as a minimum, a year end financial position in line with its financial plan submission. For NHS Highland this means no more than a £16.272m overspend. The adjusted forecast reported at the end of month 9 is £6.359m adrift from the position presented in the financial plan.

- 2.3 There is a risk around full delivery of the remaining mitigating actions within the Recovery Plan. These will continue to be reviewed with further updates incorporated into monthly finance reports.
- 2.4 The YTD position includes slippage against the CIP of £12.488m with slippage of £16.962m forecast through to financial year end.
- 2.5 A breakdown of the year-to-date position and the year-end forecast is detailed in Table 1.

Table 1 – Summary Income and Expenditure Report as at December 2022

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
1,092.068	Total Funding	771.424	771.424	-	1,092.068	-
	Expenditure					
411.003	HHSCP	307.804	313.346	(5.541)	418.823	(7.819)
247.448	Acute Services	188.703	207.130	(18.427)	273.678	(26.230)
194.680	Support Services	100.104	100.384	(0.281)	195.755	(1.075)
853.130	Sub Total	596.611	620.860	(24.249)	888.256	(35.125)
238.938	Argyll & Bute	174.813	175.052	(0.239)	239.283	(0.345)
1,092.068	Total Expenditure	771.424	795.912	(24.488)	1,127.538	(35.470)
Additional New Medicines Fund & Reduction in CNORIS expenditure						3.684
A&B Remedial Actions						0.345
Recovery Plan Actions						8.810
Adjusted Forecast						(22.631)

- 2.6 A breakdown of the forecast by unachieved savings and the net operational position is detailed in Table 2.

Table 2 – Breakdown of YTD & Forecast

Current Plan £m	Summary Funding & Expenditure	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m	Operational (Over)/Under £m	Savings Unachieved £m
1,092.068	Total Funding	771.424	771.424	-	1,092.068	-		
	Expenditure							
411.003	HHSCP	307.804	313.346	(5.541)	418.823	(7.819)	(1.539)	(6.280)
247.448	Acute Services	188.703	207.130	(18.427)	273.678	(26.230)	(20.134)	(6.096)
194.680	Support Services	100.104	100.384	(0.281)	195.755	(1.075)	1.862	(2.938)
853.130	Sub Total	596.611	620.860	(24.249)	888.256	(35.125)	(19.811)	(15.314)
238.938	Argyll & Bute	174.813	175.052	(0.239)	239.283	(0.345)	1.303	(1.648)
1,092.068	Total Expenditure	771.424	795.912	(24.488)	1,127.538	(35.470)	(18.508)	(16.962)
Additional New Medicines Fund & Reduction in CNORIS expenditure					3.684		3.684	
A&B Remedial Actions					0.345		0.345	
Recovery Plan Actions					8.810		8.810	
Adjusted Forecast					(22.631)	(5.669)	(16.962)	

3 Highland Health & Social Care Partnership

- 3.1 The HHSCP is reporting a YTD overspend of £5.541m with this forecast to increase to £7.819m by financial year end. Table 3 shows the breakdown across service areas and the split between Health & Social Care.

Table 3 – HHSCP Breakdown as at December 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
224.772	NH Communities	167.914	173.118	(5.204)	232.254	(7.482)
45.792	Mental Health Services	34.353	35.251	(0.899)	47.225	(1.433)
143.023	Primary Care	107.166	107.111	0.055	143.027	(0.004)
(2.584)	ASC Other includes ASC Income	(1.628)	(2.135)	0.507	(3.683)	1.099
411.003	Total HHSCP	307.804	313.346	(5.541)	418.823	(7.819)
	HHSCP					
250.377	Health	186.922	192.463	(5.541)	258.197	(7.820)
160.626	Social Care	120.883	120.883	-	160.626	-
411.003	Total HHSCP	307.804	313.346	(5.541)	418.823	(7.819)

- 3.2 Within Health the forecast position reflects:
- £4.180 of unachieved savings
 - £0.787m of service pressures in Enhanced Community Services & Palliative Care
 - £0.705m relating to minor works undertaken at New Craigs – these works were required for operational reasons during the pandemic but were delayed.
 - £0.544m relating to Chronic Pain service
 - £0.225m relating to additional costs re Alness and Invergordon reverting to a 2c practice.
- 3.3 £13.758m has been incurred on supplementary staffing at the end of month 9.
- 3.4 Adult Social Care is currently reporting a breakeven position with funding being drawn from the funds held by Highland council over financial year end. Slippage on the ASC element of the CIP of £2.100m has been covered by this funding drawdown.

4 Acute Services

- 4.1 Acute Services are reporting a YTD overspend of £18.427m with this forecast to increase to £26.230m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at December 2022

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
65.556	Medical Division	49.346	56.039	(6.693)	74.503	(8.947)
18.935	Cancer Services	14.234	15.055	(0.821)	19.873	(0.939)
58.143	Surgical Specialties	44.800	47.941	(3.141)	62.040	(3.896)
30.345	Woman and Child	22.956	22.938	0.018	30.433	(0.087)
42.080	Clinical Support Division	31.707	31.715	(0.009)	41.948	0.133
(1.687)	Raigmore Senior Mgt & Central Cost	(0.650)	4.809	(5.460)	7.707	(9.394)
9.244	NTC Highland	7.696	7.992	(0.296)	9.688	(0.444)
222.617	Sub Total - Raigmore	170.089	186.490	(16.401)	246.192	(23.575)
11.938	Belford	8.954	9.952	(0.998)	13.242	(1.304)
12.893	CGH	9.659	10.688	(1.029)	14.245	(1.351)
247.448	Total for Acute	188.703	207.130	(18.427)	273.678	(26.230)

4.2 £6.096m of unachieved savings is reflected in the forecast position.

4.3 The forecast position has improved by £1.524m from month 8. The main driver behind this improvement has been the receipt of additional drugs rebates.

4.3 However the following pressures remain and are the main drivers for the operational overspend:

- £13.148m of additional staffing costs to cover vacancies and unfunded beds
- £1.847m of Acute Drugs.
- Pressures resulting from lower than anticipated Scheduled Care allocation - £3.000m

5 Support Services

5.1 Support Services are reporting a YTD overspend of £0.281m with this forecast to increase to £1.075m by financial year end.

5.2 The forecast position includes £2.938m of unachieved savings.

5.3 Table 5 breaks this position down across service areas.

Table 5 – Support Services breakdown as at December 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	Support Services					
74.041	Central Services	9.749	7.747	2.002	71.242	2.800
38.640	Corporate Services	28.791	29.575	(0.784)	39.916	(1.276)
44.830	Estates Facilities & Capital Planning	32.989	33.477	(0.488)	45.933	(1.103)
11.770	eHealth	9.526	9.887	(0.361)	12.275	(0.505)
25.399	Tertiary	19.049	19.699	(0.650)	26.390	(0.991)
194.680	Total	100.104	100.384	(0.281)	195.755	(1.075)

5.4 Within Estates & Capital Planning & eHealth the overspend position continues to be driven by costs which would previously have been charged to Covid and unachieved savings.

5.5 Out of area placements continue to drive the forecast overspend within Tertiary.

5.6 No further actions from the Recovery Plan have been filtered into the Support Services position for month 9.

6 Argyll & Bute

6.1 Argyll & Bute are currently reporting an overspend of £0.239m with this forecast to increase to £0.345m by financial year end.

6.2 The forecast position includes slippage on savings of £1.648m.

6.3 The position net of savings is an operational underspend of £1.303m largely generated through unfilled vacancies, over-recovery of income and sundry non-recurring slippage.

Table 6 – Argyll & Bute breakdown as at December 2022

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					
116.081	Hospital & Community Services	86.988	87.709	(0.721)	116.963	(0.882)
34.771	Acute & Complex Care	26.007	26.723	(0.715)	35.862	(1.091)
8.724	Children & Families	6.407	6.134	0.274	8.324	0.400
58.484	Primary Care, Prescribing & Dental inc GMS	43.960	44.265	(0.305)	58.872	(0.388)
9.236	Estates	6.906	7.074	(0.168)	9.390	(0.154)
4.879	Management Services	3.299	3.304	(0.005)	4.829	0.050
6.763	Central/Public health	1.246	(0.156)	1.401	5.043	1.720
238.938	Total Argyll & Bute	174.813	175.052	(0.239)	239.283	(0.345)

7 Financial Sustainability

7.1 The Financial Plan presented to the Board in May proposed a CIP of £26.000m. The YTD position includes slippage of £12.488m with £16.962m of savings forecast to be unachieved by the end of the financial year. Risk around delivery of the balance of the CIP (£0.893m) is medium risk.

7.2 Table 7 provides a summary of the savings position at month 9.

Table 7 Savings at Month 9

	Target £000s	YTD Target £000s	YTD Achieved £000s	Variance £000s	Achieved Future Mths £000s	Forecast Annual Savings £000s	Forecast Variance
NH Communities	9,293	6,970	2,725	(4,245)	132	156	(6,280)
Acute	8,457	6,342	1,641	(4,701)	454	265	(6,096)
Corporate	2,692	2,019	418	(1,601)	30		(2,244)
Estates & Facilities	1,100	825	619	(206)	-	130	(351)
E Health	400	300	57	(243)	-	0	(343)
A&B	4,058	3,044	1,551	(1,492)	517	342	(1,648)
Total Savings M9	26,000	19,500	7,012	(12,488)	1,133	893	(16,962)
Achieved Future Months			1,133				
Total Savings Achieved			8,145				

8 Covid Related Expenditure

- 8.1 The financial plan submitted to Scottish Government included an estimate of Covid related costs of £31.514m.
- 8.2 Work has been ongoing to rebase these costs and the current forecast is £23.290m, broken down as detailed in Table 8.

Table 8 Covid Related Cost Estimate at Month 9

Covid Expenditure Category	Total NHS Highland	
	Actual to Date £m	Forecast Outturn £m
Public Health	0.046	0.091
Vaccinations	4.582	6.503
Workforce and Capacity	4.942	6.402
PPE, Equipment and IPC	0.729	1.254
Social Care and Community Capacity	3.526	3.963
Loss of Income	1.097	1.376
Primary Care	0.399	0.539
Other	0.307	0.427
Test and Protect	2.566	2.736
Total Covid Costs	18.194	23.290

9 Financial Risk

- 9.1 The risks identified in month 7 remain. Late confirmation of allocations is an emerging risk. It has been assumed that anticipated allocations would be received at at least the same level as 2021/2022. There is now the potential that some allocations will be at a lower level which will impact on the flexibility at financial year end. This is being reviewed as and when notification of allocations is received.

10 Revenue Summary

- 10.1 The forecast overspend of £35.470m is based on a number of assumptions in relation to both expenditure levels and funding and is considered to be the likely position should the remaining actions identified within the Recovery Plan submitted to SG at the end of September not materialise.
- 10.2 SG requested that a Recovery Plan was submitted detailing actions which would bring the forecast financial position in line with the financial plan submitted in March 2022. For NHS Highland this means delivery of a position that is no more than £16.272m overspent.
- 10.3 The plan submitted detailed £19.997m of potential mitigating actions which if delivered would bring the forecast position down to an overspend of £13.603m.

10.4 At the end of month 9 the benefits arising from technical adjustments, the VAT reclamation exercise, the NI rate movement, support with the ASC forecast overspend, and benefits from cost control measures have been built into the forecast position. However, since submission of the plan there has been further slippage on the CIP and cost pressures have accelerated in some areas.

10.5 £8.810m of mitigating actions identified in the September Recovery Plan are still being pursued.

10.6 In additional remedial actions have been put in place within Argyll & Bute to deliver a breakeven financial position by financial year end (£0.345m). A further benefit arising from additional funding in respect of New Medicines and a reduction in the CNORIS forecast expenditure (£3.648m) has now been notified to Boards.

10.7 Taking the potential mitigating actions and the new actions/ benefits described in paragraphs 10.5 & 10.6 into account this would deliver a year end financial position of a £22.631m overspend. This is £6.359m adrift from the position SG are expecting the Board to deliver – work continues to identify further efficiencies which could be delivered before financial year end. Details of the Recovery Plan are included at Appendix 2.

11 Capital

11.1 Total anticipated Capital Funding for NHS Highland for 2022/2023 is £32.592m.

11.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £16.053m has been incurred – 49% of planned expenditure

11.3 The main areas of investment to date include:

Project	Spend to end December 2022
National Treatment Centre – Highland	£6.354m
Estates Backlog Maintenance	£2.562m
Equipment Purchase	£1.040m
Home Farm works	£0.738m

11.4 At this stage of the financial year it is currently estimated that the Board will spend the revised Capital Resource Limit in full.

12 Recommendation

- NHS Highland Board members are invited to discuss the contents of the Month 9 Finance Report.

Capital Expenditure at Month 9

Updated Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000	Bal to Spend £000
		Capital Schemes		
912	-	Radiotherapy	34	878
12,900	-	National Treatment Centre (Highland)	6,354	6,546
-	-	NTC-(H) eHealth Capital Expenditure	549	(549)
60	-	Grantown Health Centre Refurbishment Portree/	71	(11)
-	-	Broadford HC Spoke Reconfiguration Belford	-	-
350	-	Hospital Replacement Fort William Caithness	137	213
1,250	-	Redesign	395	855
100	-	Raigmore Reconfiguration	-	100
700	-	Increased Maternity Capacity - Raigmore	475	225
200	-	Additional VIE	-	200
1,000	-	Raigmore Fire Compartmentation upgrade	176	824
1,200	-	Raigmore Lift Replacement	890	310
740	-	Home Farm works	738	2
85	-	Cowal Community Hospital GP relocation	83	2
250	-	Campbeltown Boiler Replacement	2	248
400	-	Raigmore Car Park Project	91	309
554	-	Wifi network Installation Project	505	49
66	-	Endoscopy Decontamination Washers	71	(5)
796	-	Laundry Water Filtration Equipment	673	123
2,275	-	BackLog Maintenance Additional Funding	-	2,275
1,590	-	National Infrastructure Equipment Funding (NIB)	-	1,590
170	-	Ultrasound - Dunoon & Mid Argyll	-	170
47	47	Digital Pathology switches	49	(2)
25,645	47		11,291	14,354
		Formula Allocation		
800	800	PFI Lifecycle Costs	631	169
2,538	2,538	Estates Backlog Maintenance	2,562	(24)
1,850	1,850	Equipment Purchase Advisory Group (EPAG)	1,040	810
1,250	1,250	eHealth Capital Allocation	525	725
500	500	Minor Capital Group	93	407
9	9	AMG Contingency	9	-
-	-	Other	(97)	97
6,947	6,947		4,762	2,185
32,592	6,994	Capital Expenditure	16,053	16,539

Recovery Plan – Mitigating Actions

	Month 5	Month 9	RAG Rating
Forecast Overspend	£33.600m	£35.470m	
Potential Technical Adjustments	£5.849m	£3.000m	
Potential Technical Adjustments	£1.587m	In Forecast	
NR Funding Slippage	£5.810m	£5.810m	
VAT Reclaim Exercise	£0.500m	In Forecast	
Support with ASC Overspend	£1.387m	In Forecast	
Increased Cost Control Measures	£3.205m	In Forecast	
In year benefit from NI Funding	£1.659m	In Forecast	
A&B Remedial Actions	-	£0.345m	
New Medicines & CNORIS	-	£3.684m	
TOTAL POTENTIAL MITIGATING ACTIONS	£19.997m	£12.839m	
BEST CASE SCENARIO	£13.603m	£22.631m	

CLINICAL GOVERNANCE COMMITTEE	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Textphone users can contact us via Typetalk: Tel 0800 959598 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE	12 January 2023 – 9.00am (via MS Teams)	

Present

Alasdair Christie, Non-Executive Board Director and Chair
 Jackie Agnew, Head of Community Pharmacy and Services and Controlled Drug Governance (For Director of Pharmacy
 Dr Tim Allison, Director of Public Health (from 9.05am)
 Muriel Cockburn, Non-Executive Board Director
 Robert Donkin, Independent Public Member
 Rebecca Helliwell, Depute Medical Director (For Chief officer Argyll and Bute IJB)
 Dawn Macdonald, Community Staff Nurse
 Joanne McCoy, Non-Executive Board Director
 Dr Boyd Peters, Medical Director
 Dr Gaener Rodger, Non-Executive Board Director and Chair
 Emily Woolard, Independent Public Member

In attendance

Isla Barton, Director of Midwifery
 Sarah Bowyer, Scottish Health Council
 Louise Bussell, Chief Officer, HSCP
 Robert Cargill, Deputy Medical Director (from 9.05am)
 Ann Clark, Non-Executive Board Director
 Lorraine Cowie, Head of Strategy and Transformation
 Pamela Cremin, Deputy Chief Officer, Community Services
 Elizabeth Higgins, Associate Nurse Director
 Fiona Hogg, Director of People and Culture
 Margo Howatson, Clinical Governance Manager, Argyll and Bute
 Carolyn Hunter-Rowe, Public Health Intelligence Manager
 Karen King, Associate Director of Midwifery (from 9.45am)
 Brian Mitchell, Board Committee Administrator
 Mirian Morrison, Clinical Governance Development Manager
 Simon Steer, Head of Adult Services
 Catherine Stokoe, Infection Control Manager
 Bob Summers, Head of Occupational Health and Safety
 Katherine Sutton, Director of Acute Services
 Constantinos Yiangou, Deputy Medical Director (from 9.55am)

1 WELCOME AND APOLOGIES

Apologies were received from F Davies, S Govenden, Kate Patience-Quate and Ian Rudd.

The Chair took the opportunity to recognise and pay tribute to the role played by Dr G Rodger in her capacity as previous Committee Chair and to the role and work of the Committee throughout her tenure.

He further advised an Item would be placed on the agenda for the next meeting in relation to election of a Committee Vice Chair.

1.1 Declarations of Conflict of Interest

The Chair advised that being General Manager at the Citizens' Advice Bureau (CAB), he had applied the 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. It was stated the same criteria applied to M Cockburn, as a Director of the Citizens' Advice Bureau.

2 MINUTE OF MEETING ON 3 NOVEMBER 2022, ASSOCIATED ACTION PLAN AND COMMITTEE WORK PLAN

The Minute of Meeting held on 3 November 2022 was **Approved**.

In relation to the circulated Work Plan, members were advised this had been updated to reflect recently agreed changes. This would be further updated following this meeting, with future actions to be scheduled on a themed basis and with a view to looking to celebrate success.

The Committee otherwise:

- **Approved** the draft Minute.
- **Noted** the updated Committee Work Plan would be brought to the next meeting.

2.1 MATTERS ARISING

2.1.1 Clinical Governance Quality and Performance Data (Adverse Events) - Medication Incidents (Prescribing) including Vaccines

J Agnew spoke to the circulated report, providing assurance that NHS Highland (NHSH) clinical staff were actively aware of, and participated in, pharmacovigilance activity which contributed to safer patient care and that there was active review of incidents reported on Datix relating to the most reported medications. It was stated Yellow Card reporting remained at a high level within NHSH, with the Medicines Safety Sub-Group considering the incidents and agreeing relevant action plans such as the introduction of Insulin charts. There was a continued focus on training relating to reporting of medicines errors. It was stated whilst introduction of Hospital Electronic Prescribing and Medicines Administration (HEPMA) would enable the proposition of Substantial assurance it was proposed the Committee take **Moderate Assurance** at this time.

It was advised HEPMA would be formally trialled in Caithness within three months, relevant training in relation to which had been completed. Rollout across NHS Highland Acute sites would follow, with testing in Raigmore Hospital having been completed as part of a pre-pilot exercise.

After discussion, the Committee:

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

3 PATIENT EXPERIENCE AND FEEDBACK

The Chair introduced the circulated Case Studies, documenting both positive and negative patient experiences, which had been produced by the Clinical Governance Team Complaints Manager and

in relation to which detail of relevant learning opportunities and outcomes had been indicated. It was confirmed reference to NOK related to Next of Kin.

The following was discussed:

- Carer Recruitment. Stated had been indicated as a potential solution without detail of how would be achieved. Recognised as a national issue with no local solution. Advised seasonal employment in tourism sector affecting position in both Highland and Argyll & Bute in particular. Noted staff retention a pressing issue, with reserve staff in process of being invited and identified. Pay within sector recognised as a contributory factor to current recruitment position.
- Weekend Imaging Activity (Broadford). Stated position statement would be welcomed to clarify position. Noted associated training position understood to have been addressed.

The Committee:

- **Noted** the detail of the circulated Case Study documents.
- **Noted** updates would be sought on the issues raised and relayed to Committee members.

4 SAFE DELIVERY OF CARE INSPECTIONS AND IMPLICATIONS FOR CARE ASSURANCE IN NHS HIGHLAND

L Higgins spoke to the circulated report advising that Healthcare Improvement Scotland (HIS) had adapted their approach to scrutiny and assurance for inspections of acute hospitals to focus on safe delivery of care and taking a broader review of care delivery in hospitals, encompassing a range of different standards and guidelines. The most recent methodology had been developed in November 2022. The report gave an update on the evolution of relevant inspection methodology and advised changes had been designed to minimise impact on frontline staff and patients while still delivering assurance on quality of care in efforts to avoid disruption to staff delivering care to patients when system pressures continue. The current position in relation to monitoring and assurance reporting against compliance within NHS Highland was outlined, noting consistent progress had been made in relation to care assurance over the previous twelve months.

It was reported HIS had sent a letter to all NHS Boards at end November 2022 highlighting themes from seven Safe Delivery of Care inspections across Scotland to enable NHS Boards to review their own systems and procedures relevant to safe delivery of care in hospitals. The communication from HIS had prompted the initiation of a pan Highland gap analysis to review practice against the findings and themes from the HIS inspections; development of a safe delivery of care checklist; and development of a standard template for an internal schedule for peer review observations of care to monitor compliance with standards. On review of standards for older people there continued to be gaps in consistency, monitoring, and assurance reporting, with limited progress made on development of an NMAHP Care Assurance Framework. The establishment of an NHSH Quality Steering Group provided opportunity to move from an NMAHP focus toward developing a more comprehensive approach to monitoring and assurance reporting building on existing processes for data collection and reporting at ward, unit, and Board level. This approach would support broader review of quality against standards in the HIS Quality Framework and an ability to develop more focussed plan for local and Board wide improvement priorities in quality-of-care experience in Highland hospitals. It was proposed the Committee take **Limited Assurance**.

The following points were then discussed:

- Impact on Frontline Staff and Patients. Advised current Inspections did not present a major burden to either staff or patients. There was greater emphasis on observation at this time.
- Standards for Patients with Learning Disabilities. Asked if any particular focus on the needs of this patient group. Advised standards in place and will be covered by current gap analysis.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** results of the HIS gap analysis would be reviewed by the NHS Quality Steering Group.
- **Noted** standard work for monitoring and reporting on compliance with other standards was to be included in safe Delivery of Care scrutiny methodology to be developed in NHS Highland.
- **Noted** a progress report would be brought to the Committee in June 2023.
- **Agreed** to take **Limited** assurance.

5 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison presented to members, advising as to detail in relation to performance data around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Event Review, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported complaints performance had slipped and was being monitored by the Executive Directors Group (EDG) and Senior Leadership Team (SLT). High compliance continued to be evidenced in relation to Freedom of Information requests. The Datix system had been updated to include new reporting categories. The number of Significant Adverse Event Reviews being declared continued to remain stable. There continued to be a proactive focus on reducing the overall number of falls across all settings, and a number of initiatives had been identified in relation to reducing pressure ulcers. The NHS Board had agreed an aim of 10% reduction in hospital acquired pressure ulcers. A plan has been developed to identify how levels of infection could be improved. It was proposed the Committee take **Substantial Assurance**.

The following areas were discussed:

- Adverse Events. Advised number of Events recorded had reduced following development of new methodology. Issues of harm were now reported to weekly meetings, where decision then taken on how to take matters forward i.e. Significant Adverse Event Review or Case Review.
- Freedom of Information Requests. Advised further consideration to be given as to where this data should be reported. Not an effective measurement of organisational clinical governance.

After discussion, the Committee

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

6 NHS HIGHLAND ANNUAL DELIVERY PLAN

6.1 Overview of Journey Well/Cancer Services

B Peters spoke to the circulated report and provided a brief presentation in relation to Cancer Services, noting these were reviewed in the Cancer Recovery Board through a largely operational lens and the more strategic focus of the newly formed Cancer Programme Board. It was advised the Journey Well (Outcome 13) workstream related to support for the population on their journey with, and beyond, cancer by having equitable and timely access to the most effective evidence-based referral, diagnosis, treatment and personal support. An outline was provided as to the strategic progress made to date, including delivery actions agreed as part of the Annual Delivery Plan and noting a National Cancer Strategy was expected to be published in Spring 2023. Services were provided on a collaborative working basis across North of Scotland, with the NHS Cancer Recovery Board chaired by N Abbott, Breast Surgeon. The NHS Highland position was indicated in relation to 31 and 62 day national performance targets, this being slightly lower than the NHS

Scotland average. The position more widely across NHS cancer services was also indicated, this highlighting where increased focus and associated improvement/action planning was required through 2023, noting some services were provided by other NHS Boards in Scotland. A series of national slides were also shown to members, illustrating an increase in Systemic Anti-Cancer Treatment across Scotland since 2020; administered via different methods and representing a marked increase in workload for services and associated staff. With regard to existing Medical and Clinical Oncology establishment levels (wte per 100,000 population), it was advised this had reduced in North Scotland while increasing elsewhere over the same time period and overall did not reflect an increasing demand level. In summary, the existing key risks for NHS Highland in this area related to recruitment and retention of workforce across all clinical colleagues; ability of current capacity and infrastructure to meet increasing demand; and the additional strain placed on services as a result of new prescribing for breast and prostate cancers. It was proposed the Committee take **Moderate Assurance**.

There was discussion of the following:

- Impact on Patient Outcomes. Advised actual position unknown although recognised there was evidence that Covid has had specific impact on cancer patient outcomes more generally.
- Realistic Medicine Activity. Confirmed forms part of current activity, with specific direction on SACT activity. Degree of concern among clinicians as to appropriateness for all relevant patients and this had been recognised at national level.
- Prevention Strategies. Advised Cancer prevention activity declined during Covid period.
- Development of and Reporting on New Dashboard. Advised QPI data is retrospective and reports infrequent, so reporting within NHSH would be less frequent. Members were encouraged to consider the current data provided from a clinical governance perspective.
- Public Messaging Relating to Screening. Advised prevention activity more generally will form part of the NHS Highland Director of Public Health Annual Report for 2022/2023 being submitted to the NHS Board at end January 2023. Highlighted that prevention activity can overlap with Realistic Medicine activity, such as in relation to prostate cancer.
- Health Inequality Impact. Advised evidence indicated that generally those from less affluent areas less likely to present to a GP at an early stage. This led to poorer outcomes overall. Impact of distance from Cancer Centres being actively considered in light of potential further centralisation of cancer care. Impact of early Diagnostic Centres was also being considered.
- Early Diagnosis Centres. Advised represented vital secondary prevention activity. Primary Care access to diagnostics such as CT and other scanning discussed as something to be developed locally, subject to appropriate referral criteria.
- Cancer Trial Activity. Advised lack of NHSH Oncologists impacting on ability to recruit patients to potential trials, thereby narrowing treatment options for patients, further impacting on success of medical recruitment and resulting in loss of potential financial benefit relating to provision of new medicines funded within the research project.

After discussion, the Committee:

- **Noted** the circulated report and associated presentation content.
- **Noted** to circulate the relevant workforce slide to members following the meeting.
- **Agree** to take **Moderate** assurance.

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

7.1 Argyll and Bute

R Helliwell spoke to the circulated report advising the Argyll and Bute Clinical, Care and Professional Governance Strategy and Framework review was complete and had been ratified on 26 October

2022. Further updates were provided in relation to systematic identification and review of clinical incidents; two specific RIDDOR incidents in the process of being taken forward as SAERs; and actions relating to concerns raised regarding services within Lorn and Islands Hospital for HIS and NHS Education Scotland. On this latter point, both organisations were satisfied with progress on relevant improvement work, with a successful participatory medical workshop held where staffing models to ensure good clinical care had been explored and developed. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the content of the circulated report.
- **Noted** the Clinical, Care and Professional Governance Strategy and Framework.
- **Agreed** to take **Moderate** assurance.

7.2 Highland Health and Social Care Partnership

Having taken the opportunity to recognise the work of D MacFarlane as previous Associate Medical Director and introduced C Copeland as newly appointed Deputy Medical Director, L Bussell then spoke to the circulated report outlining output from the Community Quality and Patient Safety (QPS) and Clinical Governance structure and advised weekly QPS Check-In meetings continued to be held. QPS Sub-Group meetings were held on a monthly basis where Datix/case review/SAER and complaints were reviewed, and associated actions agreed. An update was provided in relation to HSE visits to mental health settings in November 2022, with plans for improving staff uptake of Violence and Aggression training, and removal of ligature points having been submitted to HSE. Revised plans for the rollout of the Morse system for electronic patient records were being considered. Concerns had been raised in relation to Tissue Viability staffing matters, with a leadership post recently agreed although Scottish Government funding for care home liaison nurses would cease at end March 2023. A report was to be provided to the Care Home Oversight Group in addition to follow up with operational areas. It was noted there were issues relating to the availability of pressure relieving equipment for patients; and the Highland Sexual Health Service were facing a series of challenges relating to significantly increased activity levels, recruitment, access to educational courses and provision of clinical premises. It was reported that development of a Sexual Health App to enable younger people to respond had been positive, with this having been successfully introduced. Identification of priority areas was ongoing. There had also been circulated Minute of Meeting of the Community Clinical and Care Governance Group held on 6 December 2022. The report proposed the Committee take **Moderate Assurance**.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Agreed** an update on the national position regarding Sexual Health Services be provided to members out with the meeting.
- **Agreed** to take **Moderate** assurance.

7.3 Acute Services

C Yiangou spoke to the circulated report in relation to Acute Services, indicating there had been reviews undertaken of national Audit Programmes relating to Scottish Hip Fracture and the Intensive Care Society. It was noted Delivery Directorate reports continued to highlight capacity and flow challenges in all Acute sites, incorporating increased incident reporting. The Acute Services Clinical Governance Committee had recently considered relevant mortality data for all NHS acute sites, noting this to be broadly stable, with data relating to Caithness General Hospital being further audited for more detailed consideration at the next meeting. It was stated the most recent HSMR data had indicated NHS acute was not an outlier in this respect. An action plan had been developed in relation to

the mixed Hip Fracture audit findings relating to NHS, including aspects relating to access to physiotherapy, early mobilisation of certain patients and use of cement for hemi-arthroplasty procedures. In relation to Intensive Care Unit (ITU) patients it was advised delayed discharge continued to be a major issue, with capacity on-site a contributory factor to be addressed. Other issues highlighted by exception had related to a rise in Inpatient Falls recorded at Caithness General Hospital; the impact of nursing vacancies on clinical care delivery; investigation of an infection cluster relating to Arthroplasty; use of day case and elective care areas for emergency flow reasons leading to reduced elective capacity and poor patient experience; and the impact of the rising number and complexity of CAMHS patients within paediatric services. It was reported there had been software issues, now resolved, relating to patient documents generated in Formstream not being transferred and not reaching the patient Docman record within GP Practice. In addressing this matter, a plan had been developed to ensure clinical filtering to determine clinical risk for differing form types. No material impact had been identified. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 15 November 2022. The report proposed the Committee take **Moderate Assurance**.

The following was raised in discussion:

- Recruitment and Retention. Agreed exit interviews beneficial to improving understanding why staff are choosing to leave the NHS. Action required on both recruitment and retention activity.

After discussion, the Committee:

- **Noted** the report content and associated Minute.
- **Noted** an update in relation to Formstream issues would be brought to a future meeting.
- **Agreed** to take **Moderate** assurance.

The meeting adjourned at 10.30am and reconvened at 10.40am.

8 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

B Peters took the opportunity to further acknowledge the commitment and contribution made to the work of the Committee by G Rodger as the previous Chair and welcomed A Christie to the role. The following areas of interest were then referenced:

- Wider System Pressures. Advised pressure continues to be high and will continue to impact services for some time to come, presenting challenges in relation to patient flow, discharge etc. The provision of comprehensive briefings to NHS Board members was welcomed, noting clinicians valued the support of the Board in recognising the range of challenges being faced. The need to recognise the work of all staff members was emphasised as was the need to formally communicate the same.
- NHS Winter Ready Action Plan. Advised the approach adopted and delivered had been a success, with real improvements having been realised. There was a question relating to whether there are increased numbers of hypothermia cases this winter, members were advised there had been no increase above relevant expected patient numbers.
- Operational Pressures Escalation Level Adoption (OPEL). Advised this had proved to be a useful resource, providing colleagues in Acute Services with data-based real time information. Consideration being given to extending this into both Community and Primary Care Services.
- Lookback Activity. Advised both UK and Scottish Government Covid Inquiries progressing. NHS will contribute as required. Updates would be provided to future meetings.
- Infected Blood Inquiry. Advised NHS had contributed to national submission, including detail of relevant individual patient cases.

The Committee otherwise Noted the reported position.

9 INFECTION PREVENTION AND CONTROL REPORT

C Stokoe spoke to the circulated report which detailed NHS Highland's current position against local and national key performance indicators and outlining NHSH remained on track to meet all nationally set antimicrobial prescribing targets as well as targets set for SAB and CDI. It was not expected to meet the relevant Ecoli target. Key Performance action plans were in place with the aim of reducing the incidence of all infection through capturing learning from previously investigated cases. Improvements had been made to compliance rates with Infection Prevention and Control (IPC) mandatory training however this remained under the 90% compliance target. Additional IPC staffing hours and posts had been supported to assist with the significant increase in workload for the Team as a result of the pandemic and other incidences of infection. Funding for this was due to end in March 2023, with a business case having been developed to extend this arrangement moving forward. It was reported there had been no incidences or outbreaks of Flu or Norovirus across the reporting period although a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The IPC team continued to work alongside staff and external agencies to ensure the delivery of national guidance in the management and control of Covid across NHS Highland. There had been no Healthcare Environment Inspections undertaken since the last update. The report went on to outline a number of areas of challenge including prioritisation of workloads to meet service demand. The report proposed the Committee take **Substantial Assurance**.

Members took the opportunity to thank all relevant staff for their hard work and commitment in meeting relevant targets where appropriate and improving training compliance levels overall.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Agreed** to take **Substantial** assurance.

10 PUBLIC HEALTH INTELLIGENCE AND SUPPORT FOR HEALTH SERVICES

C Hunter-Rowe spoke to the circulated report advising as to the effectiveness of the public health intelligence function across NHS Highland and providing an overview of the public health intelligence work plan and examples of key work areas. It was noted the Public Health Intelligence (PHI) team were part of the Public Health Directorate, providing expert resource on epidemiology, demography and population health evidence. This function was supported by application of the Team's specialist skills in relation to epidemiology, large dataset handling, evaluation of public Health programmes and healthcare interventions, geographical mapping and provision of scientific advice and evidence-based review of public health and non-pharmacological healthcare interventions. Examples of key work areas delivered in 2022 were provided alongside example outputs from individual projects. The report went on to give an overview of relevant activity relating to population needs assessments, development of profiles for community planning partnerships, geospatial activity, Clinical Advisory Group support arrangements, data management and recent developments. The report proposed the Committee take **Substantial Assurance**.

The Committee:

- **Noted** the reported content.
- **Agreed** to take **Substantial** Assurance.

11 PUBLIC PROTECTION REPORTING

There were no matters discussed in relation to this Item.

12 COMPLAINTS – PATIENT EXPERIENCE VIEWPOINT, THEMES AND ACTIONS TAKEN

M Morrison spoke to the circulated report outlining compliments received by the Feedback Team over the previous 12 months to November 2022, the themes arising, and action taken. All were logged on Datix and passed to the relevant Chief Officer and staff/team/department involved. Most compliments were related to Acute Services and sent direct to the team/department involved. The number of compliments received remained broadly static. It was stated where a formal complaint response had been approved and before being issued to the complainant, the Feedback Team code the response to identify the issues/themes. Many complaints involve multiple issues. Any action and improvement detailed in the response letter was recorded on Datix and where relevant an action owner and timescale for completion was recorded. The top four themes from complaints related to communication, treatment, waiting times/delays and staff. Examples were provided of the improvement and actions taken against each of those themes, with associated data reported to Operational Division Quality and Patient Safety Groups/Programme Boards. The Feedback Team actively followed up on actions agreed to be taken forward to ensure this was completed. These were reported to and discussed at a weekly complaints meeting. Moving forward, work continued on refining data on themes for improved reporting to relevant groups and projects. The report proposed the Committee take **Moderate Assurance**.

During discussion the following points were discussed:

- Communication. Recognised as a key issue for most organisations. Identification of easy wins was discussed; with agreement these be brought back to the Committee for consideration.
- Information Cascade to Front Line. Issues relating to dissemination of Local Partnership Fora information and lack of easy access to IT among certain staff groups were highlighted. Agreed leaders had key role in ensuring appropriate cascade of information within teams.

The Committee:

- **Noted** the report content.
- **Agreed** proposed actions relating to improving communication be reported to a future meeting.
- **Agreed** to take **Moderate** assurance.

13 MATERNITY SERVICES

I Barton spoke to the circulated report providing detail in relation to the NHS Highland gap analysis undertaken in response to recommendations from both the Ockenden and East Kent Maternity Reports. An Action Plan had been developed to progress relevant recommendations from both Maternity Reports insofar as they related to planning, service delivery, and a review of maternity and neonatal services across all NHS to ensure these were consistent with NHS Board Strategy, and specifically the Start Well ambition. It was reported the Reports had identified three main themes, these reflecting priority areas of work already in progress to address existing challenges and improve standards for maternity services in NHS, under the topics of workforce, culture and governance. Where possible, work would be taken forward via existing workstreams such as workforce planning, colleague experience and Best Start and be directly linked to service delivery and quality improvement. An outline was provided as to the work being taken forward under the three topics identified. The report proposed the Committee take **Limited Assurance**.

- Role of Clinical Staff. Acknowledged clinical staff have key role in driving local improvement activity and change, noting a Clinical Staff Workshop was to be held the following day.

- Informed Consent. Stated actions in this area being considered in association with medical colleagues and were expected to be complete within the stated three-month timeframe.

The Committee:

- **Noted** an initial self-assessment against the final Ockenden Report had been completed.
- **Agreed** to support development and implementation of a Board-wide Action Plan, monitored by the Maternity & Neonatal Programme Board for North Highland and the Maternity and Neonatal Governance Group for Argyll and Bute

14 SIX MONTHLY EXCEPTION REPORTS

14.1 Health and Safety Committee

B Summers spoke to the circulated report providing an update in relation to the activity of the Health and Safety Committee over the previous six months and further providing an update on progress with the risks and recommendations highlighted to the Committee in April 2022. In terms of emergent new issues, particular areas highlighted had included HSE Enforcement activity at New Craigs (Ruthven and Morar Wards), Raigmore (Microbiology) and the provision of advice to Acute Services on the Management of Violence and Aggression in Acute Services (Lessons for Learning from Recent HSE Enforcement Activities). Improvement Notices had been received in relation to Ligature Removal and Violence and Aggression Arrangements including Training, relevant requirements in relation to which were also outlined for members. Both Improvement Notices represented substantial pieces of enforcement work, requiring strong governance, sound leadership & accountability, multi-disciplinary teamworking and planning, financial investment and robust monitoring and remedial intervention to ensure work remained on track, and met the requirements of the Improvement Notices in good time to improve the safety of staff and patients. The report proposed the Committee take **Moderate Assurance**.

F Hogg took the opportunity to advise as to a review of the Committee reporting and membership profile, and the wider work of the Committee to avoid duplication of activity. The Committee would move to quarterly meetings in 2023 and would continue to prepare Annual Reports. Discussion was ongoing in relation to the role of the Occupational Health Service in supporting Services more widely. She invited comment from members on how reporting to this Committee may be improved.

The following was then discussed:

- Ligature Removal. Questioned whether the 2024 deadline for removal of ligatures within New Craigs would be met. Advised was a complex area of activity, and subject to annual audit. Associated risk assessments are rated according to priority, with those listed as High/Very High being addressed. Improvement Notice requirements for Morar Ward likely to be met. A costed plan for the remainder of New Craigs, including a date for completion of work was also to be submitted to HSE by July 2023.
- Support from Clinical Governance Committee. Advised this would relate to maintaining a strong monitoring brief at this time.

The Committee:

- **Noted** the Health and Safety Committee six monthly exception report.
- **Agreed** further updates would be scheduled as part of the Committee Work Plan.
- **Agreed** to take **Moderate** assurance.

14.2 Transfusion Committee

Members **Noted** discussion would be held out with the meeting on future reporting arrangements.

14.3 Information Assurance Report

I Ross spoke to the circulated report providing an update on the key activities of the Information Assurance Group from May to December 2022, advising this had met on 4 occasions since last reporting to this Committee. Specific updates were provided in relation to an upcoming Information Commissioner Office (ICO) audit, Network and Information Systems (NIS) audit and safe handling of information mandatory training activity. The report went on to highlight a number of actions agreed by the Information Assurance Group over the respective reporting period and indicated the Group had also received updates in relation to missing documents within the GP Docman system, a cyber incident that had impacted on the Aadastra out of hours system, and missing records within the prison system. Minutes from meetings held in March, May, July and September 2022 were circulated and the latest edition of the relevant Newsletter was about to be released. The report proposed the Committee take **Substantial Assurance**.

The Committee:

- **Noted** the report content.
- **Noted** the circulated Minutes.

14.4 Area Drug and Therapeutics Committee

An update in relation to this matter was considered under Item 2.1.1 on the agenda.

15 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

16 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the emerging issues highlighted in discussion under Item 8 on the agenda.

The Committee so Noted.

17 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2023 as follows:

8 March (2 pm)
27 April
22 June
31 August
2 November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 8 March 2023 at 2.00pm.

The meeting closed at 11.40am

NHS Highland



Meeting: NHS HIGHLAND BOARD MEETING

Meeting date: 29 NOVEMBER 2022

Title: 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 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

This report is to provide the Board with an overview extract from the Corporate Risk Register, awareness of risks that are being considered closure or additional risks to be added and an update on the processes being developed for Corporate Risk moving forward.

2.1 Situation

This paper is to provide the Board with assurance that the risks currently held on the corporate 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 corporate risk register continues to be refreshed in line with “Together We Care, with you, for you” (TWC) to ensure we are aligned to the direction it sets for us as an organisation.

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

All corporate risks will be mapped to the Governance Committees of NHS Highland and they will be responsible for oversight and scrutiny of the management of the risks. A brief overview will then be presented to the Board on a bi-monthly basis.

The Audit Committee is responsible for ensuring we have appropriate processes in place. A plan was presented to the Audit Committee on the outstanding areas from the internal audit at their previous meeting in which substantial assurance was given. A further update will be provided to the March meeting.

For this Board meeting this summary paper presents a summary of the strategic risks identified as belonging to the strategic 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 recent 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 risk register along with the Board Medical Director to ensure alignment across the strategy 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 in which the risk level has not been changed. The following risks are aligned to the governance committees in which they fall within and also consideration given to the strategic objective and outcome for future mapping.

Risk No 1102 - Financial Balance – *Please note this risk will be refreshed in line with 23/24 challenges and taken to next FRP Committee for approval therefore score will be refreshed also.*

NHS Highland is operating in a strategic context of increasing challenges and a real term reduction in resources. Local authority partners also face similar challenges which may also impact. The current financial forecast is a £33.6m overspend. There is a significant risk that NHS Highland will not meet financial targets set by Scottish Government this year. Strong operational leadership will be required along with all of our workforce ensuring accountability and responsibility for the resources they use and empowering clinical leaders with the intelligence to become partners in this.

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No 1103 – Financial Efficiencies – *Please note this risk will be refreshed in line with 23/24 challenges and taken to next FRP Committee for approval therefore score will be refreshed also.*

Significant under-achievement of planned financial efficiency savings for the current year which affects delivery of the financial balance. All savings plans are being aligned with the ADP and will not hinder the ability of programme to deliver their objectives. Targeted intervention has commenced to deliver further savings throughout the year in addition to measures to contain increasing costs.

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No 1097 – Transformation – Risk added in November per approval from Board. Risk remains High with a target score of Medium.

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 and this could lead us unable to deliver a sustained strategic approach to transformation. This may lead to an inability to deliver the required transformation to meet the healthcare needs of our population in a safe & sustained manner and the ability to achieve financial balance.

Strategic Outcome: Perform Well
Governance Committee: Finance, Resources & Performance Committee

Risk No 715 – Impact of COVID and Influenza on Health Outcomes – *Risk is Very High.*

The rate of COVID levels in population has increased over winter period as anticipated. The impacts on our most vulnerable settings, such as care homes and hospitalisations could have knock-on effects on service delivery at large. Planning is also underway for the investigation of a potential COVID-19 variants or mutations of concern.

Strategic Outcome: Anchor Well
Governance Committee: Clinical and Care Governance Committee.

Risk No 959 – COVID and Influenza Vaccinations – *Risk to remain High.*

The Autumn/Winter programme has commenced for COVID and influenza vaccination. Work continues to ensure high uptake and achievement of the expedited timetable. However, significant challenges remain including staffing, scheduling and delivery within budget.

Strategic Outcome: Stay Well
Governance Committee: Clinical and Care Governance Committee.

Risk No 666 – Cyber Security – *Risk to remain high*

Due to the continual threats from cyber attacks this risk will always remain on the risk register. A fuller understanding of gaps, control and mitigations will be part of the refresh of the corporate risk register.

Strategic Objective: Progress Well
Strategic Outcome: Digital Delivery
Governance Committee: Finance, Resources & Performance Committee.

Risk No 712 – Fire Compartmentation Works – *Risk is scored High on Datix.*

Works continuing to improve the compartmentation within Raigmore Hospital. Raigmore SMT currently working to provide decant facilities to allow for a full programme moving forward.

Strategic Objective: Progress Well
Strategic Outcome: Environment and Climate
Governance Committee: Finance, Resources & Performance Committee.

Risk No 714 – Backlog maintenance – Risk is scored High on Datix

Continuing to work with SG in them providing extra capital funding to remove all high risk backlog maintenance.

Strategic Objective: Progress Well
 Strategic Outcome: Environment and Climate
 Governance Committee: Finance, Resources & Performance Committee.

Risk No 632 - Culture – Risk is scored High .

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.

Strategic Objective: Grow Well, Nurture Well, Listen Well
 Strategic Outcome: People and Culture
 Governance Committee: Staff Governance Committee

Risk No 706 – Workforce Capacity – Risk is rated Very High

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.

Strategic Objective: Grow Well, Nurture Well, Listen Well
 Strategic Outcome: People and Culture
 Governance Committee: Staff Governance Committee

Risk No 877 – Engagement and Service Design

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.

It is proposed that this is not actually a staff governance risk, and that the risk should be revised and updated and adopted by the relevant committee, to include the approval and rollout of the Engagement Framework and also the relevant outcomes for people as the strategy and ADPs are delivered and the effectiveness of our ongoing partnership working with our communities and stakeholders.

Strategic Objective: Anchor Well
 Strategic Outcome: Our Population
 Governance Committee: tbc

Risk No 1056 – Statutory and Mandatory Training Compliance – Risk is rated very high

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.

Care Strategy and ADP, under Grow Well, 5c to improve our safety culture, and the key deliverables address poor statutory and mandatory training compliance through structured improvement programme, as well as ongoing H&S management and leadership training and will be tracked under the ADP reporting process.

Ongoing communication and leadership cascades to drive up performance are in place and our People Partners are working with their senior leadership teams to enable immediate local focus and improvement actions. A video was created and shared with all colleagues to help them understand why training was needed and how to do this, and regular sessions to train colleagues and managers on the system continue to be held.

Strategic Objective: Grow Well, Nurture Well, Listen Well
 Strategic Outcome: People and Culture
 Governance Committee: Staff Governance Committee

Risk No 1101 – Impact of current socio-economic situation – Very High

There is a risk of our workforce being impacted by the current social, political and economic challenges resulting in added financial pressures of pay uplifts, 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 over winter. Demand for services will also increase creating further pressure on resources.

Strategic Objective: Grow Well, Nurture Well, Listen Well
 Strategic Outcome: People and Culture
 Governance Committee: Staff Governance Committee

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

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

3 Impact Analysis

3.1 Quality/ Patient Care

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. The risk management process with alignment to the strategy will be presented to the next Board meeting
- **Decision** – Examine and consider the evidence provided for the current risks and refer any further work the Board wishes to see to the aligned Governance Committees

4.1 List of appendices

None as summary has been provided for ease of reading