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)	**26 July 2022 – 9:30am**

Present

Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Mr Garret Corner, Non-Executive
Mr Alasdair Christie, Non-Executive (until 1.35pm)
Ms Ann Clark, Non-Executive
Ms Sarah Compton-Bishop, Non-Executive
Mr Albert Donald, Non-Executive
Ms Pamela Dudek, Chief Executive
Mr David Garden, Director of Finance
Ms Heidi May, Director of Nursing
Ms Joanne McCoy, Non-Executive
Mr Gerard O'Brien, 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 Louise Bussell, Interim Chief Officer, Community Services
Ms Lorraine Cowie, Head of Strategy and Transformation
Ms Pam Cremin, Deputy Chief Officer, Community Services
Ms Fiona Davies, Chief Officer, Argyll and Bute HSCP
Ms Tara French, Head of Strategy, Health and Social Care (until 2pm)
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
Ms Katherine Sutton, Chief Officer, Acute Services
Mr Nathan Ware, Governance & Assurance Co-Ordinator
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

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 Jean Boardman, Elspeth Caithness, Muriel Cockburn, Ruth Daly Philip MacRae, and Brian Williams. The Chair extended condolences to Ruth Daly on behalf of the Board.

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 31 May and 28 June 2022

The Board **Approved** the minutes of the scheduled Board meeting of 31 May, and the Special Board meeting of 28 June 2022.

3.1 Matters Arising

Board Action Plan

- A Clark suggested that the wording of the first item, regarding the Strategic Risk Register, required to be amended because the proposals for the National Care Service are not yet known and therefore a judgement cannot be made until later in the year. The Chair suggested discussion should be had regarding the wording and amendment of the deadline after the meeting.
- F Hogg proposed that the second action around the Wellbeing Strategy (in grey) be closed having since integrated the approach into the Together We Care Strategy. There is a new action shown at the end of the Action Plan to which updates will be given.
- P Dudek noted that the draft strategy had been discussed at the Board Development Session in July and it was now anticipated that the Strategy would be brought to the Board for approval at its September meeting.
- It was also noted that NHS Highland's Gaelic Language Plan Annual Monitoring Report had been agreed by the Chair and Chief Executive and approved by Bòrd na Gàidhlig.

The Board **Agreed** the updates on the Action Plan.

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

The Chief Executive acknowledged the current service pressures due in large part to the recent wave of COVID. This has continued to challenge staffing levels in hospital settings.

- A consistent theme is emerging in managing the higher than normal numbers of patients presenting at hospitals and the Board is seeking to address front line staff's concerns about the ongoing position.
- The Executive team have been out across the region in the last few months visiting parts of the service. The Chief Executive spent an evening in A&E at Raigmore where it was evident just how busy it is, and she thanked the team for allowing her to visit. She also visited the Belford Hospital in Fort William where similar challenges were raised, and it is evident that these are occurring across NHS Highland.

The Medical Director added;

- There are pressures across all of NHS Scotland and the greatest challenge for clinicians is how they can balance acute illness management with more people presenting at A&E while staff are trying to catch up with planned procedures and operations.
- He will be visiting the hospitals in Oban and Fort William to hear staff feedback.
- P Dudek noted that a National collaborative approach was launched in June and a review of the Board's Unscheduled Care Programme is taking place.
- P Dudek confirmed the Board wants to encourage people who require emergency treatment to present to A&E but there is a need for the public to consider which services may be the best option to resolve their issue.

During discussion the following points were noted;

- P Dudek noted that colleagues were encouraged to take annual leave for the benefit of their wellbeing. Any instances of additional shifts being worked during annual leave is discouraged due to the potential impact on staff wellbeing.

- There was a need to reiterate the message that there are other ways to access healthcare such as the use of NHS24.
- B Peters added that there are issues around the length of stay and the patient journey in hospitals and that there are national discussions on how to address the complexities.
- A Donald, in his role as Whistleblowing Champion, noted that he had been made aware of staff frustrations in his visits, especially around the difficulties people are facing out of sheer tiredness.
- A Christie noted that there is a general view that A&E is a safety net where no one is turned away compared with the difficulty of getting GP appointments on a Friday or a weekend, and that there is assurance from waiting at A&E as opposed to the uncertainty of waiting on a call back from 111.
- The geography of Highland compared to several other boards means that redirection away from A&E to other services isn't always appropriate where travel over substantial distances may be involved.
- In terms of communication plans to address these issues, R Fry noted that there is a national campaign, 'Right Care, Right Place', which asks people to call 111 to find out the right place to attend for their care. P Dudek noted that the current system pressures are not just at services such as A&E but that Care At Home, Care Homes, community teams, and district nurses are all experiencing system pressures.
- Scheduled Care has received a revised set of targets in terms of dealing with urgent and long waits and K Sutton and L Cowie have been revising plans in line with those new targets to address the most challenging areas.
- 436 people have been seen from April to June by the Orthopaedic Elective Programme.
- The National Treatment Centre remains on target and a formal report on progress will come to the September meeting.
- K Sutton assured the Board that there is confidence that the first of the targets - the two-year wait for outpatients and more specialties by the end of August 2022 is on target to be delivered. There is reasonable confidence that the second target of 18 months for outpatients in most specialties by the end of December 2022 will be met. She noted that capacity across specialty areas is being examined with a view to supporting those that have the longest waiting times taking into account those that are urgent and prioritised.
- A quarter of patients have responded to an engagement query and have been positive around being flexible about where they are seen. This is a more direct approach of engagement with patients than previously used.
- There is a clinical review of patients on the waiting list to determine who might require additional support to access services and whether to signpost them to additional services within the Health Board.
- P Dudek noted that the business case for Maternity Services will be brought to the September meeting of the Board.
- The Initial Agreement for Lochaber was approved and has now moved to the outline business case; work will continue with the community in, and around, Lochaber.

5 Public Health Report – COVID19 Update

T Allison reported that COVID was still present in the population even though it had slipped out of the news headlines. One of the challenges in terms of managing COVID was the lack of routine testing. Figures demonstrated that 1 in 15 of the population have COVID which is almost as high as it was in the earlier Omicron wave. Between a quarter to a third of people are in hospital due to COVID with other patients admitted for different reasons also showing as positive. Despite major advances in protection with vaccination and other treatments, there were still deaths occurring from the infection. The spring booster campaign was almost complete with coverage of nearly 90% of over 75-year olds, which is roughly in line with the rest of Scotland.

During discussion the following points were addressed;

- The issue of the summer tourist influx to Highland was raised. It was noted that some outbreaks have been linked to cruise ships and coach tours but that most people who come

as tourists are engaged in outdoor activity which mitigates the risk. The larger risk is with tourists becoming sick and needing care more so than transmission among the population. The places which have seen the most COVID variants have included locations such as South Africa and India rather than other parts of Europe.

- Work has been carried out nationally to investigate socio-economic inequalities, particularly around ethnic minority inequalities in terms of vaccine uptake, but also around vulnerability to COVID. More broadly, the aim from an inequalities point of view has been to look at equality of access to vaccination.

The Board **noted** the update.

6 Vaccination Strategy

T Allison noted the challenges of implementing the Vaccination Transformation Programme (VTP) and that, at the last meeting, members felt it would be more appropriate to take limited assurance rather than the proposed moderate assurance. He brought the following information to the notice of the Board;

- There has been considerable progress in the development of both flu and COVID vaccination implementation.
- Central support services have been strengthened and permanent appointments have been made in areas such as pharmacy, health and performance.
- The delivery model has now been agreed as a combination of locality-based services and central services; it has a central scheduling procedure but uses integrated team-based adult nurses to provide vaccination administration and the centralized team for preschool vaccination.
- Given the geographical constraints, the work has been challenging and there is still some work to do to deliver the programme.
- The principal risk is around recruitment as it is a new service with a large geographical spread. This should be mitigated by the locality approach and by using existing staff for delivery.

L Bussell added that there is now a much clearer picture about the direction required for the model. Recruitment has already taken place across various areas to cover the established team and recruitment to the bank for the autumn vaccinations is underway.
Close work is being undertaken with partners such as Community Pharmacy, and with The Highland Council in relation to the existing school age services that are provided within their area. Testing of the model is underway in the North West with preschool vaccinations delivered by the Board model instead of GPs, and this has been felt to be a positive experience.

In discussion the following information was provided;

- The locality approach aims to reduce distances travelled by recruiting staff in different locations, however it was acknowledged that some travel is still inevitable.
- The extension of the age range to include over 50-year olds was acknowledged as an additional challenge. However, it was noted that Boards need to be prepared in the unlikely event that the entire population require vaccination from a more virulent strain of COVID and that therefore flexibility needs to be built into all aspects of the VTP.
- It is aimed that vaccination centre locations have good coverage across the region and 53 clinical locations have been identified.
- Efforts are underway to harmonise the approach to vaccination communication. It is recognised that there is a cultural issue where the blue envelopes from NHS Scotland are often taken more seriously than letters sent directly from NHS Highland.

- A test run was recently conducted for Argyll and Bute, and another will follow next week for Highland to ensure that any glitches previously experienced with inappropriate locations in the letter are addressed.
- Discussions had been held with Scottish Government to address previous problems for Argyll and Bute concerning mapping, the practicalities of travel and the centralised software systems used to arrange appointments.

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

The Board took a break at 11.15am and reconvened at 11.30am.

PERFORMANCE AND ASSURANCE

7 Integrated Performance and Quality Report

- D Park introduced the SBAR and report and highlighted that limited assurance was proposed on the IPQR due to the challenges around scheduled and unscheduled care, which is reflected in performance data.
- The Annual Delivery Plan will come to the next meeting of the Board and it is expected that a higher level of assurance will be possible based on the current trajectory.
- The Finance, Resources and Performance Committee approved a new performance management framework at its last meeting which will sit with the IPQR. Again, this should provide further assurance in terms of oversight and management as work continues to improve overall performance.
- There are areas of improvement including the vaccination programme and cancer wait times, with some improvement to response rates for Freedom of Information requests.
- Apologies were given for some of the data around Falls and Infections as this had been corrupted. An update will be sent out prior to the next Board meeting.

In discussion, the following issues were addressed;

- Clarity was sought regarding the figures for Delayed Discharge (p.115 of the reports). It was explained there are a number of people that are on the Delayed Discharge list for Highland who are difficult to place because they require specialist support or are waiting for a particular place that is not available. It was suggested that the data could be presented in a way that shows a truer reflection of the reasons why some discharges are more difficult than others.
- It is thought that the NTC will help to address waiting times for certain areas such as Orthopaedics and that capacity here will be crucial.
- K Sutton noted that significant improvements have been made in terms of cancer delivery. However, recent system pressures and significant staff absence had affected the endoscopy service. Action has been taken for a tendering process to deliver diagnostics through independent sector activity.
- Breast surgery has been a particularly challenging pathway and the absence of one of the surgeons for a period has added to the pressure. A recovery programme is underway so that patients will be seen faster.
- A note of caution was raised in terms of how data is reported and then used in the public domain so it was suggested this should be considered when presenting data that could be misinterpreted. D Park acknowledged this and noted that the Annual Delivery Plan will set out plans to address and communicate improvement work where the data presents challenges.
- A Clark suggested that quality improvement work to address drug and alcohol MAT standards could be considered for scrutiny and L Cowie noted that this would be incorporated.
- F Hogg advised that flexible retirement has an agreed approach, addressing different scenarios where a member of staff may wish to claim their pension benefits but not

necessarily leave the organisation entirely. This is an extension of the Board's flexible working policies and is part of an approach to address the impacts of having an aging workforce. Local workforce planning and staffing conversations linked to performance management, appraisal and development conversations are key elements of this approach.

- F Hogg advised that recruitment was progressing well for the National Treatment Centre (NTC), with all of the key senior leadership and specialist posts having been filled. She also confirmed there are always pressures in any kind of recruitment drive and a large number of the roles at operational level within the NTC will be filled on a rotational basis enabling staff to have a good range of opportunities and use different skills. Advertising for the NTC is about to begin on the London Underground, and buses in Glasgow, Edinburgh and other parts of the Central Belt.
- L Cowie confirmed that there are some areas within the IPQR where the Board might wish to see alternative reporting because they are important for achieving strategic objectives, such as Maternity Services. L Cowie confirmed she will work with the Chief Officers, the Director of Nursing and the Medical Director to look at the key indicators in line with the strategy and return with a proposal to give oversight.

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

8 Finance Assurance Report

D Garden introduced the report and noted that the Board is facing financial uncertainty for the third year running. He confirmed that the 2022/23 financial plan agreed by the Board in May 2022 had been submitted to Scottish Government. An initial budget gap of £42.272m was presented with a Cost Improvement Programme of £26m proposed. No funding source was identified to close the residual gap of £16.272m. Work is ongoing, both within Board and nationally, to look at options and schemes to close identified gaps.

For the period to end June 2022, an overspend of £10.977m was reported. This overspend was forecast to increase to £33.446m by the end of the financial year. The YTD position includes slippage against the savings plan of £5.984m with slippage of £12.515m forecast at financial year end.

Scottish Government recognise the financial challenge on all Boards for 2022/2023 but the expectation is that local savings plans will be delivered to ensure achievement of a break-even financial position, without Scottish Government support, by the end of the financial year.

There were a number of national initiatives driven by Scottish Government to improve the financial position experienced by all Boards. It was noted that NHS Highland are not outliers and that the financial pressures are a national trend.

The current pay deal negotiated with unions is around a 5% uplift for NHS Agenda for Change contracts but this has not been accepted as yet. NHS Highland's financial plan only projected a 2% uplift that Government had advised will be funded. However, detail of how that funding will be applied is still to come.

During the discussion, the following explanations were offered;

- D Garden noted that there had been significant culture change with the implementation of 'Grip and Control' measures. It would now be a matter for L Bussell, K Sutton and F Hogg to consider whether to reintroduce this approach, and if so, when.
- D Garden confirmed that there are restrictions in terms of what the Board can do in terms of staff fuel reimbursement. F Hogg added that the rates went up nationally by 5p aligned to the Employee Agenda for Change. Colleagues have been encouraged and signposted to engage with the Employee Assistance Programme's Money Advice Service and legal advice services.

Other channels were noted such as the Occupational Health Service, Validium for counselling and related advice, and Wellbeing Wednesdays which acts as a point of focus for disseminating information.

- A Christie also added there is a Citizens' Advice branch based at Raigmore, which takes a lot of referrals from staff and unions providing a valuable service with advice on money matters, welfare benefits, housing and energy.

The Chair thanked D Garden for his report and his work as Director of Finance.

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

GOVERNANCE

9 Strategic Risk Register

B Peters introduced the item and noted that the Strategic Risk Register had been submitted to the Board having been reviewed at the Executive Directors Group. He also noted that the next step will be to align the Risk Register against the delivery of the Board's emerging Strategy.

L Cowie added that the Risk Register will need to be reviewed with data and quality standards aligned with the financial position. This would be reported to the September meeting of the Board.

In discussion the following points were raised,

- Workforce Capacity had been given a medium rated risk level in light of the larger recruitment pressures locally and nationally. F Hogg advised that the methods for assessing risk were in the process of being refreshed to align with the Together We Care strategy.
- G Rodger commented that the Clinical Governance Committee reviewed its strategic risk at its last meeting and that the present paper may need amending to reflect that discussion:
  - In terms of the strategic risk 662, concerning Clinical Strategy and Redesign, it was felt that this no longer should sit with the committee but that it should sit with the Board for overall scrutiny.
  - Regarding strategic risks 715 and 959, on Public Health, the committee agreed that the EDG be recommended to reduce the current risk level assigned to risk 715 from 'very high' to 'high', but that the risk level for 959 be maintained as 'high'.
- B Peters confirmed that the recruitment of a Risk Manager is ongoing and an interview date will be decided soon. A note of caution was raised that the Risk Manager role would not on its own address the issues around risk management but that a collective approach should continue. An update will come to the Board at a later date on links to the risk management network within the NHS.
- A Anderson advised that the next FRP Committee will consider the finance and performance risks.

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

10 Board Blueprint for Good Governance Improvement Plan - Update

N Ware introduced the report which had originally been brought to the Board in April 2019 and was last reported in September 2021. The EDG team have also considered the plan. Discussions are underway for an independent external review of the Board's governance to be delivered following the publication of the next iteration of the Blueprint for Good Governance expected later in the year.

The Chair commented that the next iteration of the plan is due imminently and that this is in part the reason why the independent external review is to be deferred.

The Board **accepted substantial assurance** from the report and:

(a) **welcomed** the significant progress made with the Engagement Framework,
(b) **Agreed** the closure of the 2019 Blueprint for Good Governance Action Plan, and
(c) **Noted** that discussions were underway for an independent external review of the Board's governance following the publication of the next iteration of the Blueprint for Good Governance expected later in the year.

11 Governance Committee Memberships

N Ware introduced the paper on behalf of R Daly and highlighted the committees on which the two new Non-Executive members of the Board will sit; that the Highland Health and Social Care Committee must now appoint a vice chair from its membership, and that a formal approach from The Highland Council is awaited to request the Board appointments to their Health, Social Care and Wellbeing Committee.

In discussion, A Clark noted that R Daly has raised the matter with The Highland Council and that a paper is likely to go to the Council's committee.

With regard to the appointment for a vice chair to the HHSCC, this will be taken forward once further discussion has been had with the members of the committee.

The Board **approved** the revised governance committee memberships and **accepted moderate assurance** from the update, **noting** the requirement for the HHSCC to appoint a new vice chair from its membership and that a formal approach was awaited from The Highland Council to request Board appointment to their Health, Social Care and Wellbeing Committee.

12 Gaelic Language Plan – Monitoring Report

The Chair introduced the Gaelic Language Plan Monitoring Report which had been submitted to Bòrd na Gàidhlig in early July as previously agreed by the Board.

P Dudek noted that the report had been approved by Bòrd na Gàidhlig and that the Board will be required to produce a new Gaelic Language Plan in the coming year.

During discussion, it was noted that;

- The Board had not had the full services of Nicola Thomson in promoting the plan over the past year and therefore activity levels had been lower than planned.
- In terms of recruitment, A Clark commented that it would be worth exploring how the Board can better address Gaelic language as a desirable skill among its future non-executive members. It was noted that Highland is in a similar position to other health boards in this regard but that this is an issue that could be taken to Scottish Government ahead of the next round of appointments.
- The Chair and the Chief Executive have raised the issue of a Gaelic form of the Board's logo with both the Director General and Cabinet Secretary and a response is awaited.

The Board **noted** the position.

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

a. Audit Committee, draft minutes of 28 June 2022

A Christie noted two reports from Internal Audit on unfilled shifts and home working which he recommended for the Board's interest.

The Chair noted that the meeting had been the last with the Board's current external auditors and that the new external auditors are due to be appointed soon.

b. Clinical Governance Committee, draft minutes of 30 June 2022

G Rodger and B Peters acknowledged the systems pressures noted in the Chief Executive's report which were discussed in terms of the risk register and with regard to patient safety and quality and the challenges the service faced.

c. Highland Health and Social Care Committee, draft minutes of 29 June 2022

A Clark commented that the system pressures discussed earlier are fully reflected in the Minutes and is an issue that has affected Community Services and Adult Social Care as seriously as it has hospitals. Good discussion was had about key pressures such as recruitment and finance.

d. Finance, Resources and Performance Committee, draft minutes of 7 July 2022

A Anderson commented that helpful updates had been received from Estates on good progress with capital projects. He suggested that the digital strategy for 2022-23 should be discussed at a future Board development session.

e. Area Clinical Forum, draft minutes of 7 July 2022

C Sinclair thanked Caroline Morrison and F Hogg for their contribution to constructive discussion at the Forum regarding the Board's leadership and management development programme. Much interest was generated and this will encourage the message to be taken to the professional advisory groups.

f. Staff Governance Committee, verbal update for meeting of 20 July 2022

S Compton-Bishop gave a verbal update from the most recent meeting of the Committee. This meeting was not quorate due to some unforeseen absences, however the time was used productively as an opportunity to receive updates. Committee items for approval would be returned to the next meeting.

g. Argyll and Bute Integration Joint Board, draft minutes of 25 May 2022

S Compton-Bishop noted that the meeting had been the first with its new elected members from Argyll and Bute Council. Cllr Amanda Hampsey was appointed as Vice Chair. A positive provisional year-end financial position was welcomed and the strategic plan for the Health and Social Care Partnership was approved.

24 Any Other Competent Business

The Chair thanked David Garden on behalf of the Board for his work, dedication and sound advice as Director of Finance. His vast experience of the NHS, his institutional knowledge and his understanding of the Highland area had been invaluable to NHS Highland. He wished him well on his retirement.

22 Date of next meeting

27 September 2022 at 9.30am.

The meeting closed at 1.10pm

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** The risks and opportunities associated with **National Care Service** to be included in future strategic risk registers and considered at a future development session.	Louise Bussell Fiona Davies Boyd Peters	**December 2022**	**Update July 2022:** A Clark suggested this items wording and proposed deadline be reviewed after July Board Meeting Included in plan for Development Session November 2022
NHSH BOARD MEETING 29 MARCH 2022				
29/03/22 And 26/07/22	***6. Chief Executive's Report – Verbal Update of Emerging Issues*** *The Board agreed to extend the timeframe for consideration of the draft 5 year Strategy Report to July 2022.* *July Board extended this deadline to September*	*Pamela Dudek*	***September 2022***	***Update July 2022**: See revised Chief Exec Update 26/07/22 – Draft Strategy will be taken to September Board Meeting*
NHSH BOARD MEETING 31 MAY 2022				
31/05/22	**6. Chief Executive's Report – Verbal Update of Emerging Issues** H May to provide numbers of babies born en-route to hospital to the Board for assurance.	Heidi May	**September 2022**	No deadline set but suggestion of September Board meeting noted

DATE OF MEETING	ACTION ITEM	ACTION BY	DEADLINE	NOTES
31/05/22	***11. Finance Assurance Report Month 12 and NHS Highland Financial Plan 2022/23*** *Financial related risks within the Risk Register to be reviewed*	*Heledd Cooper /Elaine Ward/ Lorraine Cowie*	***September 2022***	*There are additional risks included in the Risk Register relating to finance*
31/05/22	***15. Strategic Risk Register*** *A revised Risk Register to be available for late Summer*	*Lorraine Cowie*	***September 2022***	*Additional narrative now included in the Risk Register item.*
31/05/22	***Health & Wellbeing Strategy*** *The Wellbeing Strategy to be included within the overall ADP/Together we Care Strategy with an update to the Board Meeting in November*	*Fiona Hogg/ Lorraine Cowie*	***November 2022***	*Wellbeing is included in the ADP and Strategy within the 'Nurture Well' section.*
NHSH BOARD MEETING 26 JULY 2022				
26/07/22	***5. Chief Executive's Report – Verbal Update of Emerging Issues*** *The business case for Maternity Services will be brought to the September meeting of the Board.*	*Heidi May*	***September 2022***	*This is an item of substantive business on the 27 September Board agenda*
26/07/22	**5. Chief Executive's Report – Verbal Update of Emerging Issues** The National Treatment Centre formal report on progress will come to the September meeting of the Board.	Deborah Jones	**September 2022**	Update to be rescheduled for **November** Board meeting.
26/07/22	***7. Integrated Performance and Quality Report*** *D Park provided apologies were given as some of the data around Falls and Infections as this had been corrupted. An update will be sent out prior to the next Board meeting.*	*David Park/ Lorraine Cowie*	***September 2022***	*Incorporated into the IPQR for the 27 September Board Meeting*

Item 6

NHS Highland

NHS Highland





Together We Care

with you, for you

Cùram Còmhla

Leatsa, Dhutsa

Strategy 2022-2027

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Together We Care
with you, for you

Foreword and Introduction

Professor Boyd Robertson
Chair, NHS Highland Board

Pamela Dudek
Chief Executive, NHS Highland

We are pleased to share with you the NHS Highland Strategy "Together We Care, with you, for you 2022-2027". This Strategy should be read in conjunction with the Argyll and Bute Integration Joint Board Strategic Plan. We will work collaboratively with the IJB to support the ambitions of their Strategic Plan.The past two years have been challenging for all health and social care systems and staff have worked tirelessly in unprecedented circumstances while the public have had to interact in a different way with us. That has been difficult at times for all concerned. Although the pandemic persists, we must look to the future.

The world has changed significantly as a result of the pandemic and we need to respond to that and look at how we operate as a health and social care system. Access to health and social care, inequalities, prevention, wellbeing and our role in climate change will be at the forefront of that review.

Reducing the inequalities gap and improving access to services when people need them will be priorities and we shall be mindful of the welfare impacts of the decisions we take when designing services. The increase in virtual forms of health and social care has been transformational but we need to work with communities to understand where it has worked well and where it has raised concerns. That will enable us to transition together more effectively as we go forward.

Prevention activities are a fundamental building block for communities. We are committed to working with our community planning partners to strengthen the local economy and health profile of the population.

Climate change is a significant area in which the health and care system can contribute positively by working differently. Working with our communities, we can all understand the changes we can make together that will have a significant impact on the future of our planet.

We know people are worried about waiting lists and that access to emergency and urgent care is extremely challenged. We are aiming to get appropriate care delivered in a timely manner as close to home as possible and, when necessary due to the level of specialism involved, in a centre where this can be delivered well ensuring the best outcome for the individual. Remote and rural service delivery is a major challenge but we will work with our communities and partners to understand better how to resolve some of the obstacles that can result in disadvantage.

Our workforce is our greatest asset but we appreciate that they have had a torrid and relentless time during the pandemic. It is humbling to witness their motivation, commitment and passion but we need to ensure that we take good care of our staff. We must also continue to be innovative as we try to increase opportunities to recruit and stabilise our workforce. We will strive to create the best environment for staff to flourish and pay attention to the values and behaviours needed to ensure a positive team approach. That will require all of us to start with ourselves and our contribution to the team, how we work with each other and how we work with individuals and their families to ensure the best experience of our health and care system. This strategy sets out the ambition. There will be choices to be made, however, as we operate in the context of workforce limitations, financial constraints and the legacy of the pandemic. Our aspirations can only be achieved by working together. We are very grateful to all who participated in the extensive engagement that has taken place in bringing together this strategy and hope that the feedback solicited is evident in the document.

About Us

Together We Care
with you, for you

NHS Highland is managed by a Board made up of Non-Executive and designated Executive Directors. The Board is accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. All Board Members are appointed by the Cabinet Secretary.

We employ 10,500 colleagues in a variety of roles across the organisation. Our greatest asset is our workforce and the way we go about our work comes from the values and behaviours we demonstrate on a daily basis. As a board we strive to ensure the environment is conducive to nurturing a positive culture, supported and delivered through our NHS and Social Care values.

The Board Members of NHS Highland


Professor
Boyd Robertson
Chair of the Board


Ann Clark Vice Chair
Non Executive
Director


Alexander Anderson
Non Executive
Director


Gaener Rodger
Non Executive
Director


Alasdair Christie
Non Executive
Director


Sarah
Compton - Bishop
Non Executive
Director


Susan Ringwood
Non Executive
Director


Gerard O'Brien
Non Executive
Director


Graham Bell
Non Executive
Director


Muriel Cockburn
Non Executive
Director


Phillip MacRae
Non Executive
Director


Jean Boardman
Non Executive
Director


Garret Corner
Non Executive
Director


Joanne McCoy
Non Executive
Director


Albert Donald
Non Executive
Director


Catriona Sinclair
Chair, Area Clinical
Forum


Pamela Dudek
Chief Executive


Dr. Boyd Peters
Board Medical
Director


Heidi May
Board Nurse
Director


Dr. Tim Allison
Director of
Public Health


Heledd Cooper
Director of
Finance


Elspeth Caithness
Employee
Direcor

The Executive Directors Group undertakes an Executive leadership role for broader discussion and decision making in relation to the delivery of the Board's strategic priorities and key operational, clinical and performance issues. Members of EDG (below) are in attendance at NHS Highland Board meetings. The EDG is chaired by the Chief Executive and all Executive Directors who are also NHS Highland Board Members attend.

Executive Directors Group (EDG)

David Park
Deputy Chief Executive

Louise Bussell
Chief Officer
North Highland

Fiona Davies
Chief Officer
Argyll and Bute

Katherine Sutton
Chief Officer
Acute

Fiona Hogg
Director of People and Culture

Alan Wilson
Director of Estates Facilities and Capital Planning

Ruth Daly
Secretary to The Board

Lorraine Cowie
Head of Strategy and Transformation

Ruth Fry
Head of Communications and Engagement

Deborah Jones
Director of Strategic Commissioning

Simon Steer
Director of Adult Social Care

Professional Advisory Committees (PACs) provide authoritative advice to the NHS Highland Board on relevant matters. The PACs promote an opportunity for development and strengthening communication and networking for clinical professionals. The Board is expected to keep under review and maximise the quality of the advice provided on the Board's strategic objectives.

Highland Health and Social Care Partnership (Lead Agency Model)

The Highland Health and Social Care Partnership covers the Highland Council area. The population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth, there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the South West and Skye in the West, Aviemore in the South, Nairn in the East. These areas act as local service centres for the extensive rural areas which make up the majority of the region.

NHS Highland is the Lead Agency for Integrated Health and Social care for Adults, while The Highland Council is the lead agency for Integrated Health and Social care for Children. There are four coterminous managerial areas for NHS Highland and The Highland Council children's services. There are also nine local Community Planning Partnerships. The governance of the partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

Argyll and Bute Health and Social Care Partnership (Integration Joint Board)

Argyll and Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Social Care Partnership, NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services. This is supported by a partnership integration scheme determining the partnership agreements. All NHS Services are delegated to the Argyll and Bute IJB.

The area is divided into four localities:

- Oban, Lorn and the Isles (including Lorn and Islands Rural General Hospital in Oban)
- Mid Argyll, Kintyre and Islay
- Cowal and Bute,
- Helensburgh and Lomond

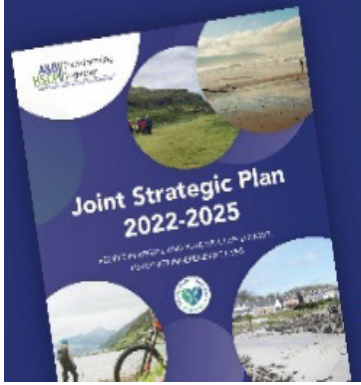
Argyll and Bute HSCP also manages its own corporate services. Argyll and Bute IJB has approved, in May 2022, its 3 year Joint Strategic Plan and Joint Strategic Commissioning Strategy which establishes the vision, strategic objectives and priorities setting out the strategic direction for how health and social care services will be shaped in the coming years. There are a number of areas where Argyll and Bute IJB works with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Joint Strategic Plan 2022-2025

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER, HEALTHIER INDEPENDENT LIVES

WWW.NHSHIGHLAND.SCOT.NHS.UK



WHAT WE ARE PLANNING FOR

- 85,430 PEOPLE 3.6% SINCE 2010
- WORKING AGE POPULATION
- 47% POPULATION LIVE IN 'RURAL' AREAS (2020)
- INCREASED DEMAND FOR HEALTH AND SOCIAL CARE SERVICES FROM CONTINUED INCREASES IN THE NUMBERS OF OLDER PEOPLE.
- 23 INHABITED ISLANDS AT THE 2011 CENSUS.
- THE OLDEST IN THE POPULATION
- MAINTAIN WORKFORCE AS THE POPULATION OF WORKING AGE DECREASES
- 69% POPULATION (LIVE IN 'VERY REMOTE' AREAS (RURAL OR SMALL TOWNS) (2020)
- 45% OF SMALL AREAS ARE WITHIN THE MOST ACCESS DEPRIVED IN SCOTLAND.
- 12,000 PEOPLE AGED 16+ PROVIDE UNPAID CARE IN ARGYLL AND BUTE

OUR HSCP 8 STRATEGIC OBJECTIVES

- Reduce the number of avoidable emergency hospital admissions & minimise the time that people are delayed in hospital
- Promote health and wellbeing across our communities and age groups
- Support people to live fulfilling lives in their own homes for as long as possible
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing
- Institute a continuous quality improvement management process across the functions delegated to the partnership
- Support staff to continuously improve the information, support, and care they deliver
- #KEEPTHEPROMISE
- Efficiently and effectively manage all resources to deliver best value

PEOPLE IN ARGYLL AND BUTE WILL LIVE LONGER, HEALTHIER INDEPENDENT LIVES

PRIORITIES
- Choice and Control & Innovation
- Prevention, Early Intervention and Enablement
- Living Well And Active Citizenship
- Community Co-Production

BUDGET 2022/23 - £320.9 MILLION

HSCP SERVICE AREAS

- Children & Young People — I am listened to and centre of decisions
- Technology & Digital Strategy
- Violence Against Women and Girls
- Public Health
- Older Adults
- Mental Health — TEC
- Primary Care — Interface
- Learning Disability
- Carers — hearing their voice 12,000 unpaid carers

Compassion | Integrity | Excellence | Leadership | Respect | Continuous Learning

Together We Care
with you, for you

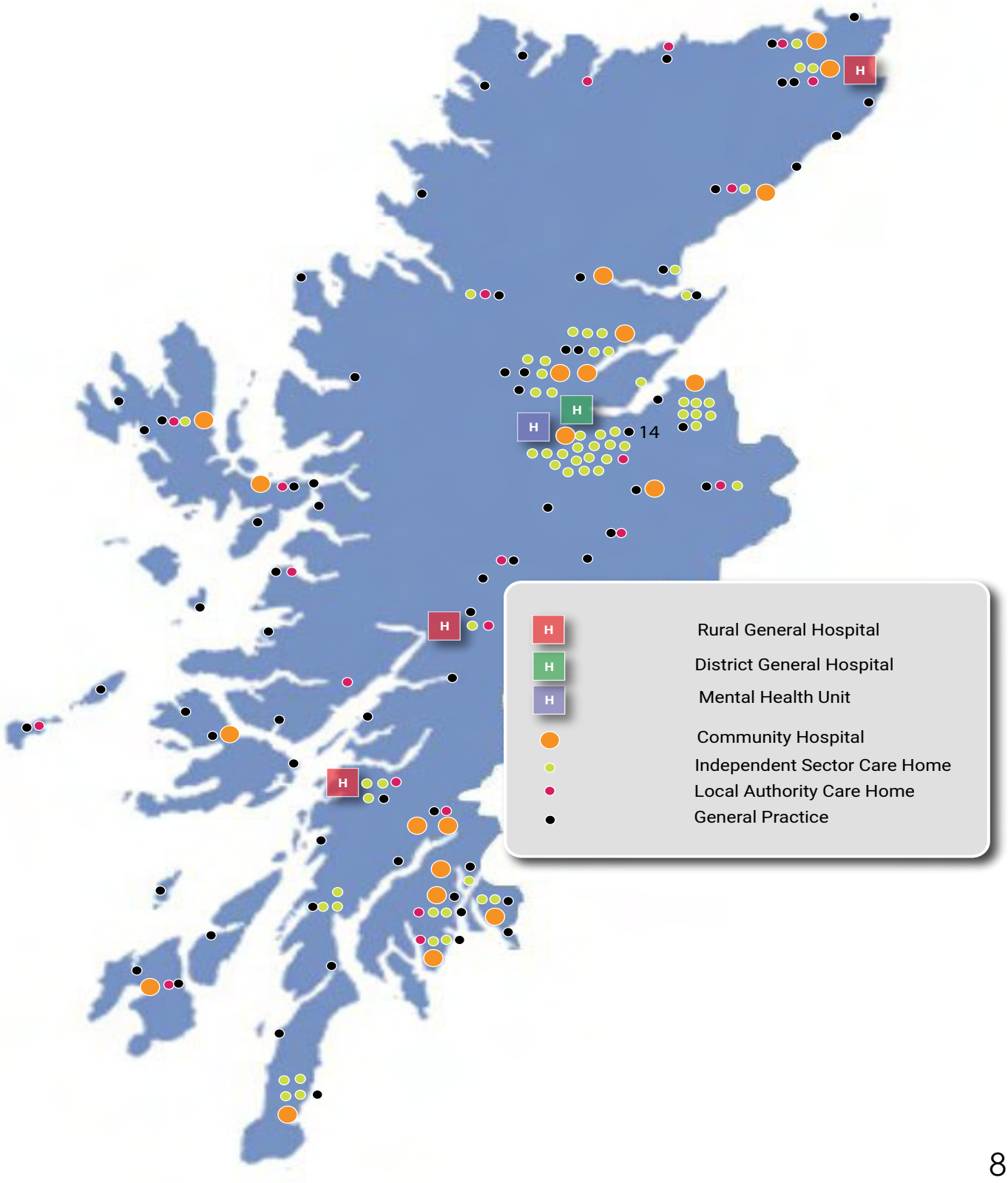
Operational Landscape

We work with people of all ages who need health and care in both hospital and community settings. Our health and care services are provided in people's homes, community settings and hospitals. We try and support people to avoid a hospital admission whenever possible.

Our services cover the whole of North Highland and Argyll and Bute.

We provide services from 20 community hospitals, a learning disability unit, a specialist mental health hospital at New Craigs and 4 rural general hospitals. We also have our major acute hospital, Raigmore Hospital, which is in Inverness.

Many of our services are delivered in partnership with primary care, social care and the voluntary sector.



Population Context 21

Together We Care
with you, for you

resident population

320, 860

5.9%
of national population

42%
of total landmass of Scotland

8,628 Km
of coastline

Argyll and Bute HSCP
85,430

NHS Highland

Highland HSCP
235,430

Minorities

5,826
ethnic population 2001
2%
of total Highland population
16,561
ethnic population 2011
5.2%
of total Highland population

Health Inequality and deprivation

9%
population live in deprived areas

5.4%
population speak Gaelic
Other languages spoken include; Polish,Spanish, Arabic and Latvian
(from requests for interpretation, NHS Highland, 2021 descending order)

Major Causes of Death

- Cancers
- Circulatory system
- diseases
- Respiratory system
- diseases
- Dementia

Life Expectancy

77.6 Years
male
81.8 Years
female

Unemployment Rate

3.4%
+ 16 yrs. Highland
3.8%
Scottish average

Child Poverty

23.5%
children aged 0-15 live in poverty

24.3%
Scottish average

Education

95.7%
1 or more pass at SCQF level 4
96.2% Scottish average

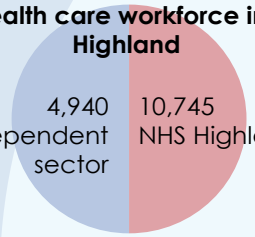
64.9%
1 or more pass at SCQF level 6
66% Scottish average

10,745

people currently employed by NHS Highland to support the health and care of our population

- full time 47%
- part time 53%
- 8,602 whole time equivalent
- 93.7% permanent contract

health care workforce in Highland



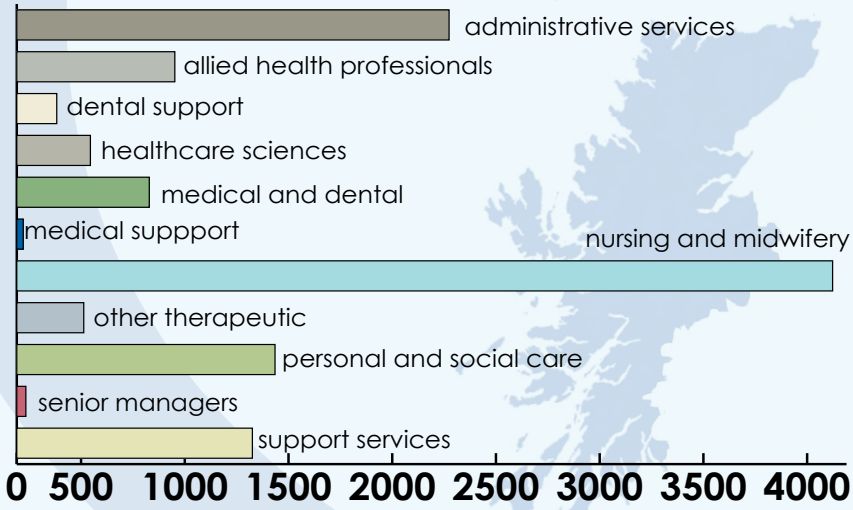
Ethnicity

BAME 16.52%
White 68.75%
Not stated 14.73%

66% identify as female

32% identify as male

2% don't identify



age profile NHSH

under 20	0.3%
20-24	3.3%
25-29	7.4%
30-34	8.9%
35-39	9.7%
40-44	11.4%
45-49	12.5%
50-54	17.1%
55-59	16.4%
60-64	9.8%
65+	2.5%

Values

ogether We Care
with you, for you

VALUES

Care · Compassion · Dignity ·
Respect · Openness · Honesty ·
Responsibility · Quality · Teamwork ·

care and compassion

quality and teamwork

openness, honesty and responsibility

dignity and repect

Our core values are the principles and beliefs that we use to guide us as we deliver health and care and they are pivotal to our future. These important concepts should apply to everything that we do as individuals. They ensure that all colleagues, partners and service users are treated in a fair, consistent and non-discriminatory way.

Strategy Overview

NHS Highland

Our Mission

To anchor with our communities to support their health and wellbeing

Our Vision

Outstanding care delivererd by an outstanding team

Our Strategic Objectives

We have three strategic objectives that help us to achieve our mission and vision:

Our population

Deliver the best possible health and care outcomes

Our people

Be a great place to work

In partnership

Create value by working collaboratively to transform the way we deliver health and care

PERFORMING

Embedding strong foundations and principles within our organisation

- Finance
- Health inequalities
- Governance
- Quality

PROGRESSING

Ensuring an innovative approach to our future

- Climate change and environment
- Digital
- Research and Innovation
- Realistic Medicine

Strategic Outcomes

Together We Care
with you, for you

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes that will each be underpinned by an Annual Delivery Plan that will help us move towards achieving our vision and mission

Our population

deliver the best possible health and care outcomes

1 start well

2 thrive well

3 stay well

4 anchor well

Our people

be a great place to work

5 grow well

6 listen well

7 nurture well

8 plan well

In partnership

transform health and care by working together and creating value through partnership

9 care well

10 live well

11 respond well

12 treat well

13 transform well

14 age well

15 end well

16 value well

Outcome 1 Start Well

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

what you said

"Perinatal mental health should be implemented and expanded"

Female, aged 25-45 East Ross

"Women deserve a welcoming place to birth their babies where the family unit is supported"

Female, aged 45-60 East Ross

"More support for first time mothers before and after childbirth leading to happier childhoods and less mental health issues"

Female, aged 45-60 Inverness- Shire

what we will do

Empower parents and families through support and information to see the benefits of choosing to eat well, being a healthy weight and being physically active from pre-pregnancy to later life.

Improve the access and quality of post pregnancy care, especially within vulnerable groups, to improve infant health outcomes and the development of strong parent-child relationships.

Ensure that we implement all the recommendations of Best Start and ensure parents and families have the best care experience possible throughout pregnancy and birth.

what can you do?

For more information on a healthy pregnancy, please vist:
https://www.nhsinform.scot/ready-steady-baby/pregnancy/your-baby-s-develop ment/having-a-safe-and- healthy-pregnancy

Outcome 2 Thrive Well

We will work together with our families, communities and partners to build joined-up services that support our children and young people to thrive

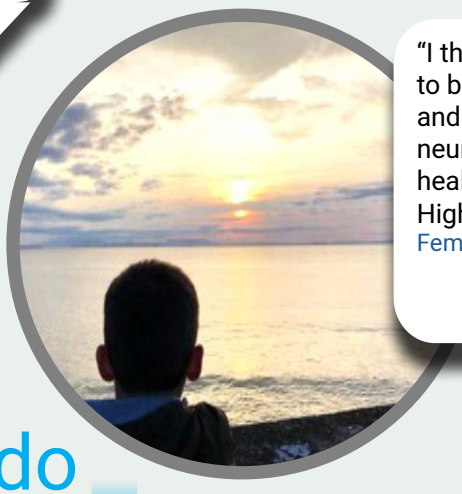
what you said

"Improved services for children and young people with disabilities. Investment in children's services to ensure we meet the evolving health needs for all children in our communities"

Female, aged45-60 Argyll & Bute

"Paediatric in-patient and dedicated out-patient area"

Female, aged 45-60 Caithness



"I think that one area that needs to be focused upon immediately and into the future is the neurodevelopmental/child mental health resources available in the Highlands."

Female, aged 25-45 Nairnshire

what we will do

We will work collaboratively to deliver #keepthepromise to play our part in giving every child in Scotland the chance to grow up loved, safe and respected so that they realise their full potential.

We will work together to deliver support to those children and young people who have health and care needs, to allow them to thrive.

We will support our children and young people who have mental health or neurodiversity needs with timely, accessible care and a 'no wrong door approach'.

what can you do?

For more information on healthy growth and development, please visit:
https://www.nhsinform.scot/healthy-living

Outcome 3 Stay Well

We will work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention

what you said

"Prevention is better than cure."
Female, aged 25-45 years Ross-shire

"The most important priority to me after 20 years of service in NHS Highland is prevention and focus on health inequalities. This is achievable through providing support to people with their behaviours, focus on signposting to services and empowering patients and staff to help to improve population health and building community resilience."
Female, aged 45-60 Inverness-shire

"Self-care, empowering people to take responsibility for their own health."
Female, aged 45-60 Inverness-shire

what we will do

We will deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population.

Engage with individuals, families and communities to strengthen protective factors and reduce health risk factors, to support people to make healthier choices for their future.

Ensure more people are empowered to take control of their own health and wellbeing.

what can you do?

For more information on our vaccination programmes, please visit:
https://www.nhsinform.scot/healthy-living/immunisation

Outcome 4 Anchor Well

Be an anchor by working as equal partners within our communities to design and deliver health and care that has a focus on our population and where they live

what you said

"We need seamless services that fit around the patient, not the patient having to navigate lots of different services"
Female, aged 25-45 Inverness-shire

"Be human, be connected, demonstrate you care about the population and your staff."
Female, aged 45-60 Mid Ross

"There was a huge increase in demand through the covid pandemic due to lockdown and change in lifestyle activities and decrease in services due to staff illness, redeployment, decrease in planned surgeries"
Female, aged 45-60 not known

what we will do

Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health.

Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care

Embed population experience ensuring our people are at the centre of all we do

what can you do?

For more information, please see our communication and engagement framework.

Outcome 5 Grow Well

Ensure that all colleagues are suppported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan

what you said

"We need respected and valued staff who in turn will, hopefully, provide excellent care to patients"
Female, aged 45–60, Inverness-shire

"Investment in supervision, and training to strive for an excellent service with excellent patient care and cared for staff"
Female, aged 45-60, Nairnshire

"Actively engage in workforce planning and development to meet the needs of our service"
Female, aged 45-60, Lochaber

what we will do

Develop and implement a system to ensure all colleagues have clear objectives linked to our strategy, a development plan and regular performance conversations which feed into a robust talent and succession planning process

Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and resolved locally

Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk

what can you do?

For more information and guidance, please visit:
https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/

Outcome 6 Listen Well

Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared

what you said

"Management making clear to staff what decisions are being made and why - hearing front line staff's voice in decision making process especially where staffing pressures are being experienced."
Female, aged 25-45, Inverness-shire

"Reinvent approaches to work with communities to co-design and co-produce services...working in partnership with colleagues"
Male aged 45-60, Inverness-shire

"Better communication and stronger visible leadership"
Female, aged 25-45 Argyll and Bute

what we will do

Listen to and work in partnership with all colleagues to shape our future, support decision making and continuous improvement

Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation

Have robust structures and develop skills in teams for listening, communication, engagement and team working

what can you do?

For more information and guidance, please visit:
https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/

Outcome 7 Nurture Well

Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected.

what you said

"Actively support staff who raise concerns rather than isolating them - hugely more support given to the member having the complaint lodged about them than those raising concern"-
Female, aged 25-45 Inverness

"Looking after staff's health, mental health. Looking after and retaining the staff we have and looking at what we can do to look after future staff"-
Female, aged 45-60 Inverness

"Training members of staff appointed to management roles to ensure that they have the appropriate skills to manage."
Female, aged 45-60 Inverness

what we will do

Create and deliver a health and wellbeing strategy and plan which ensures that colleagues can maintain good mental and physical health in delivering their roles, as well as being supported to recovery when unwell

Strive to create an inclusive workplace where all colleagues can expect to be treated with compassion, dignity and respect and where difference of any kind is valued and celebrated

Ensure all of our supervisors, managers and leaders are trained and developed in their roles and responsibilities and embedding the principles of systems leadership to harness all of our capacity and capability

what can you do?

For more information and guidance, please visit:
https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/

Outcome 8 Plan Well

Create a sustainable pipeline of talent for all roles and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally

what you said

"Make sure services are sustainable. Recruitment."
Female, aged 25-45 Inverness-shire

Massive recruitment drive... Make positions an attractive option by paying accordingly and providing support and ongoing training."
Female, aged 25-45 Inverness-shire

"Looking at recruitment pipeline - encouraging young people to consider a career in the health service (starting in schools)"
Female, aged 25-45 Moray

what we will do

We will develop and deliver against integrated workforce plans that enable sustainable service delivery and quality outcomes by using the best roles and skills to deliver health and care

Transform our attraction, recruitment and onboarding approach to position us as the Employer of Choice

Work in partnership with education and training providers, schools and communities to create wide ranging and well publicised career pathways and apprenticeships for our core roles

what can you do?

For more information and guidance, please visit:
https://www.nhshwellbeingatwork.scot.nhs.uk/workplace-support/

Outcome 9 Care Well

Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart

what you said

"GP services must be priority where other services are lacking as the GP is where the population first contacts."
Female, aged 45–60 Lochaber

"The patient should be at the centre so ensuring that they are able to have as seemless a journey with clean links between all aspects of health and social care"
Male, aged 25–45 Inverness-shire

"Invest in front line hands - on staff"
Female, aged 45-60 Inverness-shire

what we will do

Support primary care to be resilient and sustainable to deliver the ambition of providing a range of local services, ensuring we work together across all parts of health and care

Embed a place approach to Home Based Care and Support and care homes so that proactive care is provided tailored to the needs of the individual

Develop fully integrated front line community health and social care teams across all areas of Highland

what can you do?

For more information about care support and rights, please visit:
https://www.nhsinform.scot/care-support-and-rights and https://connectingcarers.org.uk/

Outcome 10 Live Well

Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health and wellbeing

what you said

"Join up services. Integrated services which work collaboratively and are more easily accessible for healthcare providers and patients."
Anonymous, aged 60–70 Sutherland

"[Prioritise] data sharing as appropriate... Expand digital services"
Female, aged 45-60 Inverness-shire

"Mental Health prevention and treatment. Right person, delivering the right treatment at the right time, having stability in order to evaluate and identify most important aspects of care delivery"
Female, aged 45-60 Inverness-shire

what we will do

Deliver consistently excellent care that is quality focused, follows best practice, is data driven, efficient, consistent and supported by the latest digital technologies

We will develop integrated local services by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention

We will improve the quality of care delivered to patients receiving enhanced care to support their mental health and develop individualised care planning and the right level of care to those in crisis

what can you do?

For more information about how to look after your mental health and wellbeing, please visit:
https://www.nhsinform.scot/healthy-living/mental-wellbeing

Outcome 11 Respond Well

Ensure that our services are responsive to our poulation's needs by adopting a "home is best" approach

what you said

"[We need] more urgent care interfaces like AEC so patients can be seen quickly and investigated"
Female, aged 45-60 Black Isle and Cromarty

"We need accessible bases - where people in crisis can access as required... people often need [care] outwith 9-5 and end up pressurising emergency services as they have nobody else to access."
Female, aged 45-60 Caithness

"[We should prioritise] resource to enable people to be safely discharged from hospital in a timely manner to their own home/most appropriate environment"
Female, aged 45-60 Lochaber

what we will do

Respond to our population needs when they have an urgent health problem by treating them with the right care, in the right place at the right time

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

Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

what can you do?

To help make informed decisions about your health needs, please visit:
https://www.nhsinform.scot/

Outcome 12 Treat Well

Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible

what you said

"Further integration of services, working across acute and community boundaries better"
Female, aged 45–60 East Ross

"Safe and effective care with timely appointments and follow ups"
Anonymous

"We need rapid diagnosis and test results"
Male, aged 60-70 Moray

what we will do

Ensure our population have timely access to planned care through transforming the way we deliver this and making sure they have the best experience possible

Deliver a hospital without walls system that transforms the way we deliver outpatient services which will rethink the boundaries between patient and clinician to make the most of our valuable resources

Optimise diagnostic and support services capacity and improve efficiency with new service delivery models

what can you do?

To help make informed decisions about your health needs, please visit:
https://www.nhsinform.scot/

Outcome 13 Journey Well

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

what you said

"[Prioritise] Cancer services and diagnostic services to get patients through the system to get the best outcome."
Female, aged 45-60 Inverness-shire

"Having an approach that recognises overlap, improves communication between teams and offers early detection and intervention is key."
Female, aged45-60 Inverness-shire

"[We need to] manage and support those with long term conditions"
Female, aged 25-45 Black Isle

what we will do

We will work together to raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis

We will further develop multi -professional teams to provide the most effective care during the active stages of treatment

We will improve the experience of our population living with and beyond cancer

what can you do?

For more information about NHS Highland cancer services, please visit:
https://www.nhshighland.scot.nhs.uk/Services/Pages/CancerServices.aspx

Outcome 14 Age Well

Ensure people are supported as they age by promoting independence, choice, self-fulfillment and dignity with personalised care planning at its heart

what you said

"The ageing population is a key area, initiatives which support healthy ageing and continued engagement such as men's sheds, community orchards, working with planning to ensure older and disabled people are able to remain living independently in their own communities are essential in preventing hospitalisation and the use of acute services" -
Female, aged 60-70 Black Isle

"Empowering people to take responsibility for their own health"
Female, aged 45-60 Inverness-shire

"Create preventative and frailty services"
Female, aged 45-60 Argyll and Bute

what we will do

We will support people to promote independence by targeting prevention and developing appropriate choices

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

We will develop a coordinated service model for long-term conditions that is proactive, holistic, preventive and patient centred that enables patients and clinicians to work together

what can you do?

For more information about falls prevention & frailty, please visit:
https://www.nhsinform.scot/healthy-living/preventing-falls and https://www.ageuk.org.uk/scotland/

Outcome 15 End Well

Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond

what you said

"As part of Palliative and End of life Care in the Community. it is important to have the resilience to act on patients wishes... Facilitating this efficiently and effectively with the right resources 24/7. "
Female, aged 60-70 Inverness-shire

"Whatever the dying person requires to make them pain free, comfortable and supported at the end of their life, they should get without barriers."
Female, aged 25-45 not known

"NHS Highland should be looking at Palliative and End of Life Care. With an aging population it is really important that this is carefully considered to ensure that the individual, family and friends are supported and have the best quality of life."
Female, aged 25-45 Nairnshire

what we will do

In partnership, ensure our population has access to palliative and end of life services and support at all times, enabling people to live and die in the setting of their choice

Proactively recognise people who may be in their last year of life, being respectful of what matters to them by co-developing anticipatory care plans with them and for them

Ensure we deliver timely, culturally sensitive and dignified care for our population in their last year of life and their families have a choice to access bereavement support

what can you do?

For more information on palliative care, death and bereavement, please visit:
https://www.nhsinform.scot/care-support-and-rights

Outcome 16 Value Well

Improve experience by valuing the role that carers, partners in the third sector and volunteers bring, harnessing their individual skills and expertise

what you said

"Education, local authority, community groups, voluntary organisations, business, third sector all have roles to play"
Male, aged45-60 Inverness-shire

"Carers should be recognised for the role they provide"
Female, aged 25-45 Caithness

"Volunteers / carers should be given a higher priority"
Anonymous, aged 60-70 Inverness-shire

what we will do

Value the role of carers, acknowledging them as experts by experience, and ensure they are informed, supported and valued

We will work in true partnership with the third sector creating collaborative opportunities to value the expertise they bring for our population

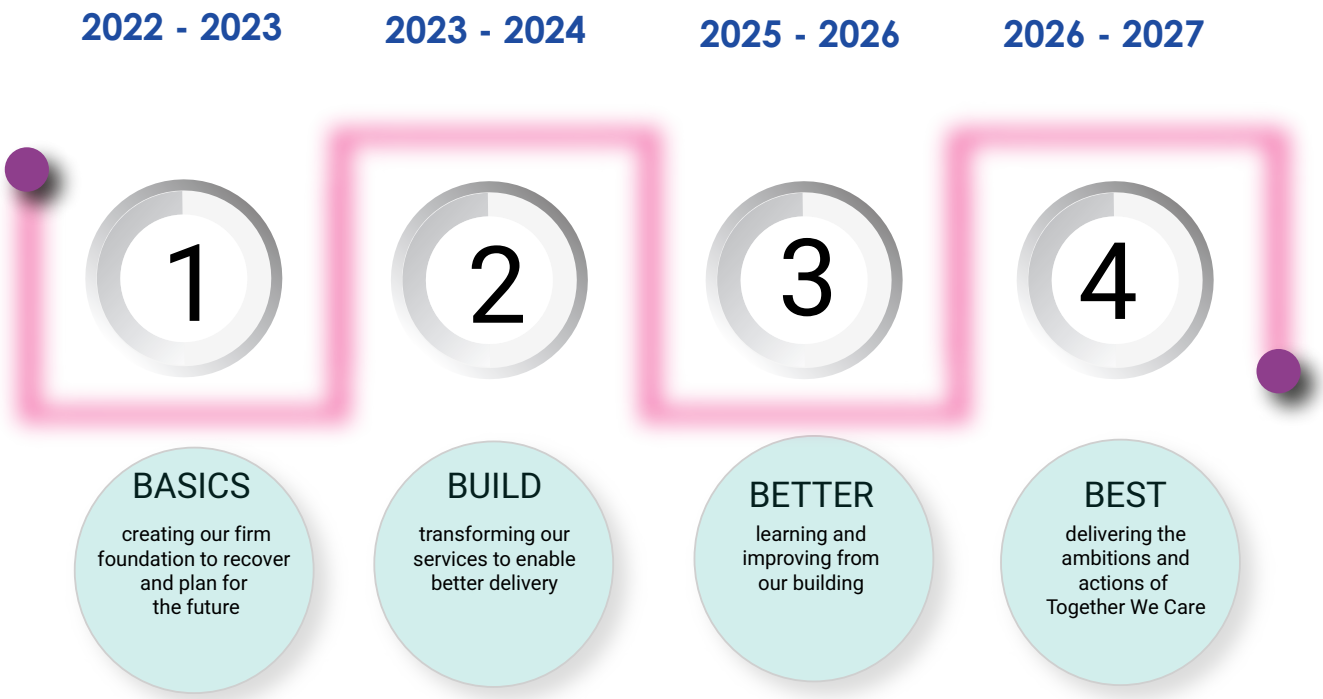
We will enhance the experiences of patients and colleagues by recognising and valuing the role of volunteers in their unique contributions to our system

what can you do?

For more more information on care, support, rights and allowances, please visit: https://www.nhsinform.scot/care-support-and-rights and https://www.gov.uk/carers-allowance

Timeline for Implementation

Together We Care
with you, for you



Our implementation timeline will be over the next 5 years and it will be delivered in stages with our population and our people through our Annual Delivery Plans until we fully implement Together We Care, with you, for you in 2027. We will embed mechanisms to review progress, be intelligence led and identify risks to ensure we keep on track and work in a cohesive, inclusive and informed way.

Performing well and Progressing well

We have tried to make it as simple as possible, but our health and care system is complex and requires careful consideration so we can support our population, our people and work in partnership to ensure everyone feels part of our future.

Our strategic outcomes are what our population and our people have said they want health and care services to look like in 5 years time. They cover the whole life span with specific outcomes which you said were important that we consider now and in the future.

There are additional areas that underpin everything that we do as a health and care system. Some of these we need to develop as strong foundations to perform well and others we need to progress to create a sustainable future.

These areas on the right are the golden threads that go through each of our outcomes and priorities as we work towards our mission, vision and objectives.

Finance

Together We Care
with you, for you

We will become financially sustainable, work together to achieve efficiencies and create value by maximising our use of resources

Living within our means

We will ensure a healthy financial foundation for NHS Highland, both in relation to revenue and capital by living within our means.

Maximise investment

We will maximise investment in the services that we provide, both revenue and capital, ensuring we deliver for our population.

Use resources wisely

We will protect the public purse through tackling inefficiencies, improving quality and maintaining the objective independence of the Finance Department.

Sustain and transform

We will continue in our proactive role of partner, working with all our stakeholders to ensure the sustainability and transformation of the system as a whole.

Fit for purpose

The Finance Department function will be sufficiently and appropriately resourced to deliver its future commitments to support our people and population.

Health Inequalities

We will focus on reducing health inequalities with our partners across our system to reduce the gaps within our communities

Partner working

We will work with our partners and communities to reduce barriers to accessing health and care.

Focus

We will work to undo the fundamental causes of health inequalities with a focus on the unequal distribution of income, power and wealth.

Prevent

We will work to prevent the wider environmental influences in which people live and work that result in health inequalities, such as low income, poor housing, low education or a lack of access to services.

Mitigate

We will work to mitigate the individual experiences resulting from economic or work factors, physical factors or social factors that lead to health inequalities.

Educate

We will raise awareness of the impact of health inequalities among staff and the public including the impact of stigma and discrimination which we will aim to identify and address.

Governance

Together We Care
with you, for you

We will develop and refine the way that our organiosation is governed and directed

Transparent

We are answerable to Scottish Government Ministers, and will participate in our annual accountability review with full transparency and involvement of the public and all our stakeholders.

Review and Refine Framework

We will continue to review and develop our governance framework, so it is effective, fit for purpose and ensures we are a well-run organisation

Develop Board and Committees

We will develop our Board and its Members through the provision of high quality information and maintaining good practice so that all Board Members are equipped to fulfill their roles effectively

Risk and Assurance

We will ensure our corporate governance addresses the risks associated with service delivery and the achievement of our strategy. We will develop and embed our risk management with Board Members oversight, implementing the recommendations of our Internal Auditors reviews to ensure the provision of assurance to the Board.

Demonstrate Corporate Values and Behaviours

We will demonstrate the principles of the new Code of Conduct for Board members, address any conflicts of interest and apply best practice in relation to gifts, hospitality, sponsorship, expenses and handling public money.

Quality

We will create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care every day

Listen and Learn

We will listen to what our patients tell us, and use this information to learn and to improve their experiences in NHS Highland.

Facilitate Change

We will work with our people to promote effective leadership across the organisation to create the right conditions to facilitate change in NHS Highland.

Embed Quality Management System

We will introduce and embed a Quality Management System that will become a standard management system across NHS Highland.

Shared Learning

We will develop our structures to facilitate a meaningful learning organisation, sharing learning when we don't get things right and being accessible to everyone in NHS Highland.

Work Across Highland

We will work across the organisation to ensure that through the delivery of Together We Care, quality is everyone's priority in NHS Highland.

Climate Change and Environment

Together We Care
with you, for you

Work in a sustainable and efficient environment in line with carbon commitments to support delivery of health and care in the future

Sustainable buildings and land

We are committed to creating healthy, inclusive, resilient and nature-rich healthcare environments that nurture good health and wellbeing for patients, staff and the wider community and minimise our impact on the environment.

Sustainable Travel

We will work to make it easier to walk, wheel, cycle and take public transport to NHS services. We will also look to reduce the need to travel, where appropriate, and support the shift to active travel.

Sustainable Goods and Services

We will work to create circularity in our supply chains and reduce waste by maximising repair and reuse, and improve how we deal with equipment, material and goods at the end of their useful life.

Sustainable Care Reducing Harm and Waste

We will work to reduce harm and waste, creating sustainable care pathways, reduce pharmaceutical waste, use green theatre space, and support primary care.

Sustainable Communities

We will work to establish and embed green health partnerships and similar approaches to increasing the use of nature based solutions to deliver health outcomes.

Digital Direction

We will provide electronic systems that empower our communities to choose how they interact with us and enable our staff to work seamlessly

Accessible Digital Services

We will ensure that our population have flexible and ready access to information, their own data and services which support their health and wellbeing, wherever they are.

Available Digital Services

We will ensure that digital options are increasingly available as a choice for people accessing services and staff delivering them.

Robust Digital Foundations

We will ensure that the infrastructure, systems, regulating standards and governance are in place to ensure robust and secure delivery.

Digital Skills and Leadership

We will engage with the workforce to ensure digital skills are seen as core skills across the health and care sectors.

Fit for Purpose

The digital functions will be sufficiently and appropriately resourced to deliver its future commitments to support our people and population.

Research, Development and Innovation

Together We Care
with you, for you

We will work in partnership to create opportunities for research, development and innovation to improve the health and care we deliver for our population

Centre of Research Excellence

We will build and extend the research and development capability within NHS Highland, and raise our profile in areas of national expertise.

Enable Change

We will develop an innovation network with partners, harnessing our expertise to support innovators across the Highlands, regionally and nationally.

Service Adoption

We will ensure that initiatives move through the research, development and innovation processes 'starting with the end in mind', in contrast to 'starting with the next step in mind', therefore increasing the likelihood of adoption.

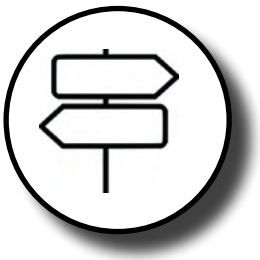
Maximise Impact

We will maximise the impact of our Research, Development and Innovation activity by ensuring focus on priority areas and delivering outputs that have a positive impact on health and care, as well as supporting the broader health and wealth Agenda.

Build

We will build on the existing Research, Development and Innovation capability and capacity of our workforce, sharing best practice and supporting staff to develop their knowledge, skills and experience.

Realistic Medicine



We will have meaningful conversations with people to plan and agree care which will support all staff and patients to base care around what matters most to people, with a shared understanding of what healthcare might realistically contribute to this

Engage

We will engage our workforce and community in the importance and benefits of Realistic Medicine practice.

Educate

We will develop a bank of educational resources and use innovative methods to deliver education for our workforce and community to support the practice of Realistic Medicine.

Empower

We will empower our workforce to practise Realistic Medicine through linking with complementary strategies and workstreams such as Education, Quality Improvement, and Research Development and Innovation.

Promote & embed

We will continue to promote and embed the principles of Realistic Medicine throughout NHS Highland and our partner organisations.

Partner

We will collaborate with patients and our community to partner in their care and shape the future direction of our services.

NHS Highland

Produced by NHS Highland
September 2022

Draft for Approval 26.09.2022

Photo credits can be found here: https://www.nhshighland.scot.nhs.uk/News/PublicConsultation/TogetherWeCare/Documents/Photo%20Credit%20list.pdf

This document is available in other languages/ formats . Please contact NHSH. togetherwecareideas@NHS.scot to request a copy.

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**27 SEPTEMBER 2022**
Title:	**Annual Delivery Plan**
Responsible Executive/Non-Executive:	**David Park, Deputy Chief Executive**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance and decision

This report relates to a:

- Quality and performance across our organisation

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

- All quality ambitions

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care	X	**Partners in Care** • Working in partnership • Listening and responding • Communicating well	X
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing	X	**Safe and Sustainable** • Protecting our environment • In control • Well run	X
Other (please explain below)		All of above	

2 Report summary

All Boards were commissioned to develop an Annual Delivery Plan (ADP) with a focus on stabilisation and improving to be submitted to Scottish Government at the end of July. It is important to set this single year within the context of our longer term strategy "Together We Care, with you, for you" to drive forward change across health and social care within the Highlands within the context of a challenging financial situation.

This ADP is presented today for assurance that a plan is in place that encompasses all health and social care services in line with the first year of the implementation of the strategy.

The ADP has been developed with our workforce and partners across our system to ensure realistic priorities/actions have been identified within 22/23.

2.1 Situation

This is the 5th plan requested since lockdown in March 2020. It describes the annual plan for NHS Highland including recovery and transformation of health and care services.

In developing their plans, NHS Boards were commissioned to include the following:

- Recruitment, retention and wellbeing of our health and social care workforce – These have been incorporated in sections 5-8
- Recovering planned care and looking to what can be done to better protect planned care in the future - complementing the information already submitted on activity levels for inpatient and day case – This is incorporated into Treat Well and Respond Well
- Urgent and unscheduled care – taking forward the high impact changes through the refreshed Collaborative – This is incorporated in Care Well and Respond Well
- Supporting and improving social care – This is incorporated in Care Well
- Sustainability and value – Perform Well and is mentioned in all outcome areas as a golden thread

As a Board we have went beyond this commission due to it being year 1 of implementation of our strategy but also SG had commissioned us by different routes to address key issues such as maternity & neonatal services, mental health and CAMHS therefore it was important these were also included. These areas also came through in our population engagement and consultation in line with the strategy.

The Annual Delivery Plan is year 1 of the implementation of the strategy "Together We Care, with you, for you" and acts as a framework for managing performance and embedding accountability and responsibility at all corporate and operational levels.

2.2 Background

Scottish Government request on an annual basis a delivery plan for NHS Highland.

2.3 Assessment

The Annual Delivery Plan is required to be approved before final submission to Scottish Government in line with our internal governance. The Scottish Government is now reviewing the plan following submission at the end of July 2022. Scottish Government will not approve our plan but give guidance on outstanding issues. This means once approved at the NHS Highland Board it can be published. Quarterly updates on progress will be provided to SG with the first update due at the end of September.

It is important to note that all outcome areas have embedded the ADP as their way forward and assessment of the outcomes has commenced at Performance Oversight Board. All Programme Boards in line with the NHS Highland Performance Framework have now been established.

We have commenced alignment of the IPQR as presented to the Board today. Summaries of implementation will also be developed to give assurance and presented to the Finance, Resources and Performance Committee.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

We are giving the Board a substantial level of assurance as the Annual Delivery Plan, as commissioned, has been developed with our services across health and care and gives a fully developed plan. It aligns with the strategy and allows us to review each outcome area in a robust way. Performance of outcome areas may have different levels of assurance however this will be addressed through the IPQR and outcome reporting.

3 Impact Analysis

3.1 Quality/ Patient Care

Quality and population experience are integral to the ADP and are key in each of our outcome areas.

3.2 Workforce

Section 5 to 8 within the Annual Delivery Plan is “Our People” strategic objective and associated outcomes and priority areas.

3.3 Financial

The financial summary and plan is separate.

3.4 Risk Assessment/Management

Each outcome and priority area will have a RAG rating applied and this will be reported to the October FRPC once an assessment is made.

3.5 Data Protection

The Plan does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

An assessment on the impact on health inequalities has been embedded in each outcome area so there is a focus on this through the programme boards.

3.7 Other impacts

No relevant impacts.

3.8 Communication, involvement, engagement and consultation

This is a publicly available document once published. We aim to share this more widely internally and externally to develop understanding of the Annual Delivery Plan in an accessible format once approved.

3.9 Route to the Meeting

Through the appropriate Governance Committees.

4 Recommendation(s)

- The Board **note** the submission of the Annual Delivery Plan
- The Board take a **decision** that substantial assurance has been created through the approach taken with the development and shared ownership created

4.1 List of appendices

- Draft Annual Delivery Plan – July 2022

Together We Care
with you, for you

NHS Highland

DRAFT Annual Delivery Plan 2022 - 2023

Plana Libhrigeadh Bliadhanail

NHS Highland

Lead Author: Lorraine Cowie, Head of Strategy & Transformation
Version: 21 (Final to Board)
Date: 20th September 2022

Introduction from Pamela Dudek, Chief Executive of NHS Highland

I am delighted to introduce this Annual Delivery Plan (ADP) as Chief Executive of NHS Highland.

As we come out of the pandemic, we are facing some of the most challenging times that Health and Social Care services have ever seen. As an NHS Board who hold responsibilities for the delivery of Adult Social Care in the Highland council area alongside our NHS services across Highland and Argyll and Bute, we have much to consider in ensuring we have the right services in place looking ahead. There is much to do in reshaping our health and care services across our communities as well as ensuring good access to urgent and unplanned care alongside the requirement to reduce waiting times. We need to improve services by rethinking, alongside our staff and our communities, how to deliver the best we can with the resources we have available within our organisation. We also need to understand where we can do better by working with key partners in building our future across the vast geography that is Highland and Argyll and Bute council areas that cover 42% of Scotland's landmass including 36 Islands. We will work as a key partner in the integration space with our respective councils and the Integration Joint Board in Argyll and Bute.

This plan works hand in hand with our new Together We Care 5 year strategy to set out the priorities in each of our strategic outcomes, setting out our intended delivery plan over the next five years. Again, we have taken cognisance of the Argyll and Bute Integration Joint Board Strategic Plan ensuring we are supporting the delivery through our joint arrangements.

- Our mission - Anchor with our communities to support their health and wellbeing.
- Our vision - Outstanding care delivered by an outstanding team.

To deliver our mission and vision we have 3 strategic objectives:

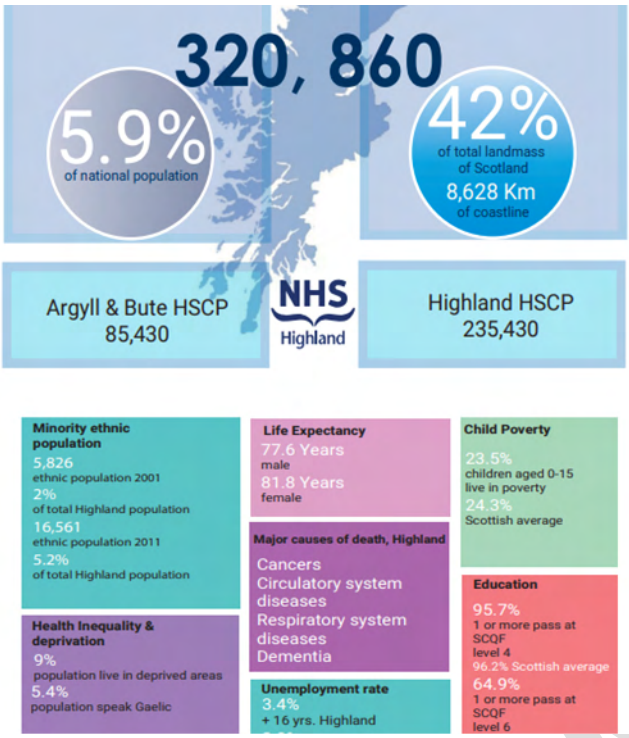
- Population – deliver the best health and care outcomes for our population
- People – be a great place to work for our people
- Partnership – create value by working in partnership to transform the way we deliver health and care

The journey moving forward will be, I am sure, full of challenge and uncertainty however it is incumbent upon us as an organisation to have a clear direction of travel and those who work within it, to learn and develop working collaboratively with our key care partners and communities.

The best chances of success will come from this effort and our ability to work across different boundaries to deliver the best care and treatment possible with people. This is still relatively new in terms of how we work so there will be much learning along the way, the answers to the future lie beyond the NHS as an individual organisation and we must consider well how we achieve this. Transformation and change are easy words to say but much more difficult to realise, we know that there is much more opportunity in health and care through the use of digital means but again this requires exploration, debate and connection to communities, so we are all understanding and part of the change we seek to make.

This plan brings together an important part of the jigsaw but is by no means the end, we must check and recheck the possibilities as we go forward, developing and learning.

Overview of NHS Highland



When considered by geography, NHS Highland is both the largest and most sparsely populated health board in Scotland. NHS Highland spans a huge geographical area covering 32,566 square kilometres and accounting for 42% of Scotland's land mass.

NHS Highland is one of fourteen territorial boards and employs 10,745 people making it one of the largest employers in the Highlands. NHS Highland provides health and social care services to our resident population of approximately 320,000. The Health Board includes two local authority areas, Highland, and Argyll & Bute. The area is predominantly rural with many populated islands which provides challenges in relation to both the provision of, and access to, services. Our diverse area includes Inverness, one of the fastest growing cities in Western Europe and 36 populated islands - 23 in Argyll & Bute and 13 in Highland (excluding Skye which is connected to the mainland).

Integration of health and social care has developed in two differing strands across NHS Highland. The Highland Health and Social Care Partnership adopted a lead agency model where all staff engaged in Adult Social Work and Social Care transferred employer to NHS Highland. By contrast an Integrated Joint Board supports and oversees the provision of integrated care services in the Argyll and Bute Council area. Workforce planning is carried out at Integrated Joint Board level.

NHS Highland Acute services covers 4 Acute Hospitals, including Raigmore Hospital in Inverness and 1 Acute Mental Health Hospital. Highland Health and Social Care Partnership has 20 Community hospitals and 98 GP practices. There are 69 care homes across north Highland covering all client groups. 53 of these care homes are operated by the independent sector and 16 are operated in house. A significant proportion of independent sector care homes in north Highland (43%) are operated by small scale providers, who collectively deliver 581 beds and whose average size of care home is 27 beds. Whilst this smaller scale provision reflects Highland geography and population, it presents increased financial sustainability vulnerability risks.

There is a significant reliance in Highland on 3 providers (Meallmore, Crossreach and Parklands) who collectively operate 17 care homes and deliver a third of all care home beds in Highland.

Current Context

This final draft Annual Delivery Plan (ADP) and associated Delivery Planning Template is submitted to Scottish Government as supporting narrative setting out our integrated approach and current position on activity, quality, workforce, and financial planning. The plan has been developed in alignment with our new strategy "Together We Care, with you, for you" and through open, collaborative working with our population, people, and partners across our system. We have incorporated applicable Remobilisation Plan (RMP) deliverables into our ADP as appropriate, aligning with our new approach.

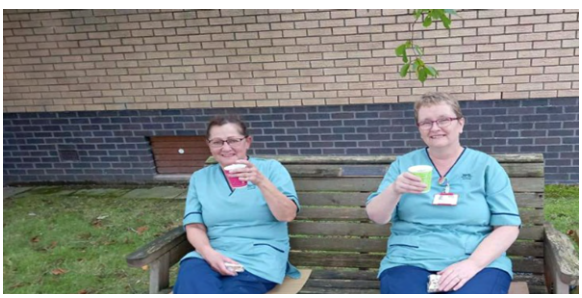
We have worked together to achieve shared priority setting and our plan reflects the following position in July 2022:

- Clarity and ownership of embedding quality priorities delivered through quality improvement frameworks will be essential as we emerge from the pandemic to improve outcomes for our population
- Creating full understanding of our strategic workforce challenges, the actions we need to take to address them, and in-year workforce plans aligned to finance, activity and quality with robust accountability for managing expenditure
- Commitment to continue to drive sustained or improved performance in core access aligned to proposed performance trajectories managed within our NHS Highland Performance Framework
- Financial targets being realised with ownership at all levels throughout the organization with clear accountability and responsibilities
- We will work in partnership with partners and other Boards and providers in the system to work up and deliver plans to increase value
- We have worked with our population, people, and partners to develop this ADP in collaboration so everyone can see their "service" in it and how they fit in to our overall objectives and outcomes as we emerge from the pandemic

Our strategic priorities are:

- **Our Population**: To deliver the best possible health and care outcomes
- **Our People**: Be a great place to work
- **In Partnership**: Create value by working collaboratively to transform the way we deliver health and care
- **Perform & Progress Well**: Core activities providing golden threads throughout our system that support the delivery, resilience and sustainability of our services supporting our strategy and our annual delivery plan
- **Enable Well:** Ensuring the organisation is transformational and with clear lines of governance and assurance processes to support delivery of high-quality health and care services for our population

We are committed to addressing the aspects of care that matter most to our population during 2022/23, we will ensure we remain dynamic to the changing needs of our patients and significant changes within both the national and local planning environment and will continue to review.



Our new five-year strategy, with its associated governance and delivery framework will drive strategic decision-making, support implementation plans and ensure a proactive approach to influencing and assessing strategic reviews over 2022/23 and beyond. This approach will support progress towards the objectives set as well as the vision of the "anchor" and provide us with a significant opportunity to progress our strategic priorities at pace by working together with our partners to resolve some of the system-wide challenges we face.

National Treatment Centre, Highland (NTCH)

This Centre will be part of a network of nine regional treatment centres for planned elective procedures and diagnostic care across Scotland, over the next 5 years, announced by the Scottish Government to help meet capacity constraints in specific specialties. Opening of the NTC in NHS Highland will have a significantly positive impact on our orthopaedic and ophthalmology waiting times. The NTCH will provide a full range of Ophthalmology services and Primary Hip and Knee elective orthopaedic surgery and a dedicated range of Foot & Ankle and Hand procedures. The NTCH will have 24 beds and five operating theatres and is planned to open on 3 April 2023.

In 2023 the NTCH is planning to operate on 3,160 Cataracts, 1,340 Eye Procedures, 1,500 Primary Hip and Knee Joints, 160 Hand Procedures and 175 Foot & Ankle procedures and will contribute significantly to reducing waiting times in NHS Scotland. A full Operational Delivery Plan has been produced to describe the plans for the remainder of 2022/2023.

Integrated Service Planning

NHS Highland has developed an integrated service planning approach to align our workforce demand plans to our clinical outcomes, financial resources and availability of skills and experience. An organisation wide programme has been drafted to assure a whole system modelling approach in NHS Highland. Previous Annual Operational Plans and Remobilisation plans, workforce plans, and financial plans have been presented largely in isolation. In developing integrated service planning, we aim to ensure NHS Highland is delivering the right services, at the right time, with the appropriate workforce capacity and within its financial means. To do this, we will improve our understanding of what services are currently delivered, to inform what we need to deliver in the future.

Our integrated planning process aims to:

- Improve patient outcomes and safety, including increasing quality and the equality of service access
- Have a clear line of sight to national standards and recommendations from Royal Colleges and other professional advisory bodies
- Deliver the NHS Highland's Together We Care Strategy (which inclusive of our other strategies)
- Support NHS Scotland's Recovery Plan and associated Annual Delivery Plan

Initial engagement with two pilot services is underway as well as planning a phased roll out across all our health and social care services across 2022 and beyond.

In the next year NHS Highland will explore approaches to enable joint working with independent sector providers of social care to support them with workforce planning ensuring a coordinated approach to the provision of robust, safe, and reliable commissioned services.

Risks and Challenges

We have established a clear governance route through which to identify, assess and manage significant risks that may threaten the achievement of our strategic objectives, and this will continue to be evaluated and strengthened as part of the implementation of our new five-year strategy. This will include the development of a new Strategic Risk Register that the Board reviews on a bi-monthly basis.

There are several challenges and risks which this plan aims to reduce or mitigate the impact however it should be noted that some of these are not within our control and may impact negatively on our ability to achieve our outcomes:

Unscheduled Care Demand – We have ring fenced beds in our system for day case surgery to protect planned care in July 2022 however we are still experiencing a high demand for unscheduled care that is meaning many our population who are medical admissions are being placed in surgical areas. We continue to look at the prioritized areas through the urgent and unscheduled care collaborative and are taking a refreshed approach to redesign of the front door, reviewing our community and social care impact to prevent unnecessary admission or reduce delays in discharge. In order to deliver the standard that no one will wait over 2 years for planned care, we will require additional support from external sources to deliver this given our geography and infrastructure which is limited.

Social care / Care Homes – Care Home and Care at Home capacity and sustainability are significant challenges. We are also developing our social work services across Highland as part of our integrated service development. In relation to care homes, we have carried out a risk assessment of our current position which has identified a number of areas of vulnerability across all areas of Highland. Partnership working with the Highland Council will be key, given the instability of the sector and the high risk implications of this. Recruitment and retention of staff is a significant concern across all areas of social care.

Workforce sustainability – Recruitment and retention is becoming an increasing challenge due to the age profile of our workforce along with national shortages in key professions and the ability to find sufficient available housing across our Board area. These are detailed at a more individual level within our workforce plan however workforce supply for social care along with key clinical and professional posts is a significant concern locally and nationally, with NHSH in the unique position of directly employing adult social care colleagues rather than the Highland Council.

Financial Balance - We have not been able to set a balanced revenue budget for 2022/23. Compounding this is the additional energy charges, uncertainty of pay awards, net zero carbon impact and continuing COVID costs. We have a cost improvement programme in place to partly mitigate these pressures, but it will not be significant enough for the Board to achieve financial balance in the coming year.

COVID (Impact on acute and COVID absence) – We have our system escalation framework that we put in place should we be facing pressure. Along with intelligence this provides a basis for managing this and developing a system wide response. Our vaccination programme is in place and is being rolled out across our population.

Pandemic (Burnout of our workforce) – Our colleagues have experienced high levels of pressure for many years and this has significantly increased since the beginning of the pandemic. Central to our ADP and Together We Care is supporting colleague health and wellbeing to stay both mentally and physically well and to support recovery when unwell, building on all of the good work done through our Recovery Plan.

Infrastructure (Maintenance) – We have considerable backlog maintenance issues, and our buildings are ageing. Over the next year we will develop our infrastructure strategy co-produced with our population to ensure we understand the impact on building and use of our community assets to help inform future development plans.

Performance Framework

We have an NHS Highland Performance Framework which was adopted in July 2022. A Decision-Making Framework is being developed to complement this to allow decision making at the right level with appropriate escalation. Together We Care and this Annual Delivery Plan will bring together our strategic objectives, outcomes, and priorities. This will help structure our performance oversight through the Performance Oversight Board. Each Programme Board has dedicated support to enable this to be executed across our system.

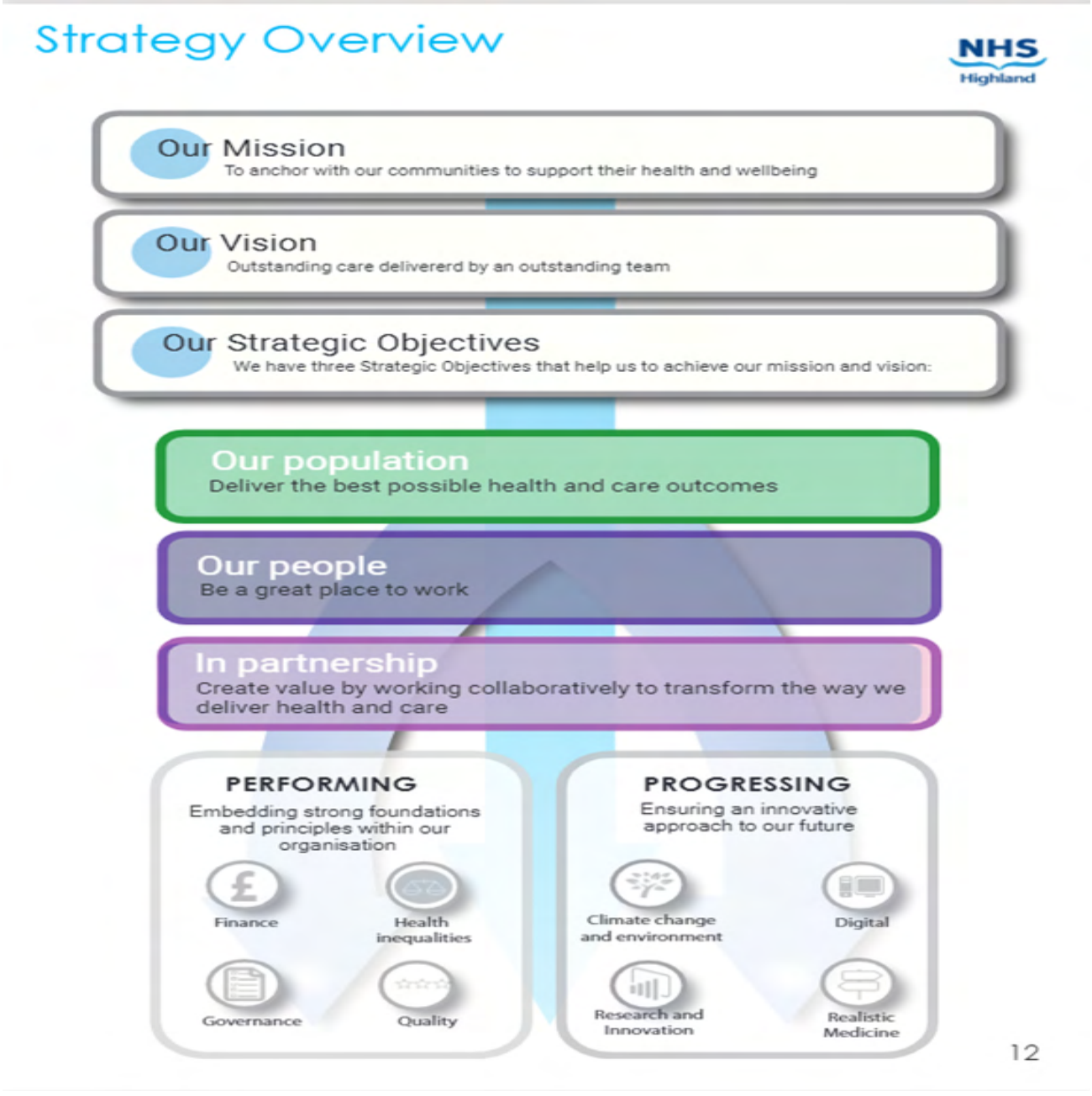
Each programme board has a dashboard that is either in place or being developed and will encompass performance (finance/targets), workforce overview and quality standards. Corresponding key performance indicators will be reviewed by the governance committee and embedded in our Integrated Performance and Quality Report which gets submitted to the Board bi-monthly for assurance.

An overview of this is below and how it integrates into the organisation.

Together We Care, with you, for you

In order to adapt to our current and anticipated pressures we have widely collaborated and engaged across our colleagues, our partners and our communities, to develop our 5-year Strategy: Together We Care, with you, for you. Each strategic objective has a clear set of outcomes and priorities that form the basis of implementation of our strategy. Each outcome has 3 priorities, developed and refined during the consultation and engagement process. These make up key content of the Annual Delivery Plan. Through our lead agency model and our close working with Argyll & Bute Integration Joint Board, where applicable, we are working together to achieve the priority areas, and these are indicated by the logos throughout. The following pages give an overview of each strategic objective with the associated outcomes and priority areas.

The following is our strategy at a glance:



Strategic Context - Our Strategic Outcomes

To deliver on each of our strategic objectives we have developed a set of 16 strategic outcomes and our perform, progress, and enable well areas. Each of these will be underpinned by the Annual Delivery Plan that will help us move towards achieving our vision and mission. These outcomes set out the direction for the next five years in relation to providing care closer to home, delivery of sustainable care, and putting our population, their families, and carers at the centre however this ADP focuses on year 1.

The outcomes follow the life cycle from cradle to end of life using holistic care provision and whole system working. As detailed in our Together We Care Strategy these outcomes were determined through consultation and engagement with our communities, partners and colleagues.

No	Outcome	Description	Main Service
1	**Start Well**	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	Maternity & Neonatal Services / PNIMH
2	**Thrive Well**	Work together with our families, communities and partners by building joined up services that support our children and young people to thrive	CAMHS / NDAS / Corporate Parenting / Integrated Children's Services / Paediatrics
3	**Stay Well**	Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention	Public Health / Sexual Health / Gender Identity / Women's services
4	**Anchor Well**	Be an anchor and work as equal partners within our communities by designing and delivering health and care that has our population and where they live as the focus	Public Health / Comms & Engagement
5	**Grow Well**	Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.	People & Culture / All services
6	**Listen Well**	Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared	People & Culture / All services
7	**Nurture Well**	Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected	People & Culture / All services
8	**Plan Well**	Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally	People & Culture / All services

9	**Care Well**	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	Adult Social Care
10	**Live Well**	Ensure that both physical and mental health are on an equal footing, to reduce stigma by improving access and enabling all our staff in all services to speak about mental health and wellbeing	Mental Health Services
11	**Respond Well**	Ensure that our services are responsive to our population's needs, by adopting a "home is best" approach	Urgent and Unscheduled Care Services
12	**Treat Well**	Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.	Planned care and support services
13	**Journey Well**	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	Cancer services
14	**Age Well**	Ensure people are supported as they age by promoting independence, choice, self-fulfillment, and dignity with personalised care planning at the heart	AHP services / Dementia / Long Term Conditions
15	**End Well**	Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond	Palliative and End of Life Care Specialist and Community Services
16	**Value Well**	Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise	Carers / Third Sector / Volunteers
17	**Perform Well**	Ensure we perform well by embedding all of these areas in our day-to-day health and care delivery across our system	Quality / Health Inequalities / Financial Planning / Governance
18	**Progress Well**	Ensure we progress well by embedding all of these areas in our future plans for health and care delivery across our system	Digital / Research & Development / Climate / Realistic Medicine

Implementation Timeline of Strategy through Annual Delivery Plans

A key priority for NHS Highland in 2022/23 is developing the "basics" or recovery plans to support our 16 strategic outcomes, to help meet our objective of delivering the best care and outcomes for our aging and growing population. This ADP is year one of the implementation of our strategy.

Outcomes & Priorities for the Annual Delivery Plan

The following describes how we have set out our Annual Delivery Plan, it is comprehensive and covers all aspects requested as well as incorporating our strategy, Together We Care.

The following sections give the following for each of our 16 outcomes:

- Section 1 - The overall outcome we want to achieve in 2027 aligned to our strategy
- Section 2 – Who worked together to create the ADP and who will work together to achieve it
- Section 3 - The impact implementing this outcome will have on reducing health inequalities
- Section 4 - The quality standards, policies and guidelines that will be reviewed mainly through clinical governance as an indicator of our quality and population experience
- Section 5 – Key priorities applicable to this outcome for workforce or financial planning considerations aligned to the financial plan and workforce plan
- Section 6 – Each of the priority areas (3 in each outcome) to move toward our overall outcomes with a specific table detailing what actions we will take over the next 12 months

Outcome 1 – Start Well

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

Working Together to Achieve Outcomes and Priorities
Maternity & Neonatal Services Mental Health Services Pre-Conception Services including Primary Care, Gynae, Fertility, sexual health services Public Health - Health Improvement and Screening

Impact on Reducing Health Inequalities
• For those who are pregnant, especially from vulnerable groups, they are offered maternity care that is tailored to their individual circumstances. Continuity of carer is key which is a key focus of this ADP. Targeted support for smoking cessation is key. • Improvements in the quality and accessibility of the information made available about choices during pregnancy and labour to enable people to self-advocate for the birth experience they want • All birth workers are continuously educated about the signs and symptoms of perinatal mental health disorders across all birthing population with recognition of those who may be at greatest risk. • Improving breastfeeding rates in lower socioeconomic groups and young parents can play an important role in reducing health inequalities. Increased physical activity in children focused on those in lower socioeconomic groups will reduce obesity in those most at risk.
Quality Standards, Guidance and Policies to Improve our Population Experience
• SPSP Maternity & Children Quality Improvement Collaborative • Neonatal Care in Scotland: A Quality Framework • The Best Start: Five Year Plan • Pregnancy and newborn screening standards • Child Poverty Act (Scotland) 2017

Workforce Planning - Specific Priority Areas Identified

Action	Outcome
Create a workforce plan that supports maternity & neonatal services	Sustainable and resilient service with appropriate staffing levels to support our population
Work collaboratively with National Education Scotland (NES)	Improve recruitment and retention to key clinical and professional posts

Financial Planning – Specific Priority Actions

Action	Outcome
Ensure we have financially planned for the additionality from the Moray networked model	Appropriate levels of funding received to implement workforce model and refurbish the infrastructure

Outcome 1	Start Well
Priority 1a	Empower parents and families through support and information to see the benefits of choosing to eat well, being a healthy weight and being physically active from pre-pregnancy to later life

Action	Outcome	Measuring success or target
Pre-pregnancy support to help make informed decisions	Better information and universal approaches to women	More women on a green pathway
Increase breastfeeding training	All relevant professionals trained Breastfeeding attrition rate reduced	90% <32.4%
BFI accreditation	Gain stage 2 UNICEF BFI accreditation	Scope actions to meet criteria and assess position
Healthy weight interventions	Commissioned and piloted child healthy weight interventions with third sector partners and Local Authorities	No. completed increased from baseline
Supplementary feeding reviews and VitD rollout	Review feeding supplementation (incl. colostrum harvesting) at hospital maternity units	No. of feeds 95% Vit D
Increase levels of physical activity in children and young people	Working with our partners we will review our plans for increasing levels of physical activity in children (specifically with play) and young people	No. of people engaging No. of referrals made

Outcome 1	Start Well
Priority 1b	Improve the access and quality of post pregnancy care, especially within vulnerable groups, to improve infant health outcomes and the development of strong parent-child relationships

Action	Outcome	Measuring success or target
Referral Pathways	Treatment commenced within 72hrs (Urgent) or 2 weeks (non-urgent) Develop referral pathways for women with Mental Health illness in the Perinatal period	Number of referrals Appointment types Treatment within 72hours (urgent) Treatment within 2 weeks (non-urgent) Lived experience surveys from Maternal Voices and team MNPI Number of referrals from maternity unit from PMS
Develop accessible parent and family material	Service users have immediate access into correct service & treatment commenced within 72 hours (urgent) and 2 weeks (non-urgent)	Treatment within 72hours (urgent) Treatment within 2 weeks (non-urgent)
Staff Supervision and Support	Woman & Partners will report positive experiences of the support and care they and their infant receive	Training % of staff up to date with required training from local source
Pre-conception services	Refreshed Pathways and referral criteria into services. Score Card developed to report to PNIMH Workstream	How many women have access to a pre-conception assessment service Preconception data in referral pathway measures
Assessment & facilitation of mother-infant relationships	Women will have access to assessment and facilitation of mother-infant relationship in context of maternal mental illness	How many women receive facilitation
Pregnancy and Newborn Screening Programme	Delivered to standards	Increased number of screenings performed

Outcome 1	Start Well
Priority 1c	Ensure that we implement all recommendations of best start and ensure parents and families have the best care experience possible throughout pregnancy and birth

Action	Outcome	Measuring success or target
Implementation of Best Start	Best Start strategic ambitions /outcomes are fully embedded and expected as part of service delivery. Continuous improvements made when necessary	Best Start implementation level-50%
Data Improvements	Learn and improve from the building process to single out sources of failure	Standardise how data is input in Badgernet. Standard processes in place: Y/N
Continuity of Carer	Monitor adherence of SOPs through performing audit of service	Develop SOPs for standardisation of delivery of continuity of carer. Compliant to Best Start definition of Continuity of Care
Quality Measures	Funding allocated to support work and utilised methodically to advance implementation. Decisions are intelligence led	Ensure Best Start and all quality intelligence are included in Maternity & Neonatal Dashboard
Post-Natal Transitional Care	Develop post-natal transitional care in Raigmore by scoping potential sites for this	Ward occupancy LOS Foetal medicine prescribing Patient feedback - TBC % of babies going home early with plan for support at home
Skin to Skin	Raise awareness of skin to skin contact in NNU	Babies receiving skin to skin in NNU
Kangaroo Care	Introduce recording to identify extent of skin to skin/Kangaroo care in NNU	% of babies receiving kangaroo care

Outcome 2 – Thrive Well

Work together with our families, communities and partners to build joined up services that support our children and young people to thrive

Working Together to Achieve Outcomes and Priorities	
Public Health Maternity & Neonatal Service Peri-Natal Infant Mental Health Service Child & Adolescent Mental Health Service Neuro-Developmental Assessment Service	Paediatric Acute Services Allied Health Professionals Sexual Health Services

Impact on Reducing Health Inequalities

- The Promise Implementation Plan sets out our actions and commitments to Keep the Promise for care experienced children, young people and their families. It contributes to our ambition / outcome for every child in Scotland to grow up loved, safe and respected so that they realise their full potential. With full implementation it is envisaged it will remove inequalities for this group of children
- COVID-19 pandemic has had a significant impact on children and young people, and a disproportionate impact on those who experience disadvantage. By implementing the Corporate Parenting Plan this will aim to reduce health inequalities as part of our statutory duties
- A range of services and organisations, including the NHS and public health services, local authorities, schools, adult education, youth justice, drug and alcohol services, and voluntary and community groups will work together to reduce inequalities and improve child and adolescent mental health through an agreed implementation plan targeted at those in greatest need
- Failure to implement national service specifications will result in an inequitable service for patients in NHSH

Quality Standards, Guidance and Policies to Improve our Population Experience

- Quality Standards for Paediatric Audiology
- Child & Adolescent Mental Health: Service Specification
- Emergency Care Framework for Children and Young People in Scotland
- Delivering a Healthy Future
- Ready to Act: A transformational plan for AHPs
- National neurodevelopmental specification: principles and standards of care
- HIS Bairns Hoose Standards
- Congenital Heart Disease Standards (forthcoming publication)
- Child Poverty Scotland Act (2017)
- Best Start, Bright Futures
- Transitions of Young People with Service and Care Needs Between Child and Adult Services in Scotland
- Intensive Family Support (Whole Family Support)
- Children and Young People (Scotland) Act (2014)
- Equalities Act
- Perinatal and Infant Mental Health MCN `Delivering Effective Services` Report Recommendation
- Getting It Right For Every Child (GIRFEC)
- National Guidance for Child Protection in Scotland 2021

Workforce Planning – Specific Priority Actions

Action	Outcome
Create and support CAMHS to develop a workforce that supports different professionals	Fully embedded services that reduce waiting times with the right professionals in place
Public health	Ensure resilient support service
NDAS	To improve access times
Medical & Community Paediatrics services	Ensure sustainable and resilient service
Childrens AHPs	Work together with Highland Council to ensure access and transition
Sexual Health Services	Support choice with women who are vulnerable

Financial Planning – Specific Priority Actions

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through Integrated Service Planning	Contributory to the organisation's ambition to achieve financial balance

Outcome 2	Thrive Well
Priority 2a	We will work collaboratively to deliver #Keepthepromise to play our part in giving every child in Scotland the chance to grow up loved, safe and respected so that they realise their full potential

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop Corporate Parenting Improvement Plan 2022 – 2025	Development of a NHS Highland Corporate Parenting Improvement Plan 2022 – 2025 whilst assuring alignment to The Promise and The Plan 2021-24	Improvement priorities, actions with achievable deadlines to ensure NHS Highland meets its corporate parenting responsibilities as detailed in the statutory guidance on Part 9 (Corporate Parenting) of the Children and Young People (Scotland) Act 2014
Child Poverty	Develop a plan to meet the 4 ambitions of the Child Poverty (Scotland) 2017 act	Improvement priorities, actions with achievable deadlines to ensure NHS Highland meets its areas of responsibility
Medical & Community Paediatrics services	Develop workforce skills plan for expected retirement of community paediatric workforce. Acute Paeds - following some recent success with recruitment - build on developing the resilience of services	Workforce plans are defined and implemented

Outcome 2	Thrive Well
Priority 2b	We will work with together to deliver support to those children and young people who have health and care needs, to allow them to thrive

Actions and Outcomes

Action	Outcome	Measuring success or target
Plan for health and development following COVID-19	Understand, mitigate and respond to the unanticipated consequences of COVID-19 on the health and development of children who need health care support to allow them to thrive	Develop a design-led and improvement focussed approach to whole systems of care for vulnerable infants, young people from pre-birth to early twenties to ensure health gain and life opportunities are maximised. CHAS Service Level Agreement
Support the integrated children's service plan in partnership with The Highland Council	To develop the resilience of community based AHP and medical paediatric services, in order to reduce unwarranted pressures on acute services. To develop a test bed, to articulate and demonstrate the interface/joint working arrangements between NHSH and THC	Services enable patients to receive care in the right place at the right time
Community & Acute Paediatric Services	Develop workforce skills plan for expected retirement of community paediatric workforce. Acute Paeds - following some recent success with recruitment - build on developing the resilience of services	Services are sustainable and resilient

Outcome 2	Thrive Well
Priority 2c	We will support our children and young people who have mental health or neurodiversity needs with timely, accessible care and a 'no wrong door approach'

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop local IMH service model	Develop an evidence-based and innovative local model of service delivery for infant mental health service Refresh of the Highland Parent Support Framework for Families with Young Children Implementation and evaluation of the Planet Youth Model through the Caithness and Sutherland Pathfinder	NHSH Perinatal and Infant Mental Health Service Development Plan (as part of National PNIMH Commissioning Protocol) NHSH CAMHS Improvement Plan
Clinical Risk Assessment of CAMHS and NDAS Services	Prioritise and identify areas of clinical risk and finance in relation to access to CAMHS and NDAS (Neurodevelopmental Assessment Service) assessment and diagnostic services to align with National Service Specifications	Full alignment to national service specification
NDAS Service Development	NDAS - structure, leadership and governance. Develop data recording SOPs and develop reporting dashboard	Reduction in NDAS waiting times aligned to WTT
Delivery of CAMHS Improvement Plan	CAMHS - structure, data clarity and improved recording of such	Reduction in CAMHS waiting times, specifically first and second appointment and improved data quality to WTT
Improved Performance against waiting list targets, especially long waits	Tier 2 Services - early identification and prevention of mental wellbeing issues and concerns which may require Tier 3 intervention and support. Acute paediatrics have a supporting role related to CAMHS OOH/Unscheduled Care arrangements	Specific reduction relating to 2+ year waiting list. Reduce +2yr waiting list and to overall get a trajectory of reduced waiting lists

Outcome 3 – Stay Well

Work alongside our partners by developing sustainable and accessible health and care focused on prevention and early intervention

Working Together to Achieve Outcomes and Priorities	
✓ Public Health and Screening Programmes ✓ North Highland HSCP ✓ Argyll & Bute HSCP ✓ Drug & Alcohol Service	✓ Menopause Service ✓ Mental Health Services ✓ Sexual Health Services including gender identity services

Impact on Reducing Health Inequalities

- Many of the conditions for which screening and treatment are offered disproportionately affect individuals from socioeconomically deprived backgrounds or those with protected characteristics as described in the Equality Act and Fairer Scotland Duty. Targeted work to ensure availability and access to screening and vaccinations for these at-risk groups will reduce health inequalities
- People with Protected Characteristics and from socioeconomically deprived backgrounds are at greater risk of poor mental health outcomes. Work to tackle stigma and discrimination and suicide prevention work aims to reduce health inequalities
- Hearing the voices of Lived Experience will help us target services appropriate to need
- Reducing smoking rates in lower socioeconomic groups can play an important role in reducing health inequalities
- Improve health and social care of the Gypsy/Traveller community
- Reduce inequalities for women

Quality Standards, Guidance and Policies to Improve our Population Experience	
• HIS Sexual Health Standards • Diabetic Retinopathy Standards • Bowel Screening Standards • MAT Standards • Women's Health Plan	• Breast Screening Standards • HIS AAA Screening Standards • Cervical Screening Standards • The Scottish Government Suicide Prevention National Action Plan 2018

Workforce Planning - Specific Priority Areas Identified

Action	Outcome
Public Health	Ensuring sustainability and resilience of service to support the ongoing challenges and impact of COVID

Financial Planning – Specific Priority Actions

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contribute to the organisation's ambition to achieve financial balance
COVID costs	Mitigate the impact of ongoing service costs for vaccinations to ensure best value

Outcome 3	Stay Well
Priority 3a	We will deliver robust screening and vaccination programmes ensuring uptake is maximised and access is equitable across our population

Action	Outcome	Measuring success or target
Screening Inequalities Action Plan	NHSH can demonstrate reduced inequalities in screening	Action plan developed with measurable targets
A&B dissolution of screening services impact	Implementation of plan as part of NHSGG&C implementation plan and monitoring for unplanned impacts (timeline within this period to be confirmed)	Risk Register in place: Y/N Number of escalated risks with mitigation plans in place as required
Abdominal Aortic Aneurysm (AAA) screening performance against targets	Optimal delivery of the AAA screening programme for our population measured against national KPI's and local measures	Increased rates of screening (specific target to be defined)
Bowel screening performance against targets	Optimal delivery of the Bowel screening programme for our population measured against national KPI's and local measures	Increased rates of screening (specific target to be defined)
Breast Screening uptake	Improved performance against targets for breast screening	Increased rates of screening (specific target to be defined)
Cervical Screening uptake	Continuing improved performance against targets for cervical screening	Increased rates of screening (specific target to be defined)
Diabetic Eye Screening (DES) performance against targets	Optimal delivery of the DES screening programme for our population measured against national KPI's and local measures	Increased rates of screening (specific target to be defined)
Lung Cancer Screening	Delivery plan agreed nationally / locally (timelines TBC)	Delivery plan agreed with measurable targets and timelines
Vaccination Programme transition of provision of all vaccinations from Primary Care to Board-led delivery model	Optimal performance objectives met against national and local KPIs and metrics Optimisation of co-administration of flu and COVID-19 vaccinations. Transfer of travel vaccination service to community pharmacy. Optimal delivery of vaccinations in all groups from birth to Adults (18+)	Increased rates of vaccinations and comparable with national average across all age ranges

Outcome 3	Stay Well
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

Action	Outcome	Measuring success or target
Suicide Prevention	Review progress and develop improvement plan to strengthen our programme of suicide prevention work	Suicide rate reduction Number of SIPP courses delivered and numbers of people trained
Alcohol Brief Interventions (ABI) Delivery	ABI delivery embedded within relevant services	ABIs delivered and performance improved
Smoking Cessation	Review progress of delivery and data improvement Improve attendance at first appointment for pregnant women in the community, by delivering training to community smoking cessation advisers Reduce smoking rates in pregnant women	Smoking rates and stops improved Improve 12 week quit rates in pregnant smokers
Smoke Free Hospital Legislation	Review adherence to smoke-free hospital legislation	Adherence plan
Tobacco Strategy	Review progress of NHSH Tobacco Strategy actions	Performance review through Population Board
Attitudes towards and use of alcohol, tobacco and other drugs	Embed Planet Youth model in prevention and education programmes across Highland - conduct lifestyle survey bi-annually and compare results - demonstrate reduction in risk factors - gather experiential data - secure additional resource to support roll out	Experiential data to assess impact
Drug & Alcohol Recovery Services Treatment Times	Achieve treatment waiting times standard and embed digital options - Delivered improvement plan and continuous monitoring and reflection on sustainment. Continuous risk assessment and performance review for future improvements	Improvement in waiting times
Alcohol Brief Interventions - Targeted Delivery	Sustain and improve targeting of ABI delivery in deprived communities - KPI - Risk assessment for continued sustainability Continuous performance review for future improvements	Improve targeting in deprived communities uptake rates
Medicated Assisted Treatment (MAT)	Sustain and improve MAT standards 1 - 10- Delivered Implementation Plan, continuous monitoring and reflection on success. KPI's - Experiential, numerical and process data gathered and analysed to demonstrate success/further improvements	Compliance to MAT standards
Drug Treatment Targets	Further sustain and improve OST treatment target - Experiential, numerical and process data gathered and analysed to demonstrate success/further improvements	OST treatment targets and improvement plan

Outcome 3	Stay Well
Priority 3c	Ensure more people are empowered to take control of their own health and wellbeing

Action	Outcome	Measuring success or target
Improved menopause services	Have a comprehensive system wide menopause service in NHS Highland with appropriate referral pathways	Number referred, waiting times and access Population experience
Improved sexual health	Deliver a range of initiatives and services that improve the sexual health of people in Highland	Development of KPIs for sexual health services then measure success
Improved sexual health	Deliver a comprehensive programme of RSHP to young people across NHS Highland	Engagement numbers and population experience
Uptake in condom distribution	Deliver a comprehensive condom distribution scheme that meets the needs of a range of priority groups	Numbers distributed and communities
Gypsy/Travel health agreement delivered	Improved health and social care of the Gypsy/Traveller community	Protected characteristics engaged in services
Improve healthcare for women or those who identify as a woman	Improved healthcare for women or those who identify as a woman	Priorities from the 66 actions in the Women's Health Plan agreed, baseline data collected, and improvement plans created
Embed a gender identity service	Have a service that supports choice for our population	KPIs developed once service is developed
Type 2 diabetes prevention	Reduce occurrence of disease	As detailed in annual implementation plan
Childsmile & Flouride varnishing programmes for at risk children	Improved education and reduced occurrence of dental disease. Childsmile Practice is remobilised to direct children to access Oral Health Improvement within dental practices, supported by NHSH OHI staff. EDDN pilot in east/mid ross	Plans in line with national Dental Inspection Programme Monitor outcomes from EDDN pilot and advise on roll out

Outcome 4 – Anchor Well

Be an anchor by working as equal partners within our communities to design and deliver health and care that has our population and where they live as the focus

Working Together to Achieve Outcomes and Priorities	
Public Health Communications & Engagement Primary Care Estates & Facilities People & Culture	Operational Units Procurement Clinical Governance Strategy & Transformation

Impact on Reducing Health Inequalities

- The standards below identify actions and duties required to be taken by NHS Highland to reduce inequalities
- The three main drivers to reduce poverty include:
- Increase income through Fair Work opportunities
- Increase income through income maximisation and
- Reduce cost of living
- Our actions below seek to deliver against these three main drivers.
- Anchor organisations play a key role in reducing health inequalities within the population they serve

Quality Standards, Guidance and Policies to Improve our Population Experience

- Fairer Scotland Duty
- Child Poverty Plan
- Equality Act (2010)
- Sustainable Procurement Duty
- Planning with People: community engagement and participation guidance
- Community Empowerment Act (2015)

Workforce Planning

Action	Outcome
Action from Board social mitigation plan	To reduce social barriers to receiving health and social care
Action from THC Employability Partnership / Local Community Partnership	To change the employability system in Scotland to make it more adaptable, responsive and person-centred

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings	Contribute to the organisation's ambition to achieve financial balance

Outcome 4	Anchor Well
Priority 4a	Support recovery from the pandemic for our population in the context of the impact on the wider determinants of health

Actions and Outcomes

Action	Outcome	Measuring success or target
NHS Highland Employability scheme in place	Build capacity of NHSH staff and organisation to respond to the needs of people recruited into posts and support for career development. Development of a raft of different entry level positions within NHS Highland and the opportunity for work placements; apprenticeships etc	No. of the population engaged in scheme
Progress Community Wealth Building	Development of action plan for the delivery of Community Wealth Building	Action plan in place Y/N
Delivery of Money Counts	Embed poverty sensitive practice within management development opportunities and ongoing CPD for managers	No. of training opportunities delivered
Community Link workers	Continue support for the ongoing delivery of the programme and UHI evaluation. Final year of funding for the programme	Assessment of programme and future
Procurement policies support the local economy	Promote the nationally developed community benefit portal for local community groups	No. engaged
Build community and organisational capacity to respond to mental health needs	Mental Health Reps supported within the organisation	No. of mental health reps within NHSH
Digital Inclusion	Support the development of a Highland Digital Inclusion network	Attendance at the network
Violence Against Women	Deliver on strategic 3 year plan April 2021 - 24	Performance led overview of implementation through Stay Well Programme Board
Community led hubs	Facilitate the development of Community led hubs. Starting with Hubs in three pathfinder areas, Caithness, Lochaber, Nairn. Hubs will be co-produced with all relevant stakeholders to provide asset-based conversations, signposting and advice in a holistic way making best use of technology to have strength-based conversations	Data from Outcome star tool and review of evaluation forms form both community and groups attending Hubs
Mapping and identification of available community assets	Mapping the available community assets and identifying any gaps. Working with the community and 3rd sector to support the development of areas where gaps exist	Increase in digital connectivity and other measures associated with gap analysis exercise
Revision of referral process	We will revise our referral process to deliver a culture of asset based conversations and introduce outcome star tool to support these productive conversations with people	Referral process revised: Y/N

Outcome 4	Anchor Well
Priority 4b	Work with our population, communities and partners identifying priorities to co-produce and co-deliver health and care

Actions and Outcomes

Action	Outcome	Measuring success or target
Engagement Strategy	Best practice examples of engagement shared within and outwith Board	Engagement Strategy Developed: Y/N
Third sector interface	Standardise use of tool identified	Increased use of ALISS / tool by practitioners / communities / population / 3rd sector, etc.
NHSH's population response to Right Care Right Place	Carry out campaign with ongoing evaluation and iterative development. Start measuring. Share Findings	Social prescribing and community led initiatives KPIs to be developed following baseline data gathered in Yr1
Customer Relationship Management System	Assess CRM effectiveness of communication and engagement management. Reduction in error, increased efficiency in working, reduced response time, increased engagement across NHS Highland both internally and externally, effective management of communication programmes	Implement year 3 Outcomes TBC
NHS Highland website	Launch redeveloped user centred NHS Highland Website. Establish baselines of hits and dwell times and use to improve user experience	Hits / dwell times

Outcome 4	Anchor Well
Priority 4c	Embed population experience ensuring people are at the centre of all we do

Actions and Outcomes

Action	Outcome	Measuring success or target
Service User Experience embedded	Implement and monitor experience strategy	Implement strategy and positive population feedback
Carer strategy implemented	Strategy fully implemented	Strategy actions completed and positive carer feedback
Engagement Framework	Best practice examples of engagement shared within and outwith Board	Qualitative feedback
NHSH's population response to Right Care Right Place	Carry out campaign with ongoing evaluation and iterative development. Start measuring. Share findings	User feedback
Culture Programme Implementation	Staff report significant and last positive change in culture, more patient focus. Continued positive trajectory	iMatter statistics
Patient Experience Service Review Scheme	Collect data and provide feedback to services	Agreed intelligence established
NHS Highland website	Launch redeveloped user centred NHS Highland Website	Establish baselines of hits and dwell times and use to improve user experience
Customer Relationship Management System	Assess CRM effectiveness of communication and engagement management. Reduction in error, increased efficiency in working, reduced response time, increased engagement across NHS Highland both internally and externally, effective management of communication programmes	Care opinion engagement Utilisation of intelligence gathered

Outcome 5 – Grow Well

Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan.

Outcome 5	Grow Well
Priority 5a	Develop and implement a system to ensure all colleagues have clear objectives linked to our strategy, a development plan and regular performance conversations which feed into a robust talent and succession planning process

Actions and Outcomes

Action	Outcome	Measuring success or target
Implement strategy aligned objectives and appraisal for Senior Managers	All senior leaders (ESM C+, AFC 8C+) have their 2022/3 performance measured consistently on what and how they have delivered against the strategy and ADP	Completion of TURAS appraisal process for this cohort by 31 July 2023
Develop and pilot succession planning tools	A talent and succession plan will be in place for our exec posts, aligned to the national leadership success profile and our strategy and values	Exec succession plan reviewed and approved by Remuneration Committee by 31 March 2023
Develop standard strategy aligned objectives for core roles in each profession	Core objectives and support materials are in place, which make it easy for managers and colleagues to tailor and use to drive consistent performance conversations and appraisal in 2023/24	Core role objectives aligned to strategy and values and support materials are approved and ready for roll out on 1 April 2023
Guidance and Support in place for managers to deliver the appraisal and PDP process	A performance and development guide and online training is in place, including how to have good conversations, how to assess performance, how to identify development actions and how to record on the TURAS system	Guidance and training is launched by 28 February 2023, ready for performance year 2023/24

Outcome 5	Grow Well
Priority 5b	Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and resolved locally

Actions and Outcomes

Action	Outcome	Measuring success or target
Design our programme for promoting professionalism	Working in partnership with Vanderbilt University, we will have our programme approved, funded and underway to train key colleagues and to launch the first phase of our Promoting Professionalism Peer Support and Reporting	Funding approved, project team recruited and in place, project plan approved and first phase training complete by 31 March 2023
Embed the civility principles and offer training to support this,	Widespread adoption of the Civility principles across our clinical, care and support teams, through posters, social media engagement and uptake of training and awareness sessions	Increased volume of interactions with our social media channel, Good uptake of awareness and training sessions
Ongoing promotion of our Whistleblowing Standards and Guardian Speak Up service	All colleagues across NHS Highland understand and are confident to raise concerns via Speak Up Guardian service and via our Whistleblowing route and are supported to do so by local leaders	Engagement with ongoing Guardian / WB Champion visits Increased uptake of services Increased uptake of WB TURAS modules

Outcome 5	Grow Well
Priority 5c	Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk

Actions and Outcomes

Action	Outcome	Measuring success or target
Deliver recommendations in Health and Safety Annual report reviewing our 2021 performance and compliance risks	Key recommendations from the 2021 H&S annual report have been progressed and progress is noted towards improving our safety culture maturity level	• Annual report for 2022 published in March 2023 showing improvement against 2021 recommendations • Health and Safety policy revisions approved and in place by Dec 2022
Deliver health and safety leadership and management training to all levels of leadership and management (Levels 5 to Level 1). Executive to Middle Managers will undertake accredited Safety Leadership training Frontline Managers and Supervisors will complete the Health and Safety Management within TURAS	All supervisors and managers are capable and confident in executing their duties in relation to Health and Safety in their teams and are proactive in identifying and resolving risks and issues that arise and have and contribute to effective systems of management in place locally.	• Completion of training by all identified senior managers by 31 December 2022 • Launch of Health and Safety module for NHS Highland programme and initial priority cohorts delivered by 31 March 2023
Address poor statutory and mandatory training compliance through structured improvement programme	Improvement is starting to be seen, through both local management and all colleagues taking action on and responsibility for their team compliance, supported through programme-led initiatives to deliver the agreed support, data and infrastructure requirements, as identified in the audit actions	• Compliance rates with online and face to face training show sustained improvement by 31 March 2023 • Improvement plan is in place and on track

Outcome 6 – Listen Well

Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared.

Outcome 6	Listen Well
Priority 6a	Listen to and work in partnership with all colleagues to shape our future and support decision making and continuous improvement

Actions and Outcomes

Action	Outcome	Measuring success or target
Launched our listening and learning panels and undertaken a programme of engagement with them	An active panel of randomly selected colleagues from across our Board area have regular opportunities to contribute feedback and engage with development of our plans and priorities, giving us access to wider views and voices	Final recruitment to panels is completed - 31 August 2022 Programme of events is underway - 30 September 2022 Initial feedback and evaluation and plans for phase 2- 31 May 2023
Agree our sources of colleagues experience data and increase our insight and understanding in this area	We have a coherent plan to measure colleague experience, including scheduling our 2nd Listening and Learning survey, Imatter, Listening and Learning Panel and implementation of our Onboarding and Exit surveys, with clear organisational level actions agreed and progress monitored and a wider range of data available to measure our progress	Imatter action planning completed -by 31 October 2022 Listening and Learning Survey 2 launched - by 31 March 2023 Onboarding and Exit surveys launched - by 31 October 2022 Colleague experience data reviewed and updated - 31 December 2022
Development of our People Service Centre approach to support colleagues and managers	A full scoping exercise will have been caried out to agree how we will deliver our service centre, with detailed plans and requirements developed and approved for a Phase 1 rollout, which will focus on supporting the people processes.	Detailed plans for phase 1 signed off - by 31 December 2022 Implementation underway - by 31 March 2023

Outcome 6	Listen Well
Priority 6b	Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation

Actions and Outcomes

Action	Outcome	Measuring success or target
Review of facility time and partnership working completed	The required resource and funding to support partnership working across NHS Highland will be agreed and implemented and a process in place to monitor and track usage of time and funding.	Review completed and actions implemented - by 31 December 2022 Reporting on resource and funding in place - by 31 March 2023
Increase the numbers of concerns being resolved as part of early resolution	Management, HR and trade union colleagues are capable and confident in using early resolution and are working collaboratively and proactively to quickly identify and address concerns which are suitable for early resolution, reducing the numbers of formal cases and improving the experience of all involved	Participate in partnership development sessions to improve knowledge and skills of early resolution - 31 December 2022 Tracking of early resolution data shows sustained uptake of this and reduced numbers of formal processes, across all policies. - 30 June 2023
Introduction to partnership working and the staff governance standards to be core part of induction for all colleagues	Learning content developed, approved and rolled out for online and face to face induction programme which informs and equips both colleagues and managers to better work in partnership to achieve the Staff Governance Standards	Initial content for corporate induction for managers delivered and operational - 31 December 2022 Colleague content and e-learning module developed and launched - 31 March 2023
Local Partnership Forums re-established and working effectively and widespread management engagement in partnership working at all levels	Each area has a dedicated Local Partnership Forum in place and working well, engaging with local managers , staffside, HR and professional leads, led by a senior manager, who is then part of the Area Partnership Forum.	Local Partnership Forums in place, reporting progress to APF with the right level of attendance and working well - 31 December 2022

Outcome 6	Listen Well
Priority 6c	Have robust structures and develop skills in teams for listening, communication, engagement and team working

Actions and Outcomes

Action	Outcome	Measuring success or target
Team Conversations initiative has been rolled across a range of teams in NHS Highland	Teams who participate in this initiative will develop an action plan to enhance their team working with clear priorities, standards and behaviours they want to achieve, leading to improvements in colleague experience and the quality of service / care they deliver.	Intervention delivered to minimum 20 teams by 31 March 2023 Engagement increases as measured by Imatter and L&L survey and absences / processes are reduced within teams who participate. Service / Patient complaints reduced within teams who participate
Co-produced values and behaviours standards and guidance are available for colleagues and managers	Simple documents set out what colleagues and managers can expect and what we expect of them, in relation to the values and behaviours required at work. Examples will also support the performance management and development process.	Colleague and manager values and behaviours charters are agreed and communicated - 31 January 2023 Supporting examples of positive practice and development needs at different levels / roles are available for appraisals - 31 March 2023
NHS Highland leaders demonstrate effective and visible leadership across all levels of their organisations	Each leader has consistent and dedicated time ringfenced to support the leadership of their own team, with a defined schedule of 1:1's, team meetings, communications and information cascades, feedback loops and engagement visits.	Executive Directors to confirm the consistent adoption of these rhythms for their areas - 30 November 2022. Improved local engagement in Listening and Learning survey results.

Outcome 7 – Nurture Well

Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected

Outcome 7	Nurture Well
Priority 7a	Create and deliver a health and wellbeing strategy and plan which ensures that colleagues can maintain good mental and physical health in delivering their roles, as well as being supported to recovery when unwell

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop and implement health and wellbeing strategy and plan	NHS Highland has in place a co-produced, approved, funded and well promoted and understood wellbeing strategy and plan. It will set out and oversee delivery of priorities for the next 5 years and lead to improvements in the physical and mental health and wellbeing of our colleagues across NHSH.	Wellbeing strategy and plan approved by SGC / APF / Board and fully communicated by 30 November 2022. Initial improvements in absence rates and length of absence beginning to be seen by 31 July 2023 Achieve good take up of initiatives and support set out in the plan.
Roll out a consistent agile working framework for use across NHS Highland	NHS Highland colleagues and managers have a clear framework for making decisions about agile working, aligned to our business needs, data is captured and reported on and informs our property strategy.	Management actions from Agile working audit closed -31 October 2022 Guidance is in place and available to all colleagues - 31 October 2022 NHS Scotland terms and conditions for homeworking agreed and in place - TBC
Roll out of our NHS Mental Health First Aid training across initial priority areas	A programme of training has been delivered to identified priority areas, which supports colleagues and managers feeling capable and confident in their understanding and skills in supporting with mental health issues in their teams.	Initial roll out phase of training delivered - 31 March 2023 Evaluation carried out and further plan developed - 31 May 2023 Reduction in mental health related absences and duration - 31 July 2023
Develop a menopause at work toolbox	Colleagues and advisors work together to develop a toolbox for supporting colleagues experiencing the menopause	Toolbox launched - 31 March 2023

Outcome 7	Nurture Well
Priority 7b	Strive to create an inclusive workplace where all colleagues can expect to be treated with compassion, dignity and respect and where difference of any kind is valued and celebrated

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop our local networks to support inclusion and equality and ensure we are linked into national equalities agenda	We have clear understanding of and access to our diverse population across Highland and we know how they would like to engage with us and be supported and contributing towards driving our diversity agenda	Groups and forums in place with workplans and priorities set - 31 March 2023
Improving our data and insights on diversity	We have increased confidence that our colleague employment data reflects the diversity of our population and allows us to monitor and track their experience	Data validation exercise launched - 31 March 2023 Listening and Learning survey results analysed to understand impact of diversity on experience - 30 June 2023
Gaelic Language Plan approved and in delivery	Gaelic Language plan co-produced with key colleagues and approved at September board meeting and delivery of the core actions is on target	Gaelic Language plan approved - 30 September 2022 Gaelic Language plan aims delivered - 31 July 2023
Courageous Conversations e-learning launched	Online Courageous Conversations e-learning is available to all colleagues to improve their skills and knowledge in delivering difficult conversations	Module is finalized and launched by 31 October 2022 Access to module is monitored and feedback sought - 31 March 2023.
NHS Highland to work towards gaining or retaining relevant diversity accreditation	NHS Highland is actively progressing with achievement of Bronze Equally Safe at work accreditation, Exemplary Carer Positive accreditation and other priority diversity accreditation.	Agreement of priority accreditation activity - 31 October 2022 Award of Bronze Equally Safe at Work standard - 31 August 2023

Outcome 7	Nurture Well
Priority 7c	Ensure all of our supervisors, managers and leaders are trained and developed in their roles and responsibilities and embedding the principles of systems leadership to harness all of our capacity and capability

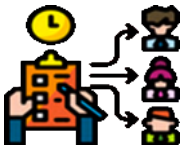
Actions and Outcomes

Action	Outcome	Measuring success or target
Evaluation of impact of first phase of our leadership programme and agree priorities for future roll out and develop additional modules to support this	We fully understand how effective each 4 levels of our initial Leadership programme have been in achieving their aims, colleague experience and feedback and make recommendations for priorities for next phase of rollout out	Attendance levels and value added of the initial phase of activity Levels 1-2 - 31 October 2022 Levels 3-4 31 January 2023 Agreed rollout priorities and schedule in place for 2023 for Levels 1-2 - 30 November 2022 Levels 3-4 - 31 March 2023 Deliver additional modules for L&MD programme
Pilot Essentials in Management for new leaders in National Treatment centre	Content of Essentials course developed and approved for piloting with NTC and future rollout plan developed to ensure this can be made available before new managers take up post.	Delivery of NTC pilot completed and evaluation - 28 February 2023 2023/4 rollout plan agreed - 31 March 2023

Outcome 8 – Plan Well

Create a sustainable pipeline of talent for all roles, and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally.

Outcome 8	Plan Well
Priority 8a	We will develop and deliver against integrated workforce plans that enable sustainable service delivery and quality outcomes by using the best roles and skills to deliver health and care



Actions and Outcomes

Action	Outcome	Measuring success or target
Co-production, publication and delivery against a workforce plan aligned to TWC and the 5 pillars, for both NHSH and A&B HSCP, with quarterly milestones for each key action/priority	NHS Highland and A&B HSCP have a clear agreed workforce plan in place which is aligned to our strategy, finances and performance requirements and which forms the basis of our workforce activity across 2022/3 and beyond	Increased level of manager engagement in WFP planning training - 31 July 2023 Delivery against the agreed WFP actions - 31 July 2023
Embed integrated service planning for service areas identified within the actions in the ADP	Priority areas have worked collaboratively to agree an integrated service plan setting out workforce, performance and finance requirements, with a focus on outcomes and these are being delivered against.	Agreed number of integrated service plans in place - 31 July 2023
Develop data workflows with NES	Workflows in place that enable dashboard development for trend analysis and benchmarking	
Define key workforce metrics for performance monitoring at management and governance committees including the People & Culture Programme Board	Revised suite of metrics in place to allow us to effectively monitor our progress against all of the strategic People objectives as well as our Staff Governance standards.	Phase 1 metrics in place for IPQR / SGC - 31 August 2022 Phase 2 metrics for People and Culture programme board - 31 December 2022 Further development of metrics - 31 March 2023
Improve data quality accuracy and timescales through regular data cleansing and training on our workforce systems.	Ensure that information gathered and held about our workforce is up to date and accurate, through training of those who enter data and through regular validation with colleagues.	Improvement in data quality and accuracy on all systems - 31 July 2023 Reduction in failed EESS transactions - 31 July 2023 Carrying out a data cleanse exercise - 31 May 2023 Good attendance at training offered on workforce systems.

Outcome 8	Plan Well
Priority 8b	Transform our attraction, recruitment and onboarding approach to position us as the Employer of Choice

Actions and Outcomes

Action	Outcome	Measuring success or target
Development and launch of a consistent, in person Corporate induction programme for every colleague	Every colleague joining NHS Highland is offered an in-person full day Corporate Induction, each Monday, on their first day of employment, which can be delivered virtually if required, to ensure they are set up for success.	First in person Corporate Induction event held by 31st October 2022 100% attendance for all new starts by 31 March 2023 95% compliance with stat man training for new starters by 31 March 2023
Delivered and evaluated high priority marketing campaigns – Aim High Aim Highland	Aim High, Aim Highland recruitment campaign delivers pan UK awareness and interest in our vacancies and leads to an increase in applications and appointments for key roles	Increased applications and appointments from our targeted recruitment and social media posts - by 31 December 2022 Increased brand engagement and awareness driven by our Tube and Central Scotland bus marketing campaign - 31 October 2022 NTC recruitment campaign delivers full establishment - by 31 March 2023
Deliver a programme of international recruitment of key professional roles in target locations	Evaluate and then build on our initial Zambian recruitment and expand our recruitment in particular to India and The Philippines for a small number of key hard to fill nursing posts working with trusted partners.	Evaluation of Phase 1 Zambia recruitments - 31 March 2023 Develop a limited approach to India and Phillipine's recruitment - 31 December 2022
Developed and commenced delivery of recruitment and onboarding training and support materials	Equipping key hiring managers with skills, knowledge and expertise to effectively deliver recruitment and onboarding in a fair consistent and timely way, that is candidate focused.	Initial training offering available - 31 October 2022 Supporting materials and guidance for onboarding - 31 October 2022

Outcome 8	Plan Well
Priority 8c	Work in partnership with education and training providers, schools and communities to create wide ranging and well publicised career pathways and apprenticeships for our core roles

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop and manage our NHS Highland apprenticeship strategy	Implement a single, consistent approach to apprenticeships across NHS Highland, to ensure we are maximizing use of these roles, have consistent roles and responsibilities to support them and centralise marketing, recruitment and onboarding to have the biggest impact.	Agreement of our strategy for apprenticeships and our plan for target recruitment for September 2023 intake - 31 December 2022 Launch our 2023 apprenticeship campaign - 31 March 2023 Successfully recruit target apprentice numbers - 31 August 2023
Identify develop and promote routes to work and careers with associated communication and engagement with schools, colleges and wider communities	Agree a single, consistent approach, plan and supporting materials for engagement with schools and offering volunteering and work placement opportunities across NHS Highland	Agreement of approach to schools - 31 December 2022 Piloting and review of approach and plan with some key schools 30 April 2023 Launch of our programme of engagement with all schools - 1 September 2023
Map out career pathway for Nursing and then utilise this template and approach for other professions and areas in future	Working with local and national professional leads, managers, education and training providers and develop a range of roles and career pathways and access points for nursing, both qualified and non qualified.	Set up a working group to take this forward - 31 October 2022 Working group to deliver initial proposals for review and agreement - 31 March 2023 Piloting and evaluation - 31 July 2023
Work collaboratively to increase access to training and engagement leading to potential employment for vulnerable and under-represented people within our communities	Alongside our work with schools, also review our approach to volunteering, work shadowing and access to employment opportunities with wider communities and groups who face barriers to their access to training and employment.	Develop a plan for engagement and activity for access to training and employment, working with public health and community and third sector partners - 31 March 2023

Outcome 9 – Care Well

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

NHS Service Areas – Working Together
Primary Care including Pharmacy, GP services, Optometry and Dentistry Adult Social Care Community Services including AHPs, nursing and pharmacy Volunteer Services Highland Council

Reducing Health Inequalities Impact
• Our population receives the right care at the right time in the right place reducing barriers to access and providing the appropriate care needed. • Rapid access to crisis response team for vulnerable settings to support as required • Population who are not registered for NHS dental care will have the same access as those registered with a practice. These include more disadvantaged groups and vulnerable individuals. This will include those with complex special care needs who require general anaesthetic to access dental services
Quality Standards, Guidance and Policies to Improve our Population Experience
National Pharmacy Strategy Primary Care Modernisation Guidance Unscheduled & Urgent Care Collaborative Health & Social Care Integration Act GIRFEC standards

Workforce Planning - Priority Areas

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care	Right level of support and care provided to our population
Social care support	Identify opportunities to increase care hours available
Pharmacy recruitment and retention	Sustainable and resilient service delivery (plan already developed)

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contributory to the organisation's ambition to achieve financial balance

Outcome 9	Care Well
Action 9a	Support primary care to be resilient and sustainable to deliver the ambition of providing a range of local services, ensuring we work together across all parts of health and care

Actions and Outcomes

Action	Outcome	Measuring success or target
Implementation of Primary Care Improvement Plan	Embedding services developed in years 1-3 of the programme - pharmacotherapy, FCP, community link workers, mental health working toward full service coverage	Staffing status - red, amber green Increase in serial prescribing Increase in formulary compliance Numbers of individuals seen by each new service Performance against prescribing cost and quality targets GP and population feedback
Supporting GPs to address access challenges	Address access challenges across the area, embedding total triage	No. Face to face and virtual consultations
Implementation of MoU2 Priorities (VTM & CTAC services)	Implement service model ensuring IT support is in place (eHealth Order Comms project for CTAC), deliver transition of vaccination to Board service from March 2023	1. Vaccination transfer complete: Y/N; 2. CTAC - e.g., count of number of centres
Improved Local Enhanced Services	Develop consistent model of commissioning enhanced services	Review of local enhanced services and propose new commissioning framework
Board-managed (2C contract) GP Practices	Develop a transformation plan	Number of Board-managed GP Practices Cost efficiency of 2C Practices
Extend Pharmacy First Plus	Increased accessibility to Primary Care services through Community Pharmacies	Numbers of trained pharmacy prescribers Number and proportion of: - pharmacies with Pharmacy First Plus capabilities - vaccinations delivered through - Community Pharmacy consultations delivered virtually
Monitor PDS Dental capacity	Investment & recruitment plan to be developed to mitigate deregistration of NHS patients	Number of patients deregistered from independent NHS provision
Enhanced Optometry services	Enhanced local Optometry services available	Develop implementation plan for new enhanced services. Measure impact of new graduates
Dental access for vulnerable individuals inc general anaesthetic	Assisting in growing registrations with GDPs and providing emergency access for treatment for patients not registered with a GDP including vulnerable communities who need general anaesthetic	Waiting times No. of treatments No. Of new registrations

Outcome 9	Care Well
Action 9b	Embed a place approach to Home Based Care & Support and care homes so that proactive care is provided tailored to the needs of the individual

Actions and Outcomes

Action	Outcome	Measuring success or target
Establish Programme Governance and appoint Programme Manager for Care at Home (CAH) and Care Homes	Stable, resilient and assured provision for Care at Home service Stable, resilient and assured provision for Care Home service	Specific measures to be developed in line with agreed workstreams: National Returns DHDs Management Information for Care Homes/Care-at-Home Occupancy, activity, flow, waits, bed occupancy, vacancies
Establish and implement a plan to ensure stable, resilient and assured provision for Care at Home service, within a wider integrated model	Those who need care at home services are able to receive them as part of an integrated service Services have a clear and positive identity and are regarded as important and valued by Highland communities Audit recommendations implemented across Highland Staff delivering care at home services are professionally and financially recognised as partners Staff are attracted to the sector, stay and are supported to develop and grow Models of care available embrace and maximise digital innovation and reflect the diversity and geography of Highland	Unmet need reduction with agreed parameters Embedded within districts as part of integrated provision Full implementation of audit recommendations Number of package return reduced CAH Audit Actions fully implemented
Establish and implement a plan to ensure stable, resilient and assured provision for Care Home Service	Target Operating Model in Place Objectives (Care Homes): • stable, resilient and assured care provision • short notice closures avoided/minimised • required capacity understood • locality profiled sustainable and affordable solutions Those who need care home services are able to receive them Services are of a high quality and are delivered in facilities fit for the future and are available in identified strategically important locations Care Home providers deliver responsive and person centred services and are supported by NHSH to avoid unnecessary hospital admissions Services are delivered in locations where they have access to sufficient staffing resources	Specific measures to be developed in line with agreed workstreams: National Returns DHDs Management Information for Care Homes Occupancy, activity, flow, waits, bed occupancy, vacancies Resident and family experience

Outcome 9	Care Well
Action 9c	Develop fully integrated front line community health and social care teams across all areas of Highland

Actions and Outcomes

Action	Outcome	Measuring success or target
Fully integrate community services	Resilient and responsive care for people function. Fully understood role and function of integrated services over 24/7 period	Identify requirements of integrated services in providing a resilient response. Descriptor and map in place: Y/N Services aligned to people and place principles, developed to meet population need Average length of stay Unscheduled hospital admissions Patient and staff experience
Maximise use of technology to support integrated working	Maximised IT support to deliver information sharing and efficiency of integrated services	Status of IT project plan - red, amber, green
Establish appropriate facilities and working practices which promote integrated working	Teams and services supported to have access to appropriate facilities and resources to maximise the efficiency and effectiveness of integrated services	Status of facilities project plan - red, amber, green Clear resource plans for each integrated team
Build appropriate workforce capacity	Effective, sustainable and appropriate 24 hour response and service delivery	Have the capacity to deliver people and place services. Workforce plan based on 7 day working: Y/N Vacancies Waiting lists
Establish joined up clinical and operational leadership across Highland community	Leadership structure and ways of working to develop integrated services is fully understood, and services are supported to deliver effective and efficient person centred care	Define measurement and performance management system. Status of performance management system implementation - red, amber, green

Outcome 10 – Live Well

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

Working Together to Achieve Outcomes and Priorities	
Primary Care Mental Health Services including CAMHS Community Services	SARC services All other NHS services including regional and national services

Reducing Health Inequalities Impact
The likelihood of our developing a mental health problem is influenced by our biological makeup, and by the circumstances in which we are born, grow, live and age. Those who face the greatest disadvantages in life also face the greatest risks to their mental health. In order to support our population within NHS Highland the Mental Health & Wellbeing Framework that is being developed through co-production aims to support our population dealing with individual risk and support communities that are facing vulnerabilities within disadvantaged groups. It will focus on the wider determinants such as debt, employment etc but also on wider protected characteristics where mental health is more prevalent. This ADP will be year one of supporting this way forward.
Quality Standards, Guidance and Policies to Improve our Population Experience
Healthcare and SARC services for people who have experienced rape, sexual assault or child sexual abuse: children, young people and adults Quality Standards for Psychological Therapies Standards for integrated care pathways for mental health SPSP Mental Health HIS Personality Disorder Improvement Programme Learning/intellectual disability and autism: transformational plan

Workforce Planning - Priority Areas Identified

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care	Right level of support and care provided to our population
Specialist mental health services	Right care by the right person
3rd sector partnership	Making best value of skills and expertise

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings which are	Contributory to the organisation's ambition to achieve financial balance
Ensure plans are in place when recovery and renewal funding is made available	Allow development of services according to population needs

Outcome 10	Live Well
Action 10a	Deliver consistently excellent care that is quality focused, best practice and data driven, efficient, consistent and supported by the latest digital technologies

Actions and Outcomes

Action	Outcome	Measuring success or target
Data gathering including waiting list review	All people who are referred to our services will offer a therapeutic appointment within 12 weeks of referral. Full implementation of agreed PT plan.	Appointment within 12 weeks of referral. Trajectories defined for performance management
Process Mapping - Digital Therapies	Digital Psychological interventions are available before referral to specialist MH services.	Increased availability of range of resources in accessible formats Increase in access
Data review for dashboard development	Data is routinely gathered and used to inform all service developments and decisions. All staff are fully trained in understanding data and its use in day to day operational decisions.	Day to day operational decisions are made using intelligence
Implement Helicopter review	Electronic patient record in place.	All people who require one, will have a co-produced digital mental health risk assessment that is accessible to all who provide support to the person
HealthRoster	Workforce are positive, resilient, enjoying their roles and actively engaged in developments. The workforce is flexible to respond to both resource demand and supply availability.	iMatter
SPSP Gap Analysis	Full of implementation of SPSP Guidance and Best Practice.	Implementation plan with timelines and intelligence led
ADHD & Autism assessment pathway for adults	Implement ADHD & Autism Assessment Pathway & Service	Implementation plan with timelines and intelligence led
Development and Implementation of standards	Full implementation of Mental Health Standards	Full implementation with intelligence
Continuous learning culture	Develop service model to best meet the needs of patients	Co-production and co-delivery

Outcome 10	Live Well
Action 10b	We will develop integrated local services by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention

Actions and Outcomes

Action	Outcome	Measuring success or target
Strengthen Third sector partnership working	Collaborative approach established to ensure partnership working to provide the right services at the right time for people	Working collaboratively with partner organisations Population experience
Delivery of prevention initiatives	Monitor outcomes from Mental Health & Wellbeing Fund through lead officer from NHSH	Agree, measure and improve outcomes
Mental Health & Wellbeing Primary Care Service	MHWPC Service fully operational and established	Fully operational with indicators being gathered
HIS Personality Disorder Improvement Programme	People with a personality disorder presenting to mental health services anywhere in Highland will have timely access to effective care and treatment	Agree access standards and measure against standard
MH & LD Review of structure – outcome implemented	The agreed integrated model will be established and ensure we manage growing demand by delivering a coordinated model that flexes available capacity to meet demand.	Single Highland structure in place Demand and capacity matched Staff and service user experience
Early Interventions in Psychosis service development	Population with a first episode of psychosis will have a named professional to teach self-management skills, signpost to support for social care issues such as housing or debt management, and provide relapse prevention work	Named professional for first episode of psychosis with appropriate interventions measured
Access to services	People with a mental health problem or learning disability will have equal access to healthcare	People with a mental health problem or learning disability will have equal access to healthcare
Learning Disability Services development plans	People with a learning disability are provided with the right support to enable them to lead meaningful lives in their local communities	Number of people in Out of Area Placements Learning Disability Register Developed – Y/N Population feedback
Drug Alcohol Recovery Service (DARS) development	Ensure a joined-up approach across the health and social care system to address underlying issues in adverse childhood experience, health inequalities and socio-economic inequalities Ensure appropriate access to DARS services across Highland	Reduction in admission and deaths related to drug /alcohol % of discharges New Craigs referred for follow up by CMHT – under development No. of referrals to Prison based D&A services

Person Centred and Flexible response	A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes, partnership working and adequate, sustainable funding	Working collaboratively through partnership working People and place based community led support and partnership provision in districts
Programme of work on MH and wellbeing	Joined up approach across partners to improve the mental health and wellbeing of our population.	Evidence of collaborative working and improvement plans delivered

Outcome 10	**Live Well**
Action 10c	We will improve the quality of care delivered to patients receiving enhanced care to support their mental health and develop individualised care planning and the right level of care to those in crisis

Actions and Outcomes

Action	**Outcome**	**Measuring success or target**
7 Day Model	People with a severe and enduring mental health problem manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers and social networks, and supported in their local community	Accessibility to services by day of the week Co-produced recovery plans in place for individuals
Develop unscheduled care service	People can access mental health care where and when they need it, so that people who need intensive input receive it in the appropriate place, with appropriate follow up care and treatment	Clear route to access unscheduled care in all areas Reduction in avoidable admissions, re-admissions, complaints and Datix relating to unscheduled care
Quality of Inpatient Care New Craigs	Outcomes in Intention 11c achieved for mental health services	As in 11c
LD Crisis Response Team planning	Develop Learning Disability Crisis Response team, subject to funding	KPIs developed once service in place
Improve access to Mental Health Pharmacists	Ensure that every person with a severe and enduring mental health problem is offered a medication review by a specialist mental health pharmacist	Medication reviews completed
Psychiatric Emergency Plan developed and implemented	Comprehensive Psychiatric Emergency Plan established and implemented	Reduction in A&E attendance and unnecessary inpatient psychiatric admissions Appropriate emergency response Creation of crisis cafes / safe havens / crisis houses
Psychological Therapies Standards Implementation	Implement Psychological Therapies Standards as in Intention 10a	As in 10a

Outcome 11 – Respond Well

Ensure that our services are responsive to our population's needs by adopting a "home is best" approach

Working Together to Achieve Outcomes and Priorities	
Primary Care Scottish Ambulance Services Community Services	Acute services NHS24 NHS Inform

Reducing Health Inequalities Impact
Increased intelligence relating to performance across all socio-economic groups to allow prioritisation of actions Pathways for urgent and emergency care services provided at a more local level, increasing access to local communities
Quality Standards, Guidance and Policies to Improve our Population Experience
• National Urgent and Unscheduled Care Collaborative Priorities • HIS Value Management Approach • Accessing the Right Care from the Right Place • Scottish Trauma Audit Group (STAG) • Scottish Intensive Care Society Audit Group (SICSAG) • Scottish Hip Fracture Audit (SHFA) • HIS Excellence in Care

Workforce Planning - Priority Areas Identified

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care	Right level of support and care provided to our population

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contributory to the organisation's ambition to achieve financial balance

Outcome 11	Respond Well
Action 11a	Respond to our population needs when they have an urgent health problem by treating them with right care, in the right place at the right time

Actions and Outcomes (N.B. Detailed plan in Urgent and USC Programme Plan: High Impact Change 2 – Redesign of Urgent Care and 3 – Virtual Capacity)

Action	Outcome	Measuring success or target
Public and patient messaging to support right care right place	Clear and sustained communications and engagement with the population regarding appropriate pathways and choices for urgent & unscheduled care access. Consistent application of Scottish Govt sign posting and redirection	Effect on service activity as a response to communications
Support people to access right care delivered at right time in right place through integration of OOH, FNC & Minor injuries unit	- Map current urgent & unscheduled care pathways: Identify requirements and scope resources; Develop vision for integration of FNC, OOH & MIU; Identify priority pathways and phasing of plans for integration; Build in standard work across integrated urgent care pathways - Implementation of Minor Injuries appointment scheduling in all MIUs and EDs in Highland - Dashboards developed for Quality Indicators for urgent care	ED attendances Flow Navigation Outcomes Dashboard Unplanned attendance % MIU appointment scheduled National Outcomes: Indicator 1 Response Times Indicator 2 - Appropriateness of triage for home visits Indicator 3 - Effective information exchange Indicator 4 - Implementing national clinical standards and guidelines Indicator 5 - Antimicrobial prescribing Indicator 6 - Patient Experience

Outcome 11	Respond Well
Action 11b	Ensure that those people with serious or life-threatening emergency needs are treated quickly

Actions and Outcomes (N.B. Detailed plan in Urgent and USC Programme Plan: High Impact Change 2 – Redesign of Urgent Care; 3 – Virtual Capacity; 4 – Urgent & Emergency Assessment)

Action	Outcome	Measuring success or target
Improvement of ED performance Target	Optimise specialty in reach to Emergency Department (ED) for appropriate patient pathway Agree and implement streamlined pathways for ED admission into acute, including agreed fast track pathways Access pathways to Ambulatory Emergency Care (AEC) - develop and test criteria led pathways from ED to AEC. ED access RAC (AEC) within 48 hrs Defined pathway for referral and receipt of patients requiring non acute ongoing care e.g.: Community. Link to development of Flow and District Hubs Access to Occupational Therapy/Physiotherapy (OT/PT) input into ED dept 08:00 – 20:30. Prepare business case Develop system wide pathway for management of frail people	4 Hour Breach target 95% of People attending ED should be triaged within 15 minutes Conversion rate from admission from ED Time in ED: • Time to triage • Time to first assessment • The number of patients waiting longer than 12 hours • The number of 12-hour breaches as a proportion of total unplanned attends • ED admission rate • ED mean time: Admission to decision to admit • ED mean time: decision to admit to admission • ED breaches for diagnostic reasons
Reduce demand for ED through redirection	Promote public information and signposting to provide patients with a first point of contact which directs them to the most appropriate source of help via 111 and Flow Navigation Centre (FNC) Application of national redirection policy	ED attendances Unplanned attendances Number of patients redirected from ED Flow Navigation Centre outcomes Near Me usage in FNC National measurables below plus Acute Dashboard and USC Programme Dashboard
Continuous improvement of Quality and Safety	Enhance current Quality Assurance and Clinical Governance system in ED establishing connection with acute QPS forum. Value Management (VM) methodology introduced	Trend and type of Datix/Complaints % data flows established % teams with weekly VM huddle

Continually identifying & reporting on risks	Identifying risks and inter-dependencies across ED Workforce expansion - lack of recruitment Service failures across wider Organisation e.g. FNC	No. of Vacancies in ED Impact vacancies in wider organisation has on ED Adding, recording and monitoring Risk Register for service failures Escalation route through ASLT and QPS

Outcome 11	Respond Well
Action 11c	Work to minimise the length of time that hospital based care is required. We will work with you, your family, and carers to adopt a "home is best" approach

Actions and Outcomes (N.B. Detailed plan in Urgent and USC Programme Plan: High Impact Change 7 – Discharge without Delay and 8 – Community Focused Integrated Care)

Action	Outcome	Measuring success or target
Effective discharge planning	Embed culture of 'Why Not Home?' Communications with staff and public	Length of Stay (LoS) delayed patients from admission to ready for discharge - national reporting LoS from ready for discharge to discharge - national reporting Proportion of patients discharged without delay - national reporting Delayed days - acute dashboard Weekend discharge rate - national reporting Pre-noon discharge rate - national reporting Audit of patient status board - local reporting Audit of DDD embedded in acute / community - local reporting Audit capacity and demand through community teams - local reporting
	Implement early identification of patients using national pathways 1-4 as close to admission as possible Implement Frailty screening tool on admission	
	Embed Daily Dynamic Discharge (DDD) principles in all wards for all inpatients (acute, RGH & community hospitals) Acute & RGHs - 7 day consultant ward rounds in the morning Spread Criteria led discharge across acute & RGHs Timely completion of IDL to allow availability of discharge drugs at time of discharge	
	Introduce Planned Date of Discharge (PDD) join up planning from admission Communications to staff and public Implement PDD in all wards, all hospitals and all Districts	
	Electronic patient record - Work with eHealth to develop business case for Morse (Morse link 9c) Develop documentation supporting discharge to community Staff training and test in 5 wards and Districts Evaluate	
	Develop and test "Patient discharge status board" communication tool between acute and community services - test proof of concept Develop manual patient discharge status information board. Test with Raigmore and pathfinder Districts. Explore options for automation with eHealth	
	Aiming for assessment by right person in right place by identifying what assessment is required when. This includes: Joint working across acute and community AHPs to review existing practice and develop appropriate assessment process to get people to	

	the right place i.e. AHP screening assessment for home to assess Develop business case for frailty at front door Make social work referrals within 24 hrs (link to Flow Hub 9c)	
	Develop Flow Hub (see intention 9c) to support effective sharing of information and communication between acute & community staff and standard approach to DHD coding Recruitment of staffing resources to support implementation (Social Work & Administrative) Implement test of change with pathfinder wards and Districts Evaluate outcome of tests of change	
Effective management of patient flow in community setting	Develop District Flow Hubs (see intention 9c) building on Single Point of Contacts. District management of patient flow. Implement systems for understanding and managing capacity, demand and scheduling Recruitment of staff resources for pathfinder sites Implement tests of change with 3 pathfinder districts Evaluate outcome Embed Home first/discharge to assess across 3 District pathfinder sites Review requirements for rapid response Introduce step up/down intermediate care service in Inverness Evaluate service	Audit capacity and demand through community teams. - local reporting Proportion of patients discharged without delay - national reporting Delayed days - acute dashboard
Deliver seamless transition on day of discharge	Establish transport hub to ensure rapid access to discharge transport. Day before booking for transport Test concept for 6 bay collection point to facilitate discharge Evaluate	Time waiting for transport
Work with your family and carers	Development of Choice Guidance Provide training and support on use of Choice Guidance as part of development of Planned Date of Discharge processes Implement Choice Guidance usage alongside HHOME Bundle Introduce realistic care and 3 conversation model to support PD	Progress of implementation plan
Developing links with third sector to support patients returning home	Community Led Support (see intention 14b) Sign posting to self management tools embedded in all areas	Feedback from third sector
Reinvigorate and deploy process for "PJ Paralysis"	Reinvigorate PJ Paralysis and activity in hospitals	Progress of implementation plan

Access to assisted technology and equipment	Identify requirements through test in Inverness	Number of people using tech to be supported to return home from hospital
Efficient use of adult social care resource	Develop criteria for prescribing proportionate care Consider implementation of single-handed care provision	Decreased unmet need Decreased LoS

Outcome 12 – Treat Well

Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible.

Working Together to Achieve Outcomes and Priorities	
✓ Primary Care ✓ Community Services ✓ Acute Services ✓ Mental Health Services	✓ Social Care ✓ Scottish Ambulance Services ✓ NHS territorial Boards

Reducing Health Inequalities Impact
People will be treated with dignity and respect in the most appropriate service Services will be accessible to our Highland population where it is needed Plans should take due regard of the need to reduce pre-pandemic and pandemic related health inequalities using related waiting list data that is embedded with the performance dashboards to measure outcome, access and experience from deprived

Quality Standards, Guidance and Policies to Improve our Population Experience	
HIS Access QI Collaborative Scotland's Long COVID service Scottish Arthroplasty Project (SAP) Scottish Renal Registry (SRR)	Scottish ECT Accreditation Network (SEAN) Scottish Cardiac Audit Programme (SCAN) HIS Excellence in Care

Workforce Planning - Priority Areas

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care	Right level of support and care provided to our population
Laboratory and Pathology services review	National direction set but ensure we realise impact within remote and rural context
Vascular services development	Sustainable and resilient service provision which may involve working across board boundaries
National Treatment Centre	Improved access for elective Orthopaedic and Ophthalmology patients across Scotland
Anaesthetic services	Right level of support and care provided considering recruitment challenges
Modernising the medical workforce	Ensure we adopt a non medicalised model and medical associated where appropriate using new roles available through agreed workstream

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contributory to the organisation's ambition to achieve financial balance

Outcome 12	Treat Well
Action 12a	Ensure our population have timely access to planned care through transforming the way we deliver this and making sure they have the best experience possible

Actions and Outcomes

Action	Outcome	Measuring success or target
Reducing waiting times for surgery	Meet waiting time targets set by Scottish Government according to clinical prioritisation of urgent and routine with the actions detailed below	Meeting all targets as set out in July 22 letter from SG
Increase day case surgery	Reduce the number of inpatient admissions	80% of elective procedures done as day case Benchmarking against key procedures - BADS 95% of pre-COVID elective activity achieved
Utilise Treatment room capacity	Reduce the number of inpatient admissions	Scope treatment room capacity in year 1 with Y2 target 10.5 lists a week (2750 patients) in treatment rooms
Utilisation of Rural General Hospitals and Community Hospitals	Reduce long waits over 104+weeks Review community hospital provision across Highland HSCP and develop a plan to provide consistent model of community hospital provision closely linked to integrated teams	3 day week theatre in Belford & Lorn and Isles 4 day week theatre in Caithness General Standardised wait times across all 4 sites Reduction in long waits over 104+ weeks Theatre utilisation % Increased flow with reduced LoS and primary care access to inpatient beds in the community
Developing sustainably staffed services	We have an efficient and sustainable workforce model in place	Vacancy % Age of Vacancies Unfilled bank/agency shifts Supplementary staffing use and cost
Bed requirements	We will understand our capacity and bed stock and will manage it efficiently	No measure in Year 1 as aim to reduce reliance on beds
Systems and process improvements	Performance reports provide correct information to enable planning and decision making	No measure in Year 1 as aim to reduce reliance on beds
Optimising External Acute resource	We will continue to utilise capacity outside of NHSH where appropriate in order to eliminate patient wait times or to eliminate a build up of longer waiting patients	Number of P2-P4 (routine) patients sent to Golden Jubilee against target of 350
Expand use of Robotic Assisted Surgery	Reduced surgery complications through use of Robotic Assisted Surgery	Post-surgery infection numbers & %

Waiting list planning	Standard procedure times set	Benchmarking against standard procedures times NHSH capacity models against job plans and wait list to develop trajectories
Capacity Planning	Reduce non clinical hospital cancellations and ROTT rates	Non clinical hospital cancellations - number and % ROTT rate tracking
Patient Tracking Lists	Plans should ensure that patient tracking list management is undertaken at a system and specialty level and all capacity is being used	Good governance and safety net if reported at Scheduled Care Board
National Treatment Centre Opening	Support national treatment centre opening and develop a plan for handover and business as usual functions to be adopted	NTC opens and handover
Review of all services	Adopt NHSH integrated service planning through identified priority areas	Achieve best model of care and collaborative understanding
Quality and Population Experience	Service quality measures monitored to improve outcomes for patients	Datix, Near Misses & Harms

Outcome12	Treat Well
Action 12b	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

Actions and Outcomes

Action	Outcome	Measuring success or target
Reducing waiting times for outpatients	Maintain and develop workforce to deliver a safe, sustainable remote and rural service meeting NHSH waiting times target.	No one waiting more than 104weeks+ by March 2023
Implementation of CfSD priorities	We will ensure that all CfSD Programmes (including Heatmaps and supporting the specialty delivery groups) are implemented or on track to implement in all specialties. Assessment framework implemented to ensure progress	Submissions to CfSD Monitoring performance through dashboards
Outpatients Transformation Programme Board	Implement plans for all specialities	Self-assessment framework and monitoring through dashboards
Patient Initiated Follow Up	Plans should demonstrate rapid progress on PIFU that is clinically appropriate and safe	Increasing volume of PIFU at each specialty
Standard Booking Implementation	Implement plans for all specialities	Self-assessment framework and monitoring through dashboards
Monitoring Dashboards	Will allow performance monitoring and escalation routes	Dashboards implemented
Patient Hub roll out	Patient Hub fully rolled-out	Patient Hub fully rolled-out
Centralised Clinic Building	Increased capacity due to consistent application of model	Fully Rolled Out
Virtual Clinic Delivery	Improve on Virtual Appointment Target (New OPs)	Increasing trend
Improve on Virtual Appointment Target (New OPs)	More patients consulted virtually	Increasing trend
Build business case for improved aseptic dispensing	Improve flow and dispensing for our population and our system	Business case y/n

Outcome 12	Treat Well
Action 12c	Optimise diagnostic and support services capacity and improve efficiency with new service delivery models

Actions and Outcomes

Action	Outcome	Measuring success or target
Increase use of cytosponge and capsule endoscopy	Clinically appropriate use of current endoscopy types	Increasing trend, reported to CfSD
Endoscopy Service Improvements	Maintain JAG accreditation; Deliver 20 elective endoscopy sessions weekly.	Y/N; Count of elective weekly sessions
Radiology	Implement 5 year plan, along equipment and workforce plans	Submit 5 year plan: Y/N
Laboratory Services	Improved service resilience for RGHs	Continue to improve resilience of services, in particular in RGHs - electronic issue of blood, accreditation of POCT
Medical Physics & Equipment replacement Strategy	Resilient, sustainable equipment	Five to ten year phased plan for equipment replacement board-wide.
Clinical Physiology	1) Patients seen with minimal/zero waiting time including 7 day working 2) Service fully funded and recruited to a size and capacity to meet demand, with sufficient space and equipment within which to work and in locations to suit patients 3) Training programs fully operational to meet turnover and expansion	Waiting time activity
Nuclear Medicine	Achieve compliancy following MHRA inspection (Apr 22)	Compliancy achieved
Medical Physics / Radiation Protection	1) Expand capacity for Diagnostic Radiology and MR Physics support to maintain board compliance and patient flow in these services 2) Support for NTC & neighbouring boards (WI and Shetland) 3) Contribute to business case for third Raigmore MRI scanner 4) Complete actions from IRMER Inspector	1) introduction of MRI for radiotherapy treatment planning 3) Professional accreditation
Medical Illustration	Implement app for direct capture of patient images from clinician phones, for improved assurance/compliance for out of hours and community areas.	Implemented: Y/N
Assistive Tech Services	Establish optimal model of delivery for Assistive Technologies; At 2022/23 strategy is towards a clinic-centred approach with services moved off the main Raigmore acute site, to be sited alongside stock for use in diagnosis/treatment and increased productivity.	Implemented: Y/N

Outcome 13 – Journey Well

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

Working Together to Achieve Outcomes and Priorities	
Primary Care Acute Services including Cancer and Diagnostics Screening Services (Public Health)	Community Services including AHPs

Reducing Health Inequalities Impact
The most deprived populations have higher risk, worse experiences and poorer outcomes than the least deprived. Inequalities in cancer outcomes are likely to be compounded by the effects of the COVID-19 pandemic with vulnerable subgroups of the population more negatively affected. Health inequalities are associated with lower symptom awareness, later presentation and lower uptake of services including screening. The majority of cancer types have much higher incidence in more deprived areas. There is strong evidence linking risk factors, which are more common in areas of deprivation with higher incidence of cancer, including smoking, obesity and poor diet. Low levels of health literacy are associated with poorer access to health services, poorer communication with healthcare professionals, lower adherence to treatment and poorer self-management of health conditions. Better health literacy could therefore contribute to reducing health inequalities and improve healthcare efficiency. We need to learn from the COVID-19 experience and continue engagement with lesser heard communities, including ethnic minority groups, people with learning disabilities, communication difficulties and those for whom English is not their first language, to ensure equality of access to cancer services across the pathway and to information and support services.
Quality Standards, Guidance and Policies to Improve our Population Experience
Cancer Management Framework 31 and 62 day compliance National Cancer Network QPIs for Cancer across all main tumour types

Workforce Planning - Priority Areas

Action	Outcome
Cancer services and haematology reconfiguration and development	Resilient and sustainable services
Work with NES	To ensure NHSH can receive trainees and therefore allow increased recruitment from this pool

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contributory to the o62rganisation's ambition to achieve financial balance

Outcome 13	Journey Well
Action 13a	We will work together raise population awareness of the symptoms of cancer to facilitate earlier and faster diagnosis

Actions and Outcomes

Action	Outcome	Measuring success or target
Delivered a locally targeted cancer campaign focused on earlier detection	Targeted areas of inequalities locally directed to our population	Awareness raising
Identified any capacity gaps linked to screening programmes	Increased provision of screening programmes means increased throughput for acute diagnostic services therefore identify and mitigate	Access for our population within appropriate timescales
Reviewed and embedded changes to USC guidelines	Working in collaboration with primary care review and embed guidelines including continuous learning and intelligence being communicated	Shared learning event Improved referral process Shared intelligence
Direct access to CT	Improved access for primary care	Referral rate Detection rate
Business Case PET	Establish PET CT within Cancer Centre	Business case: Y/N
Early diagnostic centre	In line with pilots elsewhere in Scotland scope early diagnostic centre provision for remote and rural and understand impact	EDC plan y/n
Highland Cancer Centre	Development of business case for Highland Cancer Centre	Outline developed y/n
Framework for Effective Cancer Management	Implement consistent application of one stop clinics where possible.	CTW compliance, Review the current situation and assess opportunities for improvement
Access to diagnostic tests	Review tumour type demand and capacity in order to maximise access to diagnostic tests and reports within 14 days of referral	Diagnostics within 14 days
Workforce planning and recruitment	Work with colleagues to identify solutions for workforce planning and recruitment	Workforce data analysis

Outcome 13	Journey Well
Action 13b	We will further develop multi professional teams to provide the most effective care during the active stages of treatment

Actions and Outcomes

Action	Outcome	Measuring success or target
NHSH Strategic plan for cancer care delivery	Cancer care plan that encompasses the whole journey aligned to national plan and incorporates business case for NHS Highland cancer centre	Developed: Y/N
Improve SACT services	Maximise access to SACT treatments in all Highland locations	Seek to appoint replacement & Additional SACT Nurses Workforce planning data / SACT Patient pathway data
Improve services	Seek to attract trainee medical posts in order to aid the recruitment of posts in the future	Benchmarking against national services. Trainees in place
Acute Oncology Service	Establish acute oncology service to provide our population with equitable access	Service established y/n
Haematology service	Embed an integrated service planning approach across Highland to ensure sustainability	Sustainable service and collaborative understanding
Improve SACT treatment options	Recruitment to vacant and additional posts within Pharmacy	Ensure that patients have equitable access to all new drug therapies, Workforce planning data / pharmacy data / CEPAS data
Develop technology solutions	Roll Out use of SABR Radiotherapy for additional tumour types Roll out of Patient Pathway Plus	Recruit to vacant Consultant Urologist post Improved patient pathway / outcome data / Cancer QPIs
Improve treatment options	Establish MRI Radiotherapy Planning service in Inverness Cancer Centre	Improved patient pathway/outcome data
Improve Comms solutions	Work with colleagues to make the Highland Cancer Centre an attractive place to work.	Improved public engagement/Early detection stats
Improve cancer staffing/skill mix	Work with Teams locally, regionally and nationally to improve the likelihood of appointment to posts	Ensure we utilise benchmarking to have full staff complement required and identify alternative staffing models where required
Improve cancer waiting times performance	Continue to implement and comply with all elements for the Framework for Effective Cancer Management in order to ensure compliance with National Cancer Wating Times Standards	Compliance with national Cancer Waiting Times Standards
Review of rehabilitation service	Participate in the review of the Prehabilation Service being piloted by Maggie's Scotland in order to improve outcomes and quality of life post cancer treatment	Continue to explore opportunities to develop the Urology and other Workforces in line with recommendations of the Scottish Access Collaborative

Outcome 13	Journey Well
Action 13c	We will improve the experience of our population living with and beyond cancer

Actions and Outcomes

Action	Outcome	Measuring success or target
Build on learning from COVID-19 with increase the use of telehealth and technology	Increased use of telehealth	Baseline to improved position (target to be defined)
Offered all people a holistic needs assessment, an appropriate care plan and provide signposts to relevant sources of help and support	Improved patient experience and outcomes from date of referral	No. of HNAs in place increased since baseline
Assessed and risk stratified follow up pathways embedded	Improved patient experience and outcomes	No. of PIFU
Developed a model to promote good mental health and wellbeing for people affected by cancer	Improved access to mental health and wellbeing services for those with cancer	No. of people receiving signposting or intervention (target to be defined)
Embedded learning and improve our response to cancer quality performance indicators	Improved patient outcomes	Improved performance in key QPIs through appropriate reporting to Clinical Governance

Outcome 14 – Age Well

Ensure people are supported as they age by promoting independence, choice, self-fulfilment and dignity with personalised care planning at the heart

Working Together to Achieve Outcomes and Priorities	
Primary Care Community Services including AHPs and nursing services	Acute care Adult Social Care

Reducing Health Inequalities Impact
Health inequalities in older age are mostly a result of the social patterning of chronic diseases such as heart disease, stroke and cancer. Supporting age well will support long terms conditions that are often diagnosed in older people and associated with obesity, which is linked with lower socio-economic status Along with anchor well and stay well working with our partners we aim to influence the lifelong exposure to the harmful effects of inequality and the significant proportion of older people who are affected by the damaging impact of living in poverty. We will target areas such as female pensioners who are more likely to live in poverty than male pensioners, largely a result of having fewer years of employment due to caring responsibilities. Given There is also a high prevalence of mental health problems among people with long-term health conditions and older adults who experience loneliness. Improving the detection and treatment of problems such as anxiety and depression among this group would be likely to reduce the prevalence of mental health problems as well as improve overall health status.

Quality Standards, Guidance and Policies to Improve our Population Experience	
SPSP Acute Adult Reducing falls and falls with harm Care of patients who experience a physiological deterioration Scotland's National Dementia Strategy 2017-2020 Realistic Medicine HIS Community Care HIS Excellence in Care Healthcare framework for adults living in care homes My Health – My Care – My Home General standards for neurological care and support Respiratory Care Action Plan 2021 – 2026 Diabetes Care: Diabetes Improvement Plan 2021 – 2026	Heart Disease: Action Plan Chronic Pain Framework Framework for Action on Neurological Conditions 2020 – 2025 Rare Disease Progress Report Scottish MS Register (SMSR) Scottish Renal Registry (SRR) Scottish Stroke Care Audit (SSCA) HIS Excellence in Care Illnesses and long-term conditions Coronavirus (COVID-19) Scotland's Long COVID service

Workforce Planning - Priority Areas

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care	Right level of support and care provided to our population
Pharmacy recruitment and retention	Right level of support and care provided to our population (plan developed)

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings through integrated service planning	Contributory to the organisation's ambition to achieve financial balance

Outcome 14	Age Well
Action 14a	We will support people to promote independence by targeting prevention and developing appropriate choices

Actions and Outcomes

Action	Outcome	Measuring success or target
Pharmacotherapy Service Response	Develop response to frail patients through the pharmacotherapy service	Formulary adherence
Frailty and Falls	Falls reduction- Strategic group has been formed for falls prevention, led by Evelyn Gray. SPSP- falls prevention, delirium prevention and deteriorating patient are all key focus areas	Reduction in falls
Frailty and Falls	Delirium reduction- Action for Strategic group to develop, implement and measure prevention and reduction in occurrences of delirium	Reduction in delirium
Reduced risk of falls	Identify target areas and have a member of staff trained at each setting in screening, e.g. Informant Questionnaire on cognitive decline in the elderly	Safe reduction of unnecessary conveyance relating to falls
Enhancement of leadership structure	We will establish a delivery structure and have submitted a consultant post for falls and frailty for the board.	In place: Y/N
Mapping of community falls pathway	Mapping community falls pathways through the flow navigation centre to reduce the incidence of second fall	Reduce the incidence of second falls for those who present to an emergency care setting
Team for care for at home falls	Team in all areas to deliver immediate care for any falls at home	Team in place: Y/N
Reduced attendances at A&E for falls	Procurement and training of new X-ray backpack allow people to be x-rayed in own homes/community location	Reduction in A&E attendances Count of number of people x-rayed at home/community
Frailty score in primary care	Implement Frailty score in primary care to improve prevention response	Count of frailty scores conducted in primary care
Dexa scanning	Identify the frequency of Dexa scanning in NHSH	Identify the frequency of dexa scanning currently and aim to measure over consecutive years
Geriatric assessment at hospital front door	Implementation of comprehensive geriatric assessment in Raigmore (front door- ED/GA)	Measure of how many assessments have been completed in Raigmore and then RGHS

Outcome 14	Age Well
Action 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

Actions and Outcomes

Action	Outcome	Measuring success or target
Improve Dementia Services	Completion of review and evaluation of the effectiveness of and accessibility to specialist dementia services, including post diagnostic support	Stress and Distress referrals Monitor post diagnosis support outcomes & measures through contracts
Improve Dementia services	Improved access to specialist practitioners and support services for dementia to support people to live at home (including Care Homes) for as long as possible	Completion of a review and evaluation of specialist services Stress and Distress referrals Monitor post diagnosis support outcomes & measures through contracts Integrated working with third sector

Outcome 14	Age Well
Action 14c	We will develop a coordinated service model for long term conditions that is proactive, holistic, preventive and patient centred that enables patients and clinicians to work together

Actions and Outcomes

Action	Outcome	Measuring success or target
Long Terms Conditions Model	Identify outcomes measures in services, including those used with partners, and develop a standardised approach using validated tools	Start to develop long term condition models Reduction in key polypharmacy measures NHSH improvement against NTIs Outcomes measures – TBC e.g. reduction in admissions
Evidence Based Practice	Develop education approaches across Primary & Secondary care to support delivery of Long Terms Conditions Pathways across NHSH	Critical appraisal of health literature to identify evidence based practice Quality Assurance measures- TBC
Self Care & Third Sector Partners	Address gaps identified in Yr1, review any third sector contracts held by NHSH to ensure targets are met/amend to include self-management	Measures from SLAs / 3rd sector contracts Formulary compliance Social prescribing & Realistic Medicine links
Co-design of pathways	Ensure that the long term conditions model is developed with people with lived experience at the centre by establishing a co-design structure	Participation Measures TBC
Rare Diseases	Needs to be considered but not available at time of writing	TBC
Stroke Pathway	Full implementation of all standards of stroke care	Meeting all agreed indicators
Long COVID	Implementation of a service that will support people suffering with Long COVID holistically	Indicators measured
Other long term conditions, including chronic pain	Continued implementation of improvement strategy to increase access and capacity of service and new models of care	Reduced waiting times Improved self management Improved access to care
Mental Health Support for Long Term Conditions	Define a way forward using digital and direct support by working to co-produce a future model of care	Plan developed y/n

Outcome 15 – End Well

Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond

Working Together to Achieve Outcomes and Priorities	
Primary Care Community Services Adult Social Care	Acute Services Chaplain and bereavement services

Reducing Health Inequalities Impact
Dying well wherever you are and whatever your background or circumstances are fundamental aspects of human dignity. As part of a compassionate humane society, we need to do everything we can to make sure that people who are facing their last months, weeks and days of life receive the best possible palliative and end of life care. Those who care for them, including their families, others important to them and staff around them, equally deserve this consideration and support. More work is needed to understand access and barriers to palliative care in socially deprived areas and to understand the experiences that have affected people from socially deprived communities in order to build effective service responses and resources to maximise quality of life and death.
Quality Standards, Guidance and Policies to Improve our Population Experience
Carers (Scotland) Act 2016 Healthcare framework for adults living in care homes My Health – My Care – My Home

Workforce Planning - Priority Areas

Action	Outcome
Reviewing skill mix to identify the best professional to deliver care to allow choice for palliative and end of life care	Right level of support and care provided to our population
Pharmacy recruitment and retention	Right level of support and care provided to our population (plan developed)

Financial Planning – Priority Areas

Action	Outcome
Reviewing skill mix workforce plan to identify potential opportunities to effect cash releasing efficiency savings	Contributory to the organisation's ambition to achieve financial balance

Outcome 15	End Well
Action 15a	In partnership, ensure our population has access to palliative and end of life services supportive round the clock care enabling people to live and die in the setting of their choice

Actions and Outcomes

Action	Outcome	Measuring success or target
End of Life Together (EOLT) Programme - Population Valuer Improvement Infrastructure	Completion of dashboard that shows prospective whole system service use and associated resource allocation. Production of an Annual Report on the current position of palliative & end of life care services across Highland	Status of EOLT Programme - red, amber, green
GP Partnership Agreement	Service measures will be in place to know if we are identifying all those in the population in their last year of life also ensuring that identification is equitable for individuals based on what primary disease they have, where they live, and what their deprivation status is	Status of GP Partnership Agreement - red, amber, green Number of practice signed up to partnership
Agree approach for 24/7 Palliative care support	Access to appropriate palliative care support for those in the last year of life	- % (No.) of people referred to coordination hub for care at home who are unable to receive this care - % (No.) of people who then go on to have a hospital admission within 7 days of this request - Individual / Family Carer Survey - Numbers of people on palliative care registers with anticipatory prescribing in place at end of life
Rapid Response Service	Provide outline service requirement plan for a pilot of rapid response social care service in pathfinder areas. EOLCT pilot across Inverness and surrounding area	Develop a plan for consideration within the partnership
Care & Residential Homes Palliative and End of Life Care	Identify and sign up care homes to EOLCT alongside GP Partnership agreements. Support education, identification and ACP, and monitoring tools to ensure integrated working with General practice	- No. of care / residential homes engaged in EOLCT - Care Home access to 24/7 advisory service year on year - Collective outcomes for residents based on the delivery of the outcomes based on preferences of care and ceilings of treatment from ACP plans

Outcome 15	End Well
Action 15b	Proactively recognise people who may be in their last year of life, being respectful of what matters to them by co-developing anticipatory care plans with them and for them

Actions and Outcomes

Action	Outcome	Measuring success or target
Electronic / Anticipatory Care Plans (eACP)	Those in the last year of life will be recognised through addition to General Practice Palliative Care Registers / Key Information Summaries or through having an electronic ACP commenced in General Practice or other areas of care. With individuals and their family having access to these care plans. The quality and content of these care plans will be monitored through audit review and individual / family survey. Outcomes against these plans will be measured at an individual, service and population level to enable continuous cycles of quality improvement activity and to inform where to place future resource to improve population outcomes.	% of patients with a KIS with 4-6 criteria met % of KIS updated in the last 3 months
Professionals Access to Anticipatory Care Plans	Professionals will have access to single source of the truth up to date ACP that reflect what matters to the person and highlights the ceilings of care and treatment for the individual so that care can be provided in the most appropriate setting pertinent to their preference with a home first approach.	% of Care Homes with access to Highland eACP % of practices signed up to End of Life Care Together Number of organisations across health and social care with access to Highland eACP % of people with digital access to their own care plans % of carers with access to digital care plans of the individual with terminal illness and of their own individual care plan Number of times staff from different organisations access the eACP
Direct Enhanced Services - Palliative Care	Monitor and review if review and feedback of DES outcomes in PEoLC leads to QI activity based on benchmarking and annual review	% of people annually who report honest sensitive conversation with professionals regarding their prognosis % of practice populations on General Practice (pre) palliative care register N. people recorded as being palliative after death by GP practice who may have benefited from earlier identification

		% of people at death with a Key Information Summary (KIS) with preferred place of care recorded % of people at death with a KIS stating preference for care that achieve this preference

Outcome 15	End Well
Action 15c	Ensure we deliver timely, culturally sensitive and dignified care for our population in their last year of life and their families have a choice to access bereavement support

Actions and Outcomes

Action	Outcome	Measuring success or target
Education Palliative End of Life Care (PEoLC)	Have accessible education at induction and across career and occupational pathways consistent with the national educational framework in relation to PEoLC enabling up to date knowledge across the workforce.	- Numbers of Professionals accessing education - Feedback from evaluation of course delivery - Number of community groups/ individuals accessing 'Last Aid' course
Carers Support	Ensure that Adult Carers providing care for someone at home in their last 6 months of life have been offered or have Adult Support Plans in place in a timely manner from identification of this need	Did the family or carer feel that their loved one or person they were supporting were treated with dignity, compassion and empathy
Bereavement Support	Develop a coalition partnership to look at a population approach to bereavement support. Identifying what the need is across Highland based on the national bereavement charter with a view to support both individuals and professionals. Scope exemplars of bereavement service delivery nationally	Percentage of carers with an adult carers support plan for those caring for someone with a terminal illness (Carers Act 2016) Numbers of referrals to local bereavement services Quality of feedback from individuals receiving bereavement services Number with / Median length of time of Social care package in place Number with community Marie Curie / Rapid Response support Number with voluntary sector support
Spiritual Care	Recognising how our people and population access spiritual care services and how these are promoted alongside the provision of training / education to the workforce. Develop and update local policy and strategy while providing accessible resources on intranet and as public facing material in through our establishments and services	Referrals to Spiritual Care for people of Faith and none. Audit of resources available Access by staff to education and training

Outcome 16 – Value Well

Improve experience by valuing the role that carers, partners in third sector and volunteers bring along with their individual skills and expertise

NHS Service Areas – Working Together
All NHS services

Reducing Health Inequalities Impact
Volunteering - Volunteering can make a positive contribution to individuals' health and wellbeing. We recognise its importance within our strategy in terms of population health – supporting the health of communities and the distribution of health within those communities. It is therefore crucial to recognise and understand how access to volunteering relates to significant inequalities across the life course. Many of those who could benefit the most are precisely those who are least likely to be involved. Although population health approaches to volunteering have the potential to reduce health inequalities, their potential will go un-realised unless inclusion is designed-in at local level which we are aiming to address through this ADP and our strategy. At time of writing we realise the impact health inequalities can have on carers and we will embed this here as we move forward with the ADP. We will also define this for our 3rd sector partners. **Third Sector** – it is important that we recognise the work that the third sector does in reducing health inequalities and to work alongside them as partners. They are often a gateway into specific help that our most vulnerable patients require. They can also be an onward destination for those who need additional help and support to maintain good health or for self-management. Social Prescribing is a holistic approach to overall health and wellbeing and the third sector is a key partner in providing different options for individuals, especially for those who need more ongoing support. **Carers –** The longer term impact that caring can have for individuals can often impact on their health overall. Being a carer may also impact on the social determinants that can lead to poorer health resulting in poverty as a result of having to stop working or reducing earning opportunities. Poverty is one of the root causes of health inequalities. It is important to consider the needs of carers alongside that of the cared for person to ensure that we reduce this impact and support people at the earliest opportunity so that not only can they care well, but that they are also to look after themselves.
Quality Standards, Guidance and Policies
Carers (Scotland) Act 2016 – updated July 21

Workforce Planning - Priority Areas

Action	Outcome
Reviewing skill mix to identify the best professional, person or partner to deliver care and support of the carers	Right level of support and care provided to our population
Review SLAs to ensure we are making the best use of resources and expertise through 3rd sector partners	Closer integrated working with the right skills

Financial Planning – Priority Areas

Action	Outcome
Reviewing 3rd sector plan to identify potential opportunities to improve	Contributory to the organisation's ambition to achieve financial balance through agreed SLAs

Outcome 16	Value Well
Priority 16a	Value the role of carers, acknowledging them as experts by experience, and ensure they are informed, supported and valued

Actions and Outcomes

Action	Outcome	Measuring success or target
Implemented the current Highland Carers Strategy (2020-23) and develop a new Carers Strategy	Improved personalised carer support and services in line with statutory requirements New strategy developed	Implemented: Y/N Carer feedback Carer strategy in place
Support the development of a 'carer-led' Carers' Union and restructured governance arrangements	Carer voice to support service redesign and development and to ensure carers views are heard, listened to and taken forward across all aspects of health and social care	Carers voice evident in service change and governance structures Carer feedback
Benchmark the number of carers looking after someone identified as being in their last 6 months of life who have Adult Carers Support Plan	Improved awareness of carers and carer support in line with statutory requirements	Benchmarking work complete Carer information collated KPIs in relation to statutory requirements
Work with Connecting Carers to ensure that there is equitable access and communication of plans to support carers	Good awareness of plans to support carers Equitable access to the right support in the right place and at the right time	Communication plan Carer feedback Audit of access to services

Outcome 16	Value Well
Priority 16b	We will work in true partnership with the third sector to create collaborative opportunities to value the expertise they bring for our population

Actions and Outcomes

Action	Outcome	Measuring success or target
Agree strategic direction for partnership working with third sector	Effective approach to partnership working agreed with all partners to meet the needs of communities	Plan agreed with partners Feedback from partners and population Evidence of partnership working
Established positive working practices to ensure co-delivery	Co-production and co-delivery across all partners to meet the needs of communities	Plan agreed with partners Feedback from partners and population Evidence of co-production and co-delivery
Ensuring appropriate structures and processes are in place to ensure best use of expertise for the benefit of the population	Redesign of working practices across partner organization to best meet population need.	Plan agreed with partners Feedback from partners and population Evidence of co-production and co-delivery

Outcome 16	Value Well
Priority 16c	We will enhance the experiences of patients and colleagues by recognising and valuing the role of volunteers in their unique contributions to our system

Actions and Outcomes

Action	Outcome	Measuring success or target
Develop a plan on how we will increase our current volunteer establishment	Improved patient experience and more efficient use of staff Better trained and supported volunteers would be that patients would receive enhanced person centered non-clinical care Reduced patient loneliness or isolation	Patient feedback Recruitment of 2 coordinator posts
Sustained and ideally increase the current 6,00 of hours p.a. that our volunteers support NHSH	Additional resource to support ward routines Meaningful interactions which can reduce the number of patient falls, alleviate patient anxiety and increase patient wellbeing outcomes Support general operational activity of Hospitals by improving flow of inpatient activity	Patient feedback
Encouraged growth within our mixed economy of volunteering	Extend the reach of the programme into areas and into services that have as yet not benefited from regular volunteer input	Patient feedback
Formally recognised and celebrate the positive impact that volunteers play in our system	Extend the reach and resilience of the programme	Patient, volunteer and staff feedback

Argyll & Bute Integration Joint Board

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Care Partnership NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services, this too is supported by a partnership integration scheme determining the partnership agreements. All NHS Services are delegated to the Argyll & Bute IJB The area is divided into four localities:

- Oban, Lorn and the Isles (including Lorn and Islands Rural General Hospital in Oban)
- Mid Argyll, Kintyre and Islay
- Cowal and Bute
- Helensburgh and Lomond

Argyll and Bute HSCP also manage their own corporate services. Argyll and Bute IJB has approved, in May 2022, their 3 year Joint Strategic Plan and Joint Strategic Commissioning Strategy which establishes the vision, strategic objectives and priorities setting out the strategic direction for how health and social care services will be shaped in the coming years. There are a number of areas where Argyll & Bute IJB work with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

In Argyll and Bute, the HSCP delivers and purchases a broad range of services covering all aspects of health and social care. Some of these services are provided by NHS Highland, NHS Greater Glasgow and Clyde via SLAs or other Regional services. Included in the remit of the HSCP are:

- NHS services (local, from NHSGGC and NHS Highland); Community hospitals; Acute Care; Primary Care (including GPs); Allied Health Professionals, Community Health Services, Maternity Services
- Public Health services including the Prevention agenda
- Adult social care services including services for older adults; people with learning disabilities; and people with mental health problems
- Children & Families social care services
- Alcohol and Drug Services
- Gender Based Violence
- Child and Adult Protection
- Criminal and Community Justice Services

In each of these areas we have identified our year 1 actions and objectives which align with National and NHS Highland Board targets and standards. These objectives and actions are captured in our operational plans and will be performance monitored by the IJB as part of its discrete governance arrangements via the Clinical and Care Governance committee, Strategic Planning Group and IJB meeting and are incorporated in the HSCP Annual Performance Report.

The HSCP through 2022 is implementing an Integrated Performance Management Framework for Health and Social Care taking account of the performance landscape informed from the Strategic Plan Objectives and which follows the agreed performance reporting cycle. More details can be provided should this be required.

Enabling Outcomes – Perform Well and Progress Well

Underpinning these outcomes are our core areas which are golden threads that run through each of our outcomes and priorities. You will see each of these considered in turn through the main body of our ADP but there are specific priorities noted for each of these areas. These allow our system to function and perform and will be performance managed through our Executive Directors Group as these are aligned to their objectives for 22/23 in line with our strategy Together We Care, with you for you.

Perform Well

Quality & Population Experience

We will create a culture of continuous improvement to develop the safety, experience and our responsiveness to the population we serve by delivering outstanding care by an outstanding team everyday

Action	Outcome
Develop a shared approach with visual communications and a collaborative event	Better informed and ability to impact on quality as core role
Work in partnership across our system to embed the quality is everyone's business approach	Whole system is engaged aligned with our communications programme
Engage with national improvement programmes	Better engaged and best practice adoption
Create CG dashboards and embed governance processes	Whole system awareness and early warning system to allow ownership at local level
Develop system overview of quality standards for overview by the Clinical Governance Committee	Ensuring appropriate oversight of quality outcomes for our population
Working with primary care and clusters to improve pathways	Better pathways of care with our population with appropriate prescribing, diagnostics and referrals
Take a programme approach to reduce and improve HAI and TV performance	Reduction in HAI Improve TV
Improve our response to complaints by adopting more personal approaches and handling complaints within the specific timescales	Reduction in escalation of complaints More complaints being processed in timescales Performance management of complaints
Improve our response to FOIs by consistently meeting the timescales set by the Information Commissioner	Reduction of escalation

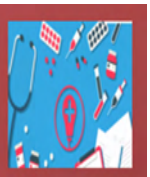
Health Inequalities

We will focus on reducing health inequalities with our partners across our system to reduce the gaps within our communities

Action	Outcome
Delivery of the actions from the screening inequalities plan with monitoring of effectiveness and screening uptake.	Aligned to stay well
Publication of equalities documents; delivery of actions and monitoring to increase vaccination among groups with low uptake	Aligned to stay well
Delivery of recommendations from DPH Annual Report	Aligned throughout
Delivering the social mitigation strategy and other plans based on experience to produce improved services and outcomes.	Aligned to Anchor Well

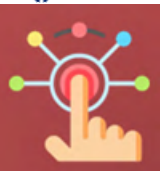
Realistic Medicine

We will have meaningful conversations with people to plan and agree care which will support all staff and patients to base care around what matters most to people, with a shared understanding of what healthcare might realistically contribute to this.



Action	Outcome
We will implement the action plan submitted to SG at end of July which is aligned to this ADP throughout	Establish pathways of care which promote person-centred care
Identify opportunities where Realistic Medicine can be further integrated into existing activities within NHSH in order to promote shared decision making and person-centred care	Increase uptake and use of ACPs and TEPs Increase community awareness of ACP and TEP resources and opportunities
We will develop a bank of educational resources & use innovative methods to deliver education	Provide clear signposting to resources and education around Realistic Medicine
We will empower our workforce to practice Realistic Medicine	Achieve greater engagement of workforce around Realistic Medicine principles Empower workforce with tools and skills necessary to practice and explain Realistic Medicine
We will continue to promote and embed the principles of Realistic Medicine working with our communities	Empower patients and our community to feel empowered to partner in their care
Provide a service which is environmentally, socially and financially sustainable while improving value, outcomes and experience	Improve RM related scores on National Sustainability Assessment Tool Improve patient feedback system

Digital Delivery
We will provide digital systems that empower our communities to choose how they interact with us and enable our staff to work seamlessly.



Action	Outcome
Implement agreed digital delivery plan for 22/23, including:	Delivered to plan: Y/N
Deliver business as usual function to ensure continuity	Delivered to plan: Y/N
Continuation of existing programmes e.g. HEPMA, Order Comms	Delivered to plan: Y/N
Core infrastructure including wifi network, upgrade of core network, upgrade of Windows10 devices, GP merger server consolidation	Delivered to plan: Y/N
Replacement or upgrade of essential applications e.g. IDL, Chemotherapy system, Audiology system, Trakcare PMS, CareFirst (A&B)	Delivered to plan: Y/N
Support for national programmes – CHI and child health system replacement	Delivered to plan: Y/N
Support for new builds / redesigns e.g. NTCH, Caithness, Lochaber, maternity	Delivered to plan: Y/N
Additional delivery items e.g. develop plans for federation of Community digital platforms, linked access to systems, support for remote patient management (USC), contingency	Delivered to plan: Y/N
Develop and agree co-produced digital strategy and plan for 2023 onwards	Plan in place: Y/N

Research, Development and Innovation

We will work in partnership to create opportunities for research, development and innovation to improve the health and care we deliver for our population

Action	Outcome
In development. Will be added to this ADP.	

Climate – Environmentally Proactive

We will work in a sustainable and efficient environment in line with carbon commitments to support delivery of health and care in the future

Action	Outcome
Complete our Net Zero Carbon audit to establish the financial impact on the board in achieving NZC	Establish funding to enable rollout
Continue with our various environmental and sustainability projects inc. green theatre, laundry waste, pharmacy waste project etc	We will have rolled out all green initiatives to the RGHs
Implement an environmental & sustainability policy in line with NHS Scotland strategy	Development of policy
Work with our external stakeholders in reducing our carbon commitments and contributing to a highland wide strategy	Work in partnership as a system to support our population, our people, in partnership

Corporate Services

We will develop, implement and review our governance frameworks to demonstrate and deliver accountable information to our Board and committees, Government and our population

Action	Outcome
Implement the long-term goals of the organisation and ensure delivery	Deliver on Together We Care in collaboration with our population, people and partners
Celebrate the successes and achievements of our organisation	Continuous feedback to the organisation and shared learning
Review policies and procedures that are a requirement to support our strategic objectives	Support our colleagues to deliver health and care for our population
Ensure we contribute effectively to the COVID public enquiry	NHS Highlands timely contribution to help inform the national outputs
Contribute to the development of the national recovery plan	Work in collaboration to deliver best outcomes for our population in a timely manner
Ensuring we learn and embed all internal audit outputs aligned to programme boards	Learn from internal audits to improve our health and care services
Work collaboratively to align to Scottish Government requirements such as reporting on this ADP, our annual review and other Committees	Give assurance to our Board and to Scottish Government on progress and challenges

Estates and Infrastructure

We will work in collaboration with our communities and our workforce to provide safe, secure, high quality health and care buildings capable of supporting current and future health and care needs

Action	Outcome
Create an estates infrastructure strategy	Clear direction to support Together We Care and Co-Design principles
Implement our in year capital investment plan laid out in our 5 year capital plan	Future delivery of all aspects of health and care in suitable environments
Continue to invest capital funding in our backlog maintenance utilising a risk based approach	Future delivery of all aspects of health and care in suitable environments
Carry out organisation wide review of our primary care estate and future needs	Future delivery of all aspects of health and care in suitable environments
Continue in the SCIM process for service redesign in both Caithness and Lochaber	Working with communities to co-produce and co-deliver health and care in line with strategy
Carry out refurbishment of maternity infrastructure of Raigmore Hospital in line with Moray review and Best Start principles	In line with recommendations for modern maternity and neonatal units and to meet health and safety requirements

Living within our means – Financial Planning

We will become financially sustainable, work together to achieve efficiencies and create value by maximising our use of resources

Action	Outcome
Programme approach to financial savings embedded at all programme boards	Programme Boards with population outcomes at the centre ensuring quality, workforce, targets and best value are all considered during transformation.
Business partnering model to ensure support is provided across the organisation	Budget holders and decision makers fully conversant with the organisational funding and making informed decisions on spend
Specific workstreams to ensure sustainable savings are realised	Empowered and focused teams using successful project management/value management methodologies understanding all aspects of programmes of change
Definition of uncontrollable costs such as inflation; energy/fuel; NICE approval for drugs; cleaning standards; capital charges on investments etc are quantified	Strong financial governance over these areas with clarity for budget holders/decision makers about ownership/influence
COVID costs that remain will be carefully scrutinised and embedded in appropriate area	COVID will be managed as business as usual and built into every day processes and into baseline budgets

REVENUE

NHS Highland started 2022/2023 with a baseline allocation of £725.117m. Additional anticipated funding of £232.942m from Scottish Government has been built into financial planning assumptions. Integrated Care funding of £138.305m, being the transfer of resource between Highland Council and NHS Highland in respect of Adult and Children's services, takes the NHS Highland planned funding for 2022/2023 to £1,096.364m.
At this point in the financial year, it has not been possible to prepare a breakeven financial plan. A gap of £42.272m has been identified. A Cost Improvement Programme of £26.000m is being developed but no funding source has been identified for the balance of £16.272m.

NHS Highland is working both at a local level and nationally to explore potential mechanisms to close this gap and deliver a breakeven financial position by 31 March 2023.

The position regarding supplementary allocations is currently unclear but it is assumed that investment in the following areas will continue into 2022/2023:

CAPITAL

NHS Highland is planning to invest £49.614m in capital schemes during 2022/2023. These schemes cover both the built and digital estate together with investment in new healthcare technology. The main areas of investment will be completion of the National Treatment Centre (Highland), increasing Maternity capacity at Raigmore Hospital.

COST IMPROVEMENT PROGRAMME

A Cost Improvement Programme of £26.000m is being developed with initiatives across the system as well as sitting within areas of specific operational focus.

We are focusing on all elements of good financial control to reduce our cost base with Cost Improvement Programmes to realize cost control, savings and cost avoidance activities. We will have a whole system approach with education, business partnering and dashboard reporting with KPIs and narrative to rapidly highlight areas of concern or focus.

We have drafted some **Quick Wins** which require further planning before implementation such as: -

- Building on our success with a programme to rationalize and standardize the provision of product in clinical areas which brings many more benefits than cost reduction.
- Full exit from COVID set-up including online COVID Pre-op testing, recycle and reuse mobile devices and laptops bought for COVID and closure of our COVID ward set-up.
- Develop Income Generation schemes with testing and services to 3rd sector and re-opening our Outpatient Café.

We have some **Key Actions** that we will progress quickly across the organisation which focus on: -

- Equity of access in our varied geographies, identifying fragile services with regard to workforce, developing admin bank as an alternative to agency use and developing an Internal Agency for Adult Social Care.
- Reviewing space utilization to ensure we get the best from our own facilities. Partnering with other organisations to share facilities where appropriate and finalizing our delivery model for vaccinations optimizing space to avoid spend on additional facilities.
- Rapid-fire service reviews challenging and supporting colleagues and teams into different ways of thinking/working and different staffing models using support from the Centre from Sustainable Delivery, involving GPs to deliver enhanced services, embedding International Recruitment to reduce reliance on agency spend.

We have an active **Ideas Generation** process which has produced a large list of schemes that still require planning and alignment to our Strategy and ADP the majority of which are enablers or foundational activities such as:-

- Use of technology for hospital monitoring
- Confirming rigor and benefits realization in our Business Case processes
- Review of centralized budgets and matching budgets to decision makers
- Development and Leadership training building confidence in transformation and conversance with organizational budgets / cost reduction targets as well as agile working.
- Challenging the culture of growing and adding to services, supporting colleagues and teams to transform and consider ways of getting more with existing funding
- Partnering with other agencies to deliver services where appropriate, for example – partnering with SAS to shape and deliver our Out of Hours Services.

There are further enabling initiatives which are required in order to ensure a longer-term sustainable organisation such as maximising the use of digital solutions to release time to care and to ensure that we have the correct mix of resources, allocated to the correct tasks at the correct time – across the organisation.

Annual Delivery Plan 2022
Produced by Strategy & Transformation
NHS Highland July 2022.

Agenda Item 8

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27 September, 2022**
Title:	**NHS Highland Maternity & Neonatal Business Case**
Responsible Executive/Non-Executive:	**Katherine Sutton, Chief Officer – Acute; Alan Wilson, Director of Estates, Facilities and Capital Planning**
Report Author:	**Lorraine Cowie, Head of Strategy & Transformation**

1 Purpose

This is presented to the Board for:

- Assurance
- Decision

This report relates to a:

- Government directive

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

- All quality ambitions

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care	x	**Partners in Care** • Working in partnership • Listening and responding • Communicating well	x
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing	x	**Safe and Sustainable** • Protecting our environment • In control • Well run	x
Other (please explain below)			

2 Report summary

Our priority is to establish clinically safe sustainable maternity and neonatal pathways for the women and families who reside in the NHS Highland areas and, through establishing this, be able to offer the choice to the women of Moray to deliver in Raigmore. In order to achieve this there is a requirement for:

i) Significant additional workforce provision to be established through a robust and reliable pipeline
ii) Refurbishment to take place in the existing maternity and neonatal unit in order to provide a high-quality infrastructure that meets current guidelines
iii) Increased stability and additional capacity by way of Midwifery Led Care in Highland to support women and their families with choice

This report requests that the Board approve the submission to Scottish Government for the capital costs only for Raigmore (circa £5m). It is understood that further investment will be required for an alongside maternity unit or Inverness based Community Midwifery Unit which will require additional capital investment along with revenue which will need to be encompassed with our current capital allocations. A strategic needs assessment will define the design, location and capacity requirements, following which additional financial requirements will be concluded.

The Board is asked to note the projected additional workforce required to establish clinically safe sustainable services. This has been developed through agreed modelling tools from HIS and the Neonatal guidelines. However, before this is presented for approval to the Board collaborative work is required between our NHS Highland Clinicians and those of NHS Grampian to ensure joint pathways of care are developed and that where appropriate an integrated approach to the workforce requirements is achieved. Therefore, please note, this is only included as a draft at this stage to guide the approval of the capital refurbishment.

It is important to note we will continue to recruit to key posts during this period to understand the workforce pipeline and a final business case will be presented to the Board outlining the revenue costs before the year end March 2023. This will also be presented with a clear recruitment and retention plan in place including a revised timeline for phasing in of staff.

2.1 Situation

A paper was provided to the Board in March 2022 outlining the key steps required to progress implementation. This initial work has now been completed and the recommendations of the report have been incorporated more broadly within the work we need to undertake in any case to develop a more sustainable and resilient model for Maternity & Neonatal services for NHS Highland.

2.2 Background

In March 2021, Jeane Freeman, the Cabinet Secretary for Health and Sport, commissioned an independent review into maternity services for the women and families of Moray: “The Moray Maternity Services Review (Scottish Government, 2021).” The purpose of the review was to describe the best obstetric model that would provide safe, deliverable, sustainable and high-quality maternity services for the women and families of Moray in line with strategic recommendations described in Best Start (Scottish Government, 2017). The findings of the review were published in December 2021, shortly followed by a decision in March 2022 from the Scottish Government to implement a shared maternity model, “model 4,” between NHS Grampian and NHS Highland.

It is important to recognise that to develop safe and sustainable maternity pathways of care clinical leadership across NHS Highland and NHS Grampian will come together to understand how best these can be redesigned. In addition in NHS Highland we have action required to ensure that the service currently delivered across Highland and Argyll and Bute are fit for the future and lay a solid foundation for any further increase in activity.

2.3 Assessment

Workforce and Pathways

To support our workforce any increase in service delivery in Raigmore would require a step change both in terms of the physical care environment and workforce model. Recognised modelling on the workforce requirement has been completed in collaboration with our teams to create cohesion and mutual understanding of this so we achieve the outcomes required for quality care together.

The key recommendation from the clinicians, midwifery paediatric/neonatology, and anaesthetic team members of NHS Highland is to establish workshops that NHS Highland, NHS Grampian and NHS Orkney work together to understand the site specific challenges and the potential steps to develop a constructive way forward through clinically designed and managerially enabled solutions. Key areas for consideration during these workshops are:

- Alternative models to facilitate acute and elective care at each site to minimise the need to transfer any labouring woman to either Raigmore or Aberdeen in her intrapartum journey.
- Create some pooling of workforce between Dr Gray's and Raigmore to provide stability to both sites with shared responsibilities in acute care provision.
- Clear communication with teams at all three sites to ensure everyone understands the direction of travel and the steps being taken to achieve agreed outcomes.
- The organisational support required at all sites to facilitate change and ways of working with suitable opportunities to retrain and or upskill.
- How lived experience can be used at the internal sessions to offer insight and perspective on the proposed changes in health care models and delivery by helping to shape the implementation process.

The workforce component and the collaborative pathway work will be presented to the Clinical Governance Committee to ensure due consideration of the safety and the Board with a target date of no later than March 2023. This is a pivotal step to develop sustainable and collaborative future pathways of care.

Infrastructure

Work has been completed to finalise the redesigned footprint for the Raigmore maternity delivery rooms & neonatal unit. Due to the challenges of refurbishment then there are limitations to what can be achieved within a limited physical footprint however the refurbishment works will ensure we are compliant with current guidelines. A key component to improving maternity care pathways was access to additional theatre capacity. This has been addressed through developing plans to provide greater access to the existing theatre infrastructure.

As highlighted above the footprint of Raigmore offers significant challenges. To create additional capacity and most importantly choice for Highland and Moray women then there is a need to consider the options in Inverness for midwifery led care supporting women of low risk to give birth in a more homely environment. This will not be without challenges in terms of securing the additional workforce required however the benefits to recruitment and retention and the choice for women is of significant importance.

The key changes and improvement that will occur during this refurbishment process will be:

Maternity Block

- Complete the fire sprinkler installation to the remainder of the building, to offer 100% safety coverage
- Subdivide fire compartments to enhance the fire safety and fire evacuation strategy.
- Replace fabric finishes – flooring, ceilings, lighting, cabinetry
-

Ground Floor

- New self-contained examination/consulting clinic to be created within central core area
- Refurbishment of Ward 9

First Floor

- Provide additional floor space to Labour Suite and Neo-natal departments
- Create fully compliant birthing rooms.
- Provide one birthing room with isolation room facilities (ante room and separate ventilation)
- Provide additional, compliant neo natal cot spaces, each with high dependency medical gases.
- Provide two compliant neo natal isolation rooms.
- Widen corridor to provide improved circulation within neo natal.
- Provide addition ‘parent craft’ overnight accommodation for families.
- Increased staff changing facilities
- Improve bereavement environment and provide SIMBA room within Ward 10
- Refurbishment of Ward 10

Lived Experience

Understanding lived experience is core to our approach. Through joint work with our Comms and Engagement team a questionnaire was developed building on the engagement and feedback on maternity & neonatal services through our strategy consultation. Over 80 responses have been received so far and we will use these to develop our future direction. This will be presented alongside the work above and be available by March 2023.

Best Start

There has been substantial progress on developing an implementation plan from the SG Best Start (BS) strategy. A Best Start Workstream has been established to lead and monitor the work around the 26 board level recommendations and main themes of the BS. The work will be conducted over the remaining 2 years of a 5-year implementation plan and will form part of the strategic direction for maternity & neonatal services in NHS Highland.

A key part of understanding our quality of care is to implement Badgernet fully across our system which will allow us to learn and monitor more closely the care we provide. In order to do this significant work will be required through business and health intelligence to develop this approach. This will include recruitment of BI resource and analytical time.

Revenue Costs

There will be short-term and permanent revenue costs associated with this business case development. Resources will require to be dedicated to this to ensure we have the correct support from business intelligence, analytical time and programme management. These elements will be incorporated into the workforce plan in order we ensure there is funding to support these elements. There will also be additional revenue costs from the creation of the Clava Ward that need incorporated overall.

2.4 Proposed level of Assurance

Substantial		Moderate	X
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

- When the changes have been successfully implemented women in Highland and Moray will have greater choice of place of delivery. Clinically-led discussions will have concluded and NHS Grampian and NHS Highland will have aligned in the establishment of safe maternity and neonatal care pathways for Moray women and their families.
- Refurbishment to the Raigmore maternity and neonatal unit with specific features in line with the recommendations of Best Start and current space regulations will be in place.
- Additional capacity will be in place in recognition of the direction from Scottish Government to establish safe maternity pathways in Highland for Moray women through recruiting staff across maternity and neonatal services
- Best use will be made of all locally available resources
- The approach will present additional opportunities and allow for the fostering of a culture of continuous improvement tomaternity and neonatal services for the service user and service providers
- Build capability to enhance the maternity and neonatal pathways between Highland and Moray

3.2 Workforce

- Addresses current service provision issues by creating the case for the required investment entailed to create a more robust maternity and neonatal service.
- Ensures NHS Highland is the employer of choice through focusing on improving workforce culture and developing a recruitment and retention strategy in the context of maternity and neonatal NHS Scotland standards.

- Supports collaborative, shared decision making between NHS Highland and NHS Grampian clinical leadership.

3.3 Financial

- Financial investment (revenue and capital) from Scottish Government will be required to safely establish maternity and neonatal care pathways between Dr Gray's Hospital and Raigmore Hospital.
- Investment in capital and revenue will be regularly monitored through available relevant financial data.
- Progress against recruitment targets as proposed in the business case and decant/refurbishment plans will be monitored through the Programme board-approved governance and accountability structures of the Maternity & Neonatal Programme Board.

3.4 Risk Assessment/Management

The Maternity and Neonatal Programme Board, overseeing the development of the business case, considered risks associated with implementation. These can be summarised as:

- Delays in business case approval process resulting in lost time to enable recruitment and refurbishment work to take place.
- If additional workforce required is unable to be funded, this would result in increased pressure and further capacity constraints within the neonatal unit, ward 9, ward 10, labour suite and high dependency area which will present a risk to service delivery and quality of care.
- Recruitment of medical and midwifery staff in NHS Highland across a range of disciplines may not happen as quickly as the service requires due to competing organisational priorities or external factors.

It is noted that most if not all of these risks can be mitigated with the support of the detailed risk register attached within appendix 1.

Delivery of the identified objectives and monitoring/mitigation/elimination of all risks will be a critical element of transferring a portion maternity and neonatal activity from NHS Grampian to NHS Highland. Performance against the benefits, and escalation of identified risks and presentation of newly identified risks (where applicable) will be monitored at the Maternity and Neonatal Programme Board meetings which take place fortnightly and comprise clinical, non-clinical and executive membership.

3.5 Data Protection

The investment required to enable recruitment and refurbishment, and the development of this business case, does not involve personally identifiable data.

3.6 Equality and Diversity, including health inequalities

An EQIA has been completed as part of developing the business case as enclosed as appendix 1

3.7 Other impacts

- There is a chance that other services within Raigmore will be impacted by the Decant process entailed in refurbishing the Maternity & Neonatal unit within Raigmore. The estates project team and Women's and Children's senior management are working collaboratively to ensure the impact expected will be minimal and cause as least disruption to service delivery as possible.

3.8 Communication, involvement, engagement and consultation

- Executive Collaborative Oversight Group (25-07-22)
- NHSH and NHSG Maternity & Neonatal Joint Programme Board (every month for 1 hr)
- Maternity & Neonatal Programme Board (every fortnight on a Thursday for 1.5 hours)
- Multiple engagement sessions (regarding revenue and capital) with the services
- 1:1 meetings with service stakeholders as required

3.9 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.

- Board Development (23-08-22)
- Executive Collaborative Oversight Group (25-07-22)
- NHSH and NHSG Maternity & Neonatal Joint Programme Board (once a month for 1 hr)
- Maternity & Neonatal Programme Board (every fortnight on a Thursday for 1.5 hours)
- This requires consideration by the Asset Management Group and Finance, Resources and Performance Committee and this will be completed at the October meetings

4 Recommendation

a) Note that this draft version of the business case has not been formally submitted to Scottish Government at this stage due to the ongoing clinical discussions that are required to take place to ensure joint board alignment in the establishment of safe maternity and neonatal care pathways for Moray women and their families.
b) Note that further work is underway to understand the requirements for midwifery led care in the Inverness area alongside maximising this approach at a local level across the Highlands and Argyll and Bute.
c) Note the current challenges in the NHS Highland system of maternity and neonatal care that require ongoing work to resolve in particular establishing stability and sustainability in the workforce
d) To give approval to progress with the capital works in the maternity and neonatal unit within Raigmore that will result in a much improved environment and experience for the women and families along with the workforce in delivering the care
e) Note that this will formally taken through the Asset Management Group and Finance, Resources and Performance Committee at their October meeting to ensure governance process is formally followed.

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1: DRAFT NHSH Maternity & Neonatal Business Case


NHS
Highland
Strategy and Transformation
Together We Care
with you, for you
NHS Highland
Maternity & Neonatal Services
Business Case for Additional Funding in Response to
Planned Shared Maternity Model with Moray 2022

Table of Contents

1 Executive Summary

In March 2021, the Cabinet Secretary for Health and Sport, commissioned an independent review into maternity services for the women and families of Moray: “The Moray Maternity Services Review (Scottish Government, 2021).” The purpose of the review was to describe the best obstetric model that would provide safe, deliverable, sustainable and high-quality maternity services for the women and families of Moray in line with strategic recommendations described in Best Start (Scottish Government, 2017). The findings of the review were published in December 2021, followed by a decision in March 2022 from the Scottish Government to implement a shared maternity model, “model 4,” between NHS Grampian and NHS Highland.

Implementation of a shared maternity model with NHS Highland and NHS Grampian requires additional service provision to be established promptly in order to provide a safe, equitable and high-quality maternity service to women residing in Moray.

Enabling access to a safe, sustainable maternity and neonatal service for Highland and Moray patients and their families will provide stability and robustness to the service, and to those involved in delivering and receiving the services. However, in order to ensure women in Moray can receive the maternity care they need in Raigmore, funding is required to increase our workforce establishment to cover the additionality expected to be received from Moray.

In addition to required revenue investment, there is also a need for capital investment to support the planned refurbishments within Raigmore Hospital’s existing maternity and neonatal unit in line with national strategy.

The purpose of this Business Case is to set out the need, implications, risks, benefits and indicative costs of implementing Scottish Government’s decision to allow Moray women to deliver in Raigmore from December 2023 and to clarify the assumptions made in development of the case.

This standard business case sets out the case for change and how the proposed new arrangements will bring about services which will be more collaborative and integrated. It will also improve quality of care and make better use of the available financial resources by utilising planning and performance intelligence to inform service planning decisions and building a resilient model to deliver maternity services.

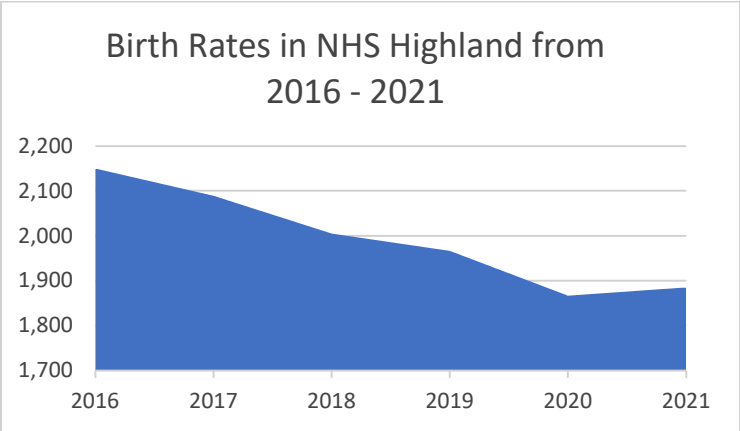
After a two-year consultancy period, and engagement workshops with clinical and non-clinical staff, it was deemed that the current level of Raigmore maternity staffing provision and the infrastructure needed to be enhanced through additional funding to be able to cope with the expected increase in maternity and neonatal activity.

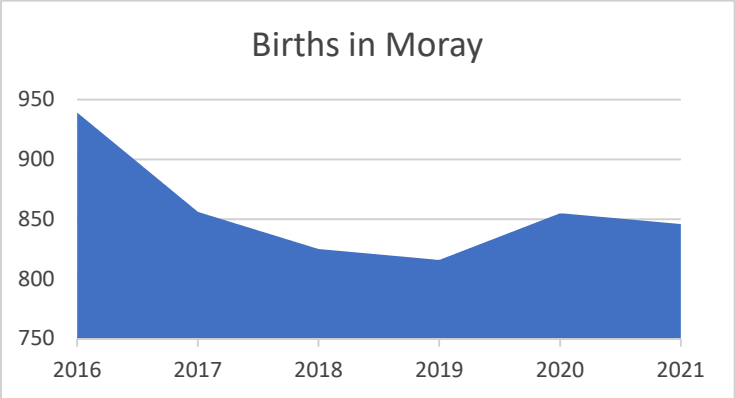
The additional staffing requirements proposed within this standard business case, in addition to the strategically- and guideline-concordant facility refurbishments, are not currently possible within the existing NHS Highland funding resource.

The overall area to be refurbished, focussing on the labour suite and Neonatal Unit, is 3000 m² plus a new construction addition of 300m² of first floor accommodation, increasing the complement to 15 compliant neonatal cot spaces within the Neonatal Unit (including isolation facilities) and 6 fully compliant birthing rooms (including isolation facilities) to accommodate the additional caseload expected to be received from Moray. This results in an estimated construction cost of £4.95m, excluding the cost of a number of backlog maintenance works brought forward to support the scheme, financed from internal cyclical maintenance funding from the Board.

A number of assumptions have been made throughout this business case that are important areas that should be considered:

1. A key feature of model 4, as described in the report commissioned and authored by Scottish Government, is that women are given choice of delivery location. Our available intelligence cannot forecast choice therefore modelling assumptions will be further developed as we implement and understand women's choices more
2. The calculations have been made using a workforce modelling tool therefore we have calculated with a 10% increase in workforce to accommodate a proportion of the Moray women along with ensuring safe staffing levels
3. When the choice was available to women previously only 45 women opted to choose Raigmore as their place of delivery
4. We have focused on the practices that are West of Moray (Forres, Lossiemouth, Kinloss and Elgin proportionately) as these are a shorter travel time but we realise a cohort of these women will choose Aberdeen
5. This amounts to approximately 200 women who are red pathway excluding elective c-section women. These are women who reside closer to Inverness than Aberdeen but this may increase or decrease due to the choices made by women.
6. Midwife led intrapartum care in Dr Gray's will continue to be provided to women
7. Birth rates have reduced in NHS Highland from 2018 and are expected to stabilise over the next 10 years; this will allow continued flexibility to accommodate more women in Raigmore should this be their choice.
8. There is a maximum footprint we can accommodate within the Raigmore site and safe staffing levels have been planned with the bed complement.
9. There is no additionality of birthing rooms, ward space or theatres in this planned refurbishment due to the footprint not being able to be extended
10. There will be additional neonatal capacity (2 additional cots)
11. The redevelopment will make us compliant in terms of current clinical guidelines and safety requirements
12. The workforce model represents the safe staffing levels with the pathways of women and our maximum capacity and demand we can accommodate. NHS Highland will continue to work jointly with NHS Grampian through the Joint Maternity & Neonatal Programme Board through recommending the establishment of an annual workforce and capacity/demand review.
13. To fully accommodate all Moray women, a refurbished maternity and neonatal unit would be required
14. With the planned development of an additional CMU in Highland (location to be strategically assessed) this will further reduce the number of low risk (green pathway) births in Raigmore therefore giving more choice
15. This business case does not include at present antenatal care for the red pathway women and this will further increase costs. This is being explored at present
16. As part of model 4, as described in the report commissioned and authored by Scottish Government, elective c-sections would continue to be delivered at Dr Gray's. We are now aware this may not be feasible therefore further exploration needs to take place on the impact this may have on NHS Highland





	Total Red	Total Green	Overall Total	DGH	Raigmore	AMH
GP Practice Area						
Aberlour/Rinnes/Dufftown	12	15	27	15	0	12
An Caorann, Aberchirder/Portsoy	9	6	15	6	0	9
Seafield & Ardach, Buckie	40	25	65	25	0	40
Forres Medical Centre, Forres	50	26	76	26	50	0
Elgin community surgery, Linkwood, Maryhill, Elgin	123	75	198	75	123	0
Fochabers Medical Practice, Fochabers	14	6	20	20	0	0
Keith Medical Practice, Keith	24	8	32	8	0	24
Macduff Medical Practice, Macduff	17	7	24	7	0	17
Moray Coast Practice, Lossiemouth	39	19	58	19	39	0
RAF Lossiemouth	3	4	7	4	3	0
Deveron Practice, Banff	20	10	30	10	0	20
Total Numbers	**351**	**201**	**552**	**215**	**215**	**122**

*The above numbers do not include elective c-sections (above table being updated)

This business case proposes how elements of maternity and obstetric care can be transferred from Dr. Gray's (NHS Grampian) to Raigmore Hospital (NHS Highland).

The main benefits of this proposal are:

- To ensure women as far as possible in Moray have Raigmore as a choice in maternity care delivery
- To refurbish the Raigmore maternity and neonatal unit with specific features in line with the recommendations of Best Start

- To create additional capacity in recognition of direction from Scottish Government to establish safe maternity pathways in Highland for Moray women through recruiting staff across maternity and neonatal services
- To make best use of all locally available resources
- To present additional opportunities relating to the continuous improvement of maternity and neonatal services for the service user and service providers
- To enhance the maternity and neonatal pathways between Moray and Highland

2 Strategic Case

2.1 Project Context

Delivering healthcare in a sparsely populated environment, special considerations are made in every decision to ensure equitable access to care for all patient groups (NHS Highland 2019). The population of Highland is approximately 235,500, which is an increase of 12.7% from 208,850 in 1998. The population of Moray is approximately 95,700 which is an increase of 10.3% from 86,800 in 1998. Whilst the Highland and Moray populations have increased over the last two decades, the population for Moray is expected to decrease 0.7% while the population for Highland is expected to remain stabilised over the next 10 years. The elements of population declines for Moray are due to overall decreases for individuals of reproductive age (16 – 44 years of age) as well as a declining birth rate. In Highland, the number of births per year is expected to remain stabilised over the next 10 years. In Moray, however, the number of births is expected to stabilise over the next 10 years.

NHS Highland is, geographically, the largest health board in the United Kingdom. NHS Highland's geographical area ranges from rapidly expanding urban environments, to remote and rural island/mainland communities. Nearly 60% of Highland's population live in areas that would be considered remote/rural.

Providing maternity services in rural areas presents many challenges. The planning, co-ordination and delivery of NHS Highland's maternity care services are community- and acute-based to ensure that women and families have access to safe, equitable services as close to home as possible.

Raigmore Hospital (which is covered by this proposal) delivers maternity and neonatal services through consultant and midwifery led MDT while also possessing a maternity and neonatal unit. In addition, there are 7 community teams and 3 community midwifery units (CMUs) designed to deliver care to women and families across the Highland areas. Raigmore Hospital serves as the main maternity unit with several community teams interacting via a hub and spoke model. NHS Highland maternity care locations are as follows:

- Raigmore Hospital
  - Sutherland Maternity Team, Wester Ross Maternity Team, Alness-Invergordon-Tain Community Team, Dingwall-Black Isle-Beauly Team, Nairn Community Team, Aviemore Maternity Team and 3 community teams in Inverness report Raigmore Hospital as their base.
- Caithness CMU
- Ft. William CMU
- Skye & Localsh CMU

In the development of this business case, and in planning improvements within Highland maternity and neonatal services, two years of formal complaints were reviewed in relation to maternity, neonatal, obstetrics and paediatric services. The following key themes were identified in the review of complaints:

- Occurrences where communication from staff to patients deemed unsatisfactory;
- Physical environment not up to the standards patients were expecting;
- Delays in receiving infant feeding support;
- Partners unable to attend antenatal screening appointments due to COVID-19 infection control measures in place;
- The patients self-reporting experiencing trauma as a result of birth plan not being followed;
- Risk of maintaining continuity of carer for women based in Caithness who, due to their risk presentation, need to deliver in Raigmore.

As a result of COVID-19, NHS Highland currently faces significant financial pressures in delivering services and remobilising service delivery. In addition, recruitment of maternity and neonatal-based staff entails a level of risk due to available skill mix required to deliver the expected level of services. In acknowledgement of the risks to service delivery aforementioned, NHS Highland has developed a five-year strategy, Together We Care, to take a whole-systems approach to:

- Delivering the best possible health and care outcomes for our population;
- Planning and attracting a sustainable workforce and supporting colleagues to nurture their careers whilst also listening to and learning from their experiences in developing future plans;
- Working in partnership with our stakeholders to transform and integrate health and care through continuous quality improvement practices.

As part of the development of the Together We Care strategy, NHS Highland held 45 engagement sessions with members of the public, the NHS Highland workforce, and community 3rd sector organisations and stakeholders to allow members of the Highland population to actively provide their views on what matters most to them. In addition, 1,700 survey responses were received, which allowed insight as to where strategic priority should be given over the next five years. Drawing on the results from the Together We Care survey and the feedback received at the internal and external engagement sessions, improving maternity and neonatal services was deemed by the Board to be progressed as a strategic improvement opportunity. Table 1 demonstrates the strategic need for improvement in maternity and neonatal services through sampling maternity-related quotes obtained through the Together We Care engagement activities and survey.

Table 1: Maternity Themes Obtained through Together We Care Engagement

Maternity-Related Quote	Details of respondent
“As a midwife maternity services are lacking way behind other areas in women's choice. Women's services are often undervalued and underinvested in. Women deserve a welcoming place to birth their babies where the family unit is supported. We have a crisis with a shortage of midwives so need to retain everyone that we train and encourage midwives to stay with good development opportunities, training and learning and making their job manageable.”	NHSH employee East Ross
“Improved and safe guarding maternity services, midwives who are passionate about women giving birth at home or in their locality.”	Member of public Caithness
“Maternity and early childhood care- from my experience it seems whilst staff are brilliant they are overworked, with not enough time to spend on the 'care' part of the role.”	Member of public Lochaber
“In highland, maternity and woman’s health in rural area needs significant development.”	Member of public Inverness-shire
“There needs to be more midwives available to offer evidence based support to new mums in their most vulnerable time.”	NHSH employee Inverness-shire
“Key priorities should be maternity women and child health with a rainbow service incorporating all services and personnel under one umbrella”	NHSH employee Ross-Shire

"Joined up approach to maternity services in Caithness"	Partner / Community Caithness
"Children and families starting with more support for first time mothers before and after birth leading to happier childhoods and less mental health issues."	Member of public Inverness-shire
"Distance maternity patients have to travel for routine appointments not available locally, problematic with weather road conditions, safety and time element. It is a long way from far north to Raigmore if there are any adverse weather/road conditions as well as family/economic situations. Is any thought given to those of us with no family/transport/finance assistance to travel all that way."	Member of public Caithness
"NHS Highland has the opportunity to demonstrate how there doesn't need to be health board silos and can lead the way with their maternity services opening up choice and support to the women of Moray."	Member of public Nairn-shire

2.2 National Strategic Direction through Implementation of Best Start

Best Start sets the national strategic aim for improving access to safe, high quality, equitable maternity and neonatal care across all health boards in Scotland. Best Start has the following 6 guiding principles at the core of its strategic recommendations:

- Family-centred, safe and compassionate approach to, recognising unique circumstances and preferences
- Fathers, partners and other family members are actively encouraged and supported to become an integral part of all aspects of maternal and new-born care
- Continuity of care and carer, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require
- Services are redesigned using the best available evidence, to ensure optimal outcomes and sustainability, and maximise the opportunity to support normal birth processes and avoid unnecessary complications
- Staff are empathetic, skilled and well supported to deliver high quality safe services, every time
- Multi-professional team working is the norm with an open and honest team culture, with everyone's contribution being equally valued.

NHS Highland was an early adopter of Best Start, however the impact of the COVID-19 pandemic stalled substantial progress from being made on implementing Best Start recommendations from March 2020 – April 2022. From April 2022, the Best Start project has been relaunched and complimented by the strategic direction and planned deliverables of NHS Highland's Together We Care Strategy. At present, there are a number of risks that may affect the pace of delivering the Highland-selected Best Start recommendations, including current shortage of midwifery and medical workforce, sustaining CMU model given the relatively high number of vacancies within community midwifery, lack of suitable parent accommodation at Raigmore and shortage of overall clinical capacity required to take work forward.

The original timeframe for Best Start implementation envisaged a five-year implementation timeline, ending in 2022. However, because health boards prioritised the COVID-19 response over the last 2 years, the Scottish Government has allowed for a two-year extension to the implementation period of Best Start. In acknowledgement of this extension period, the Best Start Implementation Programme Board agreed the following priorities for health board delivery:

- Planning: Develop and submit Best Start Implementation Plans to implement 28 Best Start recommendations for local delivery by 31st August 2022.

- Reporting: Submit Best Start data to the SG across a suite of 28 local recommendations by 31st October 2022 and then again semi-annually.
- Continuity of Carer: Continue roll out of continuity of carer, with particular focus on women and families experiencing social complexity and/or women with poorer maternity outcomes (including black, Asian and minority ethnic women).
- SAER: Implement new Significant Adverse Event guidance (2021) and report progress.

In order to adhere to the recommendations outlined within Best Start, additional staffing is required to safely support Moray women who choose to access maternity services from Raigmore. The provision of additional activity will support the 6 guiding principles of Best Start and further solidify a sustainable and safely staffed maternity and neonatal workforce, family-centred services and create opportunities to ensure maternity and neonatal care providers receive the appropriate training required to enable them to empathetically treat patients with dignity, fairness and respect. Additionally, the design of the available space within the Raigmore maternity and neonatal units must be refreshed to support the clinical delivery in line with Best Start ambitions.

At the moment, Raigmore does not have designated space for transitional care. In addition, the bed and patient flow system in the current maternity and neonatal unit does not support individual patient factors (e.g. a bereaving mother will be ward-situated adjacent to a mother who has a healthy new-born). The capital proposal as outlined in this business case will mitigate the inhibitors to the delivery of the Best Start principles through refurbishing an existing ward in line with Best Start strategic direction. The refurbishment of the maternity unit will support and facilitate patient-centred, individualised care delivery through the proposed refurbishments.

2.3 Current Arrangements

2.3.1 Raigmore Maternity and Neonatal Service Details

Raigmore Hospital is the only acute-district hospital that is based within the NHS Highland health board. Raigmore Hospital consists of 8 floors which house an emergency department, teaching facilities, a designated outpatient department, an intensive care unit, theatre suite, and several units in relation to treatment specialties. Only the services as they relate to this specific proposal are described. The maternity unit at Raigmore Hospital currently consists of:

- An obstetric theatre with access to a second theatre when required
- 6 birthing areas within a labour suite
- A level-2 neonatal unit containing 14 cots for intensive care, high dependency and special care needs
- 2 wards that accept obstetric patients
- Antenatal outpatient clinics
- Antenatal scanning facilities

Antenatal and Postnatal Beds

The bed and patient flow system in the current maternity and neonatal unit does not support individual patient considerations (e.g. a bereaving mother will be situated adjacent to a mother who has a healthy new-born). The capital proposal as outlined in this business case will address these inhibitors through ensuring patient-centred care is the core of the refurbishments as outlined in this proposal. In addition, the service would ideally be able to separate antenatal and postnatal women during their admissions. Further work is to be pursued by the NHS Highland Maternity & Neonatal Programme exploring aligning capacity through demand and understanding how skill-mix within services can be leveraged at maximum capability.

Furthermore, the establishment of an additional CMU (location to be strategically assessed as outlined in the Executive Summary) will mitigate the issues aforementioned in relation to patient flow by releasing a portion of low-risk demand currently being treated at Raigmore into the community midwifery unit once built and safe care pathways have been established.

High Dependency Admission Area

It should also be noted that maternity services currently use a four-bed high dependency **area** (not a high dependency **unit)** and occasionally high-risk women may require transfer to the ITU / high dependency area, some distance away from their baby.

As an early adopter for Best Start NHS Highland needs to follow guidance on room sizes and bed spacing, which are currently below the recommendations. As part of the capital proposal within this business case, spacing and room sizes will be addressed to facilitate compliance with the associated guidance.

2.4 Joint Implementation Plan with NHS Grampian

“Model 4” is described as a Moray Networked Model and includes a Community Maternity Unit (midwife-led) in Dr. Gray's Hospital, with access to consultant intrapartum care in Raigmore or Aberdeen, depending on the woman’s preferences. This would see an increase in the proportion of births taking place in Raigmore which is geographically closer to home for a percentage of women in Moray. Emergency and urgent transfers would also go to Raigmore. It is expected that the CMU in Dr. Gray’s Hospital would be able to deliver approximately 20% of babies in Moray (all of which would be "low risk"), and potentially an additional 20% with the repatriation of women having elective caesarean sections.

The establishment of safe maternity and neonatal care pathways will be operational across Grampian and Highland by December 2023 assuming the identified Highland-specific risks outlined in section 2.6.2.2 can be fully mitigated.

Area of Maternity Care	What we have now	What we will have	What needs to change	When it will be completed
Choice of Place of Birth	Women in Moray can choose between • Midwife-Led birth in Dr Gray's Hospital • Midwife Led birth in Aberdeen Maternity Hospital • Consultant – Led birth in Aberdeen Maternity Hospital • Home birth	Women in Moray will be able to choose between • Midwife-Led birth in Dr Gray's Hospital • Midwife Led birth in Aberdeen Maternity Hospital • Midwife – Led birth in Raigmore Hospital • Consultant – Led birth in Aberdeen Maternity Hospital • Consultant – Led birth in Raigmore Hospital • Home birth	• Upgraded and new facilities in Raigmore Hospital will make sure the hospital has the capacity for women who choose to give birth in Raigmore Hospital. • Recruit additional staff in Raigmore Hospital to delivery clinically safe, quality services	December 2023
Antenatal Care - Planned and Unplanned	• Antenatal care that is delivered mainly by Midwives, but supported by consultants in Dr Gray's Hospital and Aberdeen Maternity Hospital. • Maternity Triage 24 hours a day delivered by Midwives supported by on call obstetrician for emergencies • Antenatal Day Assessment services supported by obstetricians	• Antenatal care that is delivered mainly by Midwives, but supported by consultants in Dr Gray's Hospital, Aberdeen Maternity Hospital and Raigmore Hospital as close to home as possible • Maternity Triage 24 hours a day delivered by Midwives • Care closer to home in Moray for women who require input from a Fetal Medicine Specialist. • Expanded Antenatal Day Assessment supported by obstetricians. • Reduced travel to Aberdeen for antenatal care	• Scope flexibility of existing workforce to deliver antenatal care as close to home as possible in a networked model • Develop the Fetal Medicine service in Dr Gray's Hospital • Scope expansions to the antenatal day assessment provision	December 2023 Scoping complete Autumn 2022 Scoping complete Autumn 2022
Midwife-Led Births	• Midwife-Led births in Dr Gray's Hospital - A hybrid model	• Midwife –Led births in Dr Gray's Hospital – a nationally	Continue to ensure that women have all the information they need to make	Already in place

	where women with intrapartum complications transferring to either Raigmore Hospital or Aberdeen Maternity Hospital depending on clinical indication and availability with contingency emergency support from local consultants.	recognised, evidence based Midwife – Led model of care where all women with intrapartum complications transfer to the agreed consultant unit in Aberdeen Maternity Hospital or Raigmore Hospital. • Tertiary support will also be available in Aberdeen Maternity Hospital if required.	informed choices about their place of birth.	
Consultant-Led Births	Consultant-Led births in Aberdeen Maternity Hospital	Choice of o Consultant Led births in Aberdeen Maternity Hospital o Consultant Led births in Raigmore Hospital	• Recruit additional staff in Raigmore Hospital to accommodate the extra births. • Provide high quality information to women which supports informed choice.	December 2023 Already in place
Elective Caesarean Sections	Women from Moray can choose to have an elective caesarean section in Aberdeen Maternity Hospital	Women from Moray can choose to have an elective caesarean section in • Aberdeen Maternity Hospital • Dr Gray's Hospital	• Develop the physical and clinical staffing infrastructure in Dr Gray's Hospital to provide elective sections as a safe option • Consider a pathway that offers the options for women of Moray to have elective sections within Raigmore Hospital in the future	The timeframe for establishing safe maternity pathways for Moray women is not sufficient for the level of development. This will be offered as part of Model 6. December 2023

The key risks to establishing safe and sustainable maternity and neonatal pathways for Moray women and their families within NHS Highland can be found in section 2.6.2.2, but these can be summarised as:

1. Delays with receiving the funding needed to support the recruitment of additional staff and refurbishment planned to take place in Raigmore.
2. Delays in recruiting the additional staff required to make the current maternity and neonatal service within Highland robust and sustainable in order to equitably and safely treat Highland patients.
3. Delays in recruiting the additional staff required as part of implementing shared maternity pathways between NHS Highland and NHS Grampian.
4. The decant process within Raigmore may be time challenged due to other system pressures which could affect the pace of the planned maternity and neonatal unit refurbishments.
5. Construction resources required for the maternity and neonatal unit refurbishments may be difficult to source due to challenges experienced as a result of Brexit and supply chain issues.

2.5 Patient Pathways in NHS Highland

Women using maternity services are currently identified as being on either a high risk (consultant-led care) or low risk (midwife-led care) pathway, following triage at their booking appointment with a midwife against agreed criteria.

Discussion with all women is facilitated throughout the course of their pregnancy to enable them to make decisions regarding care and birth preferences, including place of birth. The pathway for maternity care requires women to have continuous risk assessment throughout their pregnancy, labour and the postnatal period taking into account that risk status is dynamic and may change over time. It is anticipated that women may move between low-risk and high-risk, in both directions, as a result of clinical recommendation or other factors. A change in risk from low- to high-risk at any stage in pregnancy may result in a woman who had planned to deliver in a community midwifery unit (CMU) to instead deliver in Raigmore Hospital.

2.5.1 Antenatal Care

Community-based midwives are responsible for booking women. At the first booking appointment, an initial risk assessment is completed by the community midwife, and subsequently graded as high risk or low risk depending on the criteria and risk presentation at the time of booking. It is assumed that women classed as low risk would not go to Raigmore Hospital to deliver; instead, they would intend to deliver at the respective CMU. Women typically have 8-10 appointments with their primary midwife during their pregnancy. It is to be noted that some women may need more or might have appointments with other members of their healthcare team depending on level of risk. Women who are deemed as high risk are assumed to be booked to deliver in Raigmore. It is to be noted that once a low-risk woman changes to high-risk, her birth plan will be amended to have Raigmore Hospital as the intended location of delivery. Depending on level of high risk, the clinical judgement would be made with regards to how often they are seen with an appointment. Low risk women are dealt with via the respective community team and can be referred to Raigmore Hospital at any point in their pregnancy should they require. All women who are accessing NHS Highland maternity services can use the Badgernet app to view their test results, view their maternity notes, their birth plan, and how to get in touch with their maternity unit/primary midwife.

2.5.2 Intrapartum Care

As part of implementing Best Start, continuity of carer is always striven for with regards to delivering antenatal, intrapartum and postnatal care to women, however there may be clinical incidences during labour where continuity of carer is not possible due to a sudden change in risk (e.g. a low-risk women changing to high-risk at the time of delivery due to labour complications). This would result in a change of primary carer for the woman during her delivery. Women who experience high risk complications while in labour in a CMU will be shifted to being on the high-risk pathway, which entails an intrapartum transfer from

the respective CMU to Raigmore where she will have consultant-led care over the remaining course of her labour.

2.5.3 Postnatal Care

Postnatal care for women who were low-risk at the time of delivery is led by their respective community midwifery team. Low risk women have access obstetric input as required. Women who were deemed high-risk at the time of delivery have postnatal care that is fulfilled by the respective community midwifery team once discharged.

2.5.4 Red Pathway Planning Assumptions for Moray Women and Families

Women on the Red Pathway will be managed in a shared care model with Community Midwives and the Obstetric services in the Acute Sector.

At the dating scan an estimated due date will be determined, and at this point the woman will be informed that home birth or birth in a midwifery led unit would not be suitable, and therefore a choice of place of birth would be offered as either Raigmore Hospital or Aberdeen Maternity Hospital.

All women will follow scanning protocol which indicates that a scan should be performed on average every 3 to 4 weeks, with few exceptions when fewer scans will be required.

2.5.5 Service Implications for Red Pathway Women

Women who are high-risk may be more likely to choose to deliver in Raigmore if they are based in the West of Moray. Women on a Red Pathway are more likely to have extra service needs. These needs are required to be assessed through clinical collaboration assessing pathways and available data.

2.6 Why is the Proposal a Good Thing?

This proposal addresses the key service changes that are required in order to create a safe, sustainable maternity and neonatal service for Highland and Moray patients. This proposal will deliver an expanded clinically led and effective maternity service model within Raigmore Hospital and will adhere to local and national strategy through providing Moray women with more choice in their birth plan. As well as aligning to strategy and direction from Scottish Government, the proposal will make better and more efficient use of the footprint of the existing maternity and neonatal space within Raigmore.

This proposal will also support the development of an integrated maternity and neonatal service delivery model between NHS Highland and NHS Grampian and facilitate the stated intention to take additional women from Moray who choose to deliver in Raigmore.

With appropriate refurbishment of the existing hospital space, acute maternity and neonatal services within NHS Highland will be better positioned to further improve existing pathways around the needs of the women thereby facilitating a better personalised care service delivery model while also supporting the needs of women and families directly through modifying the available space in accordance with patient and staff feedback.

2.6.1 Drivers for Change

The key drivers for change are:

- Current workforce and physical space arrangements are a barrier to services being integrated and co-located for Moray women
- To deliver national and local strategies and policies
- Difficulties with staff recruitment and retention
- Existing NNU facility is non-compliant with space regulations

- To respond to the direction from Scottish Government to implement a shared service delivery model for Moray women by December 2023
- To further provide equitable access for all patients, including Moray women
- To enable monitoring and oversight of performance within maternity and neonatal
- To utilise existing space within Raigmore Hospital in a meaningful, intentional way that benefits staff and patients
- To potentially improve the sustainability of NHS Highland maternity and neonatal services in the most efficient way possible
- Existing scanning suite is not fit for purpose

2.6.2 Organisational Goals

The opportunity now presented would allow NHS Highland and NHS Grampian to meet the expectations directed from the Scottish Government in implementing a linked maternity network model for intrapartum care.

NHS Highland recognises the importance of delivering safe, equitable and high quality care to for Highland and Moray women. The refurbishments planned to take place within the maternity and neonatal units within Raigmore as well as the additional workforce required to treat additional patients will benefit the organisation as described in section 2.6.2.1 below. These benefits can be summarised as:

- Continuing to deliver clinically excellent care for NHS Highland patients and for Moray women who choose to deliver in Raigmore.
- Provide services and facilities that are compliant with Best Start recommendations and other Scottish Government directives.
- Ensuring NHS Highland is the employer of choice through focusing on improving workforce culture and developing a recruitment and retention strategy in the context of maternity and neonatal.
- Person-centred care remains the primary aim of service delivery.
- Services are evidenced to be sustainable and high quality through enhanced monitoring of performance metrics and utilisation of benchmarking comparator data from other boards.

2.6.2.1 Investment Objectives

Investment objectives will be achieved over two elements of this programme of work:

I) Additional Workforce Requirements to Support Additional Patients from Moray: Funding is required to enable recruitment opportunities for additional staff as part of enabling Moray women to access to safe, sustainable services within NHS Highland.
II) Refurbishment of Existing Maternity & Neonatal Units within Raigmore Hospital: Reconfiguration of maternity and neonatal unit to comply with strategic direction from Best Start and to support additional patients expected to be received from Moray.

It is proposed that the two investment opportunities entailed within this programme of work as aforementioned will be realised and beneficial as follows:

Additional Workforce Requirements to Support Additional Patients from Moray

- Create capacity for establishing safe maternity and neonatal pathways for Moray women directed by the Scottish Government
- Support integrated service delivery between NHS Highland and NHS Grampian
- Enhance existing workforce through further establishing a more sustainable and robust maternity and neonatal service
- Identify quality improvement opportunities through designated maternity and neonatal analytic support

- Avoid locum costs within obstetrics and gynaecology and paediatrics through recruitment of substantive staff
- Adhere to direction and recommendations from Scottish Government in the delivery of services to maternity and neonatal patients

Refurbishment of Existing Maternity & Neonatal Unit within Raigmore Hospital

- Significantly improve the use of existing NHS Highland facilities through refurbishment of Raigmore maternity and neonatal units in line with current local and national policy and guidance.
- Significantly enhance the suitability of patient accommodation within Raigmore maternity and neonatal units.
- Addition of 2 neonatal unit cots.
- Opportunity to adhere to national strategic direction through creating additional functionality and efficiency of existing space (e.g. Best Start & transitional care bed space and implications for designated space to train staff).
- Opportunity to create usable, multipurpose space to be able to support operational and strategic direction.

2.6.2.2 Risks

The Maternity and Neonatal Programme Board overseeing the development of the business case considered risks associated with the additional workforce and refurbishment being proposed.

- Delays in business case approval process resulting in lost time to enable recruitment and refurbishment work to take place.
- If additional workforce required is unable to be funded, this would result in increased pressure and further capacity constraints within the neonatal unit, ward 9, ward 10, labour suite and high dependency area which may present a risk to service delivery and quality of care.
- There is a risk that the decant has the potential to limit the number of beds at Raigmore, which is already under pressure. This could potentially further induce strain on NHS Highland having enough beds to deliver the activity in the remobilisation plan submitted to the Government.
- Recruitment of medical and midwifery staff in NHS Highland across a range of disciplines may not happen as quickly as the service requires due to competing organisational priorities or external factors.
- Sharing patient clinical information in a digital and timely manner to the same quality standards may be a risk. Interoperability links between the Dr Gray's Hospital and Raigmore Hospital Badgernet systems need to be made.
- Lack of suitable facilities to take additional maternity and neonatal caseload that is in line with national policy and strategy.

It is noted that most if not all of these risks can be mitigated with a detailed risk register attached within the appendix.

Delivery of the identified objectives and monitoring/mitigation/elimination of all risks will be a critical element of transferring a portion maternity and neonatal activity from NHS Grampian to NHS Highland. Performance against the benefits, and escalation of identified risks and presentation of newly identified risks (where applicable) will be monitored at the Maternity and Neonatal Programme Board meetings which take place fortnightly and comprise clinical, non-clinical and executive membership. The architecture and governance/accountability structures of this Programme Board can be found subsequently in this proposal.

2.6.2.3 Constraints & Dependencies

As with most redesign of service of this nature, there are constraints and dependencies which will also inform the way forward.

Constraints

- Utilising an existing building to carry out facility upgrades is constraining architecturally.
- No alternative sites or patient accommodation opportunities have been identified.
- Uncertainty regarding when funding from Scottish Government will be available to enable recruitment plans with associated timescales.
- There may be limited capital monies available to deliver in the timescale required.
- There is no under-croft or column below the ground floor, which eliminates cost effective and expedient alteration to services
- The Maternity Block is bounded on north, south and west sides by emergency fire access roads, with a modular theatre and Main Theatre Suite extension (with Maternity offices on ground floor) to the east.
- All principal hospital underground services run parallel to the west elevation.
- Extending the current Maternity Block footprint is not possible as a result of the above referenced obstacles, leaving only the north west elevation as a potential location to increase physical floor area, with support structure spanning the underground services.

Dependencies

- The business case is dependent on women in Moray choosing Raigmore as their delivery location.
- Service users and staff will need to be supportive of the expected increase in activity and the planned refurbishments in Raigmore Hospital.
- Raigmore Hospital requires additional staffing provision to be able to cope with the expected increase in activity within Raigmore. This additionality of staffing requirement is currently not funded.
- To enable the any significant refurbishment of the current Maternity Block accommodation, the decant of current services out of the Maternity Block is necessary.
- The central, first floor location of the Obstetric Theatre is the most convenient position, as it has the closest link to the Labour Suite, neonatal unit and the main Theatre Suite.

3a Economic Case: Workforce

3a.1 Maternity & Neonatal Workforce Summary

The current workforce profile within the context of delivering maternity and neonatal services is mixed in demographics, contract type and skill. The current level of staffing within maternity and neonatal services in acute maternity and neonatal services currently lacks the necessary robustness to be able to cope with additional caseload as part of establishing safe maternity pathways for Moray women. To further enable the services to deliver clinically excellent, sustainable, cost effective and equitable care, additional staffing is required within the following service areas in the context of maternity and neonatal:

- Obstetrics & Gynaecology
- Neonatology & Paediatrics
- Midwifery & Nursing
- Domestics, Porters & Catering
- Pharmacy
- Administrative Support
- Radiology
- EHealth & Analytic Support
- Allied Health Professionals
- Medical Physics

3a.2 Additional Workforce Requirements to Support Additional Patients from Moray

Workforce modelling consultancy activities and discussions have been undertaken across all service groups that have a professional stake in the delivery of maternity and neonatal services. The purpose of the workforce modelling consultancy activities was to understand from the service leads what the workforce requirements would be to support the additional families who will be cared for at Raigmore Hospital as part of establishing safe maternity pathways for Moray women. The following additional workforce requirements to cope with the expected level of demand, as detailed in the planning assumptions, can be found through section 3a.2.1 - 3a.2.13.

3a.2.1 Obstetrics & Gynaecology

Obstetrics and gynaecology entails varied responsibilities that combine medicine and surgery. For low-risk patients accessing maternity services, midwives handle most of the care and uncomplicated deliveries. Obstetricians, however, deal with more complicated pregnancies and births and perform surgical and non-surgical procedures in the delivery of services.

Risk classification is guided using national frameworks, KCND. Currently in Highland, there are more women who are classified as high-risk than low-risk due to criteria in how risk is assessed (e.g. the risk threshold to be classed as “high” is relatively easy to meet). In Raigmore last year, 36% of women who delivered were classified as low-risk while 64% were classified as high-risk. This is in line with national averages for red and green pathways. The risk classification can sometimes result in additional checks/measures of assurance which require clinical time and resource in place.

Obstetricians perform c-sections as a key part of their service delivery. Approximately 380 elective c-sections per annum are conducted in Raigmore. In addition to elective c-section procedures, approximately 350 emergency c-sections are conducted in Raigmore each year. An obstetric consultant performs these procedures and the service is responsible for ensuring that the availability of obstetricians within the rota take into account planned and unplanned (emergency) care.

Emergency and urgent transfers pan-Highland would also go to Raigmore which would need the time of an obstetrician.

The obstetric and gynaecology service is not robust enough to centrally provide services to NHS Highland patients due to shortage of available staff capacity. In order to ensure the needs of Moray patients are met, the following additional staffing requirements are proposed for obstetrics and gynaecology in the context of the additional caseload expected to be received from Moray, and in order to strengthen the existing capacity within the obstetric/gynaecology team* (to address the Highland-based need):

- 3.7 WTE Obstetrics & Gynaecology Consultants
- 1.0 WTE Obstetrics & Gynaecology Specialty Grade Doctors
- 1.5 WTE Obstetrics & Gynaecology Junior Grade Doctors

*A portion of this has already been requested from NHS Highland to Scottish Government as part of RMP4 funding to support waiting lists. A detailed breakdown of the funding as it relates to this proposal can be found in section 4.1.3. The WTE requested to cover obstetrics and gynaecology within the context of this business case assumes the waiting list funding will be received.

3a.2.2 Neonatology & Paediatrics

NHS Highland had an external review of the Neonatal service and there are 2 recommendations contained in the findings of this review which have not yet been completed:

1. Increase in the number of Medical Staff
2. Increase in clinical space

There is concern in NHS Highland that additional activity into the neonatal unit cannot be accommodated without taking forward the outstanding recommendations of the review to increase the clinical space and the number of medical and nursing staff in the Unit.

NHS Highland is an early adopter Board for the Scottish Government Best Start Strategic Policy Document and, in line with this, the neonatal unit at Raigmore Hospital will require the following facilities:

- Kitchen facilities for parent
- Family accommodation
- Toilet and shower facilities for parents
- Adequate space/seating for kangaroo care
- Designated space for transitional care

In addition, other national quality of care standards define the need for an adequate isolation room, a family friendly waiting area, and additional parentcraft rooms (with gas and air and associated equipment).

The Paediatric Unit in Raigmore Hospital accepts on average 3,000 inpatients annually and 2,600 children are seen through the day-case unit. Approximately 80 babies per year are readmitted to paediatrics as they develop of jaundice or feeding problems following discharged from maternity services. This business case assumes that any paediatric readmissions for feeding problems / jaundice (estimated 21 babies) will be managed by the Paediatric Service in NHS Grampian.

The working assumptions of the general paediatric service of the increase on the neonatal unit are as follows:

- Re-admissions of Moray babies for jaundice/ feeding problems will take place within NHS Grampian;
- Babies born in Moray but requiring retrieval:
    - These babies can be admitted to Raigmore Neonatal Unit if we have the cot space and we can provide intensity of care required;
    - Moray babies who have been cared for in a tertiary centre can be transferred to us if we have the cot space available;
- Follow up arrangements for Moray babies born in Raigmore Hospital: all paediatric follow up needs to take place within NHS Grampian, this includes:
    - Performance of radiology and any other investigations (e.g. bloods). This also involves follow up of results;
    - Involvement of NHS Grampian paediatricians in discharge planning of complex patients (e.g. babies going home on oxygen). NHS Highland expect the arrangements for this will be put in place by NHS Grampian paediatricians;
    - Community liaison service;
    - Outpatient follow up:
        - General paediatrics;
        - Neonatal follow up clinic;
        - Community paediatric follow up.

It is estimated that activity will increase by 15%, although precise data on this is unavailable in NHS Highland and a step change in staffing will be required. The associated increases in staffing, to meet British Association of Perinatal Medicine guidelines, might be able to be implemented on a step change basis to aid recruitment difficulties in the North of Scotland.

To meet the care needs of the additional expected caseload from Moray and to ensure NHS Highland safe staffing levels are met would call for an increase* in:

- 5.5 WTE Band 5 Neonatal Nurses
- 3.1 WTE Specialty Doctors
- 4.0 WTE Junior Grade Paediatric Doctors

*A portion of this has already been requested from NHS Highland to Scottish Government as part of funding to support safe staffing provision of neonates in acknowledgement of BAPM 2 requirements. A

detailed breakdown of the funding as it relates to this proposal can be found in section 4.1.3. The WTE requested to cover the paediatrics within the context of this business case assumes the BAPM 2 funding will be received.

Equipment for NNU

More equipment would be required (e.g. monitors, cots, etc.).

Babies On Postnatal Ward Who Require Antibiotics

With an additional 190 deliveries in Raigmore Hospital it is assumed that an additional 18-20 babies will go through Raigmore's neonatal unit for antibiotic treatment per year. Additional resource and facility is required to meet the needs of the antibiotic treatment.

Outpatients Following Discharge From NNU

Outpatient checks following discharge from Raigmore are assumed to take place by paediatricians in Moray.

Neonatal Community Liaison Service

NHS Highland have 11.5 hours per week to provide a neo-natal community liaison service, to visit babies discharged from the unit into the community. They previously have never extended this service to women out with NHS Highland and it is assumed that this service will be provided by NHS Grampian for the Moray women as there is not sufficient capacity to provide a service to Moray from this limited resource. This is also in line with ensuring that most of the ante-natal care is continued to be provided in Moray.

3a.2.3 Midwifery & Nursing

Midwives provide support to women before, during and after childbirth, making sure babies receive the care they need at the earliest stages of life. Midwives are experts in childbirth, and the role of a midwife can be demanding and carry a high level of responsibility.

The midwifery specialty within NHS Highland utilises a Safer Staffing Workforce Tool. The limitation of utilising this tool is that it can only be run and calculated on known activity and acuity. Therefore, the planning assumptions when calculating the additional midwifery workforce need as part of creating safe maternity pathways for Moray women have been calculated using the crude percentage of workforce required based on the expected increased activity (190 additional patients from Moray). This completion of rota would mean the number of midwives needed to cover the labour suite over a 24-hour period and day shift in Ward 9a and 10, calculated on a 12-hour shift rota and an estimation of anticipated acuity. Additional cover for obstetric scanning has been included for potential for cranial scans for neonates.

Intrapartum transfers to Raigmore will require consultant-led care and have an increased chance of requiring augmentation of labour, epidural analgesia and assisted delivery. This higher acuity would have the potential for requiring 1:1 or 1.5:1 care from midwives.

Risk in pregnancy and labour is dynamic and the initial assessment for midwifery led care can change by the end of the pregnancy. The current induction of labour rates of 40% would mean an extra 76 induction of labour episodes with a potential increased uptake of epidural analgesia.

The additional requirement for caesarean section working on the current rate of 35% would be an additional 66 cases requiring additional midwifery care for preparation and in theatre with Maternity Care Assistant care required in the post-operative period.

The increased activity in the neonatal unit would require an additional nurse on each shift with maternity care assistant input to neonatal unit and transitional care which is calculated as part of cover for the maternity unit.

Safe levels of midwifery staffing requirements to meet the additional expected caseload from Moray would call for an increase in:

- 0.2 WTE Band 7 Obstetric/Midwife Sonographer
- 10.9 WTE Band 6 Midwives
- 6.7 WTE Band 4 Maternity Care Assistants (Working Across Maternity and Neonatal Services)
- 1.2 WTE Band 2 Healthcare Support Workers

The workforce tool will be run regularly to ensure safe staffing levels are maintained in order to provide clinically excellent, high-quality care.

Rather than placing the new, proposed midwives requested within this proposal within a designated ward / maternity suite, the recommendation from NHS Highland midwifery leadership is to rotate the midwives according to planned and unplanned activity. This will further contribute to an environment that works using a whole-system healthcare delivery approach rather than discrete wards operating in silos. This approach will further strengthen the continuity of carer arrangements already in place within NHS Highland.

3a.2.4 Anaesthetics & Theatres

a) Anaesthetic Assessment

Raigmore Hospital routinely (once a month) offers a pre-operative anaesthetic assessment for women identified for elective Caesarean section or who have a complex clinical history. It is assumed Moray women will access this clinic assessment.

b) Epidural Service

The anaesthetic team in Raigmore Hospital provides an epidural service 24/7 and the epidural rate is currently 21%. It is anticipated that this number will increase as a result of taking on 190 more deliveries from Moray.

c) Increased Theatre Provision

It has been agreed that further access to theatres will be required for approximately 20-25 hours a week – anticipated to be 8am-1pm each day, rather than a 2nd obstetric theatre being provided. This would mean there would be an extra in general theatre for these hours to cover the elective sessions, freeing up theatre 11 for emergency work. This negates the need for a second obstetric theatre.

To effectively offer NHS Highland theatre services to Moray patients as part of establishing safe pathways of care for this population, it is proposed that the budget used to purchase theatre stock for obstetric activity is increased by £4,185. Additional staffing and theatre provision to service the additional activity from Moray will not be required.

3a.2.5 Domestics, Porters & Catering Services

As a result of taking additional women from Moray, NHS Highland is expecting the level of medical waste within the maternity and neonatal units in Raigmore Hospital to increase by at least 10% in line with the expected additional activity. A full review of the portering and domestic service was conducted, and it was deemed that 1.0 WTE band 2 porter will be required to cope with the expected level of medical waste.

3a.2.6 Pharmacy Services

Pharmacy Services are mainly involved in care for these women / babies during any hospital admission, and after the birth of the baby whether this is looking after the mother and/or baby directly. The drug spend

budget for Raigmore Maternity & Neonatal is to be uplifted by 10% in line with increased activity. In addition, and to further support the increase in pharmaceutical activity in Raigmore, 0.4 WTE Band 7 pharmacist and 0.5 WTE Band 3 Pharmacy Support Worker are being proposed within this business case. Their role would be to support the existing pharmacy staff already in place through the following:

- Obstetric wards and the neonatal unit would require additional drug top-ups to their ward stock during the week. This is currently undertaken once weekly by a Pharmacy Assistant. This will need to increase to twice weekly to ensure drug stock is available on the wards for these women / babies.

- Medicines are often regularly supplied to Obstetrics using patient supply packs where medicines are packaged within pharmacy into suitable pack sizes and pre-labelled for use at patient discharge. The increase in use of these patient supply packs would involve more work within the Pharmacy Pre-Packing Unit and increase the volume of medicines labelled at any one time.

- Neonatal total parenteral nutrition numbers will rise if Moray babies 28 weeks to 32 weeks are admitted to the neonatal unit and therefore likely to result in an increase of approximately 19 babies per annum that may need complex prescriptions. Additional staff resource would be required within the Pharmacy Aseptic Unit to ensure this work can be processed/undertaken. The current labelling system for neonatal TPN prescriptions requires to be upgraded as it is out of date and therefore the purchase of a new TPN labeller will become essential if the workload increases.

- Medicine Information enquiries may rise for investigating safety of drugs in pregnancy and breastfeeding. This is currently provided by the Medicine Information Service in NHS Grampian, but would transfer to NHS Highland.

- Clinical Pharmacists currently review all babies within the neonatal unit and cover complex Obstetric patients. An increase in time will be required for these Pharmacists to address clinical issues and follow up enquiries. Currently we have 1.6WTE Pharmacists working across Obstetrics, the neonatal unit and the Children's Ward. This additional work will require Raigmore Hospital's Woman and Child pharmacist staffing to be increased to 0.4 WTE band 7 pharmacist.

- Increased Dispensary workload for any discharge prescriptions.

3a.2.7 Administrative Support Services

Administrative Staff will be required to support the clinical increase in activity in obstetrics, the neonatal unit, medical paediatrics and maternity at Raigmore Hospital:

- Obstetrics & Gynaecology:
  - 3.0 WTE Band 4 Administrative Staff
- Paediatrics/Neonatology:
  - 2.0 WTE Band 4 Administrative Staff

3a.2.8 Radiology Services

It is estimated that 1 cranial ultrasound per week will be required to be provided by the Sonographer at Raigmore Hospital and will be reported by a Consultant Radiologist. The ultrasound department in Raigmore Hospital could not manage the increase workload if full activity is transferred.

In addition to additional activity, and within the context of neonatology, the radiology service at NHS Highland has agreed to train an extra 2 sonographers to conduct ultrasounds on the heads of neonates. Protected time to train will be required to ensure the sonographers receive the training required to support

the additional caseload from Moray. Additional consultant clinic time of 0.5 session per week will be required to facilitate neonatal ultrasound training as agreed by NHS Highland radiology services.

3a.2.9 Analytic & eHealth Support

NHS Highland implemented Badgernet Electronic Maternity Record in May 2020. The advantage of this component of digital transformation was to enable data collection and data sharing between care providers to support the ongoing improvements in patient safety and quality of care. Badgernet is a full end-to-end paper-light electronic maternity record system. It allows real-time recording of all events wherever they occur: in the hospital, community, or home. This includes events from women that are on high risk and low risk pregnancy pathways. All events recorded are available to any clinician (with appropriate access) wherever they are based.

Currently there is limited functionality within Badgernet to support regular monitoring and reporting. The activity reports produced from Badgernet currently are manually and tediously extracted resulting in a labour-intensive process which relies on a single-person system. NHS Grampian have worked with Clevermed (the suppliers of Badgernet) to create an interface to the data tables in the background of Badgernet to facilitate BOXI reporting. A solution is required to produce data to monitor relevant intelligence in the context of establishing safe pathways of maternity and neonatal care for Moray women and their families which will further compliment NHS Grampian surveillance.

Currently, NHS Highland does not have an automated reporting mechanism in place to enable the active, live monitoring of NHS Highland or Moray maternity and neonatal patients. Ideally, reporting metrics, utilising the same data field specification that NHS Grampian have in their board reports for maternity and neonatal, would be the preferred option in ensuring that performance metrics are monitored and risk informed by available data is mitigated as part of daily management within the services.

A Maternity & Neonatal dashboard is being scoped by the NHS Highland Senior Health Analyst with support from operational areas (e.g. Badgernet Lead Midwife). Data is required from Badgernet in order to produce this dashboard, which will be used as a key platform for services to access performance metrics and aid in identifying areas of risk, trend/activity and projection modelling for maternity services. Analytical support will be required in maintaining the dashboard, link with the services with regards to data quality queries, and link directly with Clevermed to address any data queries within Badgernet. Upon consulting with the NHS Highland team, it was deemed that the following staff resource will be required to enable robust monitoring of Moray and Highland maternity and neonatal patients:

- 1.0 WTE Band 6 Badgernet Analyst

Additional resource will be required to provide a whole-systems linkage with Badgernet (specifically for CTG monitoring) between Dr Gray's and Raigmore units. In addition, these systems will need to be linked to the North of Scotland Care Portal which will enable interactive electronic communication of patient information between NHS Highland and NHS Grampian, as part of the regional strategy for eHealth. Estimate will be £150K non-recurrently with £40k recurring pa.

Additional hardware is estimated at £100k, and will include mother and baby VC units and head cameras. These will enable the operational units to operate effectively.

Further joint investigation on behalf of NHS Highland and NHS Grampian eHealth departments is required to enable a streamlined process/system of health records linkage between the two health boards (specifically for Dr. Gray's and Raigmore facilities) for maternity and neonatal patients as part of providing safe and sustainable services within Highland to Moray women.

3a.2.10 Neonatal AHP Working Arrangements with The Highland Council

AHPs provide unique specialist care within neonatal services that deliver many benefits for families. Early intervention and early detection of deficit is key to achieving the best outcomes for the high-risk population being cared for on neonatal units. Early intervention promotes better long-term outcomes and reduces the pressure on community services. Families whose babies likely would have later required multiple hospital admissions, or involvement from several community services over many years, are saved this added stress. In addition, the NHS is saved the additional cost down the line.

The Best Start, published in 2017, laid out a new model of neonatal and maternity care in Scotland. This recognised the role of AHPs within neonatal services as fundamental to effective and timely repatriation and discharge planning as well as transition to both hospital and community paediatric services.

Best Start also recognised the important contribution that an effective and highly specialist AHP service can make to improve outcomes for high-risk neonates. The report recommended (recommendation 47) that a framework for consistent and equitable speciality AHP support be provided for neonatal units. It was also recommended that a national Framework for Practice should be developed which outlines clear pathways for new-born care and supports the development of consistent and equitable specialty AHP outreach support for local neonatal units from larger units.

Through the Best Start implementation programme, Scottish Government funded a review ("Scottish Neonatal AHP Workforce Review," Hilary Cruickshank on behalf of the National Neonatal Network AHP Forum, 2022) of specialist neonatal AHP provision across Scotland to identify the level of existing provision, highlight any service gaps and develop recommendations for how these could be addressed. In line with the Scottish Neonatal AHP Workforce Review, investment will be required to develop and support AHP input to neonatal units.

These recommendations are not currently being met across all AHP and neonatal services in NHS Highland. Whilst NHS Highland currently provide funding for acute physiotherapy to the neonatal unit in Raigmore Hospital and for follow up clinics, there is no funding available for other AHP services.

The Highland Council provide Dietetic, Speech and Language Therapy (SLT) and Occupational Therapy (OT) in response to urgent need but are unable to provide ongoing support and surveillance, early intervention or prevention without additional funding support. In considering the planned refurbishment of the neonatal unit as proposed in this business case (2 additional cots), this business case includes the investment and need to support the following neonatal-AHP service inclusions in line with Scottish Government findings:

- Occupational Therapy (band 7): 0.81 WTE
- Dietetics (band 7): 0.46 WTE
- Physiotherapy (band 7): 0.81 WTE
- Speech & Language Therapy (band 7): 0.35 WTE

3a.2.11 Psychology Services

There is a neonatal psychologist within the neonatal unit that will be doing interventions perinatal mental health. NHS Highland's strategy, Together We Care, has helped develop a programme of work centred on improving the access to and quality of post pregnancy mental health care and substance use services. Continued collaboration between NHS Grampian and NHS Highland is required to determine the pathways for Moray families accessing these services postnatally.

3a.2.12 Medical Physics

The medical physics service within Raigmore and the implications of establishing safe, sustainable pathways of care to Moray women in the context of maternity and neonatal is being scoped.

3a.2.13 Corporate Services

Implementation of model 4 will rely on support from various departments within corporate services including communications and engagement, project support and administrative support. Corporate services in relation to the investment required as outlined in this standard business case will work collaboratively with Highland maternity and neonatal services to further ensure a robust, structured and rigorously planned approach in implementing model 4 is maintained.

3a.3 Indicative Costs for Proposed Revenue Investment and other Non-Pay Areas

The proposed revenue investment will cost approximately £2,953,954 excluding VAT. The proposed non-pay cost will be approximately £366,322 for year 1 excluding VAT. A detailed breakdown of these cost areas can be found in section 4.

3b Economic Case: Infrastructure

3b.1 Stakeholder Engagement

Over the course of the planning cycle associated with developing this business case and the wider Maternity and Neonatal Programme, highly attended workshops and discussions took place with stakeholders across the realm of maternity and neonatal service delivery, including midwives, consultants, operational managers and executive directors. Further engagement workshops and regular, planned, active communication with this stakeholder group has been scoped and developed into a communications and engagement plan.

In addition, ongoing discussions are taking place with NHS Highland and NHS Grampian relating to a shared communications and engagement plan to ensure that messaging regarding the updates entailed with establishing safe and sustainable maternity and neonatal care pathways for Moray women and their families are consistent and shared between the two health boards. This will be particularly important in the recognition of the Raigmore maternity and neonatal refurbishment work as proposed within this business case, and assuring NHS Highland stakeholders on the ability of meeting construction timescales.

Also included in the communications and engagement plan is a course of actions associated with collecting and using patient lived experience to inform of improvement opportunities within maternity and neonatal services. Utilising lived experience and engaging with the population directly helps make NHS Highland maternity services more visible and further informs of a qualitative and quantitative evidence-based approach of using quality improvement methodology to create more sustainable services for patients who will use NHS Highland's maternity and neonatal services in the future.

3b.2 Proposed Accommodation Schedule

refurbishing the existing Raigmore maternity and neonatal unit has been scoped over the previous 2 years in anticipation of the expected level of increased activity in Raigmore once safe and sustainable maternity and neonatal pathways for Moray women and their families have been established. Refurbishing the existing maternity and neonatal unit in Raigmore will create a more sustainable service through ensuring the refurbishments contained within this proposal meet national guidance and clinical standards as far as is practical within the physical constraints of the existing building. The overall area to be refurbished, focussing on the labour suite and Neonatal Unit, is 3000 m² plus a new construction addition of 300m² of first floor accommodation, increasing the complement to 15 compliant cot spaces within the Neonatal Unit (including isolation facilities) and 6 fully compliant birthing rooms (including isolation facilities) to accommodate the additional caseload expected to be received from Moray. This results in an estimated construction cost of £5m, excluding the cost of a number of backlog maintenance works brought forward to support the scheme, financed from internal cyclical maintenance funding from the Board.

3b.3 Do Nothing/Do Minimum & Other Options

This Option Appraisal is based on the request to investigate options to provide additional delivery/birthing rooms (and associated accommodation where applicable) to accommodate the potential for an additional 190 births per annum to take place at Raigmore Hospital (currently approximately 1,900 births take place in Raigmore on average per year).

The requirement for these additional rooms results from the displacement of low-risk births from the current Labour Suite, to accommodate the higher risk births from the Moray area. This appraisal focusses on only the birthing accommodation necessary to provide capacity within the existing Labour Suite and increase in size of the neonatal unit cost spaces to compliant dimensions and services and does not include the

additional resources that will be necessary as a result of the increased proportion of higher risk patients attending Raigmore Hospital.

The current Maternity Unit (Zone 8) was opened in 1988, and contained 3 numbered wards (8, 9 & 10), Labour Suite and Special Care Baby Unit (neonatal unit). A dedicated Operating Theatre was added within the existing Labour Suite in 2004, and a realignment of the wards occurred in 2016 to enable the Endoscopy Unit to relocate to Ward 8, leaving Ward 9 and 10 as Maternity wards, with Ward 9 physically divided into two operational areas. Associated scan rooms, outpatients and administrative accommodation is located adjacent to the Maternity building, all accessible via internal corridors.

In line with the relevant guidance, a review of a wide range of historical documents and several ongoing processes has identified the following physical refurbishment options as summarised:

1. Do nothing: the status quo
2. Conversion of the current administrative, staff changing and medical record accommodation within the ground floor, relocating the current occupants and services to alternative accommodation. Refurbishment and extension/increase in floor area of both the Labour Suite and neonatal unit
3. Conversion of Ward 9B. This option will require the relocation of the current specialties to a location to be identified, within the main Ward Block.
4. The provision of a stand-alone modular building that would accommodate the delivery suites with all associated services and accommodation.

An analysis of these options is presented in the table below:

1. Do nothing: the status quo	
Heading	**Rationale**
Description	Continue to provide maternity and neonatal services in the same way from the existing facilities layout without change.
Main Advantages	Familiarity for colleagues and historical maternity and neonatal patients.
Main Disadvantages	Missed opportunity to provide improved services and premises; Poor accommodation and use of accommodation; Not sustainable; Not considerate of national strategic recommendations; Current risks remain, identified improvement opportunities are not realised.
Conclusions	The do nothing/minimum is not a viable option. It delivers none of the organisational goals.
2. Conversion of ground floor to accommodate additional patients & refurbishment of neonatal unit and labour suite	
Heading	**Rationale**
Description	Conversion of ground floor to accommodate additional patients & refurbishment of neonatal unit and labour suite.
Main Advantages	Provides compliant neonatal cost spaces and services, compliant Birthing Rooms and Alongside Midwife Led Maternity rooms, and additional examination rooms on ground floor
Main Disadvantages	Invasive works requiring significant need to decant service.
Conclusions	Delivers cohesive accommodation with established and expedient, relevant adjacencies.
3. Conversion of Ward 9B	
Heading	**Rationale**
Description	Conversion of Ward 9B. This option will require the relocation of the current specialties to a location to be identified, within the main Ward Block.

Main Advantages	Potentially less inconvenience caused by refurbishment works
Main Disadvantages	Restricted available floor area. Prevents any likelihood of implementing other Best Start recommendations
Conclusions	Does not deliver vision to provide space that is multi-functional and adherent to strategic and government direction.
4. Stand-alone building	
Heading	**Rationale**
Description	The provision of a stand-alone modular building that would accommodate the delivery suites with all associated services and accommodation.
Main Advantages	Potentially less inconvenience caused by refurbishment works; Reduces decant requirement
Main Disadvantages	Cost and separation of services; Suitability of site and impact on underground services; High cost expected; Building timescale considered to be the longest when compared to the other options.
Conclusions	Raigmore Estate does not have the area to accommodate an additional building of the size of what would be required for a maternity and neonatal area.

3b.4 Options Appraisal

It became clear through discussions with relevant clinical and non-clinical stakeholders that only one option (option 2) should be considered for further appraisal alongside option 1 (do nothing, which is required to be considered as a basis for comparison).

Option 3 was discounted because this option offered insufficient floor space to enable construction of compliant refurbished space.

Option 4 was discounted because the long-term occupation of ground adjacent to the southwest of the Maternity Block over existing principal underground services, the impact to privacy within the existing Wards 9 & 10 and cost.

3b.5 Preferred Facilities Option in line with Increased Activity & Recognition of Strategic Service Solutions

The current preferred option is a realignment of current accommodation across the three principal areas within the current Maternity Block.

This consists of the following changes to the block on the first and ground floors:

- The extension and provision of compliant Birthing Rooms adjacent to the existing Labour Suite enables the provision of a functional Labour Suite, and to create an Alongside Unit.
- Within the neonatal unit, the realignment of existing spaces and the additional floor space resulting from the Labour Suite proposal, enable an increased number and compliant cot spaces and associated accommodation.
- Former circulation spaces and inadequate single rooms will be converted into a large 5-cot ITU unit, in addition to an upgrading of adjacent rooms and compliant isolation rooms.
- The central area between Labour Suite and neonatal unit will be rearranged to offer an improved layout with efficient preparation rooms, storage, staff bases and increased staff changing rooms to provide adequate facilities for current (and future) staff numbers.

- The neonatal unit parent overnight room accommodation will be increased with one 'in-ward' suite and one out of the ward into a self-contained unit with appropriate help-call facility.
- The two Maternity wards (Ward 10, first floor and Ward 9, ground floor) will be upgraded and realigned to provide improved, dedicated triage and pre- and postnatal wards.
- The current ground floor Central Core area occupied by a medical records area and Community Midwives' accommodation will be converted to an outpatient consulting/examination suite.
- The fire safety and compartmentation will be improved with the extension of the hospital fire sprinkler system into all these areas (completing coverage to the whole block), with fire and smoke ventilation dampers and control, in addition to building fabric improvements throughout.

Advantages and disadvantages of preferred refurbishment option

Option 2: Conversion of the current administrative, staff changing and medical record accommodation within the ground floor, relocating the current occupants and services to alternative accommodation. Refurbishment and extension/increase in floor area of both the Labour Suite and neonatal unit	
Advantages	**Disadvantages**
Increases provision and provides compliant patient areas and facilities.	Depends on appropriate decant to enable works to be carried out.
Updates 34-year-old accommodation to deliver today's healthcare services in line with current clinical and facility guidelines.	Displaces records, office and storage accommodation.
Offers multi-purpose spaces to provide patient isolation, clinical examination and staff training.	
Minimises impact on other wards, areas and surrounding features.	
Mitigates risk of taking additional activity as directed by Scottish Government.	
Enables an improved bed flow system across maternity and neonatal services.	

3b.6 Indicative Costs for Preferred Facilities Option

The construction cost for option 2 is estimated at £5m excluding VAT, professional fees, equipment and displaced staff services as previously indicated. A detailed breakdown of this cost is being developed.

4 Financial & Management Cases

4.1 Financial Case

Costs have been developed based on similar workforce-related projects for NHS Highland. The costs are indicative and will be reviewed annually to ensure budgetary compliance.

4.1.1 Revenue Costs

Indicative revenue costs are shown in the table below.

4.1.2 Disposal of Assets

There are no assets owned by NHS Highland in scope for disposal.

4.1.3 Required Investment

Area	Total Costs (£)
Workforce	2,953,954[1]
Workforce (Invergordon CMU)	700,000
Capital (Raigmore Decant and Refurbishment)	5,000,000
Non-Pay (e.g. consumables, equipment and IT)	366,322
Grand Total	**9,020,276**

- [1]This figure assumes the already-requested funding of £845,131 from Scottish Government to support obstetrics & gynaecology waiting times and paediatric safe staffing levels in recognition of BAPM 2 will be approved. This will add further robustness to the maternity services within Highland.
- This excludes monies that might be obtained from endowments and third parties in order to enhance the specification of equipment.
- These costs are presented as indicative only and will be reviewed annually.

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Summary of Proposed Workforce Revenue Funding Required [1,2,3]

Department	Role	Band	Funding to Cover NHSH Safe Staffing Levels		Funding to Cover Additional Patients from Moray		Funding Requirement to cover NHSH Safe Staffing Levels and Moray Additionality*		Assumption: Funding Requested via SG is Approved		Business Case Proposal: Overall Requirement to cover NHSH Safe Staffing Levels and Moray Additionality Assuming Previously Requested Monies Approved°	
			WTE	Annual £*	WTE	Annual £*	WTE	Annual £*	WTE	Annual £*	WTE	Annual £*
Midwifery	Midwife	Band 6	0.00	0	10.90	594,012	10.90	594,012			10.90	594,012
	Neonatal Nurse	Band 5	0.00	0	5.50	260,430	5.50	260,430			5.50	260,430
	Maternity Care Assistant	Band 4	0.00	0	6.70	250,006	6.70	250,006			6.70	250,006
	Health Care Support Worker	Band 2	0.00	0	1.20	37,314	1.20	37,314			1.20	37,314
	Midwife Sonographer	Band 7	0.00	0	0.20	11,749	0.20	11,749			0.20	11,749
Obstetrics & Gynae	Consultant		3.00	365,656	1.70	207,205	4.70	572,861	1.00	121,885	3.70	450,976
	Speciality Doctors		1.30	100,283	0.70	53,998	2.00	154,281	1.00	77,140	1.00	77,140
	Junior Grade Doctors		1.50	133,706	1.00	89,137	2.50	222,843	1.00	89,137	1.50	133,706
	Admin Staff	Band 4	2.15	72,622	0.85	28,711	3.00	101,333			3.00	101,333
Paediatrics	Consultant		4.00	487,541	0.00	0	4.00	487,541	4.00	487,541	0.00	-
	Speciality Doctors		3.10	239,135	0.90	69,426	4.00	308,562	0.90	69,426	3.10	239,135
	Junior Grade Doctors		3.00	267,412	1.00	89,137	4.00	356,549			4.00	356,549
	Admin Staff	Band 4	1.00	33,778	1.00	33,778	2.00	67,555			2.00	67,555
AHPs (THC)	OT	Band 7	0.70	42,214	0.11	6,332	0.81	48,546			0.81	48,546
	Dietetics	Band 7	0.40	24,122	0.06	3,618	0.46	27,741			0.46	27,741
	Physio	Band 7	0.70	42,214	0.11	6,332	0.81	48,546			0.81	48,546
	S&L	Band 7	0.30	18,092	0.05	2,714	0.35	20,806			0.35	20,806
Radiology	Consultant		0.00	0	0.05	6,094	0.05	6,094			0.05	6,094
Pharmacy	Pharmacist	Band 7	0.00	0	0.40	24,122	0.40	24,122			0.40	24,122
	Pharmacy Support Worker	Band 3	0.45	13,245	0.05	1,471	0.50	14,716			0.50	14,716
Lab Services	N/A		0.00	0	0.00	0	0				0	0
Medical Physics			0.00	0	0.00	0	0				0	0
Porters	Porter	Band 2	0.00	0	1.00	28,022	1.00	28,022			1.00	28,022
Domestics	N/A		0.00	0	0.00	0	0	0			0	0
Decontamination	N/A		0.00	0	0.00	0	0	0			0	0
Theatre Staff	N/A		0.00	0	0.00	0	0	0			0	0
Planning and Performance	Analyst	Band 6	0.00	0	1.00	50,171	1.00	50,171			1.00	50,171
Corporate Services	Various	Various					*TBC*	120,000			*TBC*	120,000
			21.60	**1,840,020**	**34.47**	**1,853,781**	**56.07**	**3,813,800**	**7.90**	**845,131**	**47.67**	**2,968,670**

*All costs at average point of band

°The calculations used to determine the additional workforce required to cover NHSH safe staffing levels and additional patients from Moray assume the already-requested funding of £845,131 from Scottish Government to support gynaecology waiting times and paediatric safe staffing levels in recognition of BAPM 2 will be approved. This will add further robustness to the maternity and neonatal services within Highland.

- [1]This excludes monies that might be obtained from endowments and third parties in order to enhance the specification of equipment.
- [2]These costs are presented as indicative only and will be reviewed annually.

- [3]These costs are presented as recurrent costs to further enable substantial service provision.

Summary of Proposed Non-Pay Funding Required

Non Pay Funding Required			
		Year 1	Year 2
eHealth	Linkage with Badgernet	150,000	40,000
eHealth	Hardware Costs (VC units/Head Cameras)	100,000	
Neonatal Unit	Non Pay Suppllies	9,719	9,719
Maternity Unit	Non Pay Suppllies	18,582	18,582
Labour Theatre	Non Pay Suppllies	4,185	4,185
Lab Services	Tests	37,322	37,322
Pharmacy	Drugs	22,714	22,714
Catering	Trolleys		500
Corporate Services	Training	2,800	2,800
Corporate Services	Laptops	21,000	
		366,322	**135,822**

4.2 Management Case

4.2.1 Programme Governance

This programme of work, including the development of this standard business case, is governed by a Programme Board chaired by the Chief Officer of Acute, led by the Head of Strategy and Transformation and facilitated by the Maternity and Neonatal Programme Manager. Formal membership of the Programme Board also consists of the following roles within the context of maternity and neonatal services:

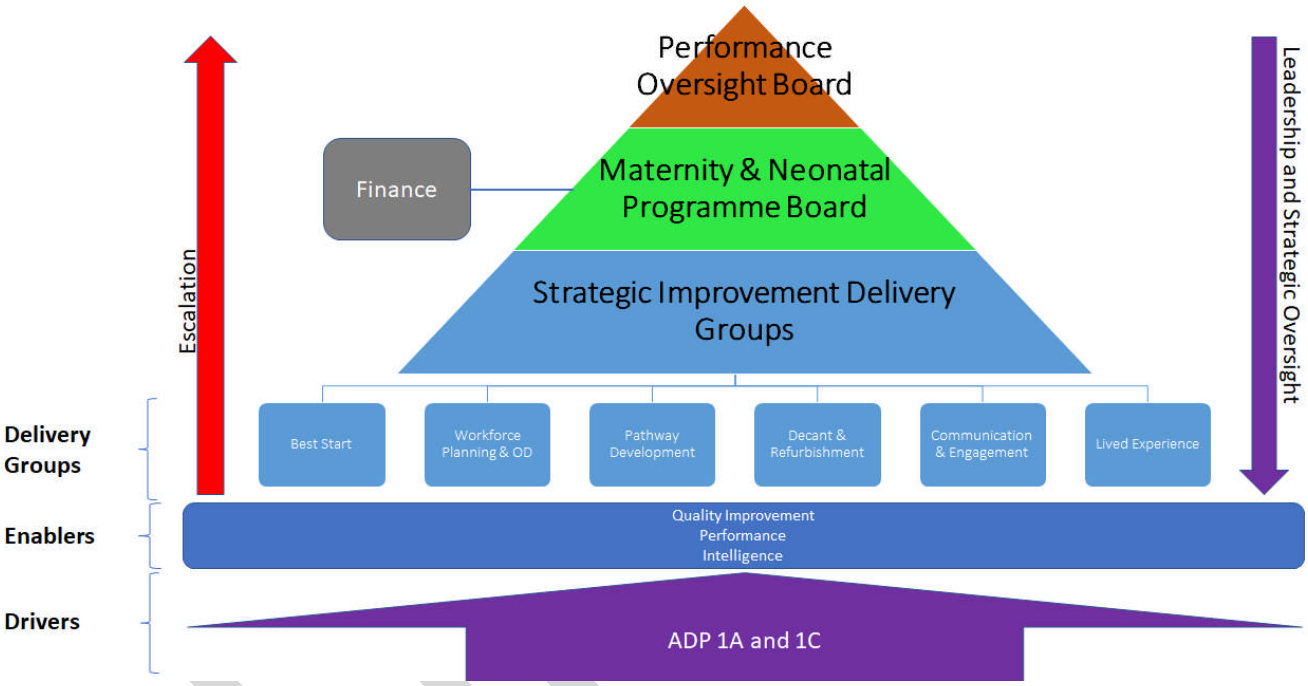
- Deputy Medical Director - Acute
- Board Nurse Director
- Director of Midwifery
- Deputy Director of Midwifery
- Director of Estates, Facilities & Capital Planning
- Head of Estates
- Deputy Director of Finance
- Head of Communications
- Programme Manager
- Service Planning Manager
- Lead Health Analyst
- Head of Operations: Women and Children Services
- Service Manager(s): Obstetrics & Gynaecology, Neonatal services & NNU, Paediatrics.
- Clinical Director – Women's and Children's
- Lead Consultant - Obstetrics & Gynaecology
- Consultant Paediatrician - NNU
- Obstetrics & Gynaecology Consultants
- Acute Staff-Side Lead
- Senior HR Advisor

The scope of the maternity and neonatal programme is to:

- Provide leadership in delivering the review to improve outcomes for people who engage with maternity services
- Use meaningful lived experience to support our implementation by engaging with our service users at all stages and engaging closely with our 3rd sector colleagues to ensure the patients voice is at the heart of the maternity programme oversight board
- Establish robust arrangements which provide assurance to stakeholders that the recommendations of the Moray review and other associated recommendations are being implemented by NHS Highland. It will set and agree milestones and deliverables and track progress against them
- Provide oversight to the development of the business case to improve the infrastructure necessary to create the environment required across our geography
- Provide strategic planning oversight to the Raigmore refurbishments contained within the standard business case and utilise the Programme Board to escalate risks that may impede the progress of the construction
- Ensure our workforce is supported through a workforce plan that encompasses organisational development, recruitment, listening and engagement
- Use intelligence to understand needs of our population, current themes of risk areas (e.g. DATIX and complaints) balancing the demands on the system for patient care and wellbeing and the need for sustainable services
- Ensure any key risks identified requiring further guidance are escalated to the Children and Families Board with regular reporting to other groups as required

- Ensure planned improvements in quality and outcomes are achieved, with supporting intervention for significant risks to benefits realisation. This will involve reviewing all associated workplans and the risk register.
- Provide oversight to the Best Start Action plan to ensure we are supporting this throughout NHSH
- Promote the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision and a seamless transition in care across the whole patient pathway

There are 6 strategic improvement delivery groups that report to the Maternity and Neonatal Programme Board. The 6 strategic improvement delivery groups' remit is pivoted on ensuring the effective use of resources that benefit patients and their carers to create a connected, coordinated and fully integrated maternity service for the population it serves.



4.2.2 Project Management of Capital Planning Work

The proposed maternity reconfiguration will be a design and build project procured via framework Scotland 3 (FS3) in respect of both the design and construction by the appointed principal supply chain partner (PSCP) and project managed by the FS3 lead advisor team, already appointed in respect of the capital programme over the next five years for NHS highland, and as directed by the NHS highland capital planning team.

4.3 Next Steps

This standard business case will be submitted to Scottish Government to propose the requested, required funding as part of ensuring the safe, equitable, measured and methodical establishment of maternity and neonatal care pathways for Moray women and their families. Once funding is secured, the Maternity and Neonatal Programme can:

- Begin to develop a recruitment strategy that is supported through a workforce plan that also encompasses organisational development, listening and engagement.
- Continue to consult with Raigmore hospital-based staff on planning and associated timescales entailed as part of the refurbishment works due to take place in the maternity and neonatal units.
- Continue to work in partnership with NHS Grampian over the course of developing the agreed pathways and workforce to enable Moray women and their families to access NHS Highland maternity and neonatal services.
- Monitor progress against key joint milestones whilst continuing to escalate and mitigate risk through the appropriate actions.

5 Conclusion

Establishing safe maternity pathways for Moray women and their families as well as sustainable services within NHS Highland require i) additional service provision to be established in Raigmore and ii) refurbishment to take place in the existing maternity and neonatal unit in order to provide an equitable and high-quality maternity service to women residing in Moray.

The revenue and capital investment requested within the context of this proposal will also support the co-delivery of maternity and neonatal services in an integrated and sustainable way that will address the concerns raised from front-line staff and patients about increased service demand as a result of establishing safe maternity and neonatal care pathways for Moray women and their families. In addressing these concerns through the requests as outlined in this standard business case, it will also mean that NHS Highland is able to meet its obligations regarding being able to take additional maternity and neonatal activity from Moray.

Appendix Summary:

- Appendix 1: Raigmore Activity Modelling Scenario 1: Average capacity 2018-2022 with 190 additional caseload modelled 3 different ways.
- Appendix 2: Raigmore Activity Modelling Scenario 2: Average capacity 2018-2022 with 190 additional caseload modelled as a proportion
- Appendix 3: Risk Register
- Appendix 4: Ambulance Transfers from Dr. Gray's Hospital to Raigmore Hospital (Moray & Banff Pregnancies)
- Appendix 5: KCND Pathways for Moray Patients Booked July 2020 – May 2022
- Appendix 6: Equality and Diversity Impact Assessment

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Appendix 1: Raigmore Activity Modelling Scenario 1: Average capacity 2018-2022 with 190 additional caseload modelled 3 different ways.

CATEGORIES	Average	%	+ 190 Moray	+ 48 Moray (25% of 190)	+ 95 Moray (50% of 190)	+ 142 Moray (75% of 190)
BIRTHS	1,868		2,058	1,916	1,963	2,010
Bookings Raigmore	786	42.1%	786	786	786	786
SVD	928	49.7%	1,022	952	975	998
FORCEPS	157	8.4%	173	161	165	169
VENTOUSE	59	3.2%	65	61	62	63
EM LSCS	369	19.8%	407	379	388	397
EL LSCS	359	19.2%	395	368	377	386
PRIMS DELIVERED	812	43.5%	895	833	853	874
PRIMS SVD	306	37.7%	337	314	322	330
PRIM ASSISTED	175	21.5%	193	179	184	188
IOL	809	43.3%	891	830	850	870
vaginal breech	1					
Undiagnosed breech in labour	2	0.1%	2	2	2	2
VBAC	36	1.9%	40	37	38	39
Preterm up to 28 weeks	4	0.2%	5	4	4	5
Preterm 28+1 to 32	11	0.6%	12	12	12	12
Preterm 32+1 to 36+6	122	6.5%	134	125	128	131
STILLBIRTH	5	0.2%	5	5	5	5
INTRAPARTUM SB	0	0.0%	0	0	0	0
MATERNAL DEATH	0	0.0%	0	0	0	0

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Appendix 2: Raigmore Activity Modelling Scenario 2: Average capacity 2018-2022 with 190 additional caseload modelled as a proportion

CATEGORIES	Average	%	Average + 5%	Average + 10%	Average + 15%	Average + 20%
BIRTHS	1,868		1,961	2,055	2,148	2,242
Bookings Raigmore	786	42.1%	826	865	904	944
SVD	928	49.7%	974	1,021	1,067	1,113
FORCEPS	157	8.4%	165	173	181	189
VENTOUSE	59	3.2%	62	65	68	71
EM LSCS	369	19.8%	388	406	425	443
EL LSCS	359	19.2%	377	395	413	431
PRIMS DELIVERED	812	43.5%	853	893	934	974
PRIMS SVD	306	37.7%	322	337	352	368
PRIM ASSISTED	175	21.5%	183	192	201	210
IOL	809	43.3%	849	890	930	971
vaginal breech	1					
Undiagnosed breech in labour	2	0.1%	2	2	3	3
VBAC	36	1.9%	38	40	42	44
Preterm up to 28 weeks	4	0.2%	4	5	5	5
Preterm 28+1 to 32	11	0.6%	12	12	13	14
Preterm 32+1 to 36+6	122	6.5%	128	134	140	146
STILLBIRTH	5	0.2%	5	5	5	5
INTRAPARTUM SB	0	0.0%	0	0	0	0
MATERNAL DEATH	0	0.0%	0	0	0	0

Appendix 3: Risk Register

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Description	Status	Date Identified	Identified By	Owner	Overall risk rating	Mitigating Actions	Last Date Reviewed
The delivery of the programme is put at risk by the COVID-19 pandemic, this could cause issues in a number of areas, including operational capacity to manage the change, disrupt access to the contractor – depending on the situation at Raigmore hospital and any national guidance that is in place.	Accepted	26/03/2022	Maternity & Neonatal Programme Board	Maternity & Neonatal Programme Board	9	Accepted risk. Enforce that M&NN planning remains a board priority. Look to prioritise other areas of work within maternity & NN when absolutely necessary.	24/08/2022
There is a risk that the increase in additional in-patient activity has the potential to limit the number of beds at Raigmore.	Open	26/03/2022	Maternity & Neonatal Programme Board	Katherine Sutton	12	Monitor actively through available intelligence (intelligence dashboards), plan appropriately according to known demand.	24/08/2022
Recruitment of medical and midwifery staff in NHS Highland across a range of disciplines may not happen as quickly as the service requires due to competing organisational priorities	Open	26/03/2022	Maternity & Neonatal Programme Board	Karen King, Rashmi Srivastava, Tracey Gervaise	15	Each job family within the W&C directorate will have a workforce plan which focuses on strategising and monitoring recruitment. Monitor recruitment of additional staff (as entailed in the business case) and current staff establishment through the use of intelligence from Workforce Planning and Finance.	24/08/2022
NHS Highland's Induction Rate may increase as a result of taking patients from NHS Grampian	Open	26/03/2022	Maternity & Neonatal Programme Board	Karen King, Rashmi Srivastava, Tracey Gervaise	9	Proportion of women from Moray unlikely to present (characteristic-wise) differently from current NHSH maternity population. Monitor actively through available intelligence.	24/08/2022
Capacity and active, consistent engagement from operationally-based staff across maternity & neonatal services is required in order to realise the benefit of ongoing improvement work (e.g. Best Start).	Open	26/03/2022	Maternity & Neonatal Programme Board	Tracey Gervaise	12	Escalate any improvement related delays/issues and risks in this area to the Maternity & Neonatal Programme Board. Recruiting additional workforce and establishment required into post will help further mitigate.	24/08/2022
Increased pressure in NNU with approximately 20% of high risk women delivering intensive need babies who require NNU. This may result in increased workload within the service.	Open	26/03/2022	Maternity & Neonatal Programme Board	Philine Van Der Heide	16	The proposed solution in the business case mitigates this (2 additional cots within NNU; additional staff required to have a safe staffing level within paediatrics/neonatal).	24/08/2022
Risk that annual funding to progress Best Start recommendations comes relatively late in the year, which has happened previously.	Open	08/04/2022	Maternity & Neonatal Programme Board	Karen King, Elaine Ward	16	Finance to actively monitor situation.	24/08/2022
Due to the influx of dashboards in planning, intelligence support entailed with the NTC, and other competing priorities, the BI team may not be able to process the maternity & NN dashboard request as quickly as originally thought.	Open	16/05/2022	Maternity & Neonatal Programme Board	Iain Ross	12	The analyst proposed within the business case can mitigate an element of this risk through working jointly with eHealth.	24/08/2022
The implementation of model 4 entails that women living in Moray will have the option of Raigmore in delivery. This will mean increased activity. The element of "choice" is difficult to predict and plan for, so much of the planning work currently is pivoted on evidence-based estimates.	Open	01/05/2022	Maternity & Neonatal Programme Board	NHS Grampian	12	Align closely with NHSG on their comms, engagement and messaging to patients directly with regards to having Raigmore as an option of delivery and Highland co-supporting Moray women's maternity care. Mirror reporting metrics and specifications to evidence activity.	24/08/2022
Delays in business case approval process may result in lost time to enable recruitment and refurbishment work to take place; If additional workforce required is unable to be funded, this would result in increased pressure and further capacity constraints within the neonatal unit, ward 9, ward 10, labour suite and high dependency area which may present a risk to service delivery and quality of care.	Open	01/05/2022	Maternity & Neonatal Programme Board	NHS Highland Performance Oversight Group	12	Engage directly with SG upon request should SG require any additional information before a decision to allocate funding is received.	24/08/2022
There is a risk that the decant has the potential to limit the number of beds at Raigmore, which is already under pressure. There is a risk that the decant has the potential to disrupt the flow of services within the maternity and neonatal unit.	Open	01/05/2022	Maternity & Neonatal Programme Board	Caron Cruickshank, Eric Green	9	Monitor actively through available intelligence; ensure staff are consulted upon with regards to planned decant process; ensure staff (clinicians and non-clinicians) receive fair notice of decant prior to taking place.	24/08/2022
Sharing patient clinical information in a digital and timely manner to the same quality standards may be at risk when Moray patients access maternity and neonatal care at Raigmore.	Open	01/05/2022	Maternity & Neonatal Programme Board	NHS Highland Performance Oversight Group, NHS Grampian	9	Short-Life Working Group launched to explore this area, and the strategic future of digital applications in the maternity clinical setting. Badgernet have assured NHSH that the system is set up to allow patient interchanges between boards.	24/08/2022
Lack of suitable facilities to take additional maternity and neonatal caseload that is in line with national policy and strategy. The current maternity block restricts the efficiency and suitability of adequate, practical bed flow.	Open	01/05/2022	Maternity & Neonatal Programme Board	Katherine Sutton	16	The capital planning element of the business case proposal offers a solution to this, thus improving the quality and experience of care received for maternity patients and their families.	24/08/2022

Appendix 4: Ambulance Transfers from Dr. Gray's Hospital to Raigmore Hospital (Moray & Banff Pregnancies)

Hosp Location	Transfer Type	2018	2019	2020	2021	2022*	Total
Raigmore Hospital	Intrapartum transfers	20	28	11	13	3	**75**
	SAS transfers	0	2	1	1	0	**4**
	Transfers - other complications	0	0	0	0	0	**0**
	Total	**20**	**30**	**12**	**14**	**3**	**79**

**2022 data is from 01-01-22 to 30-04-22*

Appendix 5: KCND Pathways for Moray Patients Booked July 2020 – May 2022

MORAY AND BANFF PATIENTS	Moray and Banff Locality				
Number of Episodes	KCND Pathway				
Intended Location Of Delivery	**Amber Pathway**	**Green Pathway**	**Not Recorded**	**Red Pathway**	**Grand Total**
2020	**21**	**202**	**102**	**229**	**554**
Aberdeen Maternity Hospital	13	27	55	146	241
Dr Grays, Elgin, Maternity	8	175	47	81	311
Raigmore Maternity				2	2
2021	**40**	**325**	**202**	**381**	**948**
Aberdeen Maternity Hospital	20	59	109	255	443
Dr Grays, Elgin, Maternity	20	266	90	125	501
Raigmore Maternity			3	1	4
2022	**14**	**131**	**45**	**125**	**315**
Aberdeen Maternity Hospital	3	20	25	90	138
Dr Grays, Elgin, Maternity	11	111	20	35	177
Grand Total	**75**	**658**	**349**	**735**	**1817**

Data Source : Badgernet Maternity - Care Plan update notes
Booking Date From JUN2020 TO MAY2022
Moray and Banff Patients Locality :-
LOCAL_HSCP_LOCALITY_NAME in ('Banff & Buchan','Buchan','East','West') and
CITY_DESCRIPTION not in ('Fraserburgh','Ellon','Peterhead','Turriff')

Appendix 6: Equality and Diversity Impact

A person-centred rapid impact assessment has been completed which shows no potential for unlawful discrimination and no major changes to the project have been identified.

Protected Characteristics	Impact Assessment
• Age • Gender • Disability • Ethnicity • Religion • Sexual orientation • Gender reassignment • Pregnancy and maternity • Marriage and civil partnership • Carers • Rural and remote communities • People living in poverty • Homelessness	• Conducted on 05-06-22

Points considered as part of the rapid impact assessment:

1.Age

Any discriminatory employment practices including recruitment, personal development, promotion, entitlements and retention – Not applicable

Services should be provided, regardless of age, on the basis of clinical need alone – This is met

2.Disability

Reasonable steps that can be taken to accommodate the disabled persons requirements, including:

- Physical access - full disabled access provided
- Format of information – not agreed, but will follow NHSH policies
- Time of interview or consultation event - for Elgin to confirm
- Personal assistance – follow current NHSH policy
- Interpreter – Provided as part of NHSH policy
- Induction loop system is provided in Raigmore but in these wards?
- Independent living equipment – N/A
- Content of interview of course etc. N/A

Steps to make reasonable adjustments to service delivery and employment practices to ensure 'accessible to all' – This is met

3.Gender reassignment

Equal access to recruitment, personal development, promotion and retention - Yes

Equality of opportunity in relation to health care for individuals irrespective of whether they are male or female - Yes

The maintenance of confidentiality about an individual's sexuality - Yes

4.Marriage and civil partnership

Equal access to recruitment, personal development, promotion and retention - Yes

Equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership - Yes

5.Pregnancy and maternity

Equal access to recruitment, personal development, promotion and retention for female employees who are pregnant or on maternity leave - Yes

Equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave - Yes

Unlawful to treat a woman unfavourably because she is breast feeding - Unit available

6.Race and ethnicity
The provision of an interpreter for people whose first language is not English - Yes

Written communication and the use of language particularly jargon or colloquialisms etc - Yes, follows NHS Highland policy

7.Religion/belief and culture
Prayer facilities for service users and staff - Yes
Respect in terms of religion, belief and culture - Yes
Respect for requests from staff to have time off for religious festivals and strategies - Yes

8.Dietary requirements - Part of NHSH Policy

9. Sex/gender
Equal access to recruitment, personal development, promotion and retention - Yes
Gender of staff when caring for patients of opposite sex - Yes
The provision of single sex facilities, toilets, wards etc - Will be for family friendly accommodation, respecting the family wish to be together and in line with Best Start.

10.Sexual orientation
Recognition of same sex relationships in respect to consent - N/A
The maintenance of confidentiality about an individual's sexuality - Yes
Equality of opportunity in relation to health care for individuals irrespective of whether they are male, female, single, divorced, separated, living together or married - Yes

11.Carers
Reasonable steps that can be taken to accommodate carer's requirements, such as:

- Time of meetings or interviews - Yes
- Flexible working - Yes
- Carer's assessments - Yes
- Childcare arrangements that do not exclude a candidate from employment and the need for flexible working N/A unless one of our staff - Yes

12.Social Deprivation
Have you designed the service to recognise the greater health needs of people who are socio-economically deprived? Yes e.g. baby milk, grows.

Have you considered the needs of people with complex health and social problems? Yes

How can you ensure that people who are less articulate do not experience barriers to care? NHS Highland Policy tries to minimise barriers

Have you considered the needs of people with low education levels and poorer literacy skills? Yes

Have you addressed the barriers people face regarding the cost of accessing healthcare, e.g. cost of transport? Yes

Agenda Item 9

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27 SEPTEMBER 2022**
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:

- Quality and performance across our organisation

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

- All quality ambitions

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care	X	**Partners in Care** • Working in partnership • Listening and responding • Communicating well	X
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing	X	**Safe and Sustainable** • Protecting our environment • In control • Well run	X
Other (please explain below)		All of above	

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 will be added to ensure we have measures for all outcome areas moving forward.

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		Moderate	
Limited	X	None	

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, and a winter plan is being developed to try and protect our most vulnerable areas of our organisation.

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.

It will align to the corporate risk register at the next NHS Highland Board.

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
- Note the annual delivery plan and winter plan, which is in development, will support mitigation where possible

4.1 List of appendices

- IPQR – September 2022

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NHS Highland

Integrated Performance and Quality Report

September 2022

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. Risks and mitigations are being refreshed to align with ADP and in line with corporate and operational risk as highlighted in the corporate risk narrative therefore not included in this version of the report. These will be available for the November Board.

Integrated Performance & Quality Report 2021

Objective 1 **Our Population**
Outcome 3 **Stay Well (Screening and vaccinations)**
Priority 2B ***Deliver robust screening and vaccination programmes, ensuring attendance is maximised and access is equitable across our population***

Dr Tim Allison,
Director of Public Health

"Vaccination against COVID is the most important measure for reducing community transmission of the disease and reducing the impact on people's health.

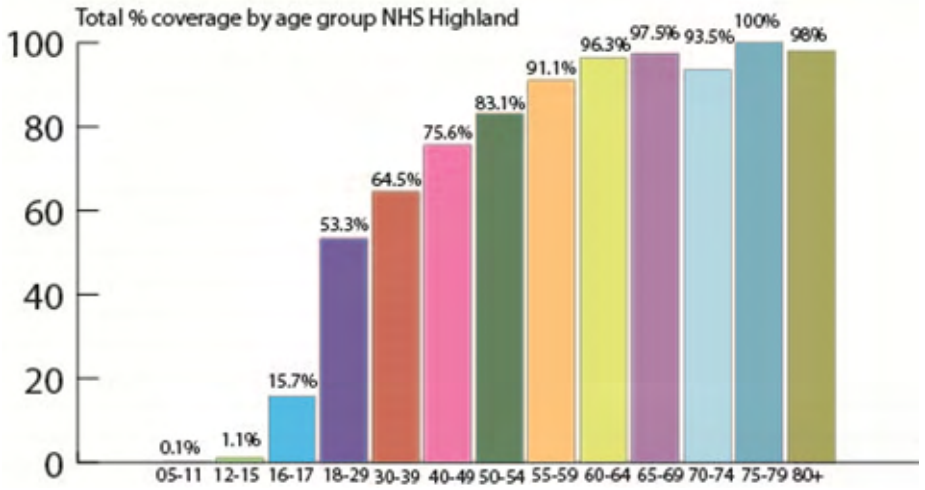
Delivery performance for the spring COVID booster started slightly slower among some groups in NHS Highland compared with elsewhere but performance improved to be on a par with other boards.

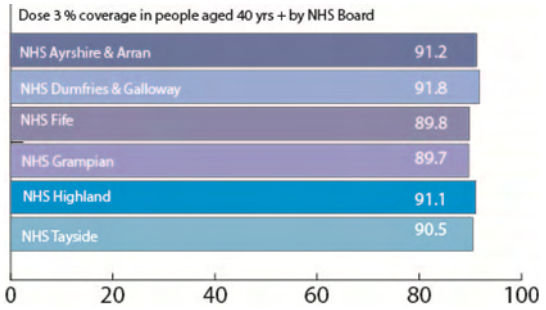
The autumn programme for COVID and influenza vaccination has now started with priority given to vulnerable groups and health and care staff. This is a large and challenging task."

91% current performance

Performance Overview
91.1% of the NHSH population have had dose 3 in the 40+ age group. We are performing on par with other Boards of a similar geography and demography. There is no national target for COVID vaccinations.

Percentage of population that have received a booster dose Covid 19 vaccine (3 doses in total) Total percentage of coverage by age group, NHS Highland 22.08.22 source: PHS dashboard





Source: PHS dashboard, August 2022

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Integrated Performance & Quality Report

Objective 1 **Our Population**
Outcome 2 **Thrive Well (CAMHS/NDAS/Integrated Children's Services)**
Priority 2B ***Support children who have mental health or neurodiversity needs with timely, accessible care and a "no wrong door" approach***

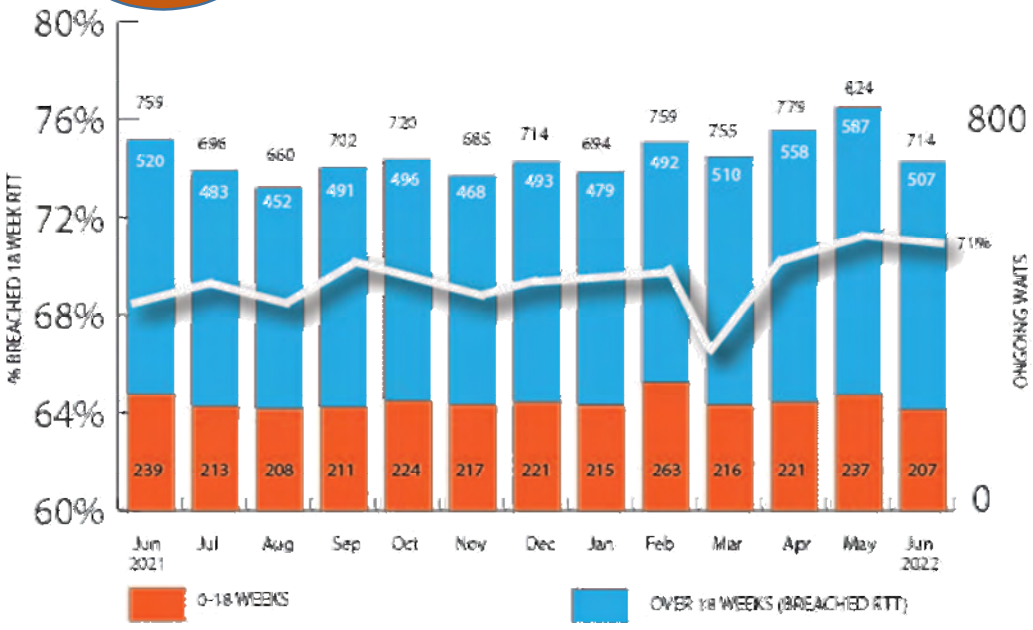
Katherine Sutton
Chief Officer, Acute

"The CAMHS waiting times position continues to be challenging. Plans to improve performance are being progressed by the service: Introduction of Engagement appointment for all referrals to the service. Leadership structure has been implemented with a Head of Operations for Womens and Childrens Service recently appointed and a Clinical Director for CAMHS.

A refreshed CAMHS programme board has been established working in an integrated way with inclusion of Highland Council colleagues aiming to link the Tier 1&2 services, Education and AHPs together in an integrated working approach.

We continue to work closely with Scottish Government colleagues to implement the National CAMHs specification across Argyll and Bute and North Highland."

71% current performance



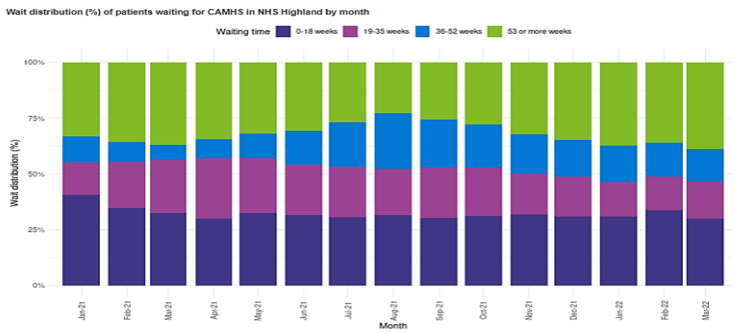
CAMHS waiting list to 30.06.22

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 714 children and young people are waiting to be seen of which 507 have waited over 18 weeks and 207 over under 18 weeks. 225 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.

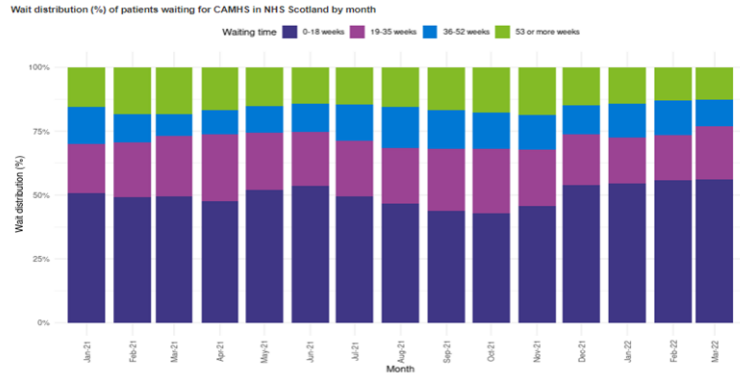
length of wait

YRS	NH	A&B
1-2	166	33
2-3	65	5
3-4	13	2
4+	0	0

Average Length of wait bands in NHSH



Average Length of wait bands in NHS Scotland



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Integrated Performance & Quality Report 2022

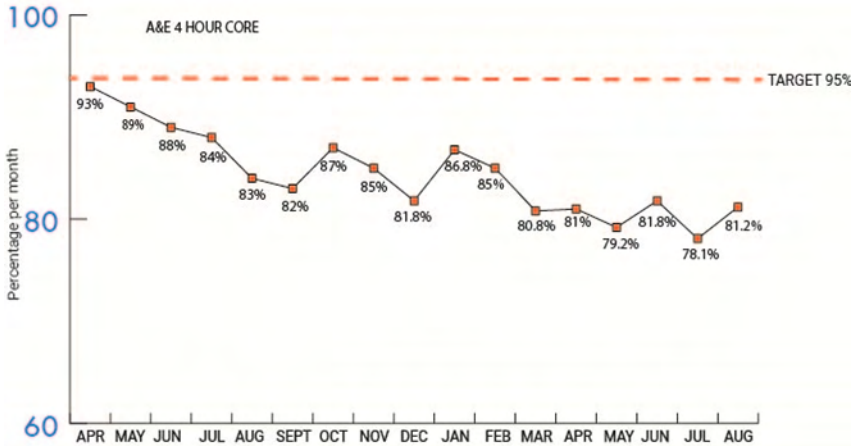
Objective 3 **In Partnership**
Outcome 12 **Respond Well (Urgent and Unscheduled Care)**
Priority 12b **Ensure that those people with serious or life threatening emergency needs are treated quickly**

Katherine Sutton
Chief Officer, Acute

"NHS Highland ED performance continues to be several percentage points above the Scottish average and work is ongoing across all acute hospital sites to return to expected ED access standards. Performance has failed to return to pre-pandemic levels and within Raigmore ED, performance is significantly impacted due to system wide pressures.

The main reason for breach continues to be the wait for medical beds. Ambulance waits have been significant at times across a number of locations whilst awaiting access to hospital services. Work is ongoing through the recently launched Unscheduled Care Collaborative and working very closely with clinical teams on the front line to consider local interventions as well as broader more transformational redesign of urgent and emergency patient pathways and services which will help reshape resources to better meet the urgent and emergency access needs of the local Highland population."

81% current performance Scottish average 64.7%

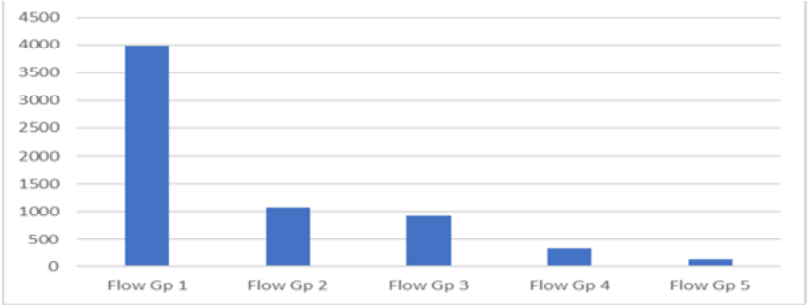


Source: board level KPI summary August 2022

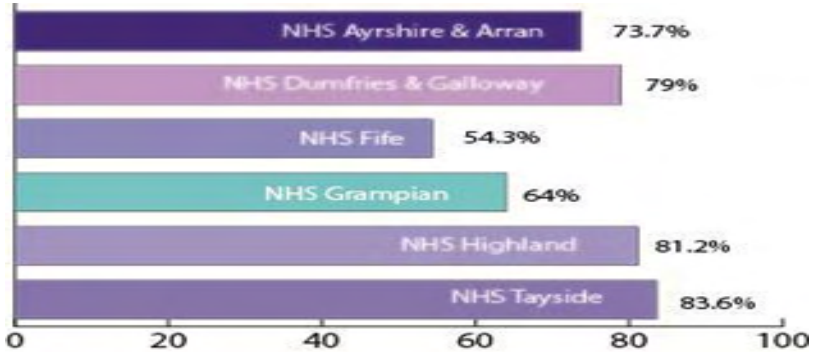
Measure August 2022	NHSH	NHSS
4 hour wait to treatment	81.2	64.7
ED conversion rate	21.7	23.4
Emergency (EDIS) att.	1363	N/A
Total ED attendances	1363	26389

Performance Overview
The national target for CAMHS 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 81% and we are the second highest performing Board in Scotland.

ED attendances by flow group



ED performance benchmarking



Integrated Performance & Quality Report 209

Objective 3 **In Partnership**
Outcome 12 **Treat Well (Planned care)**
Priority 12A **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**

Katherine Sutton
Chief Officer, Acute

Performance has continued to deteriorate as a result of pressures due to COVID and also system pressures which have significantly impacted available nursing, bed and theatre capacity. Remobilisation plans have been developed to increase activity levels towards 2019 pre-pandemic operating levels as soon as system pressures due to the latest wave of the pandemic subside.

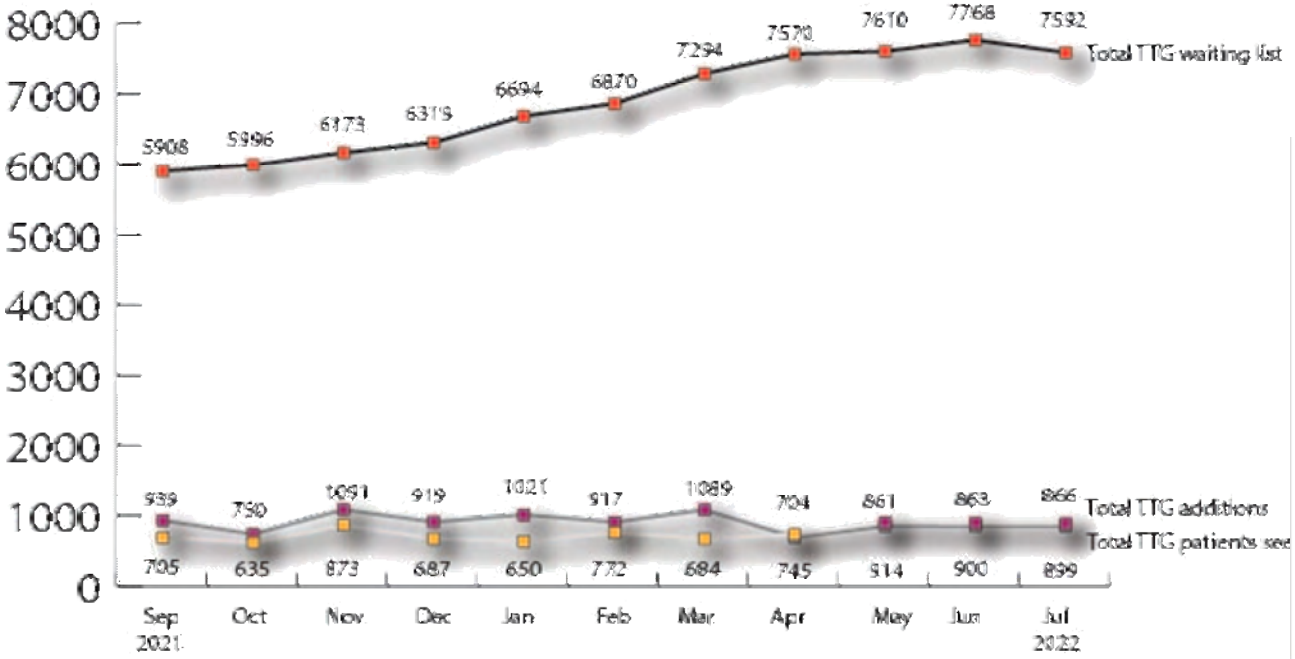
A Scheduled Care Board has been established and initial proposals are currently with Scottish Government for consideration in relation to securing financial capacity to support an increase in activity and investment to support transformation. These plans will ensure transformational opportunities are embedded to deliver improved efficient utilisation of the limited clinical capacity available and sustainable delivery in the long term.

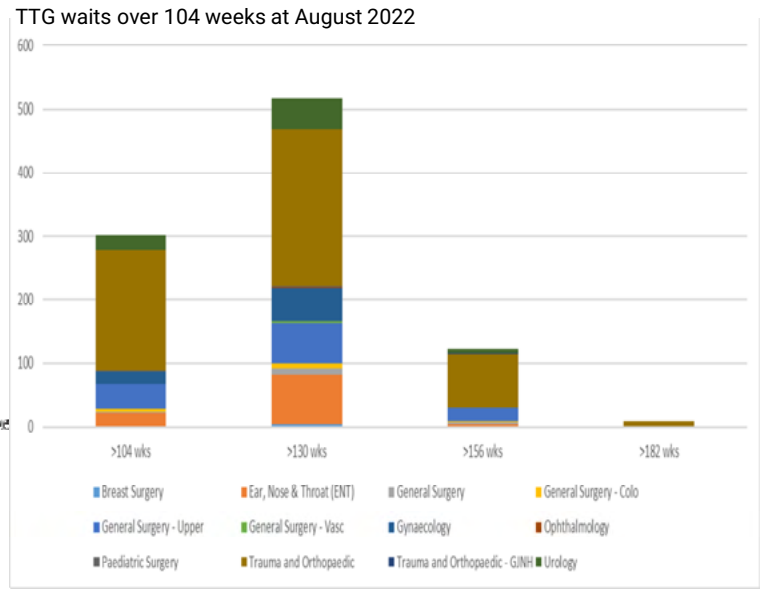
57.7% current performance Scottish Average 51%

Performance Overview
The national target for TTG is that no patient will wait >12 weeks from referral to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 57.7% related to the overall TTG target.

a) No > 2 years waits for inpatient/daycases by September 2022
b) No >18 month waits for inpatient/daycases by September 2023*
c) No > 1 year for inpatient/daycases by September 2024*

The TTG waiting list is static rather than reducing. There is focused work on reducing our population waits of >2 years .





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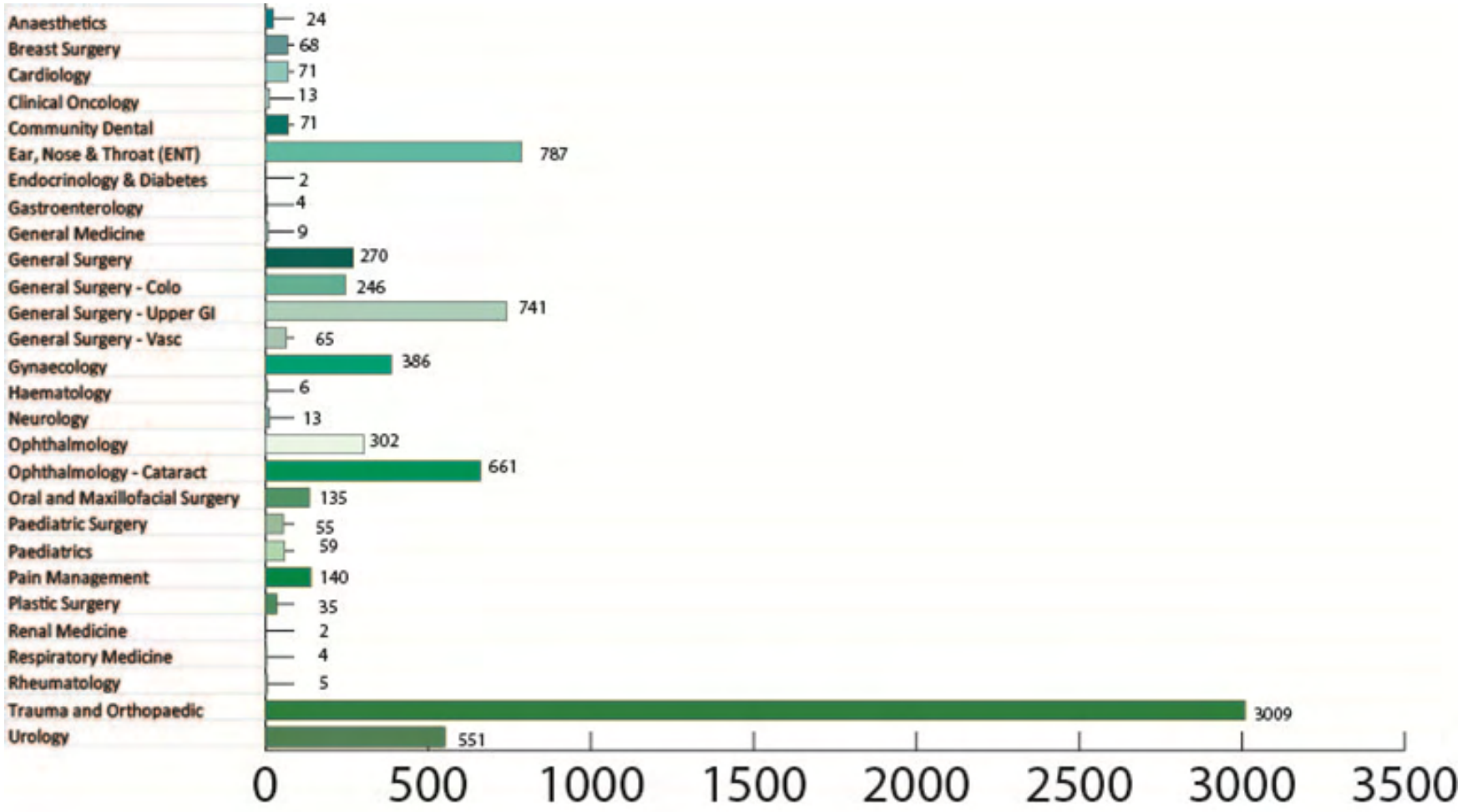
Objective 3 **In Partnership**
Outcome 12 **Treat Well (Planned care)**
Priority 12A ***Ensure that our population have timely access to planned care through transforming the way that we deliver this and ensuring that they have the best experience possible***

Waiting list by specialty

please note the total number by specialty and total number waiting may differ slightly due to coding and time of data extraction



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Integrated Performance & Quality Report

Objective 3 **In Partnership**
Outcome 12 **Treat Well (Outpatients)**
Priority 12B ***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***

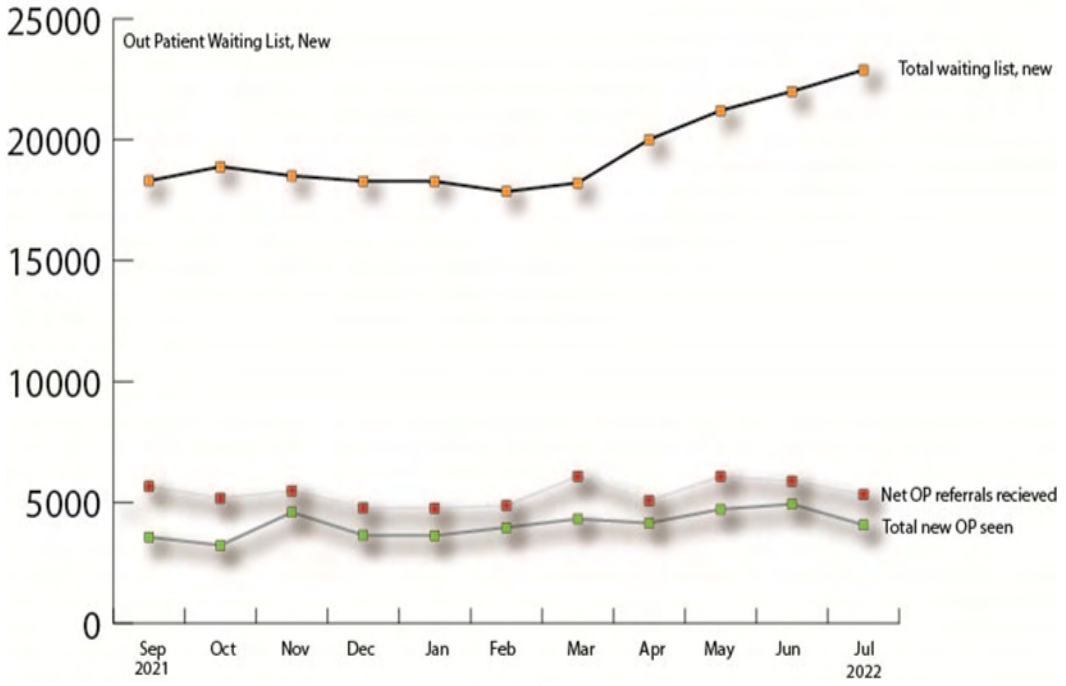
Katherine Sutton
Chief Officer, Acute

"Performance and capacity to deliver outpatient appointments has been challenging as a result of the pandemic and the impact on services. Recovery plans have been drafted that focus on 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 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 continues."

65.2% current performance scottish average 46.5%



New Outpatients, demand actvity & queue

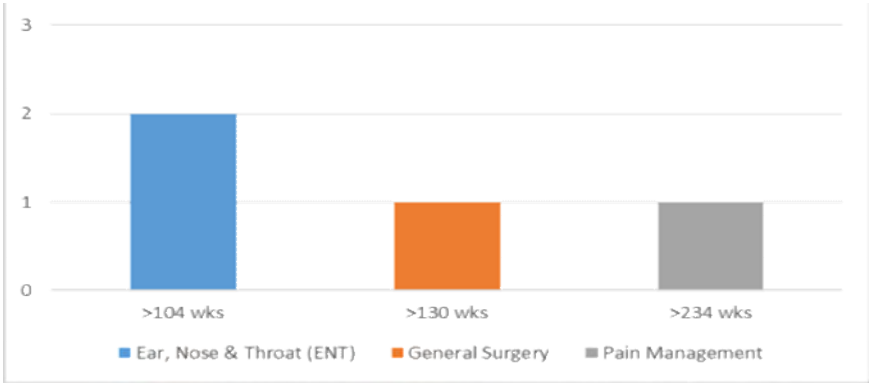
Performance Overview
The national target for outpatients is that no patient will wait >12 weeks from referral to treatment however SG have recently added interim targets for the majority of specialties that are described below. The 65.2% related to the overall OP target.

a) No > 2 years waits for new outpatients by August 2022
b) No >18 month waits for new outpatients by December 2022
c) No > 1 year for for new outpatients by March 2023

Total new outpatient list is increasing rapidly and monthly activity is not able to meet demand. Total new outpatients seen has decreased with referrals received static. If new outpatient numbers increase this will see more of our population being added to the TTG waiting list.

F2F appointments: 76%

DNA rate Jun 2022: 6.22%



OP waits over 104 weeks at August 2022

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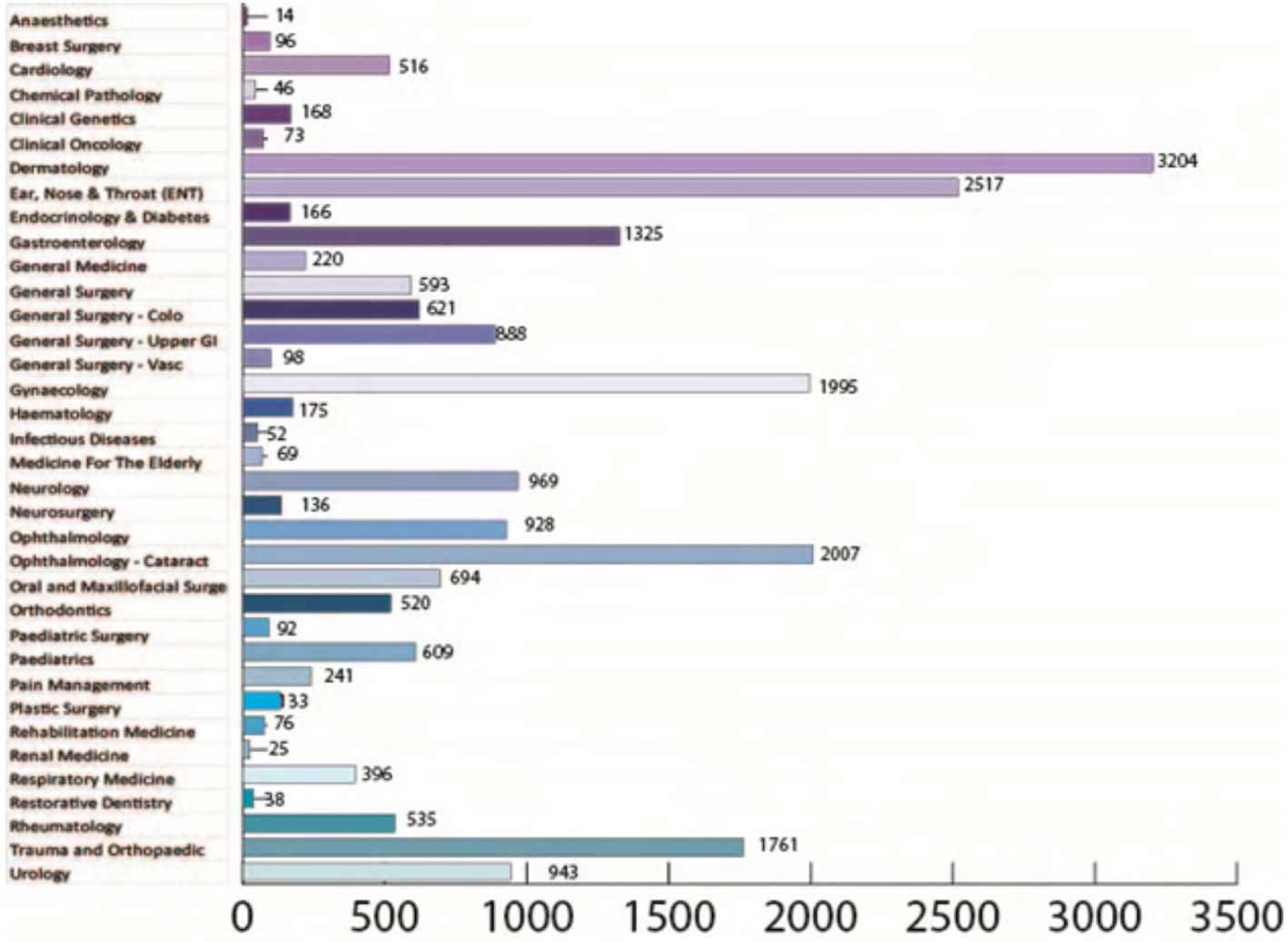
Integrated Performance & Quality Report

Objective 3 **In Partnership**
Outcome 12 **Treat Well (Outpatients)**
Priority 12B ***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***

Waiting list by specialty

please note the total number by specialty and total number waiting may differ slightly due to coding and time of data extraction



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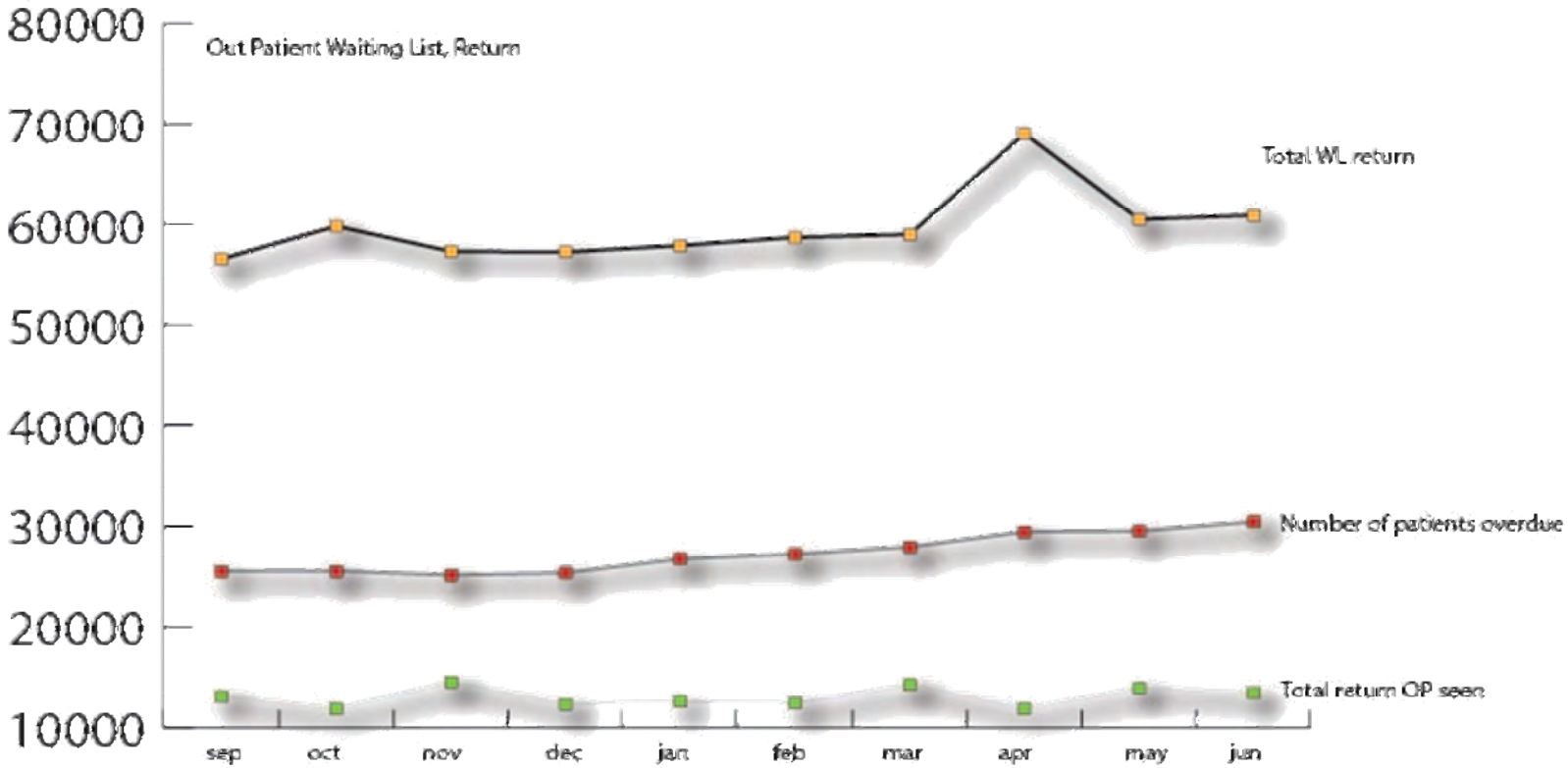
Objective 3 **In Partnership**
Outcome 12 **Treat Well (Return Outpatients)**
Priority 12B ***Deliver a Hospital without walls system that transforms the way we deliver outpatient services that will rethink the boundaries between patient and clinician to make the most of our valuable resources***

Performance Overview
There is no national target for return outpatients at present.
Our total outpatient return list is now over 60,000 and increasing. The number of patients overdue is also increasing. With the return OP seen figures static then this will continue to increase if current activity is sustained.



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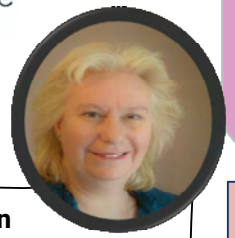
Objective 3 **In Partnership**
Outcome 12 **Treat Well (Diagnostics)**
Priority 12C ***Optimise diagnostic and support services capacity and improve efficiency with new service delivery models***

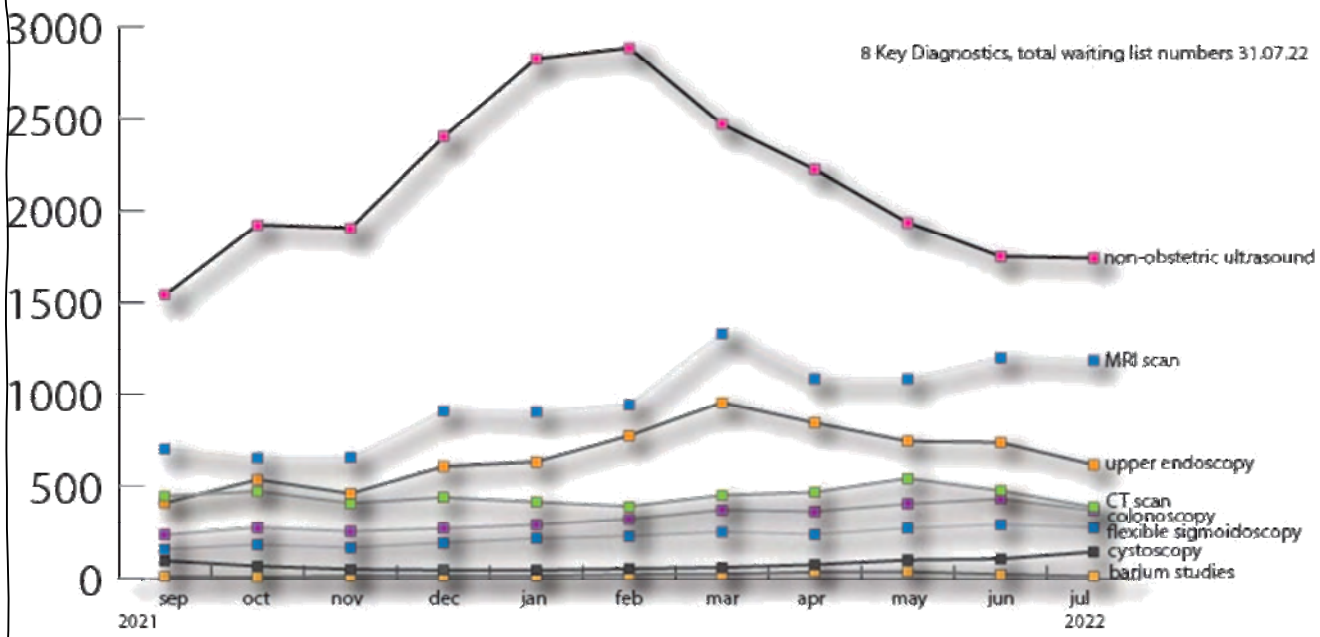


Katherine Sutton
Chief Officer, Acute

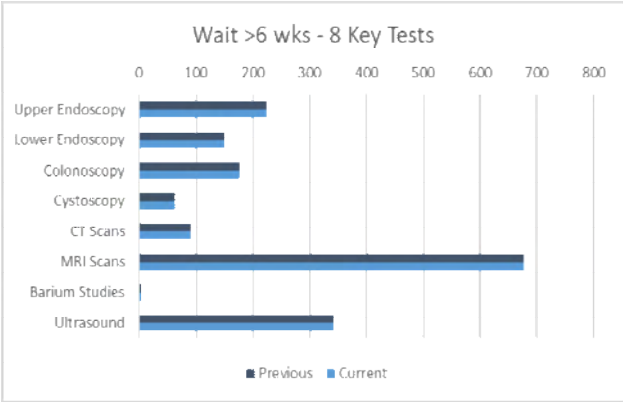
Workforce gaps have reduced capacity to deliver Endoscopy capacity. Locum staffing have been recently recruited to cover short term workforce gaps. Recruitment is ongoing to fill consultant vacancies.

Nurse endoscopists have now completed training and able to increase capacity. The service has developed a recovery plan that supports JAG accreditation, improved admin processes and the utilisation of all endoscopy capacity across Raigmore and RGHs.

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 4749 people waiting for a key diagnostic test. 852 patients are waiting for an MRI and there will 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 July 2022	Total Waiting list size	NUMBER OF PATIENTS SEEN
Upper Endoscopy	390	230
Flexible Sigmoidoscopy	278	101
Colonoscopy	372	215
Cystoscopy	146	88
CT Scan	619	1209
MRI Scan	1184	783
Barium Studies	16	18
Non Obstetric Ultrasound	1744	1647
Total	4749	4291



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Objective 3 **In Partnership**
Outcome 12 **Journey Well (Cancer Care)**
Priority 12A ***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***

Katherine Sutton
Chief Officer, Acute

There have been challenges with capacity particularly within the endoscopy diagnostic capacity due to COVID absence and workforce capacity.

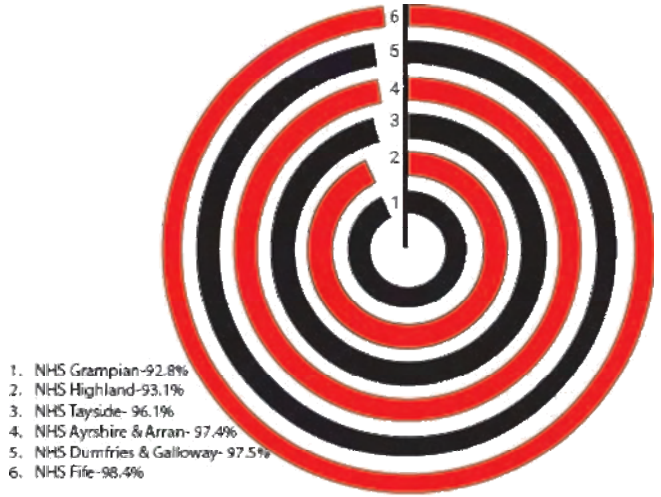
Arrangements have been established through the independent sector to increase endoscopy capacity. Capacity to deliver integrated breast surgery pathways has been challenging due to capacity within breast surgery and also due to diagnostics.

Recovery plans bespoke to breast surgery are progressing which aim to return performance towards trajectory by October 2022.

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. Access to surgery and diagnostics needs to be improved to meet the targets.

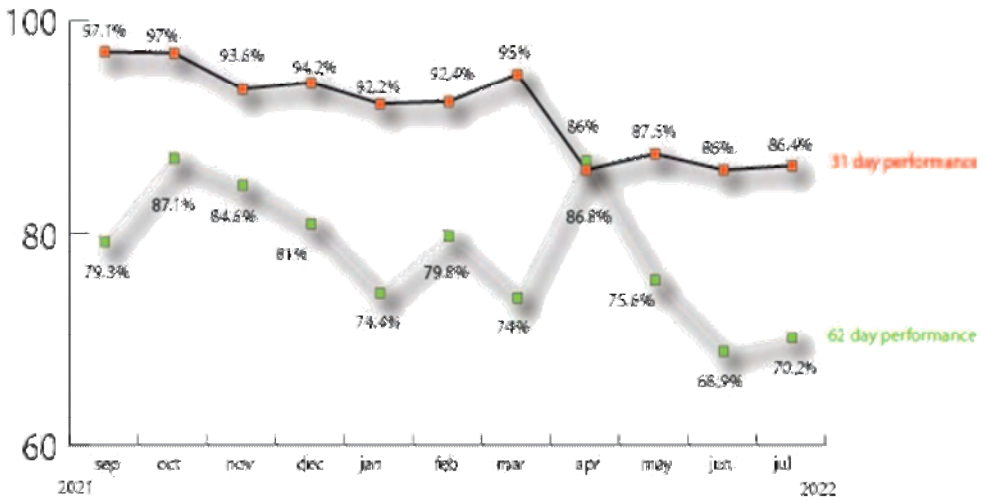
31 day performance

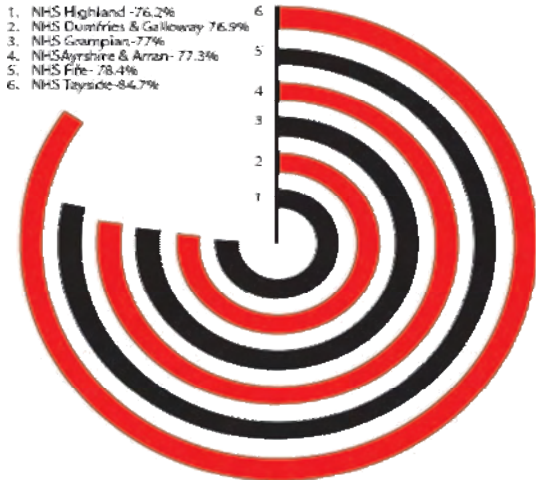
77.6% current performance Scottish Average 51%



62 day performance

69.3% current performance Scottish Average 51%





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Objective 3 **In Partnership**
Outcome 12 **Respond Well & Care Well (Delayed Discharges)**
Priority 12A ***Ensure that our services are responsive to our population's needs by adopting a "home is best" approach***

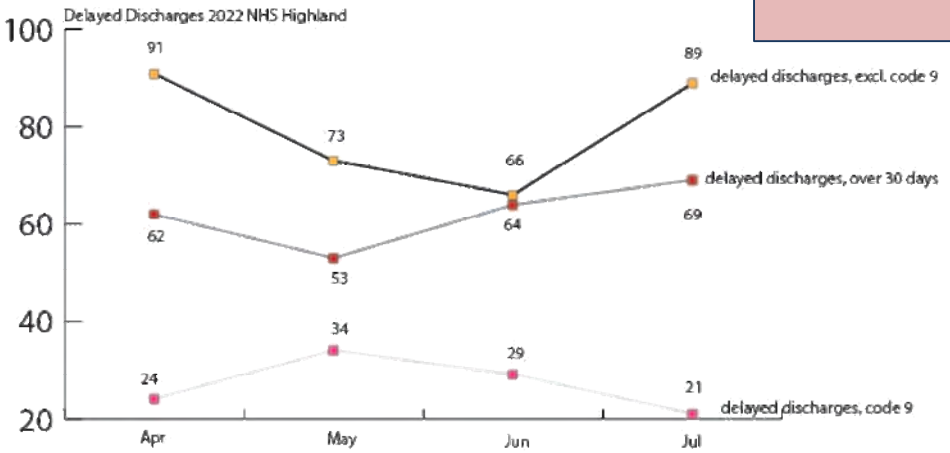
Louise Bussell
Chief Officer, NHHSCP

Delayed discharges remain a concern both nationally and within NHS Highland. They are part of a bigger picture of a system under strain as well as the need to ensure we are focusing on reshaping how we work together.

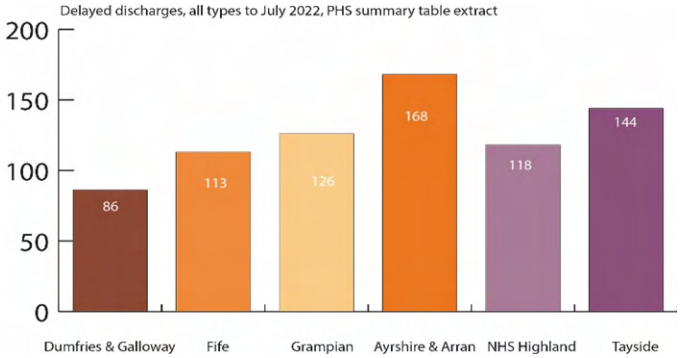
There is a close relationship between the unscheduled care work required across the system and the level of delayed discharges alongside the competing challenges within acute and community services. There is a need for quality improvement work across a number of areas. This work is in progress with a number of key developments underway . This is though in the context of significant system pressure such as in adult social care and the need to effectively manage change across the organisation.

Cross system working is key to ensuring success of this work as long as benchmarking from other areas to achieve sustainable improvements.

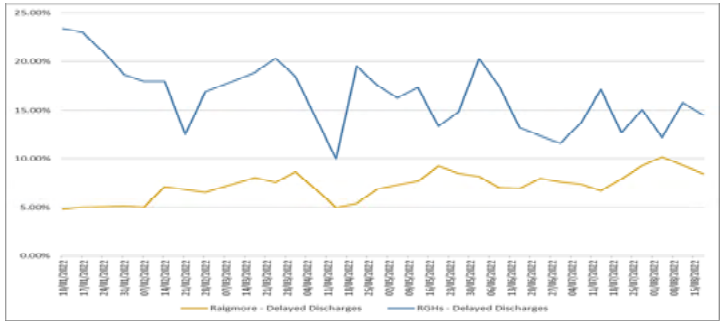
Performance Overview
There is no national target for delayed discharges but we aim to ensure we get our population care for in the right place at the right time. *We had 89 delayed discharges in July 2022 with 21 of those are code 9 (complex) 69 delayed discharges are >30 days. Delayed discharges across all of our sites have risen slightly since end of June. 60% of our population went directly home after a period of delay compared to 53% across Scotland.*



*Excludes A&B patients in GG&CHB
Sequence shortened to reflect acute dashboard format. Previous annual DD trend is available.



Delayed Discharges in Acute Hospitals as % of total discharges, weekly



RGH's

Raigmore Hospital

Delayed Discharges in Community Hospitals as % of total discharges, weekly

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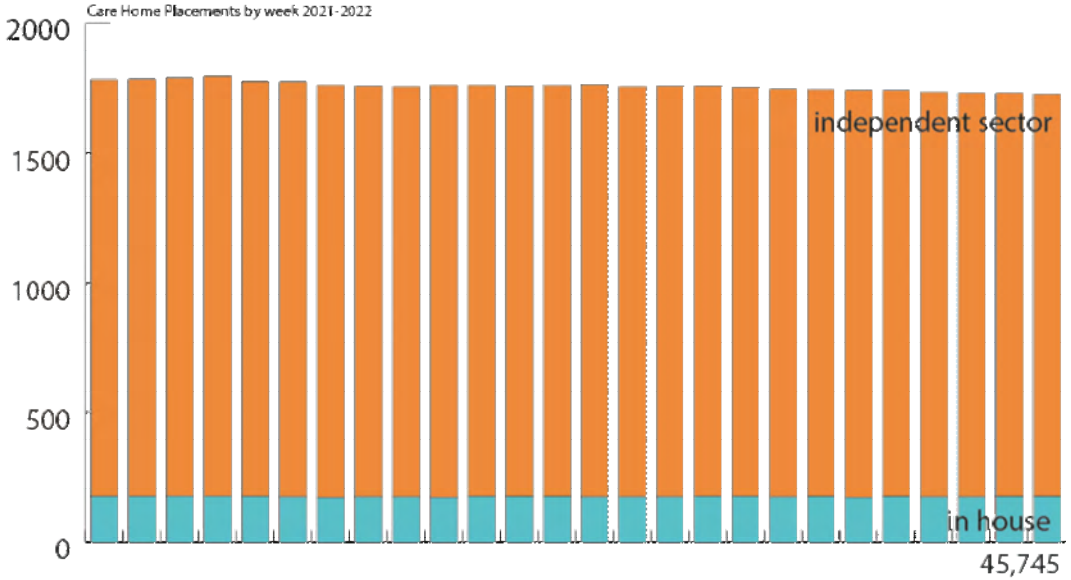
Objective 3 **In Partnership**
Outcome 12 **Care Well (Adult Social Care)**
Priority 12a

Louise Bussell
Chief Officer, NHHSCP

The care home and care at home sectors are both under significant pressure. This is multi-factorial including recruitment and retention challenges, financial concerns and the remote and rural context that the services work within.

There is an ongoing reduction in care at home capacity despite the continued demand, with a particular reduction of independent sector capacity.
The HSCP are working closely with the sector to try to build resilience including initiatives such as a care academy, recruitment and retention plans and exploring new working practices. All of which will now be reported into the new ASC Programme Board for north Highland.

In relation to care homes the overall number of available beds continues to reduce with a number of providers leaving the sector and others expressing concerns about the future. The HSCP are working with the Highland Council to develop a strategy for care homes and an implementation plan to span the short to longer term care environment.



Integrated Performance & Quality Report

Objective 3 — **In Partnership**
Outcome 12 — **Live Well (Psychological Therapies)**
Priority 12A — **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

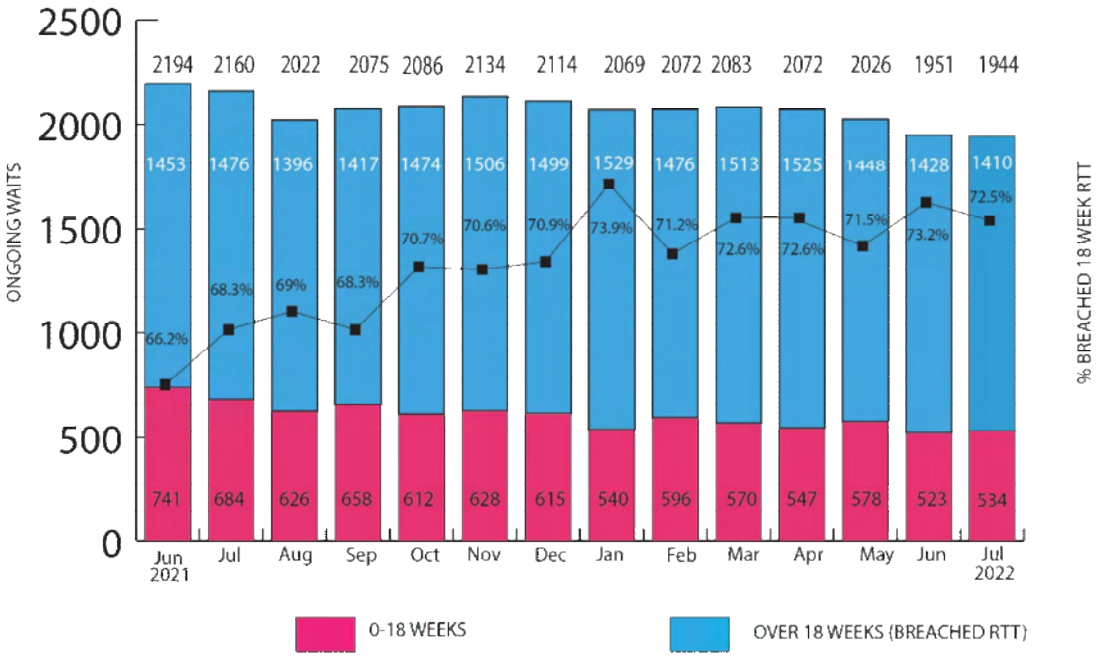
Psychological therapies services have had longstanding challenges with significant waiting times. There are a number of factors that have led to this including a lack of any other route for psychological interventions at an earlier stage. It is anticipated that the development of primary care mental health services will help to fill this gap in provision along with the targeted use of community resources and the development of CMHT colleagues to work with their psychological therapy colleagues.

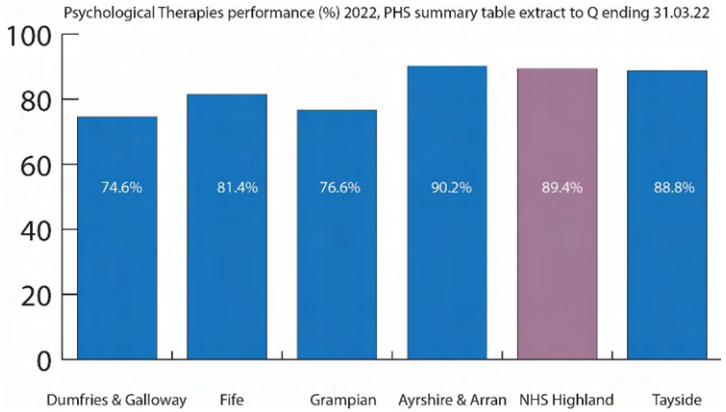
There will though always be a need for specialist services and the team are working to build a resilient model. The Director of Psychology is working closely with her team to reduce the current backlog and to build for the future. Recruitment and retention is difficult when national recruitment is taking place, however there has been some success to date and in particular we are developing our neuropsychology service which forms the majority of out current extended waits.

The data provided here is already showing improvement overall with clear trajectories agreed with SG as we progress with our implementation plan.

73.2% current performance Scottish Average 83.1%

Performance Overview
The national target is that 90% of our population commence psychological therapy based treatment within 18 weeks of referral. *We have 1951 of our population waiting to access PT services. 1428 patients who are waiting >18 weeks. 411 of those are waiting for North Highland neuropsychology services. 1017 have been waiting >1yr 2yrs*





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Objective Perform Well
Outcome Quality & Experience
Aligned Area Complaints & Freedom of Information Requests (FOI)

Dr Boyd Peters
Medical Director

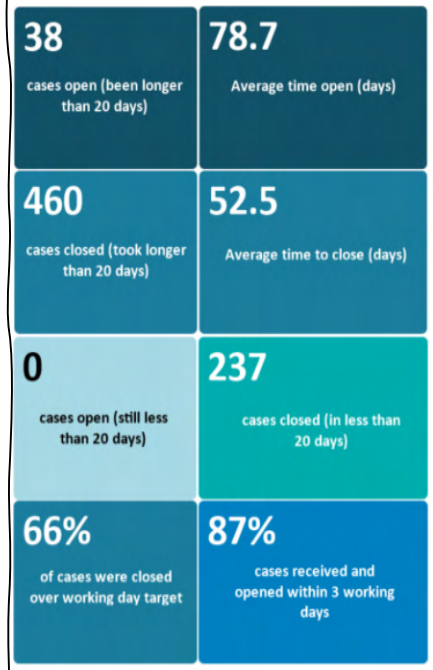
Complaints
"Response times for complaints have been improving. A framework for improvement in performance was agreed earlier in 2022 and each operational unit is progressing further improvement work. Performance is at 58%."

Freedom of Information

"The Board has made a number of improvements in overall systems for FOI responses with better performance resulting.

The performance target is 95% of FOI being responded to within 20 working days. The first quarter compliance was 92%. Sustaining the improvements is the next step."

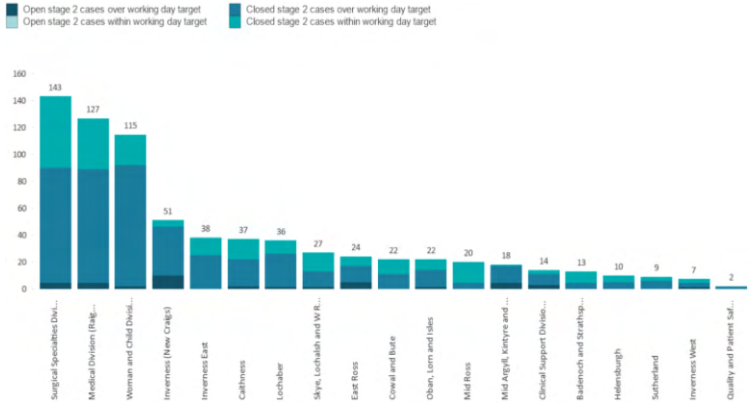
NHS Highland stage 2 case overview



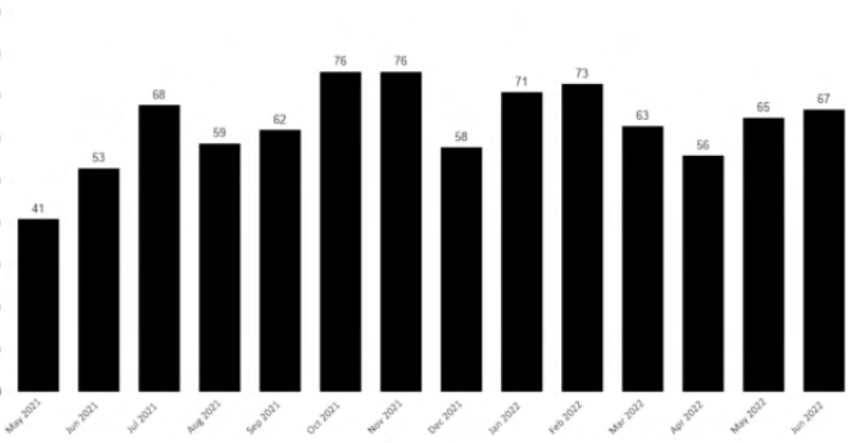
Working day performance (closed within 21 days) over last 13 months

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Highland	74%	68%	75%	63%	62%	87%	83%	90%	68%	86%	96%	91%	88%

Working day status graph displaying number of stage 2 cases received by district/division over last 13 months



Number of freedom of information requests received over last 13 months



Working day performance (closed within 20 days) for stage 2 cases

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Highland	24%	31%	25%	22%	26%	37%	26%	25%	27%	32%	32%	43%	58%
Argyll & Bute	67%	44%	17%	33%	38%	57%	25%	33%	29%	60%	25%	17%	0%
Acute	10%	23%	9%	12%	0%	30%	21%	28%	32%	21%	28%	61%	67%
HHSCP	50%	65%	38%	38%	47%	39%	42%	7%	14%	62%	41%	19%	56%

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Objective 3 **Perform Well**
Outcome **Quality & Experience**
Aligned Area **SAER and Adverse Event Reviews**

Dr Boyd Peters
Medical Director

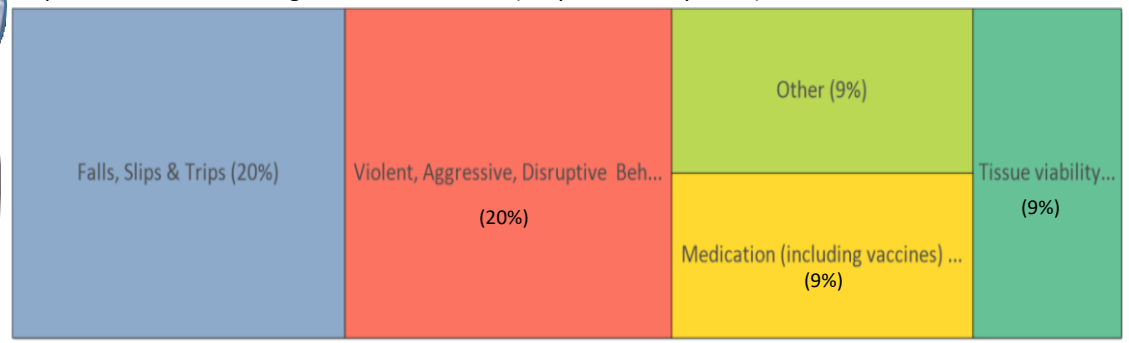
Adverse Events

"Quality & patient safety meetings regularly review higher impact/risk incidents to monitor the system safety and identify learning and improvements. Clinicians report there is greater risk in the system which relates to how things have changed since the pandemic. Work is in progress to reduce the number of adverse events awaiting review."

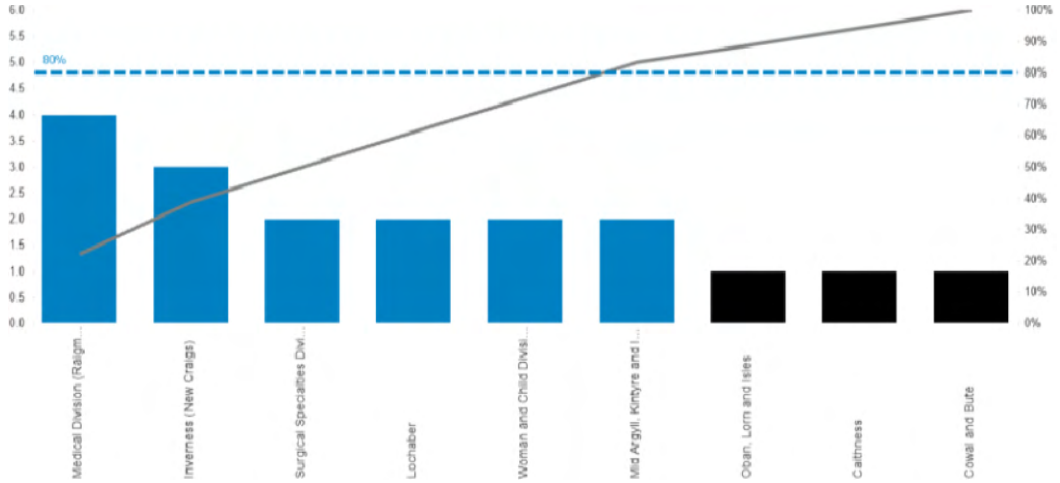
SAERs

"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. The internal audit work is reported to Clinical Governance Committee and to the Audit Committee and is showing evidence of progress against the areas identified. "

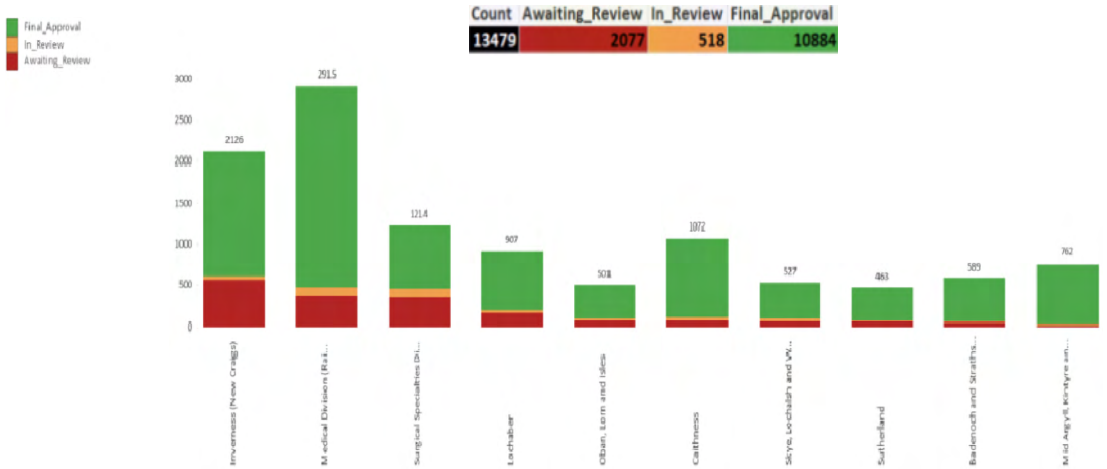
Top 5 adverse event categories last 3 months (May 2022 – July 2022)



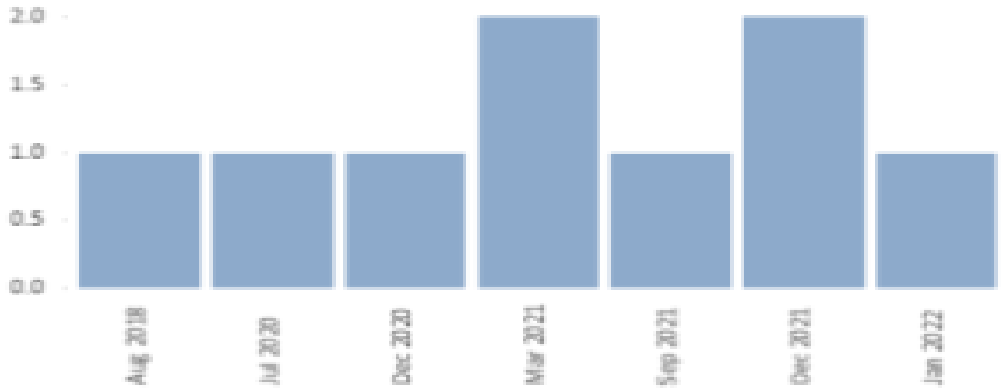
Pareto graph displaying number of SAERs declared by district/division over last 13 months



Total number of incidents recorded by district/division over last 13 months (top 10) | Shown by approval status (descending order of 'awaiting review')



Number of SAERs declared that are over working day target by month declared



Number of SAERs declared

	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Highland	1	1	2	2	2	1	3	3	0	0	1	2	1

Integrated Performance & Quality Report

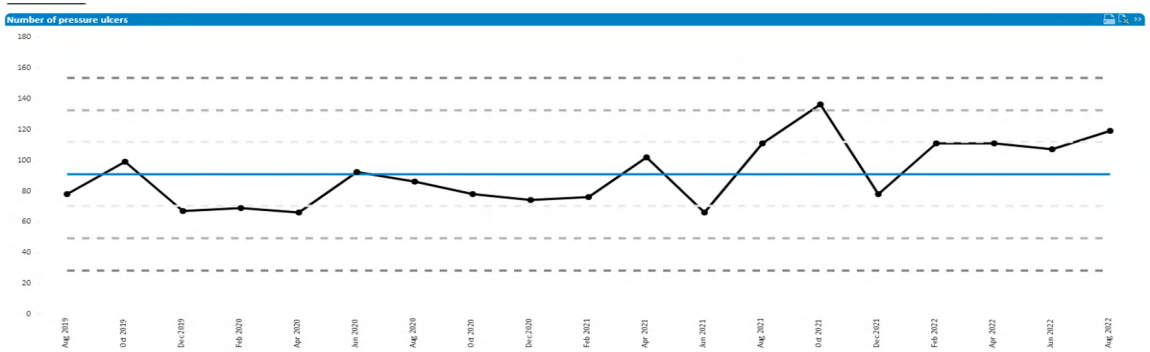
Objective 3 **Perform Well**
Outcome **Quality & Experience**
Priority **Tissue Viability**

Heidi May
Nurse Director

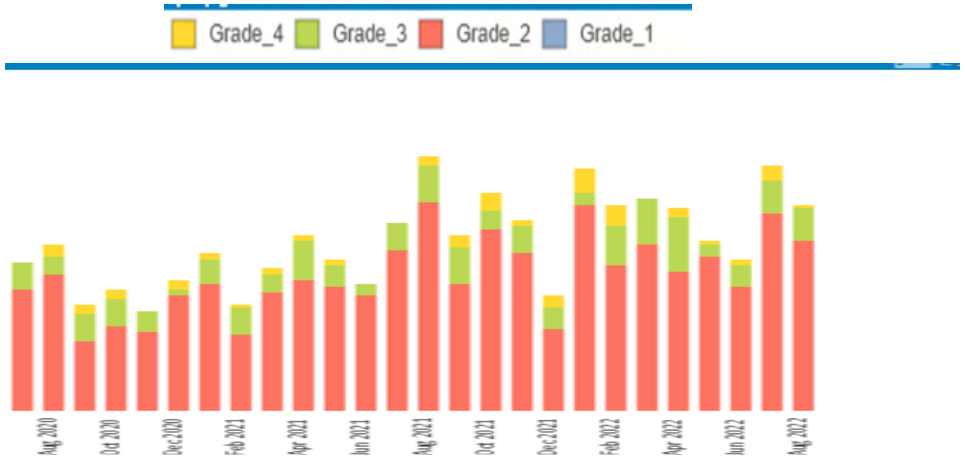
"NHS Highland's Tissue Viability Leadership Group (TVLG) is a multi- professional group that reports to the Clinical Governance Committee. For the last two years, sustained challenges with long term absence, difficulty recruiting specialist Tissue Viability staff and reassignment of Tissue Viability staff to front line direct care services has resulted in reduced focus on staff training and service development and review. This pattern has resulted in a review of the structures in place to support tissue viability in Highland and forms part of a refreshed work plan for the Tissue Viability Leadership Group.

Health Improvement Scotland are working with NHS Highland and other boards to support with pressure ulcer prevention and reduction. We have also looked at the data within NHS Highland and are looking to review and reduce pressure ulcers by a reduction of 10%."

NHS Highland – Number of Pressure Ulcers Aug 2019 – Aug 2022



Number of grade 2-4 pressure ulcers over last 24months

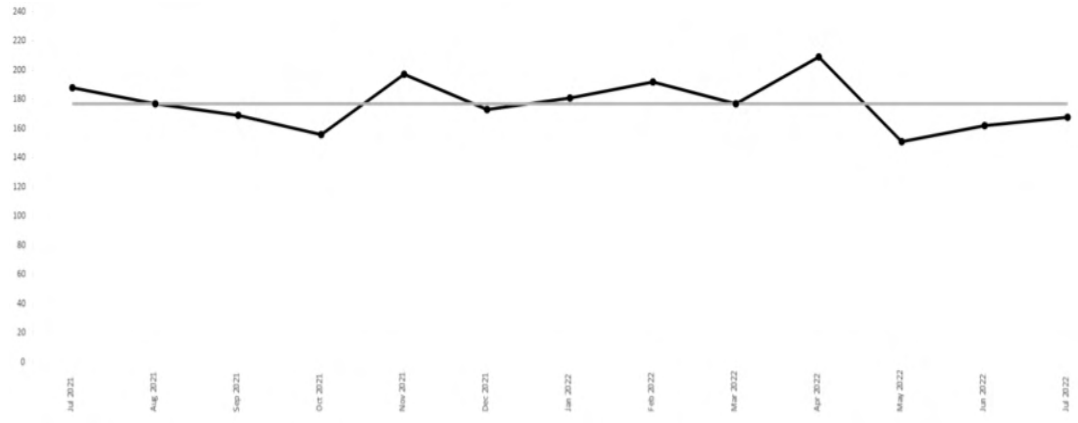


Integrated Performance & Quality Report

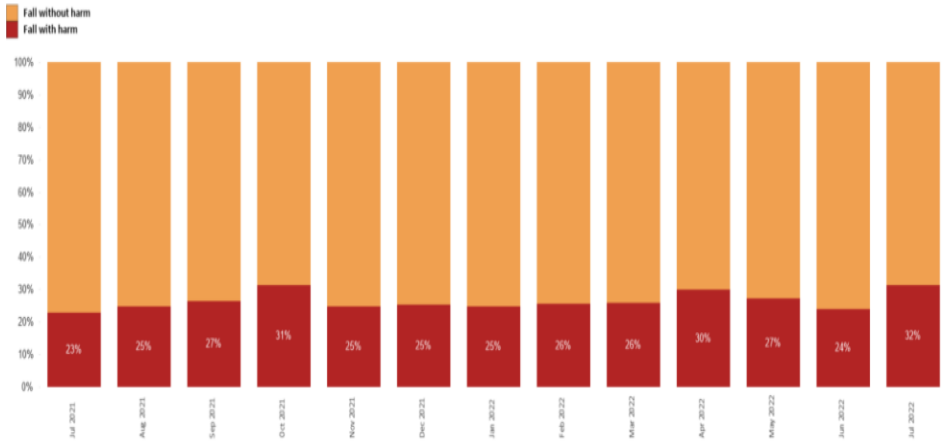
Objective 3 **Perform Well**
Outcome **Quality & Experience**
Area **Falls**

Heidi May
Nurse Director

"Analysis of falls incidence in NHS Highland continues to show a pattern of random variation over the previous 13 months with no overall downward trend to date. Multiple factors linked related to patient numbers, presentation, placement and workforce challenges are being managed closely in relation to patient safety and falls prevention. Intensified efforts are being focussed predominantly but not exclusively on acute care with support from the NHSH quality improvement team and Healthcare Improvement Scotland (HIS) via the Scottish Patient Safety Programme (SPSP) to reduce the incidence of falls. This refreshed approach supports the development of individualised local action plans with increased MDT focus on falls prevention and monitoring as part of a system wide approach to falls reduction. This continued integrated approach and more intensive QI approach is essential to impact a sustained shift in falls incidence."



NHS Highland - Run chart – Number of Hospital Inpatient Falls - Last 13 Months



NHS Highland – inpatient falls with harm v inpatient falls without harm (%)

Integrated Performance & Quality Report

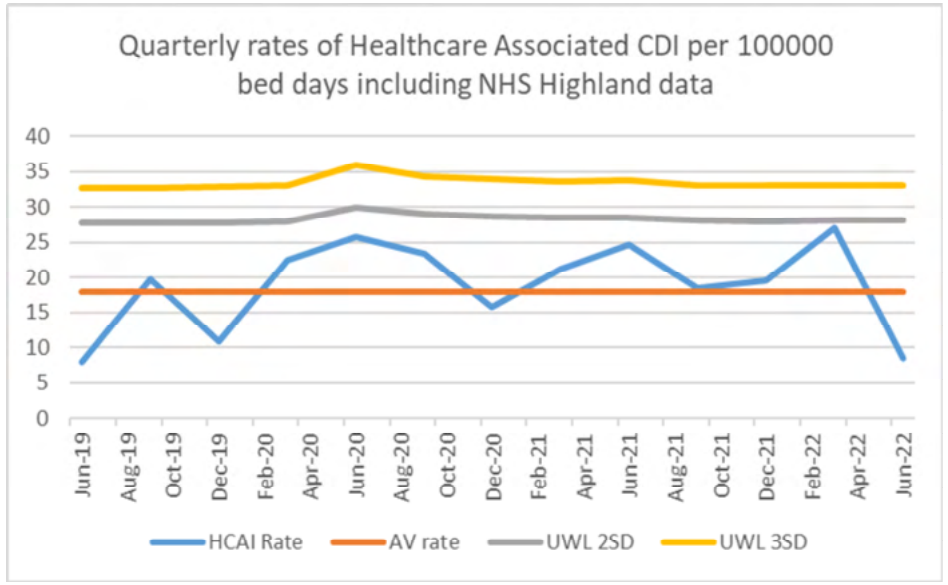
Objective 3 **In Partnership**
Outcome **Treat Well**
Aligned Area **Infection Prevention and Control**

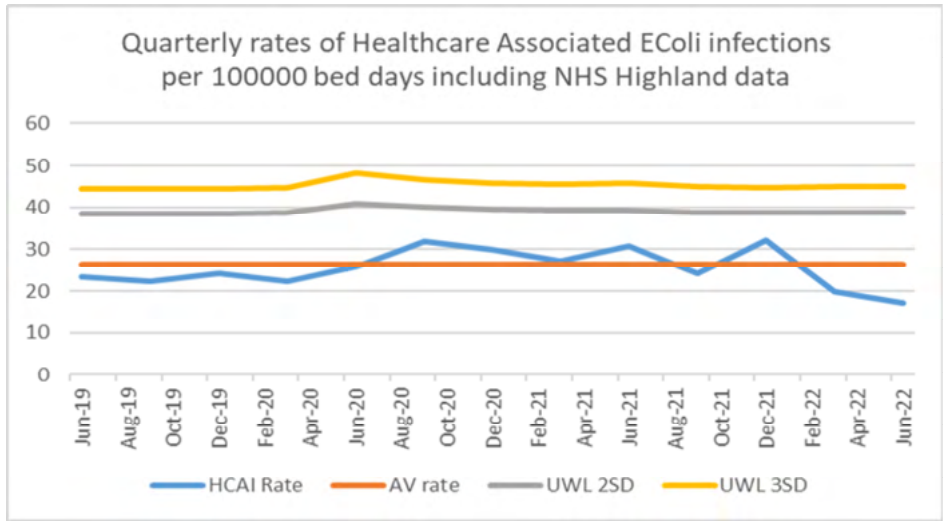
Heidi May
Nurse Director

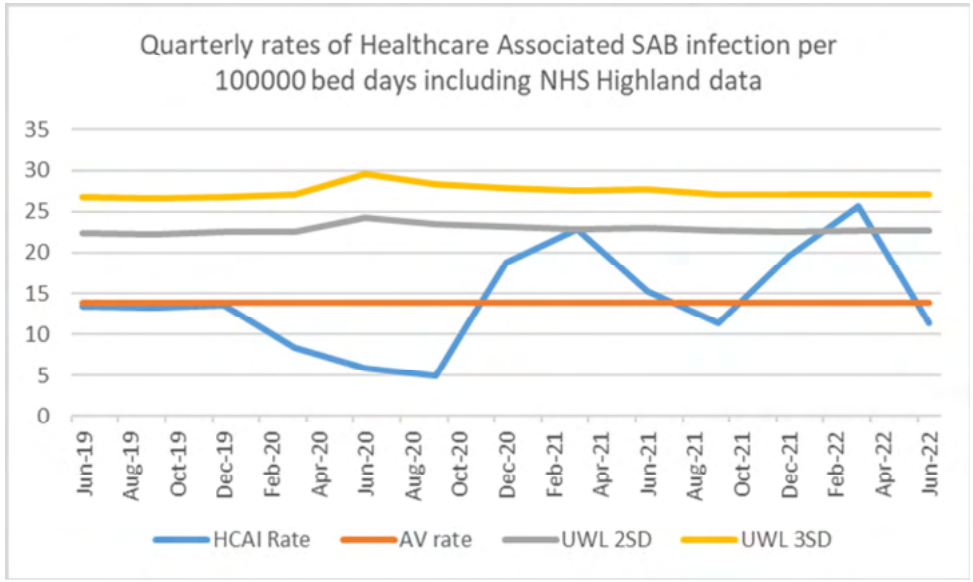
"Current national Infection Prevention and Control reduction targets for Clostridioides difficile and Staphylococcus aureus will remain in place during 2022/2023.

Numbers of C difficile health care related cases exceeded expected levels during quarter 1 this year (January – March 2022). No commonalities were identified and the case numbers are now reducing. However the situation is being closely monitored. The Infection Prevention and Control Team have worked closely with the Government to ensure all appropriate actions have been taken.

The April May June data has yet to be validated."







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Objective 3 Our People

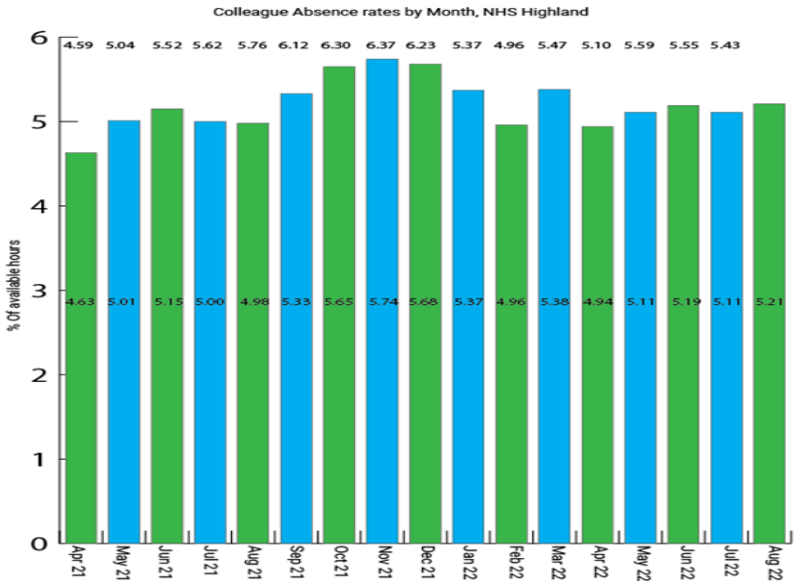
Fiona Hogg
Director of People & Culture

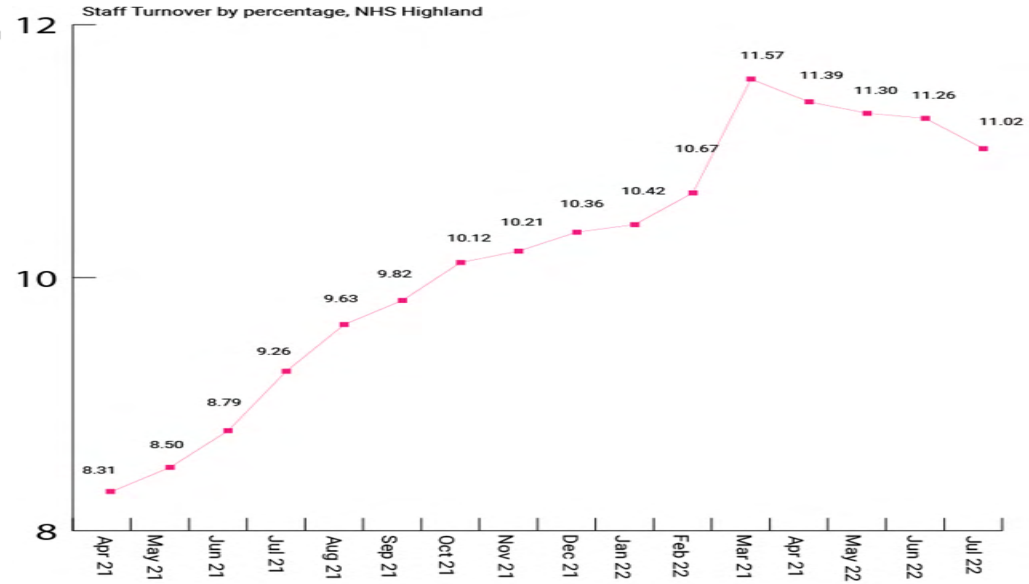
"The people and culture metrics are being redesigned to align with the strategy, workforce plan and ADP, with a development session of SGC in October to take this forward. A refreshed initial data set will be available in November, and this will continue to develop over time as additional insights and data points become available.

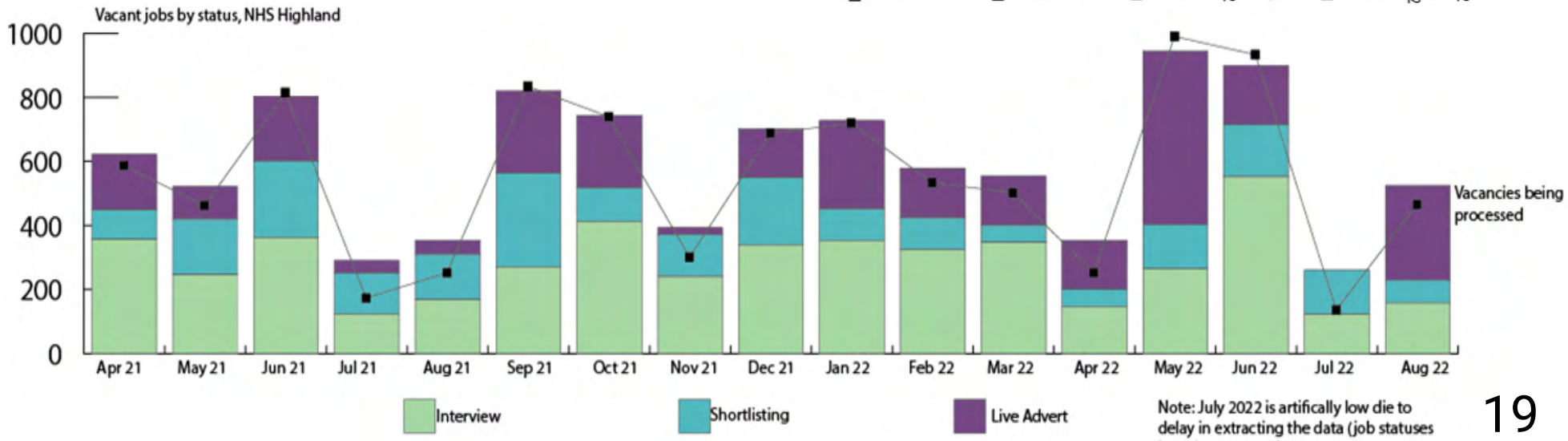
Absence continues to track below the NHS Scotland average, but is still higher than this time last year and the people partners are working with senior leadership teams to address local challenges and opportunities for both avoiding long term absence and improving support for return. There could be an increase in absence from September as there is no longer Covid special leave available, in line with national policy.

Turnover has fallen slightly over the summer months, which is a typical pattern but is still high, reflecting increased retirements as well as ongoing movements in workforce which had fallen at the peak of the Covid pandemic.

Levels of vacancies remain high, and work is about to begin with Senior Leadership Teams to prioritise recruitment in line with strategy and financial position, to ensure the capacity and effectiveness of the recruitment team is being deployed to areas of highest impact. "







Integrated Performance & Quality Report

Argyll & Bute Integration Joint Board

There is no performance report going to Argyll & Bute IJB meeting this month 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.

Agenda Item 10

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**27 September 2022**
Title:	**Finance Report – Month 5 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 aligns to the following NHS Scotland quality ambition:

- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care		**Partners in Care** • Working in partnership • Listening and responding • Communicating well	√
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing		**Safe and Sustainable** • Protecting our environment • In control • Well run	 √ √
Other (please explain below)			

2 Report summary

2.1 Situation

This report is presented to enable discussion on the NHS Highland financial position at Month 5 2022/2023 (August 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. Work continues, both within Board and nationally, to look at options and schemes to close identified gaps. This report summarises the position at Month 5, provides a forecast through to the end of the financial year and highlights the current funding position with regards to costs linked to the ongoing response to the pandemic and ongoing service pressures.

2.3 Assessment

For the period to end August 2022 (Month 5) an overspend of £17.683m is reported. This overspend is forecast to increase to £33.600m by the end of the financial year. The YTD position includes slippage against the savings plan of £8.542m with slippage of £12.225m forecast at financial year end.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Full		Substantial		Moderate	
Limited	√	None		Not yet assessed	

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 but the expectation is that local savings plans will be delivered to ensure achievement of a break-even financial position, without Scottish Government support, by the end of the financial year.

3.4 Risk Assessment/Management

There is a high risk that a break-even position will not be delivered by the end of the 2022/2023 financial year. A £26.000m CIP represents a significant challenge and closing

the residual gap of £16.272m exacerbates this challenge. The Board continues to look for opportunities both locally and nationally to close this gap.

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 a matter.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Capital Expenditure at Month 5

NHS Highland

Meeting:	**NHS Highland Board Meeting**
Meeting date:	**27 September 2022**
Title:	**Finance Report – Month 5 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. No funding source was identified to close the residual gap of £16.272m. Work is ongoing, both within Board and nationally, to look at options and schemes to close identified gaps. This report summarises the position at Month 5, provides a forecast through to the end of the financial year and highlights the current funding position with regards to costs linked to the ongoing response to the pandemic and ongoing service pressures.

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 five months to the end of August 2022 NHS Highland has overspent against the year-to-date budget by £17.683m and is forecasting an overspend of £33.600m at financial year end.

2.2 The YTD position includes slippage against the CIP of £8.542m with slippage of £12.225m forecast through to financial year end.

2.3 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 August 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
1,095.483	**Total Funding**	420.387	420.387	-	1,095.483	-
	Expenditure					
401.303	HHSCP	166.978	171.802	(4.824)	411.750	(10.446)
236.094	Acute Services	101.502	112.978	(11.476)	256.247	(20.152)
224.737	Support Services	57.252	58.392	(1.140)	227.238	(2.501)
862.134	**Sub Total**	**325.732**	**343.172**	**(17.440)**	**895.234**	**(33.100)**
233.349	Argyll & Bute	94.655	94.898	(0.243)	233.849	(0.500)
1,095.483	**Total Expenditure**	**420.387**	**438.070**	**(17.683)**	**1,129.083**	**(33.600)**

2.4 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
1,095.483	**Total Funding**	420.387	420.387	-	1,095.483	-		
	Expenditure							
401.303	HHSCP	166.978	171.802	(4.824)	411.750	(10.446)	(5.556)	(4.890)
236.094	Acute Services	101.502	112.978	(11.476)	256.247	(20.152)	(16.194)	(3.958)
224.737	Support Services	57.252	58.392	(1.140)	227.238	(2.501)	(0.593)	(1.909)
862.134	**Sub Total**	**325.732**	**343.172**	**(17.440)**	**895.234**	**(33.100)**	**(22.343)**	**(10.757)**
233.349	Argyll & Bute	94.655	94.898	(0.243)	233.849	(0.500)	0.967	(1.467)
1,095.483	**Total Expenditure**	**420.387**	**438.070**	**(17.683)**	**1,129.083**	**(33.600)**	**(21.376)**	**(12.224)**
0.000	**Surplus/(Deficit) Mth 5**			**(17.683)**		**(33.600)**	**(21.376)**	**(12.224)**

3 Highland Health & Social Care Partnership

3.1 The HHSCP is reporting a YTD overspend of £4.824m with this forecast to increase to £10.446m by financial year end. Table 3 shows the position across Health and Social Care.

Table 3 – HHSCP Breakdown as at August 2022

Current Plan £m	Detail	Plan to Date £m	Actual to Date £m	Variance to Date £m	Forecast Outturn £m	Forecast Variance £m
	HHSCP					
223.639	NH Communities	92.959	97.233	(4.274)	234.610	(10.970)
43.701	Mental Health Services	18.607	19.100	(0.492)	44.199	(0.498)
138.805	Primary Care	57.108	56.837	0.271	139.021	(0.216)
(4.842)	ASC Other includes ASC Income	(1.697)	(1.369)	(0.329)	(6.079)	1.237
401.303	**Total HHSCP**	**166.978**	**171.802**	**(4.824)**	**411.750**	**(10.446)**
	HHSCP					
243.762	Health	100.722	104.790	(4.067)	251.435	(7.673)
157.541	Social Care	66.256	67.012	(0.757)	160.315	(2.774)
401.303	**Total HHSCP**	**166.978**	**171.802**	**(4.824)**	**411.750**	**(10.446)**

3.2 Within Health the forecast position reflects:

- £4.890m of unachieved savings
- £1.033m 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.
- £0.518m relating to Chronic Pain service
- £0.225m relating to additional costs re Alness and Invergordon reverting to a 2c practice.

3.3 Spend on locums, agency and bank staff to the end of month 5 was £3.850m

3.4 Adult Social Care is currently reporting an overspend of £0.757m which is forecast to increase to £2.774m by financial year end. This reflects additional placements and complex packages coming into place since budgets were agreed.

3.5 The position currently reported will deteriorate as a result of changes in the service delivery model – this is currently being worked through and details will be brought back to a future Committee once the position is clear.

4 Acute Services

4.1 Acute Services are reporting a YTD overspend of £11.476m with this forecast to increase to £20.152m by financial year end. Table 4 provides more detail on this position.

Table 4 – Acute Services Breakdown as at August 2022

Current Plan £000	Division	Plan to Date £000	Actual to Date £000	Variance to Date £000	Forecast Outturn £000	Forecast Variance £000
63.698	Medical Division	26.968	31.333	(4.366)	69.852	(6.154)
18.087	Cancer Services	7.544	7.893	(0.349)	19.005	(0.918)
61.022	Surgical Specialties	26.942	28.460	(1.518)	63.987	(2.965)
25.235	Woman and Child	10.893	11.419	(0.527)	25.236	-
40.635	Clinical Support Division	17.340	18.264	(0.924)	41.521	(0.886)
0.135	Raigmore Senior Mgt & Central Cost	(0.305)	2.362	(2.667)	7.974	(7.839)
1.198	NTC Highland	1.198	1.198	-	1.198	-
210.011	**Sub Total - Raigmore**	**90.579**	**100.928**	**(10.350)**	**228.772**	**(18.761)**
12.321	Belford	5.165	5.784	(0.619)	13.147	(0.826)
13.762	CGH	5.758	6.266	(0.507)	14.328	(0.565)
236.094	**Total for Acute**	**101.502**	**112.978**	**(11.476)**	**256.247**	**(20.152)**

4.2 £3.958m of unachieved savings is reflected in the forecast position.

4.3 The following pressures are currently the main drivers for the operational overspend:

- Locums across all areas £7.122m
- Respiratory Testing Contract £1.790m
- Radiology outsourcing £0.574m
- Medical Unfunded beds £2.668m
- Surgical Unfunded beds/ theatre staff £2.163m
- Acute Drugs £4.394m

5 Support Services

5.1 Support Services are reporting a YTD overspend of £1.140m with this forecast to increase to £2.501m by financial year end.

5.2 The forecast position includes £1.909m of unachieved savings.

5.3 Table 5 breaks this position down across service areas.

Table 5 – Support Services breakdown as at August 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					
109.165	Central Services	10.104	9.939	0.165	109.512	(0.347)
36.055	Corporate Services	14.961	15.240	(0.279)	36.106	(0.051)
44.907	Estates Facilities & Capital Planning	17.608	18.165	(0.557)	46.007	(1.100)
9.210	eHealth	3.997	4.168	(0.171)	9.872	(0.662)
25.399	Tertiary	10.583	10.881	(0.298)	25.741	(0.342)
224.737	**Total**	**57.252**	**58.392**	**(1.140)**	**227.238**	**(2.501)**

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.

6 Argyll & Bute

6.1 Argyll & Bute are currently reporting an overspend of £0.243m with this forecast to increase to £0.500m by financial year end.

6.2 The forecast position includes slippage on savings of £1.467m.

6.3 The position net of savings is an operational underspend of £0.967m largely generated through unfilled vacancies, over-recovery of income and sundry non-recurring slippage.

Table 6 – Argyll & Bute breakdown as at August 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					
133.485	Hospital & Community Services	55.659	56.884	(1.224)	134.873	(1.388)
15.475	Mental Health & LD	6.330	6.078	0.252	15.303	0.172
8.452	Children & Families	3.401	3.260	0.141	8.202	0.250
57.855	Primary Care, Prescribing & Dental inc GMS	23.666	23.607	0.059	57.903	(0.048)
9.026	Estates	3.697	3.856	(0.159)	9.288	(0.262)
4.954	Management Services	1.294	1.312	(0.018)	5.038	(0.084)
4.101	Central/Public health	0.607	(0.100)	0.706	3.241	0.860
233.349	**Total Argyll & Bute**	**94.655**	**94.898**	**(0.243)**	**233.849**	**(0.500)**

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 £8.542m with £12.225m of savings forecast to be unachieved by the end of the financial year.

7.2 Table 7 provides a summary of the savings position at month 5.

Table 7 Savings at Month 5

	Target £000s	YTD Target £000s	Achieved YTD £000s	Variance £000s
Workstreams NH	18,132	7,555	413	(7,142)
Workstreams A&B	589	245	50	(196)
Housekeeping NH	3,810	1,588	1,125	(463)
Housekeeping Argyll & Bute	3,469	1,445	704	(742)
Total Savings M5	**26,000**	**10,833**	**2,291**	**(8,542)**

8 Covid Related Expenditure

8.1 The financial plan submitted to Scottish Government included an estimate of Covid related costs of £31.514m. £23.200m of funding received in quarter 4 of 2021/2022 was earmarked to part fund these costs. Which left a potential additional pressure of £8.314m.

8.2 Work has been ongoing to rebase these costs and the current forecast is £21.976m broken down as detailed in Table 8.

Table 8 Covid Related Cost Estimate at Month 5

Covid Expenditure Category	Total NHS Higland	
	Actual to Date £m	Forecast Outturn £m
Vaccinations	1.643	7.485
Workforce and Capacity	3.226	6.241
PPE, Equipment and IPC	0.342	0.925
Social Care and Community Capacity	2.217	3.416
Loss of Income	0.647	1.264
Primary Care	0.091	0.351
Other	0.299	0.441
Test and Protect	1.312	1.853
Total Covid Costs	**9.777**	**21.976**

8.3 Following on from the submission of Q1 FPRs and Q1 review meetings between SG Finance and Boards a letter from Richard McCallum has recently been received indicating that excess covid related funding sitting within IJB reserves will be reclaimed by SG for redistribution. At the point of writing this report discussions with SG need to take place to understand the impact of this.

10 Financial Risk

10.1 The following risks have been identified:

- **Covid-19 costs**. There is uncertainty relating to the reclaim & redistribution of funds by SG Further work is ongoing to finalise the vaccination delivery model and associated costs and it is expected that these will reduce from earlier estimates. Funding in respect of Test & Protect costs is currently being assumed (£1.853m) but there is a risk that this may not be available should the overall SG financial position worsen.
- **Delivery of cost improvement targets** – the target of £26.000m is significant and there is a risk associated with delivery. Slippage of £12.225m is currently being forecast. A risk rating has been applied to individual elements of the CIP as below:
    - £3.969m low
    - £9.806m medium
    - £12.225m high
- **Argyll & Bute's SLA with Greater Glasgow and Clyde** – whilst this issue was resolved for 2021/2022 the position will be kept under review as NHSGGC are developing a revised SLA model.
- **Adult Social Care funding** - a £3.000m savings programme and additional SG allocations will bridge the gap in 2022/2023.

- **Inflation** is currently running at a rate significantly higher than that assumed when the financial plan was submitted. There is potential for additional cost pressures of £3.824m (part year effect). This is reviewed as part of routine monthly monitoring.
- **Agenda for Change Pay Award**. The budget allocation letter received in December 2021 noted "initial funding has been allocated in line with the Scottish Public Sector Pay Policy for planning purposes. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements will be revisited by the Scottish Government in line with the outcome of the pay negotiations". At this time an initial offer of 5% has been made for AfC and 4.5% for Medical and Dental. Should funding not be forthcoming this will create an additional pressure of approximately £18.616m.
- No financial provision has been built into the plan to tackle increased waiting lists.
- **Recruitment Challenges –** difficulties recruiting to substantive posts both within NHS Highland and in independent sector providers is driving costs up due to an increasing reliance on agency and locum staff.
- **Care Home/ Care at Home Provision –** Ongoing challenges within the independent sector continue to have a financial impact for NHS Highland. In 2022/2023 there is the potential for £1.000m of additional costs should NHS Highland assume responsibility for services currently provided by the independent sector.

11 Revenue Summary

11.1 The forecast overspend of £33.600m is based on a number of assumptions in relation to both expenditure levels and funding and is considered to be the likely position – assuming these assumptions remain valid.

11.2 Forecasting assumptions and risks have been reviewed and 3 possible outcomes are highlighted in the table below with narrative in support of these scenarios detailed paragragphs 11.3 & 11.4

- Best Case £17.328m
- Likely Case £33.600m
- Worst Case £51.230m

11.3 The best case scenario is predicated on recent discussions with SG where there has been an indication that, as a minimum, financial performance needs to be in line with the financial plan submission made earlier this year – this was assuming a £16.272m unfunded gap. On this basis if funding is assumed to cover this the forecast position would be reduced by this amount giving a forecast position £17.328m. This assumes that slippage on the savings programme will remain at £12.225m, that cost containment measures are successful, the impact of Care Home & Care at Home doesn't impact this financial year and that inflationary increases are managed. This is out of line with SG expectations but at this time, until we work through detailed mitigating actions, is the likely best case.

11.4 The worst case scenario is an overspend of £51.230m. This assumes only low risk savings will be achieved, inflationary pressures materialise for the remainder of the year, Care Home / Care at Home pressures materialise and that costs containment measures built into forecasts are unsuccessful.

11.5 All three scenarios assume funding in respect of the pay award will be forthcoming and that funding confirmed but not received will be forthcoming,

12 Capital

12.1 Total anticipated Capital Funding for NHS Highland for 2022/2023 is £47.213m.

12.2 Details of the expenditure position across all projects are set out in Appendix 1. To date expenditure of £5.905m m has been incurred.

12.3 The main areas of investment to date include:

Project	Spend to end June 2022
National Treatment Centre – Highland	£3.103m
Home Farm Works	£0.588m
E-health	£0.568m

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 5 Finance Report.

Appendix 1

Capital Expenditure at Month 5

Original Plan £000's	Updated Plan £000's	Funding Received £000's	Summary Funding & Expenditure	Actual to Date £000
			Capital Schemes	
1,794	1,794	-	Radiotherapy	34
12,900	12,900	-	National Treatment Centre (Highland)	3,103
2,500	2,500	-	Grantown Health Centre Refurbishment	18
2,820	2,820	-	Portree/Broadford HC Spoke Reconfiguration	-
1,250	1,250	-	Belford Hospital Replacement Fort William.	46
1,250	1,250	-	Caithness Redesign	101
100	100	-	Raigmore Reconfiguration	-
4,980	700	-	Increased Maternity Capacity - Raigmore	17
650	-	-	Community Midwifery Unit	-
200	200	-	Additional VIE	-
1,000	1,000	-	Raigmore Fire Compartmentation upgrade	4
1,200	1,200	-	Raigmore Lift Replacement	340
600	600	-	Home Farm works	588
2,200	2,200	-	Cowal Community Hospital GP relocation	75
250	250	-	Campbeltown Boiler Replacement	1
1,750	1,750	-	Raigmore Car Park Project	91
900	900	-	Wifi network Installation Project	34
200	200	-	Inverness Primary Care	-
1,500	1,500	-	Raigmore Oncology Unit	-
2,500	-	-	Environmental Projects - Highland Wide	-
620	620	-	Endoscopy Decontamination Washers	64
1,500	1,500	-	eHealth investment programme	-
-	1,079	-	Laundry Water Filtration Equipment	50
-	2,560	-	BackLog Maintenance Additional Funding	-
-	1,173	-	National Infrastructure Equipment Funding (NIB)	-
-	170	-	Ultrasound - Dunoon & Mid Argyll	-
-	47	-	Digital Pathology switches	25
-		-	New Skye Community Hospital	53
42,664	**40,263**	**-**		**4,642**
			Formula Allocation	
800	800	800	PFI Lifecycle Costs	346
2,350	2,350	2,350	Estates Backlog Maintenance	126
1,850	1,850	1,850	Equipment Purchase Advisory Group (EPAG)	305
1,000	1,000	1,000	eHealth Capital Allocation	568
500	500	500	Minor Capital Group	-
150	150	150	AMG Contingency	11
300	300	300	IFRS16 - New Capital Leases	-
-	-	-	Other	(94)
6,950	**6,950**	**6,950**		**1,263**
49,614	**47,213**	**6,950**	**Capital Expenditure**	**5,905**

Item 12

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**26 September 2022**
Title:	**Annual Whistleblowing Standards Report 2021/22**
Responsible Executive:	**Fiona Hogg, Director of People & Culture**
Report Author:	**Fiona Hogg, Director of People & Culture**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health		• Working in partnership	
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	X
A Great Place to Work		**Safe and Sustainable**	
• Growing talent		• Protecting our environment	X
• Leading by example	X	• In control	X
• Being inclusive	X	• Well run	X
• Learning from experience	X		
• Improving wellbeing	X		

2 Report summaries

2.1 Situation

Attached is the first Annual Whistleblowing Standards report for the period April 2021 to March 2022, the first year of the Standards being in place across NHS Scotland. This report is required to be presented to the Board and also to the Independent National Whistleblowing Standards Officer.

2.2 Background

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

As part of these requirements, a report is required to be presented to the Board on a annual basis, in addition to the quarterly reports, as per the below from the INWO website.

"Boards must publish an annual report setting out performance in handling whistleblowing concerns. This should summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, KPIs, the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.

Boards must work with their services providers (including primary care) to ensure they get the required information so that this annual report covers all the NHS services provided through the board. Integration joint board (IJB) reporting must also be covered in this report, unless a separate annual report covering all IJB services is published by the IJB itself. The annual report must also include concerns raised by students and volunteers about NHS services.

This provides the opportunity for boards to show that they have listened to their staff, addressed the concerns raised and made improvements to services. A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An increase in the number of whistleblowing concerns is not necessarily a cause for concern; it may reflect a shift towards a culture that values the raising of concerns as opportunities to learn and improve. However, an increase in anonymous whistleblowing concerns may be driven by different considerations, and potentially a culture that does not value the raising of concerns. Likewise, very low numbers of concerns being reported may indicate a lack of confidence in the processes and support in place. The data should be considered in the context of existing trends and benchmarking data. The reason for any major variations must be fully explored, and appropriate action taken in response.

Every effort must be made during the preparation of these reports to ensure that the identities of those involved in whistleblowing concerns cannot be discerned from the information or context provided in the report. This is particularly relevant where small numbers of cases are involved. In such instances it may be necessary to provide more limited information.

These reports must be easily accessible to members of the public and available in alternative formats as requested"

.

2.3 Assessment

The NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to in respect of any service delivered on behalf of NHS Highland, including through ensuring annual reporting is presented and robust challenge and interrogation of this takes place.

Considerable thought and engagement has gone into the Annual Whistleblowing Standards report over recent months, to ensure that the report is comprehensive and easy to access, as well as covering all the requirements set out above.

The report is designed to be able to read in it's entirety, but also to provide a shortened version for colleagues which will include the infographic and executive summary, along with the links to past reports and the contact and information page. This will be extensively referenced and shared during our Speak Up Week activities from 3 - 7 October 2022 along with our Whistleblowing Procedure which is the final outstanding audit action.

Bert Donald, our Whistleblowing Non-Executive Director has been involved in the review and shaping of the report, along with input from a range of colleagues, the Area Partnership Forum and Staff Governance Committee.

The Q1 Whistleblowing report for the period 1 April 2022 to 31 July 2022 is also being included in the pack for information.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

This report proposes moderate assurance is taken, with the refinement of our processes making good progress. Our outstanding cases are substantial and complex but are being taken seriously and we are working with those involved. However, it is recognised that further work is needed to implement the final audit action, continue with promotion of awareness and training and to ensure cases are progressed in a timely manner and we are targeting giving substantial assurance from November 2022.

3 Impact Analysis

3.1 Quality/ Patient Care

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

3.2 Workforce

Our workforce has additional protection in place under these standards.

3.3 Financial

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

3.4 Risk Assessment/Management

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

3.5 Data Protection

No data protection issues identified.

3.6 Equality and Diversity, including health inequalities

No specific impacts

3.7 Other impacts

None

3.8 Communication, involvement, engagement, and consultation

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

3.8.1 Route to the Meeting

The report is presented for review and feedback and was presented in draft format to the Area Partnership Forum on 26 August 2022 and the Staff Governance Committee on 7 September 2022.

2.4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy, and Board objectives

2.5 Appendices

- Appendix 1 – Annual Whistleblowing Report 2021/2
- Appendix 2 - Quarterly WB report, April - July 2022 (Report to follow)

NHS Highland
Annual Whistleblowing Report

April 2021 – March 2022

September 2022

Listening, learning & living our values

Contents

Listening, learning & living our values

NHS Highland Whistleblowing Standards 2021/22 Infographic

10,500 colleagues

Key Geographical areas include Caithness, Sutherland, Skye, Lochaber, Inverness, Helensburgh, and Oban

14 concerns raised, **5** of these were whistleblowing.

3 of these were concluded by end of March 2022.

- 1 Stage 1
- 4 Stage 2
- 4 Safety and Quality
- 1 System Pressures

Bert, our Whistleblowing Non-Exec, travelled

1,158 miles

from Campbeltown to Caithness.

18 one-to-one conversations for advice

19 team and individual briefings

3 completed training for line managers

25 completed training for senior managers

104 completed the overview module

2 all-colleague Ask Me Anything Sessions in April 2021 and February 2022, with 4 further weekly update posts.

Partner Survey Results

on Whistleblowing Awareness

Aware of Standards

Aware of Responsibilities

Aware of Where to Get More Info

from 248 responses

Executive Summary

This is NHS Highland's first annual Whistleblowing report, following the launch of the Whistleblowing Standards in April 2021. Over this year, we've had **14 concerns raised**, 5 of which were taken forward under the Standards and 3 of which have completed.

The attached report sets out how we've gone about promoting the standards and managing concerns and also includes some case studies and additional data and how we had an Internal Audit to ensure we had implemented them as best we could.

We've welcomed the Standards as another way to invite challenge and address concerns as a learning organisation. Moving forward, this is built into our 2022-7 Strategy and we have included details of how this is embedded in our 2022/3 Annual Delivery Plan.

Across the year, our Executive Lead has been personally involved in oversight of all cases and in the promotion of the standards, supported by our Whistleblowing Non Executive Champion has been proactive in visiting our huge board area and promoting the Standards to our colleagues. Using our Independent Speak Up Guardians to be the Confidential Contacts ensures independence and builds trust.

We have been able to use the Standards to address some longstanding challenges, but we've also had areas for development which we continue to address, including ensuring timely resolution and that people don't confuse the Standards with HR processes.

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Our history and context

NHS Highland has had a turbulent few years following on from the incidents raised by Whistleblowers, that led to the **Sturrock Review in 2018.** We are fortunate that Culture and Speaking Up has been firmly on our agenda ever since and welcomed the creation and launch of the Whistleblowing Standards to further support this agenda.

It has been particularly important for us to **engage with our colleagues and partners** on what Whistleblowing is and is not, given that history, to ensure that the primary focus is on the risk of harm or wrongdoing in relation to the services we deliver, it is not specifically about bullying or inappropriate behaviour which on an individual level is addressed through our people processes, unless our failure to address issues (as in 2018) is creating that risk of harm or wrongdoing

We recognise that the issues of the past have impacted on the trust and confidence that our colleagues have in us, in our willingness and ability to address concerns effectively, and so ensuring we have a level of independence within our processes has been a key factor in our approach to implementing the Standards.

We also have in place our own **Independent Speak Up Guardian Service** which can support colleagues on a wider range of issues, including concerns about behaviours and relationships and individual employment situations, which ensures all concerns can be addressed with clear escalation routes as part of our contract with the service. The Guardians also play a key support and contact role in the Whistleblowing Standards, which ensures our processes and insights are joined up

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Our Whistleblowing Approach

We've set out a lot of detail on our approach to the Whistleblowing Standards in our Quarterly reports, and ther links to these further on. Some of the key elements of our approach within NHS Highland are:

- Provision of a **dedicated phone line for Whistleblowing concerns**, accessible to all in scope of the standards, staffed by our Independent Speak Up Guardians.
- **Independent Speak Up Guardians** as our confidential contacts, again available to all in scope of the standards, not just our employees
- **Recording and tracking of all concerns** via the Guardians, irrespective of where they are raised
- **Ability to refer non Whistleblowing concerns** into our other confidential channels for follow up
- **Visible leadership and promotion** of the Whistleblowing Standards from our Executive team and our Whistleblowing Non Executive with encouragement being given to colleagues to raise concerns
- **Oversight and review of all Whistleblowing activity and decisions by the Executive Lead**, with each case taken forward under the guidance of relevant Executive Director
- **An implementation group to oversee the ongoing promotion of the Standards**, which has representation from our key areas, as well as our council partners, contract managers, estates and procurement, GP sub committee, Primary care, staffside, communications, to ensure we are reaching all those who may be in scope of the standards

Our Whistleblowing Approach

NHS Highland have taken a different approach to the confidential contact, as we know that whether based on experience or perception, many of our colleagues do not feel confident to speak up. We want the Standards to be effective and for colleagues to trust in the process and so putting our **independent Guardians** as the confidential contacts felt the right way to proceed.

There is a **dedicated number, as well as email addresses**, to make contact and these are widely promoted across the board area, internally and externally, and through our partners and third parties. We've also included these in press releases and articles on social media and posters.

The other factor in choosing our Guardians to be independent confidential contacts meant that for issues that are not Whistleblowing, **the Guardians can support the colleagues through the Speak Up service** and so everything can be followed up. It is important to stress that **the role the Guardian Service play is** about making contact, providing support, recording data and follow ups and providing reporting on this, they do not make any decisions about how or whether cases are taken forward, that is the responsibility of the Exec Lead, who they make contact with as soon as a case is received.

Whilst ongoing promotion of the Standards will always be needed, the fact that within our first few weeks they had received contacts from members of the public, independent GPs and colleagues across our huge geography and many roles and professions, **demonstrated the reach we'd achieved.** We also surveyed our partners in January 2022 and **72% knew about the Standards**, with **60% understanding their role** and **65% knowing where to get more information**.

Our Communication & Engagement approach

- ✓ We held **briefings for Board, Exec directors and Senior Managers** ahead of the launch and they played a key role in the cascade to their teams through their leadership structures. We also briefed the **Area Partnership Forum, Staff Governance Committee, Argyll & Bute IJB** and **Clinical and Care Governance committee**, **Corporate Services Management Meeting** amongst others.
- ✓ Posters, FAQs and information for teams shared prior to launch, under our **Speak Up, Listen Up campaign. Press release and social media campaign** in April 2021, follow up focus article in local press in February 2022 and 2 radio interviews. **Our Guardian Service** engage with colleagues, teams and sites on their **Speak Up service** and also their WB role.
- ✓ Whistleblowing featured in **4 of our weekly update emails** to all colleagues in this year and we've held **2 Ask Me Anything** sessions for all colleagues on Whistle-Blowing in April 2021, and February 2022 and Whistle-blowing features in our **Speak Up and Support** posters around all key sites
- ✓ We've had significant input from our **Non Exec Whistleblowing Champion** who carried out **12 days** of visits to **14 locations** from Campbeltown to Caithness in the first year, involving **4 ferry trips** and over **1,100 miles.** He also held **19 team / individual briefings** and had **18 1:1 meetings** with colleagues seeking advice
- ✓ Our **Whistleblowing Implementation group** meets monthly to connects internal and external key stakeholders and to work through ongoing actions to promote the standards across all those eligible to use them.

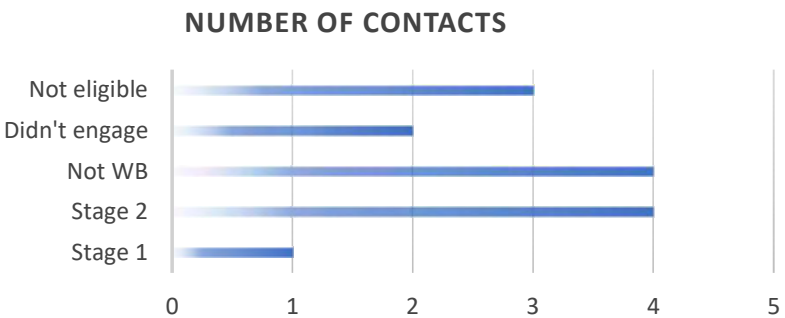
Listening, learning & living our values

NHS Highland Whistleblowing Process

- The Guardians will take the details of the concern and then liaise with Fiona Hogg, as the Board Lead, who will review the concern and agree how it is to be taken forward.
- Concerns which are believed to be Whistleblowing are dealt with at a senior level, to ensure these can be quickly and effectively looked into and any learnings agreed and implemented without delay
- Fiona will discuss with Senior Management / SME's who is best placed to manage the concern and the stage of the concern. This can either be Stage 1 (addressed informally and quickly within 5 days) or Stage 2 (more complex, should be completed in 20 days, or updates given every 20 days)
- Fiona maintains oversight of all cases throughout the process and liaises with the INWO as appropriate. She also provides advice to the managers hearing the cases as required.
- Where a case is not believed to be Whistleblowing, following discussion with relevant SME's as appropriate, Fiona will provide a detailed explanation as to why this is the case, which is provided to the complainant in writing, via the Guardians as the Confidential Contact
- This will include details of how to contact the INWO if not happy with our response, and details of possible alternative ways of addressing their concern
- If the matter is one which the Guardian's can address in their Speak Up role (rather than the WB Confidential Contact role), they will also offer that support directly to the complainant
- The Guardians record the data about our WB concerns and cases and ensure they are followed up, so need to be copied into all correspondence.

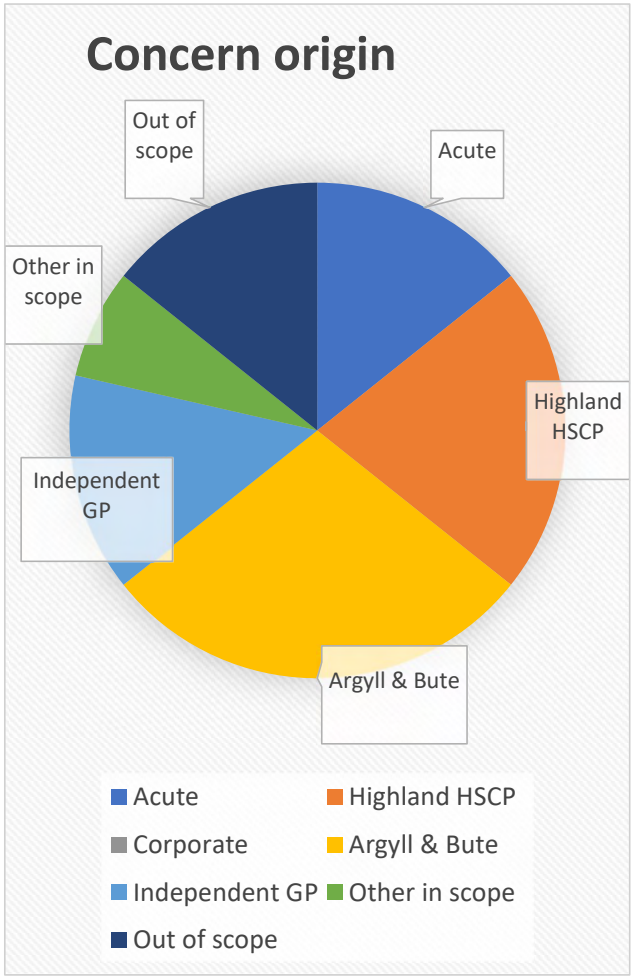
Listening, learning & living our values

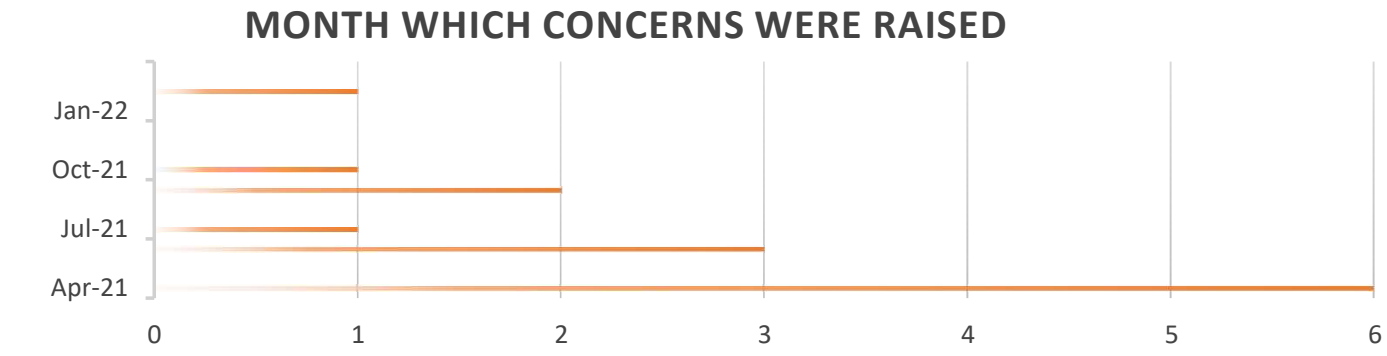
April 2021 to March 2022 – Whistleblowing Concerns raised



	Stage 1	Stage 2	Not WB	Didn't engage	Not eligible
Contacts	1	4	4	2	3

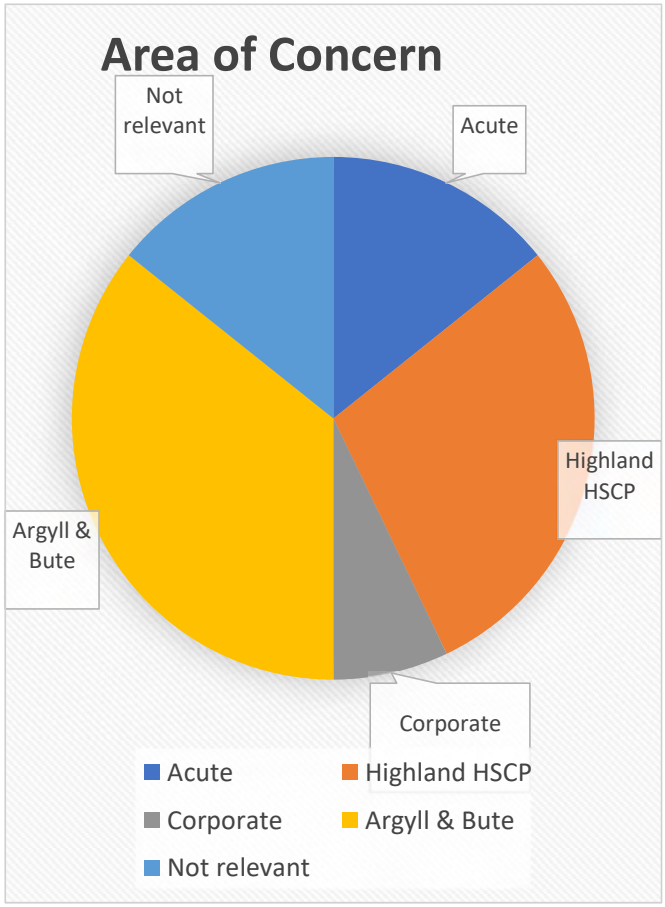
This data sets out all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were higher at the start but have continued throughout and came from a range of sources and areas.

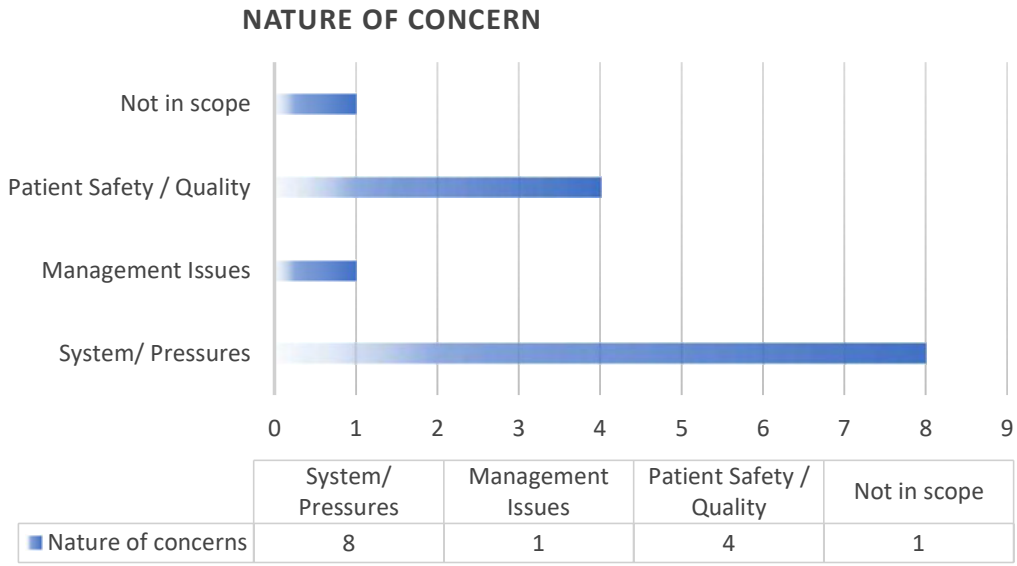




	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Concerns raised	6	0	3	1	0	2	1	0	0	0	1	0

April 2021 to March 2022 – Whistleblowing Concerns raised

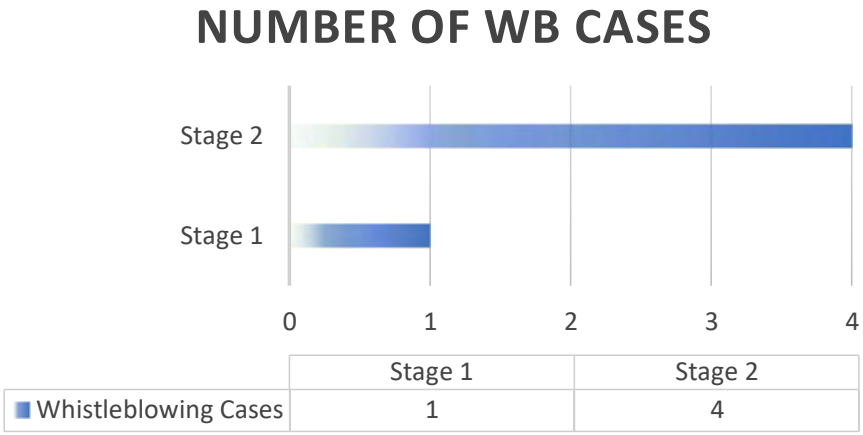




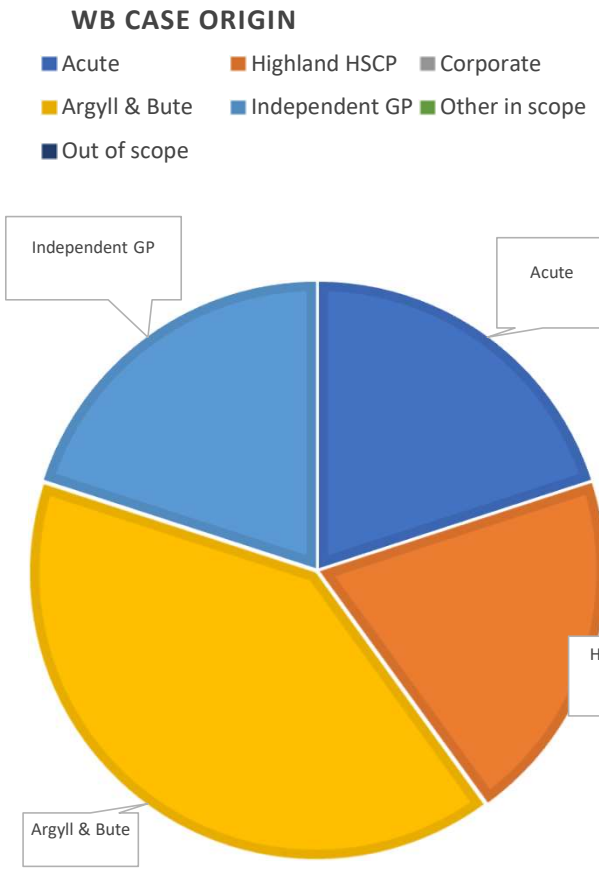
	System/ Pressures	Management Issues	Patient Safety / Quality	Not in scope
Nature of concerns	8	1	4	1

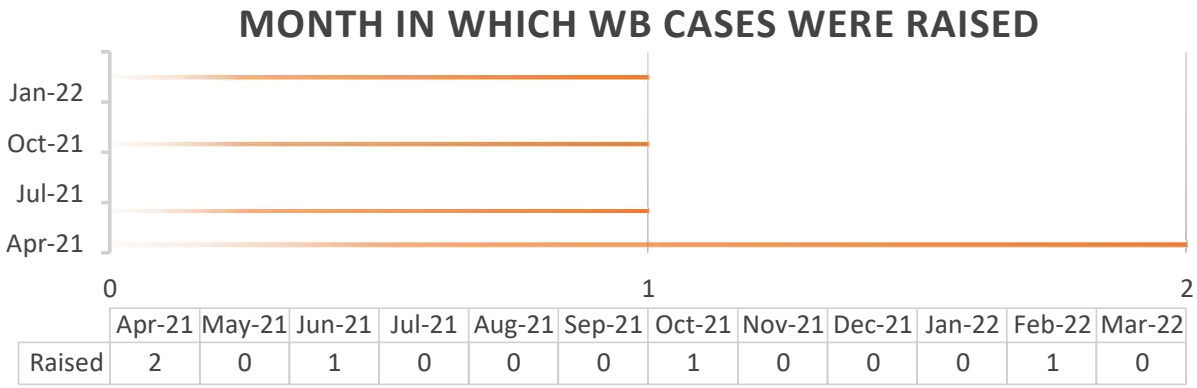
This data also covers all concerns received, irrespective of whether they were found to be Whistleblowing. It shows concerns were received about all areas of NHS Highland, with a slightly higher number in our HSCPs. It also shows concerns were raised mainly systems and pressures or safety and quality.

April 2021 to March 2022 - Whistleblowing Cases raised



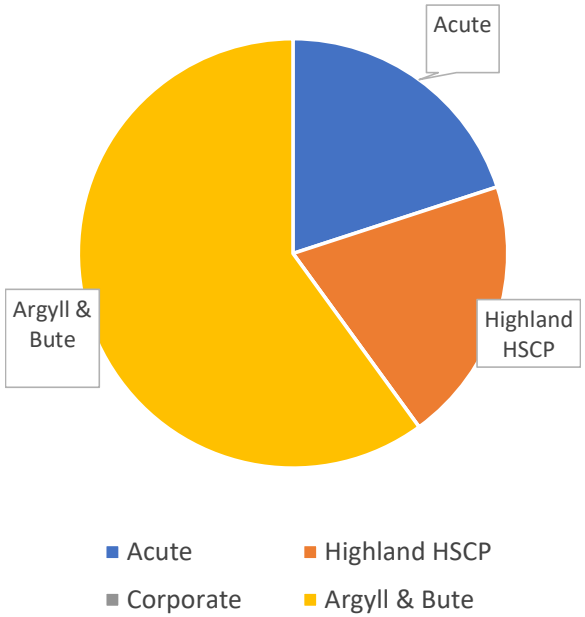
This data sets out only cases found to be WB. It shows concerns were higher at the start but have continued throughout and came from a range of sources, with most handled as Stage 2 concerns.



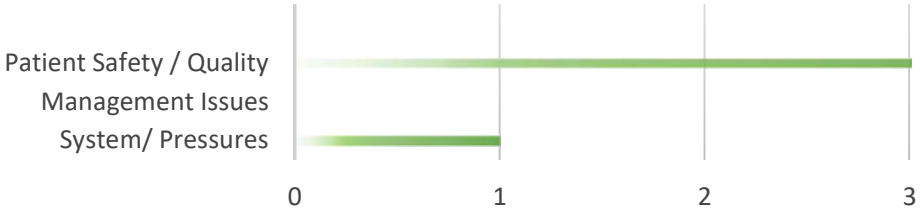


April 2021 to March 2022 - Whistleblowing Cases raised

Area of WB case



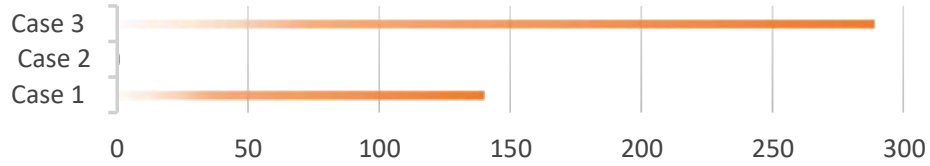
NATURE OF WB CASES



	System/ Pressures	Management Issues	Patient Safety / Quality	
Nature of WB cases	1	0	4	

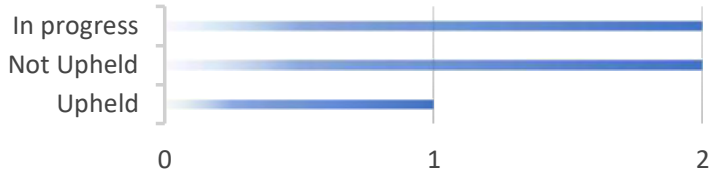
Again, this is just looking at WB cases. It shows cases involve all areas except Corporate, and are most safety and quality related. The time taken to resolve Stage 2 cases is significant, this is due to both complexity and some process delays. We've had 3 outcomes, 2 not upheld and 1 upheld.

TIME TO RESOLVE WB CASES



	Case 1	Case 2	Case 3
Days to resolve	140	1	289

OUTCOMES OF WB CASES



	Upheld	Not Upheld	In progress
Outcome of Cases	1	2	2

Our detailed reporting

All of our past NHS Highland Board reports are available publicly here:

- WB Standards Progress report March 2021
- September 2021 –WB Q1 Covering Paper WB Q1 Apr - Jun 2021
- January 2022 – WB Q2 July - Sept 21
- March 2022 - WB Q3 Cover paper WB Q3 Oct - Dec 21
- May 2022 - WB Q4 Covering paper WB Q4 Jan - Mar 2022

Prior to Board, the reports are reviewed at our Area Partnership Forum, our Staff Governance Committee and our Argyll & Bute Integrated Joint Board, as well as at our WB Implementation Oversight group and by our Executive Directors Group.

The current schedule of reports for 2022 – 2023

- September 2022 – Annual report 2021-2022 and Q1 report April – June 22
- December 2022 – Q2 report July – Sep 2022
- March 2023 – Q3 report Oct – Dec 2022
- May 2022 – Q4 report Jan – Mar 2022
- July 2022 – Annual report 2022-2023

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Our Internal Audit

In order to understand how our implementation of the Standards had progressed and to identify areas of improvement, in July 2021 we commissioned an Internal Audit which took place over August and September 2021, and was presented to Audit Committee on 7 December 2021.

Overall the report was a positive one, recognising the extensive efforts which NHS Highland had taken to implement and promote the Standards. As hoped, there were a number of areas for us to focus on, most of which were actioned before the report came to Audit Committee.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making – Completed and added to Q1 final report
3. Feedback on assurance reporting implemented - Completed and added to Q1 final report
4. Development of NHS Highland Whistleblowing Process document – Ongoing, will be launched in Speak up Week
5. Contact details for WB Champion – Completed and added to Internet.
6. Ongoing refinement of Quarterly reporting format and content – Completed in Q3 final report

Listening, learning & living our values

Our successes

- ✓ We have embraced the Whistleblowing Standards **as a positive opportunity for NHS Highland** to have another channel **to hear and resolve concerns** and **improve our colleague and patient experience.**
- ✓ We encourage people to Speak Up and are open to criticism and challenge as this is a healthy culture, **we don't learn anything from people who agree with us or hold the same views.**
- ✓ The way in which our **Whistleblowing Non Executive Champion** has embraced his role in engaging with the organisation to proactively promote and educate about the Standards is unique and effective. This has been achieved despite the limitations of the pandemic and the geographical challenges for a Board which covers 41% of the land mass of Scotland and includes 35 islands.
- ✓ Our ongoing **proactive communication and engagement, internally and externally**, on the Whistleblowing Standards but also the Speak Up service and other channels of support has been **critical in building trust and awareness** of how to raise concerns.
- ✓ We want to ensure all of our colleagues and partners feel confident to highlight where things are going wrong and for these to be received positively and with a focus on continuing our learning and improvement journey.
- ✓ Our decision to utilise the **Guardian Service** as our Confidential Contacts for the Standards has ensured there is independence, and this will build trust in the process. It also ensures that those concerns which are not Whistleblowing can be addressed under their Speak Up service, without being lost.

Our successes

- ✓ The decision to carry out an **internal audit into our implementation**, right at the beginning of the process, was really helpful in gauging the success of our approach to date and focussing our attention on the areas which we could do better. Taking the opportunity to use the Standards to improve experience and aid our learning has been important to us, and has been a different approach to some other Boards.
- ✓ Our commitment to the Standards has been recognised and we work closely with the INWO and their team. The role which our Non Executive director plays and our embracing of the Standards across the Board is seen as good practice. Our Executive Lead has also been asked to participate in the recruitment process of 2 other Boards Non Executive posts, as the Independent member on the panel.
- ✓ The senior level at which all cases are reviewed and then addressed is also important for us, ensuring there is **consistency of decisions**, as well **as visibility of the issues being raised** and those who are looking into the cases have the ability to act on the information they receive.
- ✓ Whilst we haven't had large volumes of cases, our approach has meant that **we can commission wider reviews of our services and address longstanding challenges**, as a result of what is raised. An example is set out in the case study. This does take time to work through, but our focus is on improving and addressing what can be longstanding and complex problems.

Our successes

Case Study

One of our island GPs (independent contractor) contacted the Guardian Service with a WB concern about **failures in relationships between the HSCP, Board, GP and community,** which was impacting on the quality and availability of care for residents, and **which had been ongoing for more than 10 years** but not been able to be resolved.

The Guardian Service contacted the Exec Lead, who confirmed that this was a WB concern at Stage 2 and agreed with the Chief Officer for the HSCP that she would take forward the concern, supported by the Exec Lead.

This involved a series of in person meetings and visits, by the Chief Officer, with the GP and their staff, with the community, and with the HSCP / Board colleagues and managers to agree an **action plan, tackling the service provision, the governance arrangements and finally the relationships**. A working group is now in place to collaborate on designing services collectively and is working effectively and making excellent progress with the community and the GP fully engaged and involved. Governance arrangements are now working well and good progress has been made with resolving relationship issues on all sides. Issues around housing and recruiting a permanent nurse have also been addressed.

This case has been ongoing since October 2021 and is due to close shortly, but throughout the Exec Lead and Chief Officer have been regularly providing 20 day written updates in line with the Standards, as well as meeting online and in person with the GP who raised the concern. We are keen to ensure we resolve concerns in as timely a way as possible, and we do have some work to do on this in other cases, but where issues are complex and longstanding, **getting a proper long term resolution is the priority for us.**

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Our Learnings

- There is also much to learn and so it is vital that we evaluate our progress honestly and openly, taking the opportunity to improve when things don't go so well.
- One of our biggest challenges is to ensure that across the organisation, **we build a culture where challenge and difference of opinion is valued and embraced as a tool for reflection, learning and improvement.** This takes time and needs to be role modelled by senior leaders, in how they respond to questioning and challenge and in encouraging and promoting people to speak up and use the Standards where they feel their concerns haven't been addressed. **We have made some progress, but there is a lot more to do.**
- There is also work to be done on **further understanding what Whistleblowing is and is not.** The Standards explain it is when someone who works for us or on our behalf raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing. This includes an issue that:
  - has happened, is happening or is likely to happen
  - affects the public, other staff or the NHS provider (the organisation) itself.
- This is **different to a personal complaint or grievance** about an individual employment situation, including bullying and inappropriate behaviour, which are addressed under our people policies and which the Guardian Speak Up service can also support with, although if these were not addressed or were widely experience and impact on services and care, they may be in scope.
- The Whistleblowing Standards are **not an "HR" process.** The Exec Lead for Whistleblowing is the Director of People and Culture, because of her culture role and responsibilities, there is no link to HR and it is important that this is understood.

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Our Learnings

- Whilst some of the principles of investigating complaints used in the people processes can be helpful such as having a terms of reference and ensuring there is no direct connection between the complaint and the manager looking into it, **the Whistleblowing Standards are much more flexible and agile**, the key is to **understand and address the concern quickly and effectively and determine what action is needed.** For more complex issues, an investigating manager or a working group may be needed, but in many cases, the manager looking into the concern will be able to rapidly get to the heart of the issue and understand what is needed.
- This does bring us on to one of our most challenging and enduring issues, **the timescales to address cases.** In some cases, such as the case study just presented, the time is needed to establish a full service review and tackle the issues at the heart of a concern that has been around for many years. **The outcome is the right one and so the time was needed.**
- We also have cases which have taken far too long to conclude, because of **capacity and workload or because the process has become too complex or a follow up has been missed**, and we have to improve in this space. A further awareness session was held in August to ensure our Executive and Senior Management understand their roles and the priority this must take and will be rolled out further.
- The **Standards are new and evolving** and so there will always be cases that arise that challenge us or address situations that weren't expected or are complex, like in the next case study The relatively small number of cases also makes it challenging to really spot themes or trends, but this will evolve over time.

Our learnings

Case Study

We received a **WB complaint from an external party**, who worked for a facilities company in a cleaning role, in a non-NHS Highland building. They were not employed, and were not contracted by NHS Highland, we were a tenant for a few areas of the building, renting space. The complaints related to cleaning procedures in two areas which NHS Highland used, a café which we ran with our own staff, and a dental service, again, which we ran with our own staff.

On reviewing the complaint, the concern relating to labelling of trolleys to avoid confusion was immediately addressed and resolved and feedback given to confirm this. However, in reviewing the complaint related to cleaning more widely**, it was felt this was not a concern for NHS Highland to address under WB, as it did not relate to the delivery of an NHS Scotland service**, so it was for the employing organisation to address and they had already done so. Anything relating to patient care and safety was carried out by NHS Highland staff.

The complainant was directed to the INWO, should that decision wish to be challenged. **The INWO reviewed an appeal** and had discussions with NHS Highland, recognising the complexity of the case and that such issues needed to be worked through They ultimately decided that **as NHS Highland treat patients in the facility and the concerns raised could have impacted patient care, we should have treated the case as Whistleblowing** and they asked us to re-examine the complaint, under a monitored referral, which means we confirm to them when it has been completed. This is now underway. This was a really helpful exercise for us to undertake and for future concerns which have this level of complexity, we have some clear guidance on what elements to take into account

Our Strategy and Annual Delivery Plan

In our 5 year **Together We Care, With you, For you** strategy, which our Annual Delivery plan and Workfo plan are aligned to, Speaking up and Listening and Learning are embedded, as part of our People objective - **To be a great place to work**

There are 2 of our 4 outcomes which particularly support both speaking up and listening, as well as the underlying improvements in skills and processes which will improve experience and create the conditions for colleagues to be confident to tackle any issues locally as they arise.

Outcome 5 - Grow Well – will ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives and receive regular feedback and have a personal development plan.

2 of the 3 intentions here will support us to achieve our aims:

Intention 5b- *Embed Promoting Professionalism and Civility Saves Lives within the organisation, to ensure colleagues and patients are valued and respected and issues can be quickly and effectively raised and addressed*

Intention 5c - *Build a mature and resilient safety culture and systems to protect our colleagues and patients and enhance the quality of our services, whilst maintaining high levels of compliance and reducing risk*

Listening, learning & living our values

Our Strategy and Annual Delivery Plan

Listen Well – Outcome 6 - Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engage with the wider organisation, listening to, hearing, and learning from experiences and views shared.

All 3 of the intentions here will support us.

Intention 6a – *Listen to and work in partnership with all colleagues to shape our future and support decision making and continuous improvement*

Intention 6b - *Have effective partnership working with all colleagues to maximise the value of collaboration to address opportunities, challenges, change and transformation.*

Intention 6c - *Have robust structures and develop skills in teams for listening, communication, engagement and team working*

We are now taking the actions for our 2022/23 Annual Delivery Plan forward and our progress in delivering these will be overseen by the People and Culture Programme Board.

We will be reshaping our existing Whistleblowing Oversight Group to align to the strategic intentions and to facilitate them to engage in the development and delivery of these key priorities.

Listening, learning & living our values

Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 5b

- Design our programme for promoting professionalism
- Embed the civility principles and offer training to support this
- Ongoing promotion of the Whistleblowing Standards and Guardian Speak Up service

Intention 5c

- Deliver recommendations in Health and Safety Annual report reviewing our 2021 performance and compliance risks
- Deliver health and safety leadership and management training to all levels of leadership and management
- Address poor statutory and mandatory training compliance through structured improvement programme

Intention 6a

- Launched our listening and learning panels and undertaken a programme of engagement with them
- Agree our sources of colleague experience data and increase our insight and understanding in this area
- Development of our People Service Centre approach to support colleagues and managers

Listening, learning & living our values

Our Strategy and Annual Delivery Plan

The specific actions which we will take in 2022/3 linked to these intentions are:

Intention 6b

- Review of facility time and partnership working completed
- Increase the numbers of concerns being resolved as part of early resolution
- Introduction to partnership working and the staff governance standards to be core part of induction for all colleagues
- Local Partnership Forums re-established and working effectively and widespread management engagement in partnership working at all levels

Intention 6c

- Team Conversations initiative has been rolled across a range of teams in NHS Highland
- Co-produced values and behaviours standards and guidance are available for colleagues and managers
- NHS Highland leaders demonstrate effective and visible leadership across all levels of their organisation

Listening, learning & living our values

Other priorities for 2022/2023

- Delivering an active programme of activities and awareness raising during the national **Speak Up Week** from 3- 7 October
- Launching our Whistleblowing Annual Report and NHS Highland Whistleblowing procedure to colleagues
- Promoting further take up of the national training on Whistleblowing
- Delivering Whistleblowing awareness sessions to teams and leaders across NHS Highland and partner organisations, following the initial session with Exec Directors / Deputies in August 22
- Continuing to promote awareness of the Standards to partner organisations as well as NHS Highland through our ongoing communication and engagement campaign
- Improving our time taken to resolve cases and further refining and simplifying how these cases are investigated
- Being able to provide more detailed analysis of themes and trends with more cases to review

Listening, learning & living our values

Contacts and information

- The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Scotland service providers to handle concerns that are raised with them and which meet the definition of a 'whistleblowing concern'.
- There is an excellent website with lots of resources and advice Independent National Whistleblowing Officer | INWO (spso.org.uk)
- There is also training on TURAS learn which it is highly recommended to complete.
  - Whistleblowing : an overview | Turas | Learn (nhs.scot)
  - Whistleblowing : for line managers | Turas | Learn (nhs.scot)
  - Whistleblowing : for senior managers | Turas | Learn (nhs.scot)

To raise a concern, contact the Guardians, as our confidential contacts, either via the WB hotline **0333 733 8448** (Mon – Fri 9 -5) or emailing Julie McAndrew Julie.m@theguardianservice.co.uk or Derek McIlroy Derek.M@theguardianservice.co.uk

Listening, learning & living our values

INDEPENDENT NATIONAL WHISTLEBLOWING OFFICER

NHS Highland

Appendices

Listening, learning & living our values

Roles and Responsibilities

NHS Highland Board

The Board plays a critical role in ensuring the standards are adhered to through leadership, monitoring, Overseeing access and Support.

Board Non-Executive Whistleblowing Champion

This role is taken on by **Albert Donald,** who has been in place since February 2020 and monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role to help us comply with our responsibilities. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer and Executive Lead

This role is taken on by Fiona Hogg, Director of People & Culture. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO and has overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. As Exec Lead, Fiona also has oversight of all of the Whistleblowing cases, decisions and outcomes to ensure consistency.

Roles and Responsibilities

HR Lead

This role is taken on by **Gaye Boyd, Deputy Director of People** and is responsible for ensuring all staff have access to this procedure, as well as the support they need if they raise a concern and ensuring that anything raised within HR procedures which could amount to a whistleblowing concern is appropriately signposted to this procedure for full consideration, ensuring that all staff are made aware of the Standards and how to access them, including the channels available to them for raising concerns. They must also ensure that managers have the training they need to identify concerns that might be appropriate for the Standards and to manage them appropriately

Its important to note that Whistleblowing is not a process overseen by the HR team and as set out above, it is separate to our main people processes, reflecting the different scope and nature of Whistleblowing complaints**.**

Chief Executive / Executive Directors / Senior Management

Overall responsibility and accountability for the management of whistleblowing concerns lies with the organisation's chief executive, executive directors, and appropriate senior management

Roles and Responsibilities

Managers

Any manager in the organisation may receive a whistleblowing concern. Therefore, all managers must be aware of the whistleblowing procedure and how to handle and record concerns that are raised with them, with their colleagues and with any third party or independent contractors who deliver services on our behalf. All managers are encouraged to undertake the training module available on Turas Learn. However, their first point of contact should be the Guardian Service, they do not take this forward themselves

Union representatives

Union representatives play a key role in supporting members to raise concerns and providing insight into the effectiveness of our systems and processes.

All colleagues

Anyone who delivers an NHS service should feel able and empowered to raise concerns about harm or wrongdoing. They should be trained so they are aware of the channels available to them for raising concerns, and what access to the Standards means.

Roles and Responsibilities

Primary Care

All primary care providers and contracted services are required to have a procedure that meets with the requirements of these Standards. This means that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. NHS Highland colleagues who manage the contracts and relationships with Primary Care will be critical in promoting awareness of the Standards. The first point of contact again is via the Guardian Service

Managers and Supervisors of Students and Trainees

Those who supervise students and trainees who are working in our organisation, but aren't usually employed by us, have a specific responsibility to ensure that they are aware of the Standards and how they can raise a concern.

Volunteer Coordinator

The Standards also apply to Volunteers, who are working in our services. It is important that they are made aware of the Standards and how to raise a concern and access support

WB Champion visits 2021/2

July 2021

- Mid Argyll Community Hospital, Lochgilphead
- Campbeltown Hospital
- Victoria Hospital, Rothesay
- Victoria Integrated Care Centre, Helensburgh

November 2021

- Cowal Hospital, Dunoon
- Lorn and Isles Hospital, Oban
- Iona Community Hospital and Bowmore Court, Mull
- Fort William Health Centre
- Belford Hospital, Fort William

January/February 2022

- New Craigs Hospital, Inverness
- Lawson Memorial Hospital, Golspie
- Community Base, Thurso
- Caithness General Hospital, Wick
- Raigmore Hospital, Inverness

Listening, learning & living our values

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**27 SEPTEMBER 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:

- Annual Operation Plan
- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health	X	• Working in partnership	X
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	
A Great Place to Work		**Safe and Sustainable**	
• Growing talent	X	• Protecting our environment	X
• Leading by example	X	• In control	X
• Being inclusive	X	• Well run	X
• Learning from experience	X		
• Improving wellbeing			
Other (please explain below)			

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 the processes being developed for corporate risk moving forward. We are transitioning and refreshing the corporate risk register to align with "Together We Care, with you, for you" at present and this will be fully complete by the November NHS Highland Board meeting.

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 is currently being 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.

Moving forward the NHS Highland Executive Directors' Group (EDG) will maintain the NHS Highland Corporate Risk Register and review this on a monthly basis. The content of the Corporate Risk Register will be informed by the input from the EDG, Programme Boards, 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. An 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 refreshed risk management framework will be presented to the next Audit Committee that addresses outstanding areas from the previous internal audit. Templates have been developed to allow for a more in depth management process at the EDG and Governance Committees.

For this Board meeting there are a number of recommendations for either removals or changes to the risk register.

2.2 Background

Risk Management is a key element of the Board's internal controls for Corporate 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 corporate risk register along with the Board Medical Director to ensure alignment across the strategy and operational areas across the organisation. We have not been successful in recruiting a Corporate Risk Manager and are now actively exploring the process for risk to embedded within the organisation as a core component of business as usual.

2.3 Assessment

Closure and New - Please note the following section is presented to the Board for awareness only at this stage. Due to the timescale these have not been discussed at the relevant governance committees or through EDG therefore presented for awareness that these risks are under consideration at present.

Risk No 662 – Strategy – ***Consideration of closure at November Board***

The Board is recommended to remove this risk from the strategic risk register given the strategy is being approved at the Board meeting today. The development of the strategy has been concluded in full collaboration with our population, people and partners.

Risk No 877 – Engagement Framework – ***Consideration of closure at November Board. Currently rated high with target of medium***

The Engagement Framework has been developed, in consultation with our communities. Training, support and procedures to support its roll out are well under way and are resourced. Going forward, this work will be mainstreamed under the 'Anchor Well' outcome of the Together We Care strategy and implementation monitored through the Annual Delivery Plan. There are 4 completed actions and 1 outstanding action relating to finalising the Engagement framework which is in it's final stages.

This strategic risk now requires a review, to understand whether it needs to be closed or updated. The risk rating seems high now, in comparison to the culture and staffing risks.

Risk No 123 – Performance of the System – ***Consideration of closure at November Board***

This risk was focused on the performance of health and care during COVID. The mitigating areas defined were data drives process and managing performance during this time. The NHS Highland Performance Framework is now approved and a number of the areas defined are being addressed specifically by the individual programme boards, through the strategy and annual delivery plan approach. It is recommended this risk is closed and a new risk is added in terms of transformation.

Risk No 830 – Sustainability of Funding – *Consideration of closure at November Board*

This risk is recommended to be removed from the risk register to allow 2 new risks to be added given the current financial challenge. The new risks will focus on overall financial position and the ability to achieve savings. This will allow the mitigations, gaps and controls to be better defined moving forward. These new risks are described below.

Risk No XXX - Financial Balance – *Recommendation for new risk to be approved through FRPC and EDG*

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 XXX – Financial Efficiencies – *Recommendation for new risk to be approved through FRPC and EDG*

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 XXX – Capacity for Transformation – *Recommendation for new risk to be approved through FRPC and EDG*

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 situation may leave insufficient capacity for the long-term transformation, which could lead to us unable to deliver a sustained strategic approach leading to an inability to deliver the required transformation to meet the health and care 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

Updates on Current Risks

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.

Clinical and Care Governance Committee Aligned Risks

Risk No 715 – Impact of COVID and Influenza on Health Outcomes – *Risk to remain high*

Whilst the rate of COVID-19 infections has reduced recently, we are concerned that the rate of infections may increase again in coming months. The impacts on our most vulnerable settings, such as care homes and hospitalisations could increase, with knock-on effect 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. Considerable work is underway 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.

Finance, Resources & Performance Committee Aligned Risks

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 to remain medium*

No change from previous report. 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 to remain medium*

No change to previous report. 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.

Staff Governance Committee Aligned Risks

Risk No 632 – Organisation Culture – Risk to remain high with target level of medium

There are 5 completed actions and 3 outstanding actions for this risk. The 3 outstanding actions include the future structure of the programme, which is currently being worked on, as we finalise the strategy and should be in place by end October 2022. The second outstanding action relates to the local Culture groups of which 2 were set up and 2 had not, however, we will be reviewing this as this may be more appropriate for the Local Partnership Forums to take on as they have now been established and this would reflect our integration of Culture into the wider strategy programme. The third action relates to the ongoing development of the Culture programme and it's KPI's, which is now locked into the Annual Delivery Plan and the People Objective of the Strategy and again will be completed as part of the set up of the People and Culture Programme Board. The action relating to Statutory and Mandatory training compliance is closed, as this is now a standalone risk.

This risk and it's action plan will now be fully reviewed and updated in line with our Strategy, ADP and Workforce plan.

Risk No 705 – Workforce Recruitment and Retention – Risk to remain high with target level of medium

There are 4 completed actions and 3 outstanding actions for this risk. The ongoing actions relate to the ongoing innovation work in recruitment and workforce planning, the evaluation of the nursing recruitment campaign and to the further work of the Workforce Board.

This risk, it's rating and it's action plan requires a full review in light of our current staffing challenges, our Workforce Plan, Strategy and ADP and revised governance structures and also to reflect the implementation of the Health and Care Staffing Act.

Strategic Objective:	Our People
Strategic Outcome:	Plan Well
Governance Committee:	Staff Governance Committee.

Risk No 1056 – Compliance with Stat Man Training – Risk to r*emain very high (200) with target level of high*

The detailed long term action plan for this risk is being developed, as it is now an intention within our Together We Care strategy and forms a key part of our Annual Delivery Plan.

Significant focus is being placed on this by local teams, and we've also invested in additional training resources for the Moving and Handling teams to support this. We've not yet seen sustained increases across the board at a divisional level but are seeing strong increases in some key teams, like Estates and Mental Health, due to target actions and support from the People Partners. We are also seeing a good increase in the compliance levels in the Induction modules which is essential for sustained recovery.

We're about to launch a video for colleagues outlining the importance of the training and how to access the system and check status, following up on the ongoing all colleague training session and information published in the weekly roundup.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

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 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 and provide final decisions on the risks that are recommended to be closed or added
- **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

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27 September 2022**
Title:	**Board and Committee Meetings Calendar 2023**
Non-Executive:	**Prof Boyd Robertson, Board Chair**
Report Author:	**Ruth Daly, Board Secretary**

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care		**Partners in Care** • Working in partnership • Listening and responding • Communicating well	
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing		**Safe and Sustainable** • Protecting our environment • In control • Well run	X
Other (please explain below)			

2 Report summary

2.1 Situation

This report recommends a timetable of Board and Committee meetings for 2023 for approval.

2.2 Background

Boards are expected to create a coordinated timetable for Board meetings, Board seminars and Committee meetings. This programme should ensure that an appropriate level of scrutiny can be delivered and that business is undertaken in a logical sequence.

2.3 Assessment

The tables shown in Appendix 1 to this report indicate the proposed meeting dates for 2022 which have been agreed by the individual Governance Committees. The sequencing of meetings follows the current year's schedule , however a change has been made to the sequencing of the FRP Committee to accommodate financial reporting timeframes.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

The impact on quality / patient care is a key consideration for governance

3.2 Workforce

The impact on workforce is a key consideration for governance

3.3 Financial

Financial governance is a key consideration for governance.

3.4 Risk Assessment/Management

Risk management is a key component of the Board's Assurance Framework and Integrated Performance Report which will be considered at each Board and governance Committee meeting throughout the year.

3.5 Data Protection

There is no personally identifiable information involved in the preparation of this report.

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 proposed dates have been co-produced in collaboration with Governance Committee Chairs and Lead Executives.

3.9 Route to the Meeting

The dates proposed have been agreed by Governance Committees during their August and September 2022 meetings. This report has been reviewed by the Executive Directors Group on …..

4 Recommendation

The Board is asked to:

- **approve** the timetable of Board and Committee meetings for 2023

4.1 List of appendices

The following appendices are included with this report:

- Appendix 1 – proposed timetable of meetings for 2023

Appendix 1

NHS BOARD and COMMITTEES – DATES FOR 2023

NHS Board	***NHS Board Development***	
Chair: Boyd Robertson **Executive Lead**: Chief Executive (Tuesdays – 9.30am) 31 January 2023 28 March 2023 30 May 2023 27 June 2023 (annual accounts) 25 July 2023 26 September 2023 28 November 2023	**Development Sessions** (Tuesdays 1pm) 24 January 2023 21 March 2023 23 May 2023 18 July 2023 19 September 2023 21 November 2023	**Strategy Sessions** (Tuesdays 9.30 am) 28 February 2023 25 April 2023 29 August 2023 31 October 2023 Please note there are no Strategy Sessions in June and December.
Clinical Governance Committee	***Staff Governance Committee***	***Audit Committee***
Chair: Gaener Rodger **Executive Lead:** Medical Director **Administrator:** Brian Mitchell *(Thursdays – 9.00 am -12 noon)* 12 January 2023 2 March 2023 27 April 2023 29 June 2023 31 August 2023 2 November 2023	**Chair:** Sarah Compton Bishop **Executive Lead:** Fiona Hogg **Administrator:** Karen Doonan *(Wednesdays – 10.00 am)* 11 January 2023 8 March 2023 10 May 2023 28 June 2023 6 September 2023 8 November 2023	**Chair:** Alasdair Christie **Executive Lead:** Heledd Cooper **Administrator:** Stephen Chase *(Tuesdays – 9.00 am)* 7 March 2023 2 May 2023 27 June 2023 (Annual Accounts) 5 September 2023 5 December 2023
Finance, Resources and Performance Committee	***Highland Health & Social Care Committee***	**Area Clinical Forum**
Chair: Alex Anderson **Executive Lead**: Heledd Cooper **Administrator:** Brian Mitchell *(Fridays – 9.30am)* 6 January 2023 3 March 2023 5 May 2023 7 July 2023 8 September 2023 3 November 2023	**Chair:** Ann Clark **Executive Lead**: Louise Bussell **Administrator:** Stephen Chase (Wednesdays 1pm-4pm development sessions at 10.30am) 11 January 2023 1 March 2023 26 April 2023 28 June 2023 30 August 2023 1 November 2023	**Chair:** Catriona Sinclair **Professional Lead**: **Administrator:** Karen Doonan **Thursdays 1.30 pm** 12 January 2023 9 March 2023 4 May 2023 6 July 2023 31 August 2023 2 November 2023

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**27 September 2022**
Title:	**Plan Gàidhlig – Gaelic Plan**
Responsible Executive/Non-Executive:	**Pamela Dudek/Boyd Robertson**
Report Author:	**Nicola Thomson**

1 Purpose

Please select one item in each section ***and delete the others***.

This is presented to the Board for:

- Decision - Approval for draft for public consultation

This report relates to a:

- Government policy/directive – Gaelic (Scotland) Act 2005

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

- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health	X	• Working in partnership	X
• Innovating our care	x	• Listening and responding	X
		• Communicating well	x
A Great Place to Work		**Safe and Sustainable**	
• Growing talent	X	• Well run	x
• Leading by example	X		
• Being inclusive	X		
• Learning from experience	X		
• Improving wellbeing	x		
Other (please explain below)			

2 Report summary

2.1 Situation

This is the draft 3rd Gaelic Plan for NHS Highland. All Public Bodies are required to publish a Gaelic Plan every 5 years. This plan will go to public consultation and return for final approval at the November meeting. Bòrd na Gàidhlig will receive the plan for formal approval at their January 2023 meeting.

The High-level aims contained therein are specific to NHS Highland.
The Corporate Aims are more general and are required of all public authorities.
The Plan is linked to the Together We Care Strategy and Gaelic is included under one the Nurture Well outcome within that document.

2.2 Background

Due to staff turnover and other priorities, previous plan progress has been slow and limited, however, some progress has been made during the last 6 months, with increased engagement on Gaelic matters, a new suite of Gaelic Awareness modules for all staff and a range of classes now up and running, in collaboration with Highland Council and with Ionad Chaluim Chille Ile (Gaelic Centre Islay). It is hoped further collaboration will also take place with Sabhal Mòr Ostaig, the national centre for Gaelic Language and Culture. In addition, good progress has been made with bilingual signage, now standard for all capital developments. It is hoped the rendering of the bilingual logo will be sanctioned by NHS Scotland in due course.

2.3 Assessment

The highest risks are that the objectives within the plan are not achieved, as this could result in NHS Highland being referred to Ministers. There are named responsible officers for each area of aims/objectives and the re-establishment of a Gaelic Implementation Group will ensure continued monitoring and progress reporting.

It would be advisable to have an ongoing Gaelic officer/adviser role in some form, to ensure progress continues or ensure the Gaelic remit sits within a function of the ECG.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	x
Limited		None	

The delivery of the Gaelic Language Plan requires buy-in by relevant staff and budgets. Furthermore, organisational communication, active engagement by the Gaelic Implementation Group, and funding from Bòrd na Gàidhlig are essential components to the Plan's success.

Once the Gaelic Implementation Group has been formally re-established with confirmed membership, and following the staff and public consultation, the final plan would hopefully be presented with substantial assurance.

3 Impact Analysis

3.1 Quality/ Patient Care

There are plans to develop services in relation to Gaelic, in family, maternity and dementia services, initially, to show that there could be clinical benefits to the health and social care of patients.

3.2 Workforce

Staff have been engaging with Gaelic content over the last 6 months and there are now a number of staff signed up to the new suite of Gaelic classes available both online and face-to-face. The Gaelic Plan details aims and objectives for staff across the organisation to get involved with. The Gaelic Awareness modules also help provide some context to all staff joining the organisation of the importance of Gaelic in modern Scotland.

3.3 Financial

Resourcing the Gaelic Language Plans includes spending from the organisation's own budget and applications to the GLAIF (Gaelic Language Act Implementation Fund). Once the Plan has been approved by Bòrd na Gàidhlig (January 2023) a new application for funding for specific areas of the plan will be submitted). £16,000 was received in 2019 for previous plan projects, and the final report for this was successfully submitted in September 2022 following its implementation.

3.4 Risk Assessment/Management

Reputation Risk - The highest risks are that the objectives within the plan are not achieved, as this could result in NHS Highland being referred to Ministers. There are named responsible officers for each area of aims/objectives and the re-establishment of a Gaelic Implementation Group will ensure continued monitoring and progress reporting.

3.5 Data Protection

The Plan is a public document and includes the names of senior staff tasked with objectives, as laid out in the plan.

3.6 Equality and Diversity, including health inequalities

This report does not require an equalities impact assessment however any future Gaelic training to be offered to colleagues will be assessed to ensure equality of access for all. Appropriate expert advice will be sought.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

State how his has been carried out and note any meetings that have taken place.

- Gaelic open staff meetings: Apr 21, Mar 22
- Regular updates in Weekly Round-up, since March 2022
- Information to EDG around High-level aims – July 22
- High-level aims to Board – July 2022
- Detailed information around objectives – EDG – Sept 22
- Individual discussions with relevant staff (Mar-Sep 22)
- Regular reporting to Fiona Hogg, People and Culture (Mar – Sep)
- Staff internal audit survey – September 22 (live)
- Public Consultation of draft – October 22 (planned)
- Teams channels for interested staff

3.9 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, High level aims, July 2022
- Board & Board Development Session, High-level aims, July 2022
- EDG, detailed aims September 2022

4 Recommendation

Assurance – The work on this Gaelic Plan is carried out in conjunction with the Board, the executive staff, Heads of Service, interested staff and officers at Bòrd na Gàidhlig, to ensure that the plans are appropriate, proportionate and achievable

- **Decision** – Reaching a conclusion after the consideration of options.

Bòrd na Gàidhlig

Pamela Dudek
Ceannard | Chief Executive Officer
NHS Gàidhealtachd

5 Sultain 2022
5 September 2022
Air a chur tro phost-dealain|Sent by email

Pamela chòir,

Plana Cànain Gàidhlig NHS Gàidhealtachd Eagran 03

A' leantail na litreach a chaidh a chur thugaibh air 22nd Sultain 2021 tha e na thoileachas dhomh fios a thoirt do NHS Gàidhealtachd mu na h-amasan àrd-ìre a thathas air an sònrachadh airson ùrachadh phlana cànain Gàidhlig an ùghdarrais agaibh. Chaidh na h-amasan àrd-ìre, a tha an cois (Leas-phàipear A), aontachadh le Bòrd na Gàidhlig, ann an conaltradh leis na h-oifigearan agaibh, agus chaidh an cur gu Shirley-Anne Somerville, Rùnaire a' Chaibineit airson Foghlam agus Sgilean, mar fhios. Tha dùil gun tèid na h-annta a thoirt man aire agus gun nochd iad, le gnìomhan mu choinneamh gach amas, an lùib ùrachadh ur plana cànain Gàidhlig.

Gheibhear cuideachd amasan airson sheirbheisean corporra, an cois Leas-phàipear B a thathas a' cur gu ùghdarrasan poblach.

Tha sinn dèidheil air a bhith a' toirt a h-uile comhairle agus taic as urrainn dhuinn air feadh a' phròiseis seo. Leanaidh ur Oifigear Phlanaichean Gàidhlig aig a' Bhòrd, Kyle Orr air taic a thoirt dhuibh leis an obair mar a bhios feumail.

Ann an co-dhùnadh, bu mhath leam taing a thoirt dhuibh airson ur co-obrachaidh agus tha mi a' coimhead air adhart ri bhith ag obair còmhla ribh gus amasan Plana Cànain Nàiseanta Gàidhlig a choileanadh.

NHS Highland Gaelic Language Plan, Edition 03

Following on from the letter of 22nd September 2021 it gives me pleasure to inform NHS Highland of the high-level aims and corporate service aims that have been identified for inclusion in the renewal of your authority's Gaelic language plan. The high-level aims enclosed (Appendix A) have been agreed by Bòrd na Gàidhlig, in discussion with your officers, and have been passed on to Shirley-Anne Somerville, Cabinet Secretary for Education and Skills, for information. It is expected that they will appear in your renewed Gaelic language plan alongside relevant actions to achieve each one.

Also, enclosed in Appendix B, are the standard corporate service aims issued to public authorities.

We are keen to provide any help or support that you may require throughout this process. Your Language Plans Officer at the Bòrd, Kyle Orr, will continue to offer any assistance as and when it is required.

Finally, I would like to thank you for your cooperation, and I look forward to continuing to work with you to achieve the aims of the National Gaelic Language Plan.

Bòrd na Gàidhlig,
Taigh a' Ghlinne Mhòir, Rathad na Leacainn,
Inbhir Nis, IV3 8NW

Bòrd na Gàidhlig,
Great Glen House, Leachkin Road,
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Is mise le spèis,

Shona NicIllinein
Shona MacLennan
Ceannard

CC: Ruth Daly, Runaire Bùird, NHS Gàidhealtachd | Board Secretary, NHS Highland
Nicola NicThomais, Lasair Ltd
Anna Walker, Gaelic Plans Officer, Bòrd na Gàidhlig

Leas-phàipear A

Amasan Àrd-Ìre	High-level Aims
Airson an cur a-steach do dh'eagran 03 de Phlana Gàidhlig NHS Gàidhealtachd	**For inclusion in edition 03 of NHS Highlands's Gaelic Language Plan**
A' cleachdadh na Gàidhlig	**Using Gaelic**
Aithnichidh NHSG a' Ghàidhlig mar fheum taobh a-0staigh cùram clionaigeach agus sòisealta mar phàirt de chùram euslainteach. Aithnichidh NHSG a' Ghàidhlig mar phàirt bhunaiteach de leasachadh slàinte is sunnd sna coimhearsnachdan aice, a' gabhail a-steach seirbheisean màthaireil agus teaghlaich.	NHSH will recognise Gaelic as a need within clinical and social care as part of its care for patients. NHSH will recognise Gaelic as an intrinsic to improving health and wellbeing in its communities including its family and maternity services.
Ag ionnsachadh na Gàidhlig	**Learning Gaelic**
Bidh Gàidhlig air a ghabhail a-steach ann an obair foghlaim sam bith a tha NHSG a' dèanamh ann an coimhearsnachdan Ni NHSG co-obrachadh le buidhnean gus slighean gu teisteanasan ann an slàinte agus cùram-sòisealta sa Ghàidhlig a thoirt gu buil, anns na sgìrean iomchaidh.	NHSH will include Gaelic in any educational outreach work it carries out in communities. NHSH will collaborate with education providers to create Gaelic routes to qualifications in related health and social care in appropriate areas.
A' cur na Gàidhlig air adhart	**Promoting Gaelic**
Bidh Gàidhlig mar phàirt de lèirsinn agus ro-innleachd NHSG.	Gaelic will be included as part of NHSH's vision and strategy.

Leas-phàipear B

Amasan airson Seirbhisean Corporra	Corporate Service Aims
Àrd Phrionnsapalan	**Overarching Principles**
Spèis Cho-ionann A h-uile gealladh anns a' Phlana Ghàidhlig air a lìbhrigeadh dhan aon ìre anns a' Ghàidhlig agus anns a' Bheurla.	**Equal Respect** Gaelic language plan commitments delivered to an equal standard in both Gaelic and English.
Cothroman Follaiseach Gnìomhan practaigeach gus dèanamh cinnteach gu bheil fios aig luchd-obrach na buidhne agus am poball daonnan air na cothroman a th' ann gus Gàidhlig a chleachdadh leis an ùghdarras phoblach.	**Active Offer** Practical measures to ensure that staff and public are kept regularly informed of all opportunities that exist to use Gaelic in relation to the work of the public authority.
Treas Partaidhean A' dearbhadh gum bi ALEOs agus cunnradairean eile ag obair gus plana Gàidhlig an ùghdarrais phoblaich a chur an gnìomh.	**Third Parties** Ensure that Arm's Length Executive Organisations and other contractors help with the delivery of the public authority Gaelic language plan.
Gàidhlig na nì àbhaisteach Geallaidhean bhon phlana Ghàidhlig air an gabhail a- steach ann an structaran an ùghdarrais phoblaich tro thìde, le sgrùdadh cunbhalach airson cothroman a chomharrachadh taobh a-staigh bhuidseatan stèidhichte gus Gàidhlig a thoirt air adhart.	**Normalisation** Gaelic plan commitments are normalised within the structures of the public authority over time, with opportunities to grow Gaelic within existing budgets constantly assessed.
Pàrantan Corporra Gu bheilear mothachail air na dleastanasan a th' ann mar Pàrant Corporra gum bi a h-uile pàiste is neach òg fo chùram no a b' àbhaist a bhith fo chùram le Gàidhlig a' faighinn na h-aon cothroman 's a tha clann le cànain eile.	**Corporate Parenting** That the authority is aware of the duties of a Corporate Parent to ensure that looked after children and young people and care leavers with Gaelic receive the same opportunities as those with other languages.
Inbhe	**Status**
Suaicheantas Ag amas air suaicheantas corporra anns a' Ghàidhlig agus anns a' Bheurla a chruthachadh nuair a thig a' chiad chothrom agus mar phàirt den phròiseas ùrachaidh.	**Logo** Aim to render the corporate logo in both Gaelic and English at the first opportunity and as part of any renewal process.
Soidhnichean Prìomh shoidhnichean air an dèanamh dà-chànanach nuair a thathar gan ùrachadh.	**Signage** Prominent signage will include Gaelic and English as part of any renewal process.

Conaltradh leis a' phoball	Communicating with the public
Brosnachadh Teachdaireachdan gu bheil fàilte air conaltradh sa Ghàidhlig bhon poball daonnan.	**Promotion** Positive message that communication from the public in Gaelic is always welcome.
Conaltradh sgrìobhte Fàilte ga cur air conaltradh sgrìobhte sa Ghàidhlig (post, post-d agus meadhanan sòisealta) daonnan agus bidh freagairt ann sa Ghàidhlig, a rèir clàr-ama conaltraidh àbhaisteach na buidhne.	**Written Communication** Written communication in Gaelic is always accepted (post, email and social media) and replies will be provided in Gaelic in accordance with the general policy.
Ionad-fàilte agus am fòn Far a bheil luchd-obrach le Gàidhlig ann airson seo a thoirt seachad, gheibh iad taic airson seo a dhèanamh agus thèid sanasachd a dhèanamh air t-seirbheis dhan phoball.	**Reception and phone** Where Gaelic speaking staff are capable of providing this service, they are supported to do so and the service is promoted to the public.
Coinneamhan Cothroman airson coinneamhan dà-chànanach no sa Ghàidhlig a chumail air an rannsachadh gu cunbhalach agus air am brosnachadh.	**Public meetings** Opportunities to hold public meetings bilingually or in Gaelic are regularly explored and promoted.
Fiosrachadh	**Information**
Fiosan-naidheachd Prìomh fhiosan-naidheachd agus fiosan-naidheachd mu dheidhinn na Gàidhlig air an cuairteachadh sa Ghàidhlig agus sa Beurla.	**News releases** High profile news releases and all news releases related to Gaelic are circulated in both Gaelic and English.
Meadhanan sòisealta Stuth Gàidhlig ga sgaoileadh tro na meadhanan sòisealta gu cunbhalach, le stiùir bho ìre cleachdaidh no cleachdadh a dh'fhaodadh a bhith ann.	**Social Media** Gaelic content distributed regularly through social media, guided by the level of actual and potential users
Làrach-lìn Stuth Gàidhlig air làrach-lìn an ùghdarrais phoblaich, le prìomhachas air na duilleagan le faicsinneachd mhòr.	**Website** Gaelic content should be available on the public authority's website, with emphasis given to the pages with the highest potential reach.
Irisean Corporra Irisean corporra sa Ghàidhlig agus Beurla le prìomhachas air sgrìobhainnean le faicsinneachd mhòr.	**Corporate Publications** Produced in Gaelic and English, with priority given to those with the highest potential reach.
Taisbeanaidhean Cothroman airson taisbeanaidhean dà-chànanach no sa Ghàidhlig a chumail air an rannsachadh gu cunbhalach agus air am brosnachadh, le prìomhachas air an fheadhainn aig a bheil a' bhuaidh as motha.	**Exhibitions** Opportunities to deliver public exhibitions bilingually or in Gaelic should be explored on a regular basis, with priority given to those with the highest potential impact.

Luchd-obrach	Staff
Sgrùdadh Luchd-obrach Sgrùdadh cunbhalach air sgilean Gàidhlig agus iarrtasan airson trèanadh Gàidhlig tro bheatha gach plana.	**Internal audit** Conduct an internal audit of Gaelic skills and training needs through the life of each plan.
Inntrigeadh Eòlas air a' phlana Ghàidhlig mar phàirt den phròiseas inntrigidh.	**Induction** Knowledge of the public authority's Gaelic language plan included in new staff inductions
Trèanadh cànain Trèanadh ann an sgilean Gàidhlig ga thabhann agus ga bhrosnachadh, gu sònraichte a thaobh a bhith a' cur plana Gàidhlig na buidhne an gnìomh.	**Language training** Gaelic language skills training and development offered to staff, particularly in relation to implementing the public authority's Gaelic language plan.
Trèanadh le Fiosrachadh mun Ghàidhlig Trèanadh le fiosrachadh mun Ghàidhlig, le prìomhachas air stiùirichean, buill bùird, comhairlichean agus luchd-obrach air a bheil dleastanas a bhith a' conaltradh leis a' mhòr-shluagh.	**Awareness training** Gaelic awareness training offered to staff, with priority given to directors, board members, councillors and staff dealing directly with the public.
Fastadh A' toirt aithne is spèis do sgilean Gàidhlig mar phàirt den phròiseas fhastaidh. Gàidhlig ainmichte mar sgil a tha na buannachd agus/no a tha riatanach gus seirbheisean Gàidhlig a lìbhrigeadh agus a rèir na comhairle laghail aig Bòrd na Gàidhlig. Sanasan-obrach dà-chànanach no sa Ghàidhlig airson dreuchdan far a bheil Gàidhlig ainmichte mar sgil riatanach.	**Recruitment** Recognising and respecting Gaelic skills within the recruitment process. Gaelic named as an essential and / or desirable skill in job descriptions in order to deliver the Gaelic language plan and in accordance with the Bòrd na Gàidhlig recruitment advice. Bilingual or Gaelic only job adverts for all posts where Gaelic is an essential skill.
Corpas na Gàidhlig	**Gaelic Language Corpus**
Gnàthachas Litreachaidh na Gàidhlig Leanaidh an t-ùghdarras Poblach Gnàthachas Litreachaidh na Gàidhlig as ùire mar stiùir airson a h-uile rud sgrìobhte aca.	**Gaelic Orthographic Conventions** The most recent Gaelic Orthographic Conventions will be followed in relation to all written materials produced by the public authority.
Ainmean-àite Iarrar stiùireadh bho Ainmean-Àite na h-Alba agus cumar ris an stiùireadh sin.	**Place names** Gaelic place name advice from Ainmean-Àite na h-Alba is sought and used.

PLANA GÀIDHLIG – GAELIC PLAN

NHS na Gàidhealtachd Highland

Eagran 3 – 3rd iteration

2023-2028

This plan has been prepared under Section 3 of the Gaelic Language (Scotland) Act 2005 and was approved by Bòrd na Gàidhlig on [approval date]

The Bòrd na Gàidhlig logo should be added to the front cover of the approved plan only and not to any drafts.

Facal bhon Chathraice – Foreword from the Chair

Tha sinn glè thoilichte an treas eagran de Phlana NHS na Gàidhealtachd fhoillseachadh airson co-chomhairle am measg luchd-obrach agus a' phobaill.

Nì sinn cinnteach gum bi gnìomhachd agus seirbheisean NHS na Gàidhealtachd a thathar a' tabhann sa Ghàidhlig, aig an aon ìre agus càileachd ris an fheadhainn a tha sinn a' toirt seachad sa Bheurla.

Nì sinn cinnteach nuair a bhios seirbheisean Gàidhlig rim faighinn leinn, gum bi fios aig luchd-cleachdaidh na Gàidhlig gu bheil iad ann, agus gum bi iad air am brosnachadh gu gnìomhach gus an cleachdadh.

Nì sinn cinnteach gun àrdaichear cothroman do dh' euslaintich, don phoball agus don luchd-obrach againn a' Ghàidhlig a chleachdadh, mar thaic don Phlana Cànain Nàiseanta Ghàidhlig ùr, a thathar ag aontachadh an-dràsta, agus na h-amasan leantainneach gum bi a' Ghàidhlig air a cleachdadh nas trice, le barrachd dhaoine agus ann an raon nas fharsainge de shuidheachaidhean.

Tha mi an dòchas gun gabh sibh an cothrom seo ur beachdan air a' phlana a thoirt dhuinn gus an urrainn dhuinn an dreach mu dheireadh a tharraing ri chèile ann an dòigh a fhreagras air an sgioba againn, ar n-euslaintich agus muinntir na Ghàidhealtachd.

An t-Oll. A G Boyd Robertson
Cathraiche, NHS na Gàidhealtachd

We are very pleased to publish the third edition of the NHS Highlands Plan for consultation among staff and the public.

We will ensure that the operations and services of NHS Highland being offered in Gaelic, will be of an equal standard and quality as those that we provide in English.

We will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.

We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the National Gaelic Language Plan currently being approved, and the continuing aims that Gaelic is used more often, by more people and in a wider range of situations.

I hope that you will take this opportunity to give us your views on the plan so that we can draw the final version together in a way that best suits our team, our patients and the people in the Highlands.

Professor A G Boyd Robertson
Chair, NHS Highland

Facal bhon Àrd-oifigear – Foreword from the Chief Executive

Tha sinn toilichte co-chomhairle a chumail mun treas Plana Gàidhlig againn, agus a dh'aindeoin an iomadh dùbhlan a bha romhainn anns na trì bliadhna a dh' fhalbh, le COVID-19, bha sinn air adhartas a dhèanamh leis a' chiad dà phlana.

Tha sinn ag obair gu cruaidh gus ìre mhothachaidh an sgioba àrdachadh gus am bi luchd-obrach, euslaintich agus am poball gar n-aithneachadh mar bhuidheann a tha deònach Gàidhlig a chleachdadh, ionnsachadh agus a chur air adhart, far an urrainn dhuinn agus nuair a bhios seo comasach.

Tha na h-amasan àrd-ìre againn a' coimhead ri tuilleadh leasachaidhean Gàidhlig ann an seirbheisean leithid seargadh-inntinn, seirbheisean teaghlaich agus cuideachd a bhith a' brosnachadh agus a' leasachadh roghainnean tràth-dhreuchdail do luchd-labhairt na Gàidhlig aig a bheil ùidh ann an slàinte agus cùram sòisealta.

Tha sinn a' deanamh fiughar ri ur beachdan a chluinntinn gus am bi am Plana Gàidhlig againn cho feumail agus cho freagarrach sa ghabhas.

Pamela Dudek
Àrd-oifigear, NHS na Gàidhealtachd

We are pleased to be able to consult on our third Gaelic Language Plan, and in spite of the many challenges faced during the last three years, I am happy to report that some progress has been made on the first two.

We are working hard on increasing awareness so that staff, patients and the public begin to recognise us as an organisation willing to use, learn and promote Gaelic, where we can and when this is possible.

Our high-level aims look to develop further engagement with Gaelic in services such as dementia, family services and also to encourage and develop the early-career options for Gaelic speakers interested in health and social care.

We look forward to hearing your views so that we can ensure our Gaelic Plan is as meaningful and achievable as it can be.

Pamela Dudek
Chief Executive, NHS Highland

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1. RO-RÀDH - INTRODUCTION

Description of NHS HIGHLAND

NHS Highland covers the largest and most sparsely populated Scottish Health Board area, encompassing 41% of the country's landmass and a population of just over 320,000. We collaborate with people of all ages who need health and social care in both hospital and community settings. We try and support people to avoid a hospital admission whenever possible.

Our services cover the whole of North Highland and Argyll & Bute. Our diverse area includes Inverness, one of the fastest growing cities in Western Europe, and 37 populated islands (23 in Argyll & Bute and 14 in Highland, including the Isle of Skye).

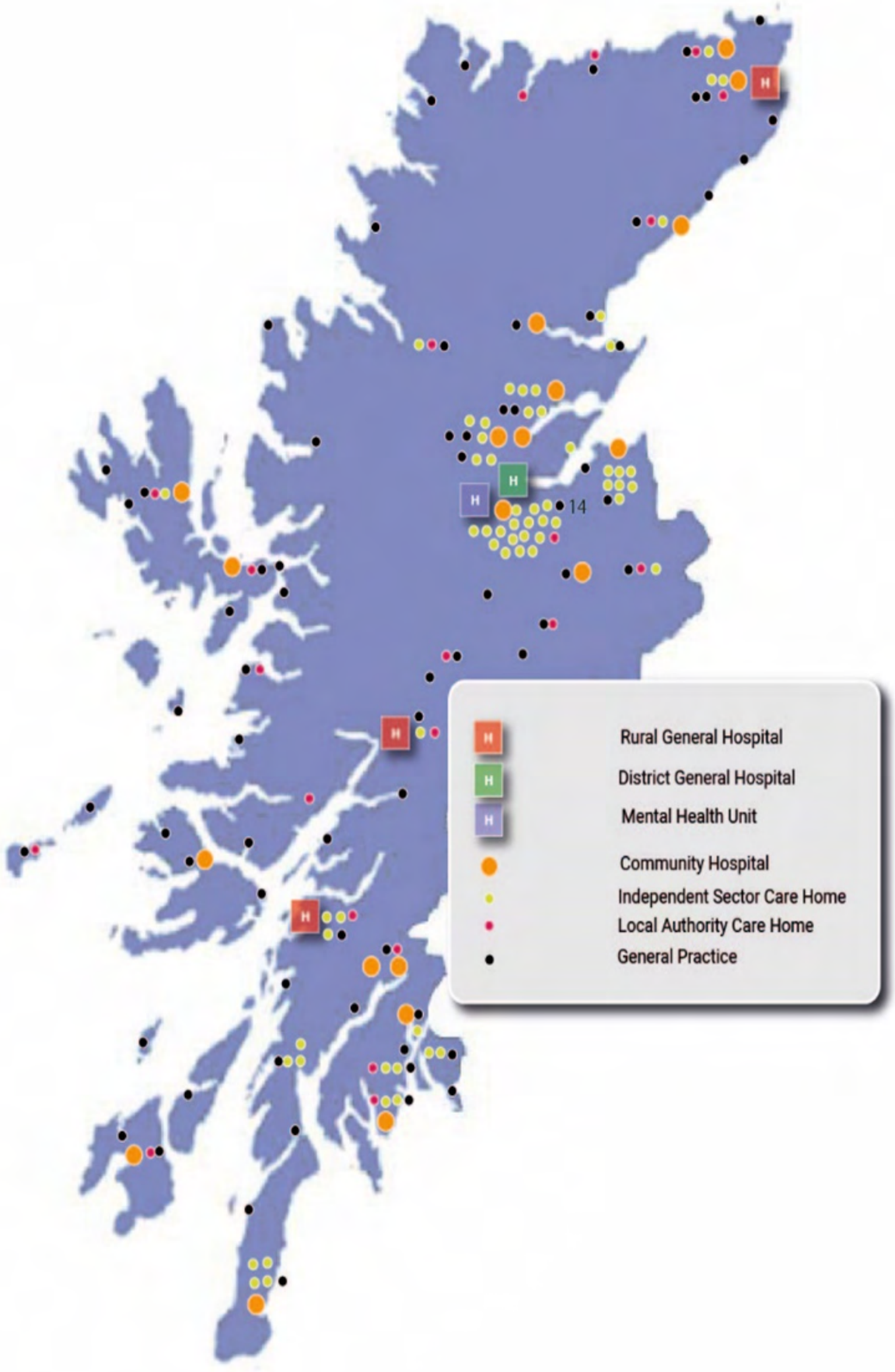
We provide services from our 20 community hospitals, our learning disability unit, specialist mental health hospital at New Craigs and our 4 rural general hospitals. *(see map on next page).* We also have our major acute hospital, Raigmore Hospital, in Inverness. Many of our services are delivered in partnership with primary care, social care and the voluntary sector.

Despite the often-popular image of a rural idyll, deprivation, fuel poverty and inequalities also affect the population of the area, producing diverse challenges for service delivery, and which are set to worsen in light of the current cost-of-living crisis.

In many parts of Highland, the NHS and other public sector agencies are major employers, and changes to services can adversely affect already fragile areas. As an important partner in maintaining the social and economic vibrancy of the areas, concerns around health service quality or changes can, and do, generate considerable attention from communities, local and national politicians as well as staff. The continued engagement and provision of services during the COVID outbreak was a real test of the skills and services within our team and whilst we have had to review how services are run and managed, we are very proud of the tenacity, loyalty and perseverance of our staff in light of the most challenging circumstances we have had to face in a generation.

We have a higher proportion of older people in the population than the Scottish average which provides its own challenges, largely in recruiting sufficient members of staff to provide services. Over the last few years, and specifically post-Covid and Brexit, there have been and continue to be considerable difficulties in recruitment.

Part of our challenge is to ensure we deliver safe and effective care and embed new models of care which will be sustainable and meet future needs, in a post-pandemic environment. We have recently developed out Strategic Plan for the next five years, Together We Care | Cùram Còmhla which includes a range of outcomes looking at all stages of life.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Rural General Hospital
District General Hospital
Mental Health Unit
Community Hospital
Independent Sector Care Home
Local Authority Care Home
General Practice

NHS Highland Structure and Governance

NHS Highland is managed by a Board comprising non-Executive and specific Executive Directors. The Board is accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. Board members are by ministerial appointment. We employ 10,500 colleagues in a variety of roles across our organisation. Our greatest asset is our workforce and the way we go about our work emanates from the values and behaviours demonstrated daily. As a Board, we strive to ensure the environment is conducive to ensuring a positive culture, supported and delivered through our NHS and Social Care values.

Board meetings are held every two months, are open to the public and are webcast. The Board has an annual review which is also open to the public. The Chair of the Board, Professor Boyd Robertson, is a native Gaelic speaker and is a strong advocate for the development of Gaelic across the organisation.

Gaelic within NHS Highland

At the time of the most recent census (2011), 87,100 people aged three and over in Scotland (1.7% of the population) had some Gaelic language skills.

Of these 87,100 people:

- 32,400 (37%) had full skills in Gaelic and could understand, speak, read and write Gaelic
- 57,600 (66%) could speak Gaelic
- 6,100 (7%) were able to read and/or write but not speak Gaelic
- 23,400 (27%) were able to understand Gaelic but could not speak, read or write it.

Of those who were Gaelic speakers, 40% reported using Gaelic at home, although the proportion varies geographically according to how widely Gaelic is used in the local community, with the highest being 79%.

The area covered by NHS Highland is home to almost 50% of the Gaelic speakers. And whilst the NHS Eileanan Siar (Western Isles) Board area remains the stronghold for Gaelic language (from Lewis in the north down to Barra in the south), we, in NHS Highland, provide a number of services for people living there, including Raigmore Hospital in Inverness, which plays a key role in the healthcare of many Western Isles patients.

Therefore, it is an important part of our service delivery, to ensure that Gaelic speakers can access health and social care, support and services, either through Gaelic or have access to someone with Gaelic who can support them. 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.

During our internal capacity audit and our pre-consultative period, we have heard many anecdotal stories of how Gaelic has had a positive impact on patients and staff, at times where patients may have been feeling at their most vulnerable, including examples in maternity and dementia services. We are very proud of the fact that some of our staff can contribute, in a positive way, through the use and exchange of Gaelic, in addition to their own relevant roles and skills.

There has been an increased focus on Gaelic in areas where there is still a prevalence of Gaelic in the communities and in local schools. Recruitment is increasingly bilingual in these areas, to encourage Gaelic speakers into roles within the organisation. Recruitment for the new Broadford community hospital on the Isle of Skye, for example, included bilingual recruitment and Gaelic as a desirable skill in these areas. The same principle will apply to recruitment in Tiree and Coll, for example, where there remains a high number of Gaelic speakers within the communities.

The Gaelic Language (Scotland) Act 2005

The Gaelic Language (Scotland) Act 2005 was passed by the Scottish Parliament with a view to securing the status of the Gaelic language as an official language of Scotland commanding equal respect to the English language.

One of the key features of the 2005 Act is the provision enabling *Bòrd na Gàidhlig* to require a public authority to prepare a Gaelic language plan. This provision was designed to ensure that the public sector in Scotland plays its part in creating a sustainable future for Gaelic by raising the status and profile of the language and creating practical opportunities for its use.

This document is NHS Highland's Gaelic Language Plan, prepared within the framework of the Gaelic Language (Scotland) Act 2005. It sets out how we will use Gaelic in the operation of our functions, how we will enable the use of Gaelic when communicating with the public and key partners, and how we will promote and develop Gaelic.

Our Gaelic Language Plan has been prepared in accordance with statutory criteria set out in the 2005 Act and having regard to the National Gaelic Language Plan and the Guidance on the Development of Gaelic Language Plans.

The National Gaelic Language Plan

NHS Highland supports the aim of the National Gaelic Language Plan 2018-23 that "Gaelic is used more often, by more people and in a wider range of situations."

We are committed to the achieving this aim by focussing our work, on these three headings: -

- Increasing the use of Gaelic within our organisation and encouraging more people to use Gaelic, more often when they interact with us
- Increasing the opportunity for people to learn Gaelic as part of our day-to-day operations
- Promoting a positive image of Gaelic whenever we can as part of our day-to-day operations as an organisation

We are also mindful that the Scottish Government recently consulted on its draft 2023-28 National Gaelic Plan and are cognisant of its revised aims.

Internal Gaelic Capacity Audit – info to follow from the survey, currently out

2. PRÌOMH PHRIONNSAPALAN - KEY PRINCIPLES

Equal Respect

We will ensure that the operations and services of NHS Highland being offered in Gaelic will be of an equal standard and quality to those we provide in English.

Active Offer

We will make an active offer of our Gaelic services to our employees and the public. This will ensure that where Gaelic services are made available by us, Gaelic users are made aware of their existence, and are actively encouraged to use them.

This will take the responsibility away from the individual to ask for the service and will give Gaelic users the confidence to know that their needs will be met if that is their choice.

We will ensure that our Gaelic language services are as accessible as our English language services.

Mainstreaming

Our contribution to the development areas identified in the National Gaelic Language Plan will primarily be through the implementation of the actions in this plan.

We will ensure that opportunities for patients, the public and our staff to use Gaelic are increased, in support of the National Gaelic Language Plan 2018-23 aim that Gaelic is used more often, by more people and in a wider range of situations.

3. GEALLAIDHEAN A' PHLANA - PLAN COMMITMENTS.

High-Level Aims

The High-Level aims are intricately linked to the National Gaelic Language Plan 2018-23. As such, they are framed around the three National Gaelic Language Plan headings of: -

- Increasing the use of Gaelic
- Increasing the learning of Gaelic
- Promoting a positive image of Gaelic

INCREASING THE USE OF GAELIC

High-level Aim	NHSH will recognise Gaelic as a need within clinical and social care as part of its care for patients.
Desired Outcome	An increased understanding, acceptance and use of Gaelic with patients and service users by all staff within the relevant areas of the organisation.
Current Practice	There are already members of staff within clinical and social care departments using Gaelic in an informal way, but this is not being measured or captured in a formal way.
Actions Required	1. To map the areas and departments in which Gaelic is available for patients. 2. Collate and record Gaelic ability among Care at Home staff 3. To provide a clear and simple method of identifying Gaelic-speaking staff and patients 4. To collaborate with partners such as Alzheimer's Scotland, SEALL and others third sector groups, to maximise the opportunities available in providing Gaelic in a beneficial setting for dementia and Alzheimer patients, within care homes and elsewhere 5. Participate in national events such as Dementia Awareness Week 6. To include Gaelic within the patient media systems, through collaboration with Hospedia and to develop some Gaelic programmes for the hospital radio, to provide patients who wish to engage with Gaelic, the opportunity to do so and to expose patients to Gaelic while they remain in hospital care 7. In areas where at least 20% are Gaelic speakers or where there are Gaelic-medium schools, Gaelic will be treated as a desirable skill in recruiting into social care and clinical roles. 8. Staff will be asked to record use of Gaelic within clinical and social care to benchmark for future refence and organisational development purposes
Target Date	Dec 2026
Responsibility	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

High-level Aim	NHSH will recognise Gaelic as intrinsic to improving health and wellbeing in its communities including its family and maternity services.

Desired Outcome	Patients will be aware of Gaelic services available within family and maternity services and their benefits.
Current Practice	There are a number of Gaelic speaking staff within NHS Highland, and in services collaborating with communities and families, however, there is no formal recognition of any of these services being available/offered in Gaelic.
Actions Required	1. Identify Gaelic speakers within the families (including children's services such as ophthalmology) and maternity services across the organisation and collaborate on best practice across the NHSH area 2. Engage with Bòrd na Gàidhlig and other partners to ascertain the most useful ways in which to embed Gaelic within these services 3. Gain feedback from patients and service users around the benefits of using Gaelic 4. Collaborate with *Comann nam Pàrant* and *Comhairle nan Leabhraichean* to ensure Gaelic resources are readily available to interested parents or leaflets to signpost them to Gaelic information 5. Gather views from services within the community regarding use of Gaelic with patients and service-users to contribute to considerations for future development of local and community services, i.e., community nursing, substance misuse services, community care and learning disabilities 6. Provide a Gaelic representative on the Community Planning Partnerships in relevant areas such as Skye and Wester Ross
Target Date	Dec 2024
Responsibility	Katharine Sutton, Chief Officer, Acute Services, NHS Highland Louise Bussell, Interim Chief Officer, Highland Health and Social Care Partnership Fiona Davies, Chief Officer, Argyll & Bute Health and Social Care Partnership

INCREASING THE LEARNING OF GAELIC

High-level Aim	NHSH will include Gaelic in any educational outreach work it conducts in communities.
Proposed Outcome	Where possible, Gaelic speakers will be involved in educational outreach and information will be distributed bilingually.
Current Practice	Gaelic is not currently a key consideration in educational outreach within NHS Highland.
Actions Required	1. Collaboration with SDS and other appropriate agencies around attendance and planning for recruitment and careers fairs, especially a presence at those specifically targeted at Gaelic speakers 2. Develop a programme of planned events around Gaelic and healthcare within the communities, including engagement with Gaelic schools and units 3. Encourage and support relevant teams to consider and include Gaelic in their events management and development i.e., Festival of Learning, Awareness Weeks etc
Target Date	Dec 2023
Responsibility	Jennifer Swanson, Head of Talent

High-level Aim	NHSH will collaborate with education providers to create Gaelic routes to qualifications in related health and social care in appropriate areas.
Proposed Outcome	There will be pathways available for those wishing to enter the Health and Social Care sector with Gaelic.
Current Practice	There are currently no health or social care courses being run specifically for Gaelic speakers.
Actions Required	1. Collaborate with SDS about developing a Health and/or Social Care module/qualification for Gaelic speakers 2. Identify and establish a network of Gaelic-speaking carers across specific areas to create cohorts who might be interested in piloting such a course 3. Work with Care Homes to establish the required presence of Gaelic for their residents and a plan to provide Gaelic music, interaction, videos 4. Working with Sabhal Mòr Ostaig as the education provider, to develop appropriate learning materials for Gaelic speakers/learners
Target Date	Course pilot up and running for 2026
Responsibility	Fiona Hogg, Director of People and Culture

PROMOTING A POSITIVE IMAGE OF GAELIC

High-level Aim	Gaelic will be included as part of NHSH's vision and strategy.
Proposed Outcome	NHS Highland will be recognised as an organisation where Gaelic is used on a day-to-day basis.
Current Practice	There is an increasing awareness and engagement within the organisation, in addition to a higher level of current Gaelic learners undertaking classes. Gaelic has now been introduced as an embedded part of our 5-year strategy and is being discussed in terms of communications, recruitment and other areas. Internal communications for all employees now regularly feature a Gaelic article or video.
Actions Required	1. Recruit a Gaelic-speaking member of the Communications team or create a partnership whereby bilingual communications will be possible, as required 2. Enhance the visibility of Gaelic within the organisation and our plans, making full use of the new website and Gaelic intranet site 3. Increase the number of opportunities being made available to staff, patients and the public bilingually 4. Increase visibility of Gaelic across the organisation 5. Use social media to engage in a wider Gaelic audience e.g., Instagram account specifically for Gaelic health and social care content
Target Date	Ongoing, website complete by Dec 2024, Comms team member as required
Responsibility	Ruth Fry, Head of Communications

Corporate Service Aims

STATUS

Desired Outcome	Logo and brand Render the corporate logo and branding in both Gaelic and English at the first opportunity and as part of any renewal process. The logo should demonstrate equal prominence for both languages.
Current Practice	To date, NHS Scotland have not sanctioned this and the Board has raised it at Director-General level and with the Health Secretary.
Actions Required	Secure permission from NHS Scotland by lobbying at senior levels.
Target Date	April 2023
Responsibility	Chair of Board, Chief Executive and Head of Communications & Engagement

Desired Outcome	Signage Prominent signage will include Gaelic and English as part of any renewal process.
Current Practice	All new capital development signage across NHS Highland is produced bilingually, with recent examples including Broadford Hospital and Strathspey & Badenoch Hospital.
Actions Required	Continued practice to ensure all parties are aware of this from the early planning stages. All vehicle livery to include the new bilingual signage on a renew and replace basis. Collaborate with NHS Eileanan Siar (Western Isles) to build upon the current database of Gaelic vocabulary to ensure consistency and agree any dialectical difference. Rewrite NHS Highland Gaelic poilcy to include reference to Estates signage
Target Date	Dec 25
Responsibility	Head of Estates, Head of Communications

COMMUNICATING WITH THE PUBLIC

Desired Outcome	Promotion Positive message that communication from the public in Gaelic is always welcome.
Current Practice	Gaelic feedback is welcomed and this is stated online.
Actions Required	Proactive and positive messaging in social media that Gaelic is welcome. Training and procedures for staff to deal with correspondence received in Gaelic. Collaborate with other public organisations to research best practice in this area, in terms of dealing with the requests given many staff do not have Gaelic. Bilingual events within communities where appropriate.
Target Date	Dec 2024
Responsibility	Head of Communications, Director of People and Culture

Desired Outcome	Written Communication Written communication in Gaelic is always accepted (post, email and social media) and replies will be provided in Gaelic in accordance with the general policy.
Current Practice	This is already made clear on the NHS Highland website and there is a Gaelic email address for any Gaelic correspondence which is staffed and redirected, as appropriate.
Actions Required	Continue to promote the availability of a Gaelic communication Our complaints and comments forms are bilingual and available on the website. Increased visibility in email signatures. Our automatically generated text such as email disclaimers will be bilingual The #cleachdi image is promoted regularly and staff with Gaelic will be encouraged to use it.
Target Date	Already in place, so continuously monitor and record volume of requests
Responsibility	Mirian Morrison, Clinical Governance Development Manager

Desired Outcome	Reception and phone Where Gaelic speaking staff can provide this service, they are supported to do so, and the service is promoted to the public.
Current Practice	There are some Gaelic-speaking staff at receptions in surgeries across the area but there is no formal network or forum for them.
Actions Required	Provide support to all reception staff to answer the phone in Gaelic. To support staff in responding to users when they do not have the skills to continue in Gaelic. Encourage Gaelic speaking staff to use their Gaelic confidently by providing videos around appropriate usage. Create a cohort of Gaelic-speaking surgery and reception staff to share ideas and best practice.
Target Date	Dec 2023
Responsibility	Jennifer Swanson, Head of Talent

Desired Outcome	Public meetings Opportunities to hold public meetings bilingually or in Gaelic are regularly explored and promoted.
Current Practice	Bilingual meetings have been held, where appropriate, including Broadford Hospital plans and the consultation on the 3rd iteration of the NHS Highland Gaelic Plan.
Actions Required	Planned events to be considered bilingual at an early stage through collaboration with Communication and Engagement Team.
Target Date	Dec 24 – Increased number of meetings held bilingually.
Responsibility	Ruth Fry, Head of Communications and Engagement

INFORMATION

Desired Outcome	News releases High profile news releases and all news releases related to Gaelic are circulated

	in both Gaelic and English.
Current Practice	News releases have been circulated in specific areas, but wider circulation of bilingual press releases will be implemented.
Actions Required	Further implementation in additional areas to include Oban and the Isles, Skye, Raasay and Wester Ross.
Target Date	Ongoing and annual reporting
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Social Media Gaelic content distributed regularly through social media, guided by the level of actual and potential users.
Current Practice	There has been little social media activity in Gaelic to date
Actions Required	Create a Gaelic social media space for NHS Highland on Instagram, targeting a younger audience. Create a plan for bilingual social media postings and campaigns in conjunction with the Comms & Engagement Team. Work towards securing the services of or employing a Gaelic speaking comms assistant.
Target Date	Apr 24
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Website Gaelic content should be available on the public authority's website, with emphasis given to the pages with the highest potential reach.
Current Practice	There is little mention of Gaelic currently on the old website other than an invitation to the public to contact the organisation in Gaelic and some bilingual forms.
Actions Required	Agree a plan for the new website which creates an appropriate amount of Gaelic to include most prominent pages, menus, and a section dedicated to Gaelic.
Target Date	Apr 24
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Corporate Publications Produced in Gaelic and English with priority given to those with the highest potential reach.
Current Practice	There has been some Gaelic included in corporate documentation such as the Together We Care – Cùram Còmhla, Leatsa, Dhutsa – 5-year strategy document, however, the consideration around Gaelic at the planning stages has yet to be embedded.
Actions Required	Approve a policy around bilingual corporate publications stating when, why and how often this will be appropriate.
Target Date	Policy Dec 23
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Language utility

	A process is in place to ensure that the quality and accessibility of Gaelic language in all corporate information is high.
Current Practice	Official translations are already arranged via professional organisations to ensure correct Gaelic. Ainmean Àitean na h-Alba is used as a reference tool for place names and translations use the most recent version of the Gaelic Orthographic Conventions. Where there is a local form used, this is applied consistently.
Actions Required	Continue to ensure consistency and high-standard translation.
Target Date	Already in place and continuing.
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Exhibitions Opportunities to deliver public exhibitions bilingually or in Gaelic should be explored on a regular basis with priority given to those with the highest potential impact.
Current Practice	There are not specific exhibitions but public meetings, conferences and careers fairs are currently held in English only.
Actions Required	Include Gaelic as part of the planning process for appropriate key events such as the Festival of Remote and Rural Learning or National Dementia Week, where Gaelic has a specific connection to the event/topic. Ensure there are Gaelic opportunities fed into recruitment, careers and succession planning strategies for events.
Target Date	Dec 23
Responsibility	Jennifer Swanson, Head of Talent Ruth Fry, Head of Communications and Engagement

STAFF

Desired Outcome	Internal audit Conduct an internal audit of Gaelic skills and training needs through the life of each plan.
Current Practice	The previous survey was carried out during the 2nd plan and new survey went out in September 2022.
Actions Required	Carry out at least one additional audit during the lifecycle of the plan. Add “ability to speak Gaelic” to forms for new employees so that the data can easily be captured and used for organisational development purposes and reporting to *Bòrd na Gàidhlig.*
Target Date	Dec 25 (for the 2nd audit of this plan).
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Induction Knowledge of the public authority’s Gaelic language plan included in new staff inductions.
Current Practice	There is currently a reference made to the Gaelic Language plan in induction materials. There is also reference to the Gaelic Awareness module for all new and current staff.

Actions Required	Ensure that there is a link in the induction which takes new employees straight to the Gaelic Plan on the NHSH intranet Create a list of handy phrases in Gaelic on the NHSH intranet.
Target Date	Apr 23
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Language training Gaelic language skills training and development offered to staff, particularly in relation to implementing the public authority's Gaelic language plan.
Current Practice	Gaelic classes are up and running and there are around twenty staff currently receiving Gaelic classes as employees of NHSH through active collaborations with Highland Council and the Gaelic Centre on Islay.
Actions Required	Develop clear pathways for staff learning Gaelic Collaborate with Sabhal Mòr Ostaig, the National Centre for Gaelic Language and Culture, on specific training needs and CPD. Encouarge staff to enrol onto the Gaelic workplace courses available via the University of Aberdeen.
Target Date	Dec 24.
Responsibility	Fiona Hogg, Director People and Culture

Desired Outcome	Awareness training Gaelic awareness training offered to staff, with priority given to directors, board members and staff dealing directly with the public.
Current Practice	A Gaelic Awareness module has been added to the NHS Highland induction modules, which is available for all staff.
Actions Required	Further communication about the module and active encouragement from Team Leaders for new starts to complete the training. Add the Gaelic Awareness modules to Board inductions and training plans.
Target Date	Dec 2023.
Responsibility	Fiona Hogg, Director of People and Culture Ruth Daly, Board Secretary

Desired Outcome	Recruitment Recognising and respecting Gaelic skills within the recruitment process throughout the public authority. Gaelic named as an essential and / or desirable skill in job descriptions to deliver the Gaelic language plan and in accordance with the Bòrd na Gàidhlig recruitment advice. Bilingual or Gaelic only job adverts for all posts where Gaelic is an essential skill.
Current Practice	Gaelic is already listed as a desirable skill for the Web Manager post. However, there are currently no Gaelic essential jobs, Adverts are being provided bilingually in the Skye, Raasay and Wester Ross areas.
Actions Required	Gaelic will be included as a desirable skill in all posts within the Oban and the Isles, Skye, Wester Ross and Raasay areas. Continue to provide bilingual adverts in these areas.

	Gaelic will be added as an essential skill for the Gaelic communications team member.
Target Date	Dec 2024
Responsibility	Jennifer Swanson, Head of Talent

GAELIC LANGUAGE CORPUS

Desired Outcome	Gaelic Orthographic Conventions The most recent Gaelic Orthographic Conventions(GOC3) will be followed in relation to all written materials produced by the public authority.
Current Practice	Complete and ongoing.
Actions Required	Continue to use suitably qualified translators who adhere to GOC 3.
Target Date	Ongoing.
Responsibility	Ruth Fry, Head of Communications and Engagement

Desired Outcome	Placenames Gaelic place name advice from Ainmean-Àite na h-Alba is sought and used.
Current Practice	Placenames are already being used in line with the Ainmean-Àite na h-Alba database. Where names are unavailable, suitable qualified translators maintain quality.
Actions Required	Continue current practice. Build on the current database of placenames, building and location names for reference
Target Date	Ongoing.
Responsibility	Alan Wilson, Head of Estates, Ruth Fry, Head of Communications

5.CEANGLAICHEAN RI FRÈAMAN COILEANAIDH NÀISEANTA - LINKS TO THE NATIONAL PERFORMANCE FRAMEWORK

We fully support the Scottish Government's national outcomes and ensure our work contributes to:

- opportunities for all
- increased wellbeing of people living in Scotland
- sustainable and inclusive growth
- reduced inequalities and equal importance to economic, environmental and social progress

Our own recently approved 5-year strategy, **Together We Care – Cùram Còmhla,** includes 20 outcomes (NHS) and additional commitments, which can be mapped against the Scottish Government's national outcomes (SG) as follows:

SG-01 Children and Young People: We grow up loved, safe and respected so that we realise our full potential
NHS-01 Start Well - 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 **NHS-03 Thrive Well** - We will collaborate with our families, communities and partners to build joined up services that support our children and young people to thrive
SG-02 Communities: We live in communities that are inclusive, empowered, resilient and safe
NHS-04 Anchor Well: Be an anchor by working as equal partners within our communities to design and deliver health and care that has our population and where they live as the focus **NHS-09 Care Well:** Work together with health and social care partners by delivering care and support that puts our population, families and carers experience at its heart
SG-03 Culture: We are creative and our vibrant and diverse cultures are expressed and enjoyed widely
NHS-07 Nurture Well: Support colleagues' physical and mental health and wellbeing through all the stages of their life and career with us. We foster an inclusive and kind culture where difference is valued and respected
SG-04 Economy: We have a globally competitive, entrepreneurial, inclusive and sustainable economy
NHS-15 Value Well: Improve experience by valuing the role that carers, partners in the third sector and volunteers bring along with their individual skills and experience **NHS-17 Perform Well:** Core activities providing golden threads throughout our system that support the delivery, resilience and sustainability of our services supporting our strategy and our annual delivery plan
SG-05 Education: We are well educated, skilled and able to contribute to society
NHS-08 Plan Well: Create a sustainable pipeline of talent for all roles and excel in our recruitment and onboarding, making us an employer of choice both locally and nationally

NHS-18 Progress Well: Ensuring the organisation and partners are future proofed and at the forefront of development working collaboratively regionally and nationally where required
SG-06 Environment: We value, enjoy, protect and enhance our environment
We will work to prevent the wider environmental influences in which people live and work that result in health inequalities, such as low income, poor housing, low education or a lack of access to services. We are committed to creating healthy, inclusive, resilient and nature-rich healthcare environments that nurture good health and wellbeing for patients, staff and the wider community and minimise our impact on the environment. We will work to make it easier to walk, wheel, cycle and take public transport to NHS services. We will also look to reduce the need to travel where appropriate and support the shift to active travel. We will work to create circularity in our supply chains and reduce waste by maximising repair and reuse, and improve how we deal with equipment, material and goods at the end of their useful life We will work to reduce harm and waste, creating sustainable care pathways, reduce pharmaceutical waste, use green theatre space, and support primary care. We will work to establish and embed green health partnerships and similar approaches to increasing the use of nature-based solutions to deliver health outcomes
SG-07 Fair Work and Business: We have thriving and innovative businesses, with quality jobs and fair work for everyone
NHS-05 Grow Well: Ensure that all colleagues are supported to be successful in their role and are valued and respected for the work they do. Everyone will be clear on their objectives, receive regular feedback and have a personal development plan NHS-07 Listen Well: Work in partnership with colleagues to shape our future and make decisions. Our leaders will be visible and engaged with the wider organisation, listening to, hearing and learning from experiences and views shared NHS-19 Enable Well: Ensuring the organisation is transformational and with clear lines of governance and assurance processes in place whilst understanding the risk and resilience of the organisation and its partners.
SG-08 Health: We are healthy and active
NHS-10 Live Well: Ensure that both physical and mental health are on an equal footing and reduce stigma by improving access and enabling staff in all services to speak about mental health and wellbeing NHS -03 Stay Well: We will collaborate with our partners by developing sustainable and accessible health and care focused on prevention and early intervention NHS-13 Journey Well: 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
SG-09 Human Rights: We respect, protect and fulfil human rights and live free from discrimination

NHS-11 Treat Well: Give our population the best possible experience by providing person centred planned care in a timely way as close to home as possible **NHS-12 Respond Well:** Ensure that our services are responsive to our population's needs by adopting a "home is best" approach **NHS-14 Age Well:** Ensure people are supported as they age by promoting independence, choice, self-fulfilment and dignity with personalised care planning at its heart **NHS-15 End Well:** Support and empower our population and families at the end of life by giving appropriate care and choice at this time and beyond
SG-11 Poverty: We tackle poverty by sharing opportunities, wealth and power more equally
We will work to undo the fundamental causes of health inequalities with a focus on the unequal distribution of income, power and wealth

For more information on Scotland's National Outcomes
visit:http://www.scotland.gov.uk/About/Performance/scotPerforms/outcome

6. CEANGLAICHEAN RI FRÈAMAN IONADAIL AGUS SGÌREIL - LINKS TO LOCAL AND REGIONAL FRAMEWORKS

Highland Health & Social Care Partnership (Lead Agency Model)

The Highland Partnership (HSCP) covers the Highland Council area. The population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outside Inverness and the Inner Moray Firth, there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the Southwest, Skye in the West, Aviemore in the South and Nairn in the East.

These areas function as local service centres for the extensive rural areas which make up most of the region. NHS Highland is the Lead Agency for Integrated Health and Social care for Adults, while The Highland Council is the lead agency for Integrated Health and Social care for Children.

There are four coterminous managerial areas for NHS Highland and The Highland Council children's services, and there are nine local Community Planning Partnerships. The governance of the partnership is managed by the Joint Monitoring Committee which consists of the two lead agencies, representatives from the Third Sector, Independent partners, service users and carers. These partners are represented in strategic planning and governance processes.

Gaelic Language Plans are owned by many of the representatives on the Community Planning Partnerships and provide opportunities to work on Gaelic developments in a collaborative way. Recent examples include the joint classes for The Highland Council and NHS Highland employees wishing to learn or improve their Gaelic language skills. Another example includes the sharing of the Gaelic Awareness Raising modules for NHS Highland staff, through collaboration with the Scottish Fire and Rescue Service.

Argyll & Bute Health and Social Care Partnership (Integration Joint Board)

Argyll & Bute Integration Joint Board (IJB) is the public body that has strategic oversight and direction of the integrated services across Argyll and Bute. Through the Health and Social Care Partnership (HSCP), NHS Highland ensures the safe and effective delivery of the healthcare services in partnership with the Council Social Care Services. This too is supported by a partnership integration scheme determining the partnership agreements.

All NHS Services are delegated to the Argyll & Bute IJB

The area is divided into four localities:

- Oban, Lorn and the Isles (including Lorn and Islands Rural General Hospital in Oban)
- Mid Argyll, Kintyre and Islay
- Cowal and Bute,
- Helensburgh and Lomond

Argyll and Bute HSCP also manages its own corporate services. Argyll and Bute IJB has approved, in May 2022, a 3-year Joint Strategic Plan and Joint Strategic Commissioning Strategy which establishes the vision, strategic objectives and priorities setting out the strategic direction for how health and social care services will be shaped in the coming years. There are a number of areas where Argyll & Bute IJB works with NHS Highland collaboratively and these are detailed and planned each year as part of our Annual Delivery Plan.

A recent example of collaboration with local partners, is the development of a range of Gaelic classes with the Gaelic Centre in Islay, as an online learning resource for staff across the two Boards.

7. FOILLSEACHADH - PUBLICATION

INTERNAL

The Gaelic Plan has been re-introduced over a period of months in the Weekly Round-up internal communication, which goes out to all staff. In addition, there are Teams channels for Gaelic Matters and a new staff intranet site specifically for Gaelic information. The Gaelic Plan has also been added to the induction for staff with reference being made to the Gaelic Awareness Module, which sits within TURAS, our eLearning platform. Specific areas within the Gaelic Plan will be highlighted according the to work being implemented. Minutes of the Gaelic Implementation Group will also be available on the staff intranet Gaelic pages and the Group will be officialy reformed upon approval of this plan.

EXTERNAL

Our Gaelic Language Plan will be published in Gaelic and in English on our website.

In addition, we will: -

- issue a bilingual press release announcing the plan
- publicise the plan through a variety of social media platforms
- distribute digital copies to arms-length organisations and other third-party organisations, explaining their role in the delivery of the plan
- distribute digital copies of the plan to key stakeholders in the public, private and third sectors
- distribute digital copies of the plan to relevant Gaelic organisations and other interested bodies
- make hard copies available on request

8. A' CUR AN GNÌOMH A' PHLANA - RESOURCING THE PLAN

The plan will primarily be delivered from within existing resources through budgets such as Estates, Communications & Engagement and Staff Development. Any services that translators provide will be delivered in the same way as any other translation services. Many actions are low cost or no cost but will have some staff and management time implications.

There may be some resources required in terms of delivering training, for example, or Gaelic materials and these will be considered on a case-by-case basis and suitable funding streams identified or funding applications prepared.

There will be opportunities annually to apply to the Gaelic Language Act Implementation Fund (GLAIF) for specific projects to support the implementation of our High-level Aims.

9. A' CUMAIL SÙIL AIR A' PHLANA - MONITORING THE PLAN

The Gaelic Implementation Group will prepare an annual progress report for the Board, which will be submitted annually to Bòrd na Gàidhlig.

10. AM PLANA TAOBH A-STAIGH NHS NA GÀIDHEALTACHD - THE GAELIC LANGUAGE PLAN WITHIN NHS HIGHLAND

Overall responsibility for the plan

The Board and the Executive Directors have endorsed this Plan. Ultimate responsibility for ensuring this Plan is delivered lies with the NHS Highland Chief Executive; currently Pamea Dudek. The senior officer with operational responsibility for overseeing preparation, delivery and monitoring of our Gaelic Language Plan is the Director of People and Culture, currently Fiona Hogg. Support with implementation and delivery is currently being provided by a Gaelic support contractor. Staff are informed of their duties via internal communications, meetings and conversations with line managers. Questions in relation to the plan should be emailed to the dedicated Gaelic inbox, in the first instance, nhsh.gaelic@nhs.scot

Gaelic Language Plan Implementation and Monitoring Group

The Gaelic Implementation Group is being re-established upon the approval of this plan and will have a focus on managing the progress and implementation of the Gaelic Language Plan.

The remit and membership of the group will be as follows:

Remit

The Gaelic Language Plan Implementation Group is the key forum for oversight and monitoring of NHS Highland's Gaelic Language Plan and any additional and related activity.

Terms of Reference

To monitor the development and implementation of the NHS Highland Gaelic Language Plan;
To report to the NHS Highland Board and to Bòrd na Gàidhlig, on their behalf, annually and as requested;
To have oversight of Gaelic Language focused activity within the organisation;
To review documentation and other public information produced for staff, patients and other stakeholders and make appropriate recommendations;
To meet annually with Bòrd na Gàidhlig staff to review progress relative to the Gaelic
Language Plan and to receive and share relevant updates and information.
The Gaelic Language Plan Implementation and Monitoring Group (NHS-GIG) will report, in the first instance to the Executive Directors Group.Reports to other groups and committees will be provided as requested.

Frequency of meetings and reporting

The Gaelic Language Plan Implementation Group shall meet at least four times per year in the first instance. Meetings will be arranged by the People and Culture Directorate.

Membership

Chair

Director of People and Culture, Fiona Hogg

Members

Head of Communications and Engagement
Head of Talent
Nominees from:

- Maternity or family services
- Dementia services
- Highland HSCP
- Argyll & Bute HSCP
- Public Health
- Estates and Facilities
- Education, Learning and Development
- Staffside

Arms length organisations and third parties

Those who deliver services/goods on behalf of NHS Highland will be made aware of our commitment to the delivery of the Gaelic Language Plan through stating the requirement in the tendering and contracting of services/goods as a matter of best practice.

CÙL-PHÀIPEAR 1: IN-SGRÙDADH COMASAN GÀIDHLIG - APPENDIX 1: INTERNAL GAELIC CAPACITY AUDIT

Info to be added here after the survey analysis – NOT NECESSARY FOR THE CONSULTATION

CÙL-PHÀIPEAR 2: CO-CHOMHAIRLEACHADH POBLACH - APPENDIX 2 – PUBLIC CONSULTATION

INFORMATION ABOUT THE CONSULTATION WILL BE INCLUDED HERE ONCE THE PROCESS IS COMPLETE

Item 17 (a)

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	**25 August 2022 at 2.00pm**

Present
Alexander Anderson, Chair
Tim Allison, Director of Public Health and Policy
Graham Bell, Non-Executive Director
Ann Clark, Non-Executive Director, Chair of HHSC Committee
Heledd Cooper, Director of Finance

In Attendance
Muriel Cockburn, Non-Executive Director
Sarah Compton-Bishop, Non-Executive Director
Lorraine Cowie, Head of Strategy & Transformation
Pamela Cremin, Interim Deputy Chief Officer (Community Services) in place of Louise Bussell
Ruth Daly, Board Secretary
Ruth Fry, Head of Communications and Engagement
Jane Gill, PMO Director
Brian Mitchell, Board Committee Administrator
David Park, Deputy Chief Executive
Boyd Robertson, Board Chair (ex officio)
Katherine Sutton, Chief Officer (Acute Services)
Elaine Ward, Deputy Director of Finance
Nathan Ware, Governance and Assurance Coordinator
Alan Wilson, Director of Estates, Facilities and Capital Planning

1 WELCOME AND APOLOGIES

Apologies were received from Louise Bussell, Pam Dudek and Heidi May.

2 DECLARATIONS OF CONFLICT OF INTEREST

There were no formal Declarations of Interest.

3 MINUTE OF THE MEETING HELD ON 7 JULY 2022

The Minute of the Meeting held on 7 July 2022 was **Approved**.

D Park took the opportunity to advise that future updates relating to the NHS Highland digital Strategy would be provided to the Committee on a four monthly basis. The Committee so **Noted.**

4 REVIEW OF COMMITTEE TERMS OF REFERENCE

There had been circulated existing Committee Terms of Reference document in relation to which the Chair invited comment and suggested revisions. The following amendments were proposed:

- A Wilson and L Cowie be included within the formal membership of the Committee.
- Inclusion of reference to reporting on Environmental Sustainability matters.
- The removal of duplication of reference to the Committee Annual Work Plan.
- Inclusion of reference to attendance by Nominated Deputies.
- Inclusion of reference to review of the Annual Delivery Plan and associated performance.

After discussion, the Committee Agreed the proposed amendments.

5 ASSET MANAGEMENT GROUP MINUTES

There were no minutes circulated in relation to this Item. A Wilson took the opportunity to advise there had been recent discussion by the Group in relation to adoption, in principle, of a water filtration system for laundry activity and on eHealth Capital resource allocation.

The Committee otherwise Noted the update provided.

6 MAJOR PROJECT SUMMARY REPORT

A Wilson took members through the circulated 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 reported the National Treatment Centre (NTC) remained on course to meet the revised completion date. The Raigmore Maternity Redesign Project was progressing through the design phase, with an anticipated planning and building warrant application submission date of September 2022. This would require associated discussion as it was unlikely anticipated spend would be fully realised in 2022/2023. The Lochaber Outline Business Case (OBC) was to be progressed at pace, with relevant clinical models in the process of being considered. There continued to be resource challenges relating to the Caithness Redesign Project. Activity was also being taken forward in relation to an upgrade of accommodation on the Raigmore Hospital site, associated car parking improvements and the potential for establishing a Primary Care Hub within Inverness City Centre. It was proposed the Committee take **Moderate Assurance**.

Discussion points were related to the following:

- Accommodation for Sexual Health and other Services. Advised a number of Services, like Podiatry, in similar position. Primary Care Hub may present a solution by providing a one-stop shop approach that could also incorporate GP and Highland Council Services. Agreed City Centre opportunity should be considered as this was unlikely to arise again. Confirmed Community Premises and Accommodation Groups had been established, with the Sexual Health Service accommodation issue escalated for inclusion in the Risk Register. Advanced discussions were underway on this issue.
- eHealth Resource. Advised external Consultant engaged to help outline impact of lack of resource and plan mitigating actions. Additional resource allocated. Key risks to be defined as an initial step. Successful recruitment a key area in mitigating existing risks.
- Victoria Hospital, Bute. Advised place-based review underway for Rothesay. Current position considered a risk to NHSH, highlighting the need for an Argyll and Bute Capital

Strategy and Annual Plan. Appointment of an individual into a role dealing with Capital Resource was being considered by the IJB.
- KSAR Review Report. Advised this was now overdue despite follow-up request. Chair suggested the NHS Board make appropriate representation to Scottish Government.

Committee members took the opportunity to recognise the work of, and support provided by the Estates, Facilities and Capital Planning Directorate to the wider organisation at this time.

The Committee:

- **Noted** the progress of the Major Capital Project Plan.
- **Noted** the need for an Argyll and Bute Capital Strategy would be raised with F Davies by the Argyll and Bute IJB Chair.

7 INTEGRATED PERFORMANCE REPORT

L Cowie spoke to the circulated report and gave a short presentation providing an update on NHS Highland performance against a subset of key performance indicators (KPIs) used to monitor progress and evidence the effectiveness of services within the NHS Board Integrated Performance and Quality Report as aligned with the "Together We Care, with you, for you" Strategy and associated Annual Delivery Plan. It was stated a greater sense of accountability and ownership was being fostered in relation to the data being presented, with detail provided in relation to relevant KPIs and associated Programme Boards. Specific information was then provided in relation to the associated Objective, Outcome, Priority, national target, performance overview and benchmarking data for individual Indicators. Updates provided were in relation to CAMHS/NDAS and Integrated Children's Services; Screening and Vaccinations; Urgent and Unscheduled Care; Planned Care; Outpatients; Return Outpatients; Diagnostics; Cancer Care; Delayed Discharges and Psychological Therapies. Data presented would not include Argyll and Bute, except where it was specifically indicated as this was managed within the IJB. It was proposed the Committee take **Limited Assurance**.

Discussion areas were as follows:

- Treatment Target Delivery. Advised September 2022 target would not be met although strenuous efforts were made. Ongoing liaison with Scottish Government had secured priority access to Golden Jubilee Hospital for NHSH patients. This level of access would increase from October 2022. Waiting List cleansing process ongoing. Overall, an improving and evolving position. Detailed update on Scheduled Care to be given to next NHS Board Development Session.
- Emergency Department Performance. Questioned if Scottish Ambulance Service data and longer waits information required to give full picture to members.
- Overall Performance. Noted levels being maintained at a time of increasing demand and reducing capacity. In seeking detail of mitigating and improvement actions, suggested a deep dive and overview relating to individual performance areas at each future meeting. Advised metrics and associated Dashboards for Annual Delivery Plan would continue to be developed and monitored to provide relevant context. Recognition that some national Standards would not be met. Focus to remain on internally agreed recovery targets.
- Frontline Awareness of Performance. Advised ADP designed in collaboration with staff. Link to Area Clinical Forum and additional snapshot reporting would help that process.
- Role of Governance Committees. Stated consideration should be given to whether assurance taken was related to process or performance. View expressed there was need for information on mitigation/improvement actions being taken etc in relation to the performance and trend data being presented. Stated ADP would help to provide that level of detail moving forward.

- Face to Face Appointments. Noting figure for Outpatients, view expressed similar data for Return Outpatients would be beneficial for members.
- Pain Management Service. Advised waiting time Improvement Plan in place.
- Consideration and Application of Lessons Learned During and Post Covid. Advised Centre for Sustainable Delivery will be considering relevant issues. Need to work with both clinicians and patients in this area. Individual teams and service areas continually considering relevant aspects both positive and negative with view to making improvements. Reminded that not all Covid restrictions had yet been lifted.

After discussion, the Committee:

- **Noted** the position in relation to reported performance areas.
- **Noted** the KPIs proposed for the next meeting.
- **Noted** an update on the Chronic Pain waiting time improvement plan to be provided to a future meeting along with relevant additional detail for return outpatients and SAS.
- **Agreed** to take **Limited** Assurance.

8 TOGETHER WE CARE AND ANNUAL DELIVERY PLAN

L Cowie spoke to the circulated report and associated Draft Annual Delivery Plan (ADP) document, advising that reporting to national level would be on a quarterly basis once the final plan had been agreed and submitted following appropriate consultation. She then gave a brief presentation to members providing an overview of the ADP and associated Programmes, the associated development process; high level risks; health inequalities; quality aspects; actions, outcomes and KPIs; and key financial or workforce risks. The supporting structure in the process of being embedded was outlined, noting the meeting schedule for the Performance Oversight Board had now been agreed. An outline was provided as to the range of Programme Boards established, these being aligned to Priority Areas and each with a Chair and executive Lead having been appointed. The wider membership and role of these Programme Bords was also further detailed. An example of the approach and action to be taken in relation to individual Outcomes was indicated. It was proposed the Committee take **Moderate Assurance**.

Having welcomed the work to date in this area, the following points were then discussed:

- Assurance. Stated assurance level relating to the Annual Delivery Plan would increase once all relevant metrics had been agreed and were in place. Performance against Plan would require to be considered in the context of multiple years.
- Plan Development. Recognised the challenge of developing an ADP for an organisation as complex as NHSH, such as ensuring comparable levels of granularity across all service areas. Agreed the importance of developing robust KPIs in this regard.
- Process for Approval of Plan. Advised Plans would not receive Scottish Government approval in this calendar year although letters would be provided to individual NHS Boards enabling associated publication to happen.
- Health Inequalities. Stated need to focus on how you manage such inequalities rather than merely report on them.
- Detail on Expected Recuring Allocations (Page 90). Requested format of Table provided in Plan be reviewed to ensure all content readily understandable for readers.
- Next Steps. Confirmed draft Plan would shortly be presented to Clinical Governance and Staff Governance Committees prior to NHS Board submission at end September 2022.

The Committee:

- **Noted** the submission of the draft Annual Delivery Plan.
- **Agreed** to take **Moderate** assurance.

9 FINANCE

9.1 NHS Highland Financial Position 2022/2023 as at end July 2022 (Month 4) and Deep Dive Exercise

E Ward presented an outline of the NHS Highland financial position as at end Month 4, advising the Year-to-Date (YTD) Revenue over spend amounted to approximately £13.875m, with a forecasted overspend of £33.6m at 31 March 2023. The YTD position included slippage against the Cost Improvement Programme CIP) of £7.495m, with slippage of £11.9m being forecast through to financial year end. Work was underway to RAG rate relevant Cost Improvement Programme delivery activity to the end of the financial year. It was reported it was estimated that the residual gap of £16.3m could be mitigated via the flexibility created at the end of the 2021/2022 financial year should these all be available to the NHS Board.

Members were then taken through the underlying financial data relating to Operational area Summary Income and Expenditure, noting increased costs relating to locum and agency usage. Detail relating to the HHSCP position was provided, noting relevant unachieved savings and existing service pressures. Updates were also provided in relation to Acute Services; Support Services; Argyll and Bute; and Capital Spend. It was stated Covid-related expenditure was decreasing over time. Significant financial risks were indicated as relating to continuing Covid costs, CIP target delivery, Greater Glasgow and Clyde SLA arrangements, Adult Social Care, Inflation, potential Agenda for Change and other associated Pay Awards, additional funding for waiting times activity, and recruitment challenges resulting in increased agency and locum costs. Discussion continued with Scottish Government colleagues in relation to planning/scheduling for actual and potential additional allocations. Care Home activity continued to present a financial risk area for both Capital and Revenue, further detail in relation to which would be presented to the next meeting. Overall, NHS Highland remained in a broadly similar financial position to that of other NHS Boards in Scotland, although performance against Plan was behind in some cases. Relative benchmarking activity would be undertaken. The report proposed the Committee take **Limited Assurance**.

H Cooper went on to advise national context conversations had been held, during which the clear message had been given that NHS Boards were expected to deliver on their stated financial plans for 2022/2023, even where overall financial break-even was unrealistic. NHS Highland had been asked to provide a real focus on savings activity to year end and further ensure enhanced collaboration with strategic partners on resource planning. It was stated a focus on non-recurring expenditure would not ease the position for NHSH in future years in terms of financial sustainability. Whilst there was a need to highlight the unique factors being faced in Highland, there had been a request for the NHS Board to define and plan for a worst-case financial scenario, including activity areas that could be reduced. On a similar theme, it was stated the implications of additional financial resource allocations for new activity required to be considered over the longer term with regard to service sustainability.

The following points were raised in discussion:

- Scenario Planning Activity. This was welcomed in the context of being able to define all relevant options moving forward in the short, medium, and longer term. Need to manage associated messaging around increasing activity whilst seeking to reduce costs and achieve savings. Agreed the ADP will help to define direction of travel. Clinical engagement will be critical to future success. Early decisions would be required.
- Highland Factors. Agreed need to keep highlighting to Scottish Government the unique factors affecting NHS Highland, including in relation to Care Home provision.
- Non-Delegated Spend. Advised this related to Corporate Covid funding allocation and was indicative only.
- Deviation from Financial Plan. Reported, taking into account slippage in savings activity the deviation from Plan amounted to an additional £5m of a funding gap at this time compared to the original Financial Plan submitted to Scottish Government. The relevant

cost pressures had been outlined in discussion, including increased drugs costs within Acute Services due to increased Unscheduled Care activity.

- Increased Financial Management. Advised financial scrutiny meetings re-established, with an emphasis on delivering redesign activity within agreed cost envelopes. The ability to impact on agency and locum costs will be difficult given pressure to reduce waiting lists. Number of programmes being developed and prioritised including patient flow, virtual capacity, physical establishment, testing at home etc. The roll back of some pandemic innovations may meet with resistance. Programme Boards will have a key role in this area.
- Reducing Areas of Activity. Advised discussion ongoing with Scottish Government with regard to priority areas, and the ability of NHS Boards to manage their entire financial resource in-house. This included the way in which financial allocations currently followed activity rather than lead the same. Early discussion was required on priority areas and what activity may be disincentivised or scaled back.
- Impact on Existing Financial Pressures from Care Home Purchase. Asked if this will impact any committed future service plans. Advised this may impact on decisions already taken, with no risk-share arrangements in place in terms of Adult Social Care activity.

After discussion, the Committee:

- **Noted** the reported position.
- **Noted** an update on Care Home activity would be brought to the next meeting.
- **Agreed** to take **Limited** assurance.

9.2 Cost Improvement Programme Update 2022/2023

J Gill spoke to the circulated report and advised, at Month 5, the forecasted outturn for the programme was £4.045 (£1.2m delivered to date), an increase of £700k from Month 4, against the overall target of £26m. It was reported that 174 schemes had been identified, with £12.5m of savings identified against the overall target, including 30 recurrent schemes (totalling £4.1m). It was noted 12 schemes had been moved to the delivery phase (£1.9m). An indication of the cumulative phasing of savings by month was also provided.

There was discussion as to the following areas:

- Areas Where no Progress Indicated. Advised recent focus had been on ensuring appropriate ownership of activity and had impacted on performance. Renewed focus on activity underway and will take time to realise positive impact. A range of activity was underway that would take time to realise results. A number of large Programmes required wide ranging buy-in and engagement, emphasising need to ensure wide organisational awareness of the NHSH ADP and the associated emphasis on cost improvement activity and financial sustainability. That may present an individual project in its own right. Senior Leadership Teams had Finance as a Standing Item on their weekly meetings, as did the weekly corporate meeting, providing clear messaging.
- Non- Recurrent Cost Improvement Activity. Recognised the level of non-recurrent activity would make future years even more challenging. Provision of consistent messaging on this aspect was crucial.
- National Workforce Planning Activity. Advised Centre for Sustainable Delivery (CSD) working on a series of models such as Enhanced Nursing roles, including Advanced Nurse Practitioners and Consultant Nurses etc. Strong collaborative arrangements were in place between NHSH and CSD. Workforce development issues remained a major priority for NHS Board Chairs and Chief Executives at this time.
- Locum and Agency Costs. Advised national piece of work looking at this issue, Activity was led by Directors of Nursing. No impact to be realised in current financial year.
- Risk to Delivery of ADP. Suggested there needed to be consideration of amending the existing Risk Register to reflect the overall financial position and impact on ADP delivery.

After discussion, the Committee:

- **Noted** the reported position.
- **Agreed** the need to consider updating the Strategic Risk Register to reflect financial position impact on ADP delivery.

9.3 Supporting Financial Balance

Matters relating to this Item had been addressed in earlier conversation.

10 FUTURE FOCUS AREAS – ASSURANCE OVERVIEW

The Chair highlighted the need to continually review the areas of interest the Committee schedules within its Work Plan and consider how best to receive and take assurance in relation to these. One area highlighted in discussion had related to Environmental Sustainability and it was suggested Business Continuity should also be included. There was agreement there should be a focus at the next meeting in relation to the potential impact and consequences of the challenging decisions that may have to be taken moving forward.

The Committee Agreed the areas highlighted in discussion for future consideration.

11 AOCB

There was no discussion in relation to this Item.

12 FOR INFORMATION

There was no discussion in relation to this Item.

13 2022 MEETING SCHEDULE

The Committee **Noted** the remaining meeting schedule for 2022 as follows:

20 October
December 2022 – to be agreed

14 PROPOSED 2023 MEETING SCHEDULE

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

23 February
27 April
6 July
24 August
26 October
21 December

The Chair advised there had been earlier discussion around the scheduling of Committee meetings to ensure timely receipt of relevant data etc. He encouraged members and officers to reflect on this point and provide feedback to him and the Committee Administrator.

15 DATE OF NEXT MEETING

The date of the next meeting of the Committee on 20 October 2022 was **Noted.**

The meeting closed at 4.35pm

Item 17 (b)

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 31 August 2022 with attendance as noted below.
- **Note** the Assurance Report and agreed actions resulting from the review of the specific topics detailed below.

Present:
Ann Clark, Board Non-Executive Director - In the Chair
Tim Allison, Director of Public Health
Louise Bussell, Chief Officer
Cllr, Christopher Birt, Highland Council
Cllr, Muriel Cockburn, Board Non-Executive Director
Cllr, David Fraser, Highland Council (until 3pm)
Joanne McCoy, Board Non-Executive Director
Gerry O'Brien, Board Non-Executive Director
Michael Simpson, Public/Patient Representative
Wendy Smith, Carer Representative (from 2pm)
Michelle Stevenson, Public/Patient Representative
Simon Steer, Director of Adult Social Care
Elaine Ward, Deputy Director of Finance
Neil Wright, Lead Doctor (GP)
Mhairi Wylie, Third Sector Representative (until 3pm)

In Attendance:
Christopher Arnold, Area Manager, Flow & Performance, Community
Stephen Chase, Committee Administrator
Patricia Hannan, Pharmacy Services
Arlene Johnstone, Head of Service, Health and Social Care
Campbell Mair, Managing Director, Highland Home Carers
Fiona Malcolm, Head of Integration Adult Social Care, Highland Council (from 2pm)
Jill Mitchell, Primary Care Manager
Nathan Ware, Governance and Assurance Coordinator

Apologies:
Catriona Sinclair, Ian Thomson (P Hannan attended), Kate Patience-Quaite, Fiona Duncan, Pam Cremin, Jacqueline Paterson, and Tracy Ligema.

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 NHSH website.

The meeting was quorate.

The meeting began with a short video showcase of responses from some unpaid carers who have received funding from NHS Highland through the SDS Option 1 Short Breaks Direct Payment Fund produced by the Comms Team.

2 FINANCE

2.1 Year to Date Financial Position 2022/2023 [PP.1-10]

E Ward spoke to the paper, and clarified that the month 4 position was included in the report (as opposed to month 5 as stated incorrectly in the agenda).

L Bussell noted the extent of the financial challenge facing the Directorate. Each of the Heads of Service for Primary Care, Mental Health and Community will be focusing on individual areas but also what can be done across the organisation to address efficiencies and savings targets. An additional focus will be on services which have been started as part of redesign initiatives without an identified budget source.

In discussion, the following issues were addressed,

- M Simpson asked if it was ever possible to balance the budget for the organisation.
- The Chair noted that the financial plan approved by the Board at the start of the financial year included a £16m unfunded gap which indicated that it would not be possible for the organisation to achieve balance this year. The year-to-date position is showing significant overspend against the plan and the main target is to meet the original plan.
- M Simpson asked how much NHS Highland spends on energy and if each area was responsible for its energy usage with one provider.
- E Ward responded that she could bring the information to the next committee and noted that a significant energy budget was factored in at the start of the financial year.
- It was asked if an increase in staff working part time hours was having an impact on locum/supplementary costs.
- E Ward assured that it is recruitment difficulties that are creating cost pressures.
- G O'Brien noted that other than in relation to Adult Social Care, the Directorate was reporting a significant shortfall against its savings targets and asked how this would be addressed.
- E Ward addressed the matter of operational overspend which is largely driven by difficulties with recruitment which is a national issue. Savings programs are in the early stages of development and this is being reviewed weekly. Service pressures make it challenging to allocate staff part time to develop savings plans.
- L Bussell added that areas such as procurement, use of buildings and resources was a key focus, but acknowledged that there may be some areas such as successful pilot projects which will not be continued due to cost pressures. There is a need to include teams in addressing these issues in order to best resolve problems. Some difficult decisions may be necessary.
- The Chair commented that the savings process has a quality impact assessment that has to be completed. She asked whether in making the ‘difficult decisions’ there would be a similar process and what the Committee’s role might be.
- L Bussell answered that where local teams considered that a decision could have an impact on quality this would be escalated to the Board Finance Committee and the Medical and Nursing Director and their deputies would be part of that process. Given the timescales and practical challenges the committee’s role would be one of scrutiny and assurance.

- J McCoy asked about the overspend from use of locums and agency nurses and if there were time scales for the dedicated piece of work to reduce these costs.
- E Ward answered that this was a national piece of work reviewing expenditure and agency rates across all areas with details expected to come to the Board later this year.

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

3 PERFORMANCE AND SERVICE DELIVERY

3.1 Assurance Report from Meeting held on 29 June 2022 [PP.11-21]

The draft Assurance Report from the meeting of the Committee held on 29 June 2022 was approved by the committee.

- The Chair requested an amendment to the end of p.3 of the report where some text was missing.

The Committee	
– **Approved** the Assurance Report pending the amendments referred to, and – **Noted** the Action Plan.	

3.2 Matters Arising From Last Meeting

- Together We Care: The committee noted that information about which groups were contacted for engagement was due to be circulated.

3.8 Chief Officer's Report

The Chair requested that the CO Report be considered at this stage in the meeting.

L Bussell drew the committee's attention to the key points of the report which included information about the most recent meeting of the Joint Monitoring Committee, the first since the Highland Council elections. She highlighted the following:

- The Sexual Assault Referral Centre which had been referred to as the Forensic Medical Examination Service will be known as The Shores and based on the Raigmore site. The service still contains a forensic medical examination section. A satellite building in Caithness set up to reduce travel will be known as the Northern Shores.
- The Highland Alcohol and Drug Partnership submitted its annual report to Scottish Government on 5th August, this focussed on education, prevention, treatment and recovery, and children and young people, as the backdrop to work ongoing to improve services in Highland. National figures published in 2022 sadly show an increase in drug-related deaths in Highland in 2021 compared to 2020. The MAT standards are aimed at reducing drug-related deaths. In addition, there is a new target for OST (opioid substitution treatment) and a need to improve treatment waiting times, the target for which is 90%, with current performance sitting at 76%.
- Recruitment remains a challenge in some areas, with some pockets of good well-established teams.
- Another focus is on improving whole family support when someone faces with drug and alcohol-related challenges.
- The Chair asked if Highland is on target to submit an improvement plan regarding achievement of the MAT standards by the end of September as required by Scottish Government, and if there are particular challenges, other than recruitment, in the way of achieving the target.
- T Allison noted the complexity of governance with the HADP (Highland Alcohol and Drug Partnership) reporting to the CPP (Community Planning Partnership). The Alcohol and Drug Service (NHS Highland) delivers the MAT standards.

- The plan is to complete standards 1 to 5 by April 2024 and the remaining standards by April 2026.
- There are geographical issues which present a challenge for NHS Highland for some of the MAT standards such as ensuring that appropriate transport is available to get to the service. It is likely to be more of a challenge in our remote and rural areas.
- A Johnstone added that the national team are confident that they have gathered everything needed for the improvement plan. The non-fatal overdose team has recently seen some successful recruitment within Inverness and a venue is being sought for the team to be based in.
- M Cockburn expressed concern that the local CPPs were functioning less well in rural areas yet drug and alcohol issues exist in most villages and towns.
- T Allison responded that HADP was accountable to the HCPP and that services are delivered on the ground by a range of partners. The aim is for an equitable service across the region but it was inevitable that people may have to travel to services from some of our more remote and rural areas.
- Cllr Birt noted that the continuing high level of drug deaths is of great concern and asked what services were doing currently to address the issue of drug deaths.
- L Bussell noted that the MAT standards are the real focus (reducing deaths), and that additional funding has been made available, for example, for recruitment to new roles with an emphasis on early intervention and work with families to create a 'wrap around' service. More work with Primary Care, schools and other agencies to get a more proactive/preventative approach is the method being taken.
- T Allison commented that this is a complex societal issue for Scotland which has the highest drug-related death numbers in Europe and that many of the issues are long standing and will therefore take much time to fully address. He gave examples of preventive work such as a pilot of the 'Icelandic' model with young people. He also noted that the number of people dying from alcohol is much higher and there is a need to look at substance use in the round. When working with people we know are using substances the focus is on reducing harm. Action needs to be multi-faceted and done in partnership.

The Chair requested that a future Chief Officer Report confirms the submission of the improvement plan by the due date, and that thought be given to which indicators in terms of service improvement in relation to the Drug and Alcohol service be added to the reporting dashboard.

- L Bussell noted that, with reference to Long COVID, some recruitment was underway in relation to Occupational Therapy and Physio as part of the rehab aspect of Long COVID.
- The Committee workplan included a commitment to provide information about the development of a Care Academy. S Steer referred to different aspects of current plans to encourage recruitment and retention. These include developing an assessment and recruitment centre model to streamline the application process and foster an encouraging atmosphere with new recruits, and promoting the full range of opportunities within social care. NHSH is working closely with partners and the independent sector in this area as it is known that there is increasing pressure as staff move between sectors and to health roles for better opportunities.
- C Mair, Highland Home Carers and Scottish Care, commented on the importance of a Care Academy approach as a way of encouraging recruitment and retention, valuing staff and the care sector as a validated and important area of employment.
- He summarised the initiatives his organisation is involved with including working closely with Skills Development Scotland looking at modern apprenticeship opportunities, developing accredited qualifications to be delivered 'in house', with investment in a state of the art learning and training environment in Inverness, and finally, commissioning reforms and different approaches to culture and to relationships to move away from the thinking and the language of the funded and the funder and instead as co-investors in the national economy, to the highland economy and people's lives.

In the discussion that followed,

- It was asked what the role of the Highland Council is in terms of encouraging people into working in the care sector
- C Mair noted that in terms of governance, the council are part of the Joint Monitoring Committee, and commented that there are some good people committed to developing this work. He also noted the importance of the independent and Third Sectors having to behave as leaders in order to drive the work forward with the support of agencies such as Skills Development Scotland.
- S Steer gave assurance that NHS Highland are working with National Education Scotland, Skills Development Scotland, the Highland Council, and Highland and Islands Enterprise to develop a tactical approach and encourage skills development and support staff retention in the care sector with three-year workforce development plans. This approach is intended to work with the apprenticeship approach taken by Highland Council.

The Committee:

- **NOTED** the update.
- The Chair requested that a future Chief Officer Report confirms the submission of the MAT Standard improvement plan, and that thought be given to which indicators in terms of D&AS service improvement be added to the reporting dashboard.

3.3 Learning Disability Services Assurance Report

A Johnstone gave a presentation outlining the key points of the paper which had been circulated ahead of the meeting.

During discussion, the following areas were addressed,

- The Chair asked what the next steps would be for the Coming Home project
- A Johnstone noted that there are a number of workstreams working in the area of housing to prevent people being housed out of area and isolated from their families. This is challenging outside of cluster housing because there is less of a support network for workers especially in crisis incidents. The aim is to add two more clusters in Inverness and explore what options there are in areas such as Caithness.
- There is work underway concerning Positive Behaviour Support (PBS) which is a model for working with individuals with challenging behaviour patterns to support them to improve their interactions with workers.
- It was asked how far the service has gone in its transformation journey to ensure opportunities for people with complex needs experience a life within their own communities.
- A Johnstone noted that there are still difficulties in placing people within a community and that there can still be negative responses to news that people with complex needs may be housed nearby, but that work is ongoing to address these areas.
- It was asked how a family would become known to the service and if the support covers all age groups.
- A Johnstone answered that the majority of people with complex needs will be known to services from a very young age through children's social work services or children's paediatric services or learning disability nurses. After this point, through the transitional arrangement with Highland Council, an individual’s needs are then addressed by NHS Highland’s Learning Disability Service. In those instances where someone’s needs have gone under the radar they are usually individuals living in remote and rural areas with an ageing family who are no longer able to support their needs. However, most individuals will be known to their GP or social worker.
- L Bussell paid tribute the work over the challenges of the last two to three years and how positive it is to see progression into new models of working and new approaches.
- A Johnstone commented on the challenges ahead with a shrinking workforce which is likely to make this work much more difficult for staff to address individual needs.

- W Smith commented that she felt, having a family member who uses these services, that the report bore little resemblance to real life experience for people who use learning disability services. W Smith referred to the Community Care Act which she felt still encourages that people live in institutional settings, and expressed disappointment at the lack of data from families using the services, and expressed a desire to see a more independent approach to gathering intelligence.
- A Johnstone responded that there is the intention to use some of the funding from Scottish Government to outsource some engagement work for future strategy to skilled consultants but that plans are at an early stage.
- W Smith offered to give some time to support these discussions.
- A Johnstone thanked W Smith for the offer and this will be followed up. She also noted the need to distinguish between consultation with users of services and with carers carried out alongside Ian Thomson's team and to fulfil the requirements of the Carers Act.
- M Cockburn requested if more information on the transition element of the service between the council and the health board could be brought to the committee to highlight the challenges in this area.
- The Chair suggested that this be added to discussions around the workplan as it may not be possible to address at the next meeting.
- The Chair asked for clarification on the difference between the new Annual Health Checks to support people with learning disabilities and those carried out pre-COVID.
- A Johnstone clarified that Scottish Government direction to NHS boards is that annual health checks will now move to primary care and that it will be for every person with a learning disability, regardless of whether they are known to the service. Clarity has been sought from government about the budget, and there are conversations to be had with primary care colleagues as to how this work is carried out in future.
- The Chair requested that an interim update come to the committee as part of the Chief Officer's Report.

The committee **noted** the ongoing strategy development work and how the service is responding to the Coming Home report.

The Committee:

- **NOTED** the ongoing strategy development work and how the service is responding to the coming home report.
- **AGREED** that more information on the transition of service between Highland Council and NHSH be added to discussions around the workplan.
- **AGREED** to accept moderate assurance from the report.

The committee held a short break.

3.4 Primary Care Improvement Plan Assurance Report

J Mitchell introduced the report and noted that the two areas that the team is focusing on currently include Community Care and Treatment. There is not yet an agreed model for this and a comprehensive survey is underway of the team's practices to ascertain what staff is available to support this as a work stream. From next year the focus will be on urgent care.

In discussion, the following issues were raised,

- N Wright commented that GPs are not yet seeing the results of the work addressed by the paper and asked what the situation was with recruiting a primary care mental health team for Lochaber.
- A Johnstone noted the challenge of recruitment and that work to explore how staff from other areas might support the Lochaber area is being undertaken, with the proviso that this would place a limit on time available in the area due to travel.

- N Wright asked why we are not yet using all the budget and suggested that there had been quite a slow start to the programme, and asked what more can be done to speed up progress.
- J Mitchell agreed that there had been recruitment challenges. Workstreams are developed in agreement with the GP Sub-committee. The approach has been to develop very practice-centric solutions. Where recruitment is not possible remote solutions are explored. The workstreams that have managed to recruit into new roles have experience different challenges including an eventual return of people recruited from Community Pharmacy to Primary Care after a couple of years. Working out how to encourage retention and development in role will be important. Scottish Government have assured NHSH that there is some latitude to use some of the underspend to work such as digitizing records and assisting with accommodation requirements.
- The Chair asked if the Primary Care Improvement Fund slippage in previous years is included in the sums held by Scottish Government on NHS Highland's behalf for use in this financial year.
- E Ward clarified that the money is part of the monies which were returned to Scottish Government to be held for NHS Highland.
- J Mitchell confirmed that the team were exploring ways of using the slippage such as training and IT developments and suggestions will be discussed with GP Sub-Committee.
- The Chair asked for confirmation that the national funding table in the papers showed that Highland is doing reasonably well compared to many boards in terms of slippage.
- J Mitchell confirmed that after a slow start to the programme, momentum had been built, and that there is now a clear direction for the programme and a move to use our fuller allocation.
- G O'Brien asked what plans have been built in to evaluate the model that has been implemented in terms of assessing how GP's time is being freed up and how they are using this time, and what the impact is as seen from the patient perspective.
- J Mitchell answered that each of the work streams are linked into a national group with a separate national evaluation team established to run alongside this work.
- M Stevenson raised a concern about the use of a third party to scan patient notes and asked whether patients' consent would be sought for this.
- J Mitchell answered that any arrangement made with the provider is on a national contract framework, but offered to provide more information about the governance and the opt in/opt out status for patients in this area.
- M Simpson asked why it appeared to be easy to recruit locums to remote areas but not a resident GP.
- N Wright noted the difficulty of recruiting resident GPs and how some doctors stay as locums because they enjoy the flexibility and it suits their career stage. He also commented that numbers of GPs are an issue across the UK.
- J Mitchell noted the difficulties of finding suitable accommodation but also that work was underway with Scottish Rural Medicines Collaborative promote the attractiveness of working in Highland, but that there is no straightforward solution to the matter.

The Chair asked J Mitchell to consider what indicators around the objectives of the programme could be developed to be included in the committee's dashboard reporting.

The Committee:

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

3.5 Vaccination Strategy Update

C Arnold noted the report circulated ahead of the meeting and invited questions from the committee.

During discussion, the following points were addressed,

- The Chair thanked C Arnold for the paper and commented on the complexity of the task faced by the vaccinations team, and the progress that had been made since the start of the pandemic and the ongoing implementation of the Vaccination Transformation Programme.
- It was noted how the VTP would take vaccination duties away from school nurses in order to free them up for other advanced work. This is an area of challenge in providing a like for like service replacement in order to minimise disruption within schools. Systems would remain the same but different people would administer the vaccinations.
- It was noted that there are still a number of issues to be resolved in establishing the approved model for VTP adult vaccinations such as recruitment of staff and training. It was commented that only 50% of slots for vaccinators from the bank had been allocated. C Arnold responded that 50% is a good amount at this stage of the winter campaign given previous experience and that work is moving in the right direction to address this.
- It was noted that there are some national issues to be resolved such as the extent of temporary registrations for staff returning to vaccination work after retirement and the tax status of such staff. Conversations are ongoing on a weekly basis with Scottish Government to resolve this.
- N Wright asked what the current situation was regarding the coordination of a new IT system and childhood vaccinations. Child Health leads are leading on this work to establish an effective system. Initially, it is likely that the current paper system familiar to GPs will continue with an electronic system hoped to arrive by 2024.
- N Wright commented that the system which records COVID and flu auto populates clinical records and is an effective system for staff to use.
- L Bussell noted the challenges posed in establishing locations across the dispersed geography of Highland. It is felt that there is a good spread of locations but that it will be a different experience for the public who have previously engaged with their local GP for vaccinations.
- It was asked if it had been possible to model and set limiting factors for the distances which individuals will have to travel for vaccinations, taking into account accessibility of public transport.
- C Arnold answered that a number of different models, formulas and algorithms have been trialled. For the current vaccination plans the aim is to have a sub-fifteen minute travel time. This is an ideal and it is recognised that this is not currently possible for everyone. However, 85-87% of people are likely to have a vaccination location within this time limit.
- A particular challenge in achieving this target is the Aviemore, Kingussie and Laggan area and work is underway to find suitable locations.
- T Allison commented that whilst some people may have to travel further than we would like, especially if the appointment offered isn't suitable, every effort was being made to respond to justifiable public demand for easy access to clinic locations.
- M Cockburn asked what flexibility there was for households where partners may fall into slightly different age brackets to arrange joint appointments.
- C Arnold answered that there is a degree of eligibility flexibility afforded by government models where a household could reduce its travel by attending a vaccination appointment together.
- J McCoy asked if it was possible for people to choose not to have the flu and COVID vaccinations at the same time.
- C Arnold answered that this was technically possible. An individual in this instance would need to self-book a second appointment, however due to the pressures on the booking system it may not always be possible to book for the same location.
- Cllr Birt asked whether given the financial situation accommodating such requests might be an area for potential savings
- T Allison clarified that the vaccinations are not mandatory and that there are people who have a bad reaction to vaccines, despite lack of scientific evidence against both vaccines

being administered at same time. However, there is a balance to be struck between efficiency, improving public health by maximising take up and accommodating the wishes of individuals, and while this may not always be easy the team will try to accommodate as far as is practical.
- C Arnold asked that members raise awareness of the campaign and encourage particularly those in the 50-64 age bracket to attend their appointment.

The Chair commented on concerns in the media that people may have become a little complacent with the long duration of living with the pandemic, and that therefore communications and encouragement to attend will be important.
It was agreed that C Arnold's slide presentation would be circulated to the committee members.

The Committee:	
• **AGREED** to accept moderate assurance from the report.	

3.6 IPQR Dashboard Report [PP.76-88]

- It was agreed that this item would be discussed at the committee's development session on **29 September**.

- It was commented that some of the graphs are difficult to read due to the colour visual presentation.

3.7 Hearing and Sight Care (3rd Sector Project Board Funding Uplift) [PP.89-92]

L Bussell took questions on the paper on behalf of J Paterson.

- The Chair noted that this was the second SBAR recommending an uplift for one of the three organisations involved in delivering sensory services across Highland and that the Committee had approved an uplift for services in Lochaber at a previous meeting. She requested clarification if there would be a third SBAR and was informed this was unclear and would depend on outcome of discussions on-going with the organisation in question.
- P Macrae asked for clarification and assurance that what was being delivered was value for money.
- L Bussell noted that these contracts had not been reviewed for several years and had therefore required a number of months of dialogue to establish up-to-date figures. A new tender process is just underway for the entirety of services across Highland which aims in part to address the issues that were coming to the fore while the old contracts were still in use. The current position is a holding position for the next 18 months. There are cost pressures to the tendering process but the costs were considered to be much higher if they were to have been brought in house.
- The Chair expressed concern that there may be more issues like this to come.
- L Bussell noted that this particular contract was considered an outlier and that similar issues had not been identified with other contracts.

After discussion, the Committee:	
- **Agreed** to the uplift in support.	

3.8 Chief Officer's Report [PP.93-100]

See above.

4 HEALTH IMPROVEMENT

There were no matters discussed in relation to this Item.

5 COMMITTEE FUNCTION AND ADMINISTRATION

5.1 Committee Annual Work Plan [PP.101-103]

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 APPROVED the Work Plan.

5.2 Review and Update of Committee Terms of Reference [PP.104-107]

The Chair noted that Governance Committees required to review their TORs on an annual basis. She invited comments or proposals for amendment to the existing TORs and none was forthcoming.

The Committee APPROVED the Terms of Reference.

6 AOCB

Proposed dates for 2023 were approved

11 January
1 March
26 April
28 June
30 August
1 November.

- M Simpson requested that there be an update on the North Coast service redesign included for the next meeting. L Bussell apologised that details had not come to the meeting due to the team being currently overstretched.

The Committee: – **APPROVED** the proposed 2023 dates.

7 DATE OF NEXT MEETING

The next meeting of the Committee will take place on **Wednesday 2nd November 2022** at **1pm** on a virtual basis.

The Meeting closed at 4.15 pm

Item 17 (C)

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	**1 September 2022 – 9.00am (via MS Teams)**

Present
Dr Gaener Rodger, Non-Executive Board Director and Chair
Dr Tim Allison, Director of Public Health
Alasdair Christie, Non-Executive Board Director
Robert Donkin, Lay Representative
Heidi May, Board Nurse Director
Joanne McCoy, Non-Executive Board Director
Muriel Cockburn, Non-Executive Board Director (IT issues affected attendance)
Dr Boyd Peters, Medical Director
Catriona Sinclair, Non-Executive Board Director and Area Clinical Forum Chair
Emily Woolard, Lay Representative

In attendance
Kate Arrow, Anaesthetics Consultant
Louise Bussell, Chief Officer, HSCP
Robert Cargill, Deputy Medical Director
Ann Clark, Non-Executive Board Director
Muriel Cockburn, Non-Executive Board Director
Lorraine Cowie, Head of Strategy and Transformation (from 9.35am)
Fiona Davies, Chief Officer, Argyll and Bute (from 10.20am)
Alison Felce, Senior Business Manager
Tracey Gervaise, Head of Operations (Woman and Child)
Julie Gilmore, Associate Nurse Director
Evelyn Gray, Divisional Nurse Manager (Medical and Diagnostics)
Elizabeth Higgins, Associate Nurse Director
Derick MacRae, Service Manager (from 11.05am)
Brian Mitchell, Board Committee Administrator
Mirian Morrison, Clinical Governance Development Manager
Kayrin Murray, Interim Service Lead, NDAS (from 10.15am)
Ian Rudd, Director of Pharmacy
Cathy Steer, Head of Health improvement (from 10.50am)
Katherine Sutton, Director of Acute Services (from 9.10am)
Simon Steer, Interim Director of Adult Social Care (from 9.10am)
Donald Watt, Service Manager (Argyll and Bute)Nathan Ware, Governance and Assurance Coordinator (from 9.05am)

1 WELCOME AND APOLOGIES

Apologies were received from K Patience-Quate.

H May took the opportunity to introduce Julie Gilmore, Associate Nurse Director (Highland Health and Social Care Partnership to the Committee.

The Chair then welcomed Muriel Cockburn to her first meeting as a member of the Committee.

1.1 Declarations of Conflict of Interest

J McCoy advised that being a manager at Let's Get on with it Together (LGOWIT) she 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 this interest did not preclude her involvement in the meeting.

A Christie advised that being an elected member of the Highland Council, and 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.

2 MINUTE OF MEETING ON 30 JUNE 2022 AND ASSOCIATED ACTION PLAN

The Minute of Meeting held on 30 June 2022 was **Approved.**

Associated Actions (Including Actions 13 to 16 from last meeting) were considered as the meeting progressed. In relation to the circulated Work Plan, members were advised the NHS Highland Winter Plan had been replaced by the Annual Delivery Plan on the agenda for this meeting. The Winter Plan document would be presented to the NHS Board in September 2022.

The Committee otherwise:

- **Approved** the Minute subject to the amendments discussed.
- **Noted** actions would be discussed as the meeting progressed.
- **Agreed** the Action Plan be updated, issued to relevant Officers after the meeting, and updated prior to the next meeting.

2.1 MATTERS ARISING

2.1.1 Grade 2-4 Pressure Ulcers

H May advised that relevant data collection issues had been resolved, with the Integrated Performance and Quality Report having been updated to provide the same. Relevant improvement work was underway, with mitigating actions having been established and introduced.

The Committee so Noted.

2.1.2 Corporate Parenting

H May advised that discussion at the last meeting had raised a number of questions. In relation to the point raised regarding the relevant Risk Assessment it had been considered that no associated Impact Assessment would be required at this time. On relevant training for NHS Highland Board members, this would be provided at the October 2022 Board Development Session, along with a draft revised Corporate Parenting Plan and associated Multi-Agency Plan. Learning from work undertaken in Argyll and Bute on accessibility of Plans would be taken forward in North Highland.

The Committee:

- **Noted** the position.
- **Agreed** Action Plan Point 11 be **Closed.**

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.

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

4 REALISTIC MEDICINE UPDATE

K Arrow spoke to the circulated NHSH Realistic Medicine Action Plan 2022/2023 and presented to members, indicating the level of health inequalities across Scotland and within Highland, these having widened and worsened over the previous ten years. The principles of Realistic Medicine were outlined, based on international evidence, with a National Action Plan having been developed. A hub and spoke approach had been adopted in NHSH, supporting a wide range of teams in delivering Realistic Medicine. Members were taken through recommendations from a Realistic Medicine Citizen's Jury held in 2019, which helped shape the Highland Action Plan. A range of communication activity was underway, including creation of a Podcast and series of "How To" guides/case studies. A series of Project Echo events would start the following week, seeking shared learning of expert knowledge while seeking reciprocal learning from within individual communities. Work was ongoing with the Research, Development, and Innovation Team to ensure appropriate innovation and improvement activity was continuing. An outline was provided as to the inclusive nature of public and patient shared decision-making activity, and it was advised relevant data management arrangements were in place. K Arrow emphasised the need to be able to consider how best to both deliver and flex arrangements to make sure teams are supported etc and advised this would be taken forward through "How might we…" considerations at all levels. All work was being taken forward in the context of the NHS Highland Together We Care Strategy.

The following was then discussed:

- Community Capacity, Resource and Finance. Acknowledging the increasingly challenging factors facing the wider community and stating the need to hear these to be able assist advised avoiding unnecessary journeys for care would be one area of assistance. The NHSH scheme was based on a cost-neutral approach, seeking to employ innovation and reduce harm, inefficiency and waste within healthcare services. "How might we…" activity would be key in this area, as would engagement with partner and Third Sector organisations.
- Internal Engagement. Nursing and AHP staff initially engaged to a larger extent. Principle of shared decision making becoming embedded and helping better medical staff engagement. K Arrow also sought ideas for a Podcast name change to help wider engagement.
- Key Patient Benefits. Stated agreeing shared care goals, holding motivational discussions, and taking joint decisions on the way forward would all benefit those involved. Additionally, this approach would help to avoid receipt of complaints via strong communication and engagement. Strong links with patient empowerment activity through "What's realistic for me" discussion.

After discussion, the Committee Noted the circulated Action Plan and presentation content.

5 CHILDREN'S SERVICES UPDATES

5.1 CAMHS Service

T Gervaise spoke to the circulated report and provided a short presentation advising that following a national review of Child and Adolescent Mental Health Services (CAMHS) and introduction of a national service specification a local CAMHS Improvement plan had been developed that described a person-centred approach to the actions required to meet the national service specification. The report gave data and performance information for the whole of NHS Highland, sourced from Public Health Scotland and provided comparative data for NHs Scotland overall. It was stated current resource was mainly deployed to meet the needs of the most risky and unwell young people in the service. In terms of actions and progress, specific updates were provided in relation to workforce and recruitment activity including at Consultant Psychiatry level; Service remodelling; restructuring of the Clinical Service Model; and associated Clinical Governance structures. Emphasised whole system approach required in Highland, incorporating the voice of relevant children and families. It was proposed the Committee take **Moderate Assurance.**

There followed matters were raised in discussion:

- Increasing Number of Long Waits and Associated Harm Impact. Advised increased service management and input support being given at this time, alongside additional resource. Need to be able to monitor and produce accurate data to help gauge harm impact levels associated with long waits for treatment. CAMHS Programme Board taking forward series of workstreams relating to model of service etc across NHSH including Argyll and Bute.
- Unscheduled Care Activity. Stated need to understand underlying themes. Advised capacity issues having a continuing impact, with recruitment a challenge. Requirement to consider current service model roles and responsibilities to ensure the appropriate service level required. New ways of working would be required including in relation to joint working with Highland Council.
- Argyll and Bute. Noted improving position. Improvement plan in place, monitored by Clinical and Care Governance Group and being taken forward.
- CAMHS/Education/Distress Brief Intervention. Advised yet to be able to determine if this will be provided face to face or digitally. All options to be explored and discussed with wider CAMHS team.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** Assurance.
- **Agreed** an update on Distress Brief Intervention activity be brought to a future meeting.

5.2 Neurodevelopmental Assessment Service (NDAS)

K Murray, Interim Service Lead spoke to the circulated report advising a comprehensive review of NDAS had been conducted in Summer 2021, with focus groups and surveys indicating the majority of concern among respondents was related to a lack of support, poor communication and waiting times. Existing waiting list levels reflected that it was very challenging to provide an NDAS service through online resource. Demand levels remained constant at this time. A new NDAS Hub Team and associated roles were being developed and recruited to, with current service aims including reducing waiting times and improved waiting list management; improving communication and individualised signposting to support; and provision of high-quality multidisciplinary assessment by well-trained and supported staff. Interim leadership and administrative support had been put in place, and through co-production with families and other professionals an appropriate Action Plan had been developed and was being taken forward to improve the service, including reducing waiting times. Opportunities for accessing Clinical Psychology within private healthcare was being considered, clinical pathway trials were underway, communication was improving and receipt of financial resource for Test of Change activity had been welcomed. It was proposed the Committee take **Moderate Assurance.**

There was discussion of the following:

- Key Clinical Risks and Mitigation Activity. Requested data for latest year be provided in future updates, along with indication of key risks and associated mitigating actions. Noted administrative staff collating relevant information and will be included in future reporting.
- Ensuring Shared Learning. Advised NHSH part of national group that will be considering outcomes from a series of five trials across Scotland, including in NHS Highland where there was a focus on support arrangements. There was a requirement to reflect on an increasing demand level and need for integrated specialist services.

The Committee:

- **Noted** the report content.
- **Agreed** to take **Moderate** Assurance.
- **Agreed** a further update, including relevant data, be brought to Committee in six months.

K Murray left the meeting at 10.15am.

6 CLINICAL GOVERNANCE QUALITY AND PERFORMANCE DATA

M Morrison spoke to the circulated report, advising as to detail in relation to performance around Complaints, Freedom of Information (FOI) requests, Adverse Events, Significant Adverse Events, Hospital Inpatient Falls, Tissue Viability and Infection Prevention. It was reported Complaint's activity performance was showing significant improvement. All Adverse Events currently outstanding were to be reviewed and operational areas would be provided with individual updates on their respective positions. The number of Significant Adverse Event reviews remained low, with relevant associated training for senior managers having been undertaken the previous week with a view to increasing capacity. It was advised recruitment of Tissue Viability specialists remained challenging. Members welcomed the level of data presented. It was proposed the Committee take **Moderate Assurance.**

- **After discussion, the Committee otherwise Noted** the reported content.
- **Agreed** to take **Moderate** Assurance.

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

7 NHS HIGHLAND ANNUAL DELIVERY PLAN

L Cowie gave a presentation to members in relation to the Draft Annual Delivery Plan (ADP) document, and how this related to the NHS Highland Together We Care Strategy and Clinical Governance Committee. She provided members with an overview of the ADP and associated Programmes, the associated development process; high level risks; health inequalities; quality aspects; actions, outcomes and KPIs; and key financial or workforce risks. The supporting structure was outlined, noting the meeting schedule for the Performance Oversight Board had now been agreed, this feeding into this Committee and the Staff Governance, and Finance, Resources and Performance Committees. Professional Advisory Groups would provide continuous guidance and advice. Reporting to Scottish Government would be on a quarterly basis. In terms of reference to the work of the Clinical Governance Committee, it was stated there would be a rolling programme of assurance aligned to twelve population facing outcomes; with Quality and Performance Indicators demonstrating relevant performance. Quality Standards would be aligned to each area via relevant Dashboards and there would be an agreed question set for each outcome area following provision of advance dashboard overviews. The ADP would be completely aligned to the overarching Strategy through a clinically enabled approach. The Draft ADP had also been circulated for the information of members.

Discussion areas related to the following:

- Reporting to Committee. Advised discussion to be held in relation to agreeing a rolling programme of updates.
- Reference to Population Groups. Agreed the need to reflect on potential use of generic terms when considering wider distribution and communication.
- ADP Clinical Governance Links. Committee members asked to reflect on this point in terms of the NHSH Strategy and ADP document, in terms of defining reporting requirements and how best these can be met for the benefit of the Committee. On structuring the Committee agenda around the various Clinical Governance elements of the ADP, this would be considered further.
- Professional Assurance Framework. Noted this required updated, improved and incorporated ahead of any formal reporting to Governance Committees.
- ADP Content. Agreed to avoid using acronyms and standardise clinical terms where possible.

After discussion, the Committee:

- **Noted** the presentation content.
- **Noted** a rolling programme of updates to Committee would be discussed and agreed.

The Committee adjourned at 10.40am and reconvened at 10.50am.

8 EXCEPTION REPORTING AND ANNUAL REPORTS

8.1 Argyll & Bute Health and Social Care Partnership

There had been circulated report advising as to a review and test of change in relation to the Argyll and Bute Clinical and Care Governance Committee and Quality and Patient Safety Group (QPS). An update was also provided on the Deanery visit to Lorn and Islands Hospital, Oban, in relation to which Dr Peters emphasised the importance of appropriate medical training at hospital level. He advised he was involved in relevant discussions, with provision of senior support to trainees being actively taken forward. He suggested the Committee receive a detailed update on this matter at the next meeting. There had also been circulated Minute of meeting of the Argyll and Bute Clinical and Care Governance Committee held on 28 April 2022. It was proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the circulated report and associated Minute.
- **Agreed** a detailed update on the Deanery Report and formal response be brought to the next meeting.
- **Agreed** to take **Moderate** assurance.

8.2 Argyll and Bute Health and Social Care Partnership Annual Report 2021/2022

There had been circulated an Argyll and Bute Health and Social Care Partnership Annual Report 2021/2022, the relevant content of which was noted. It was proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the circulated Annual Report.
- **Agreed** to take **Moderate** assurance.

8.3 Highland Health and Social Care Partnership

There had been circulated report advising as to recent consideration of issues relating to Human Resources recruitment procedures and policies; abnormal laboratory tests; communication and distribution of learning across the organisation; Care Home staffing levels; and a recent Adastra outage. The view was expressed matters relating to shared learning should be taken through the Executive Director's Group. It was noted the Adastra situation was ongoing and the subject of national issues that would require detailed analysis. Local support teams had been successful in maintaining a degree of relevant functionality. It was confirmed this would not impact on the implementation of HEPMA in NHS Highland. A degree of associated risk would require to be accepted at this time. There had also been circulated Minute of meeting of the HHSCP Quality and Patient Safety Parent Group held on 2 August 2022. It was proposed the Committee take **Limited Assurance.**

The following was raised in discussion:

- Abnormal Laboratory Results (Out of Hours). Enquired as to number of cases, patient impact and position of other NHS Boards. Advised wider national picture unknown and would be investigated accordingly with a view to seeking any shared learning.

The Committee:

- **Noted** the circulated report and associated Minute.
- **Agreed** to take **Limited** assurance.

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

9.1 Acute Services

R Cargill spoke to the circulated report in relation to Acute Services, indicating there had been a review undertaken of capacity and flow impact on emergency and elective service quality and patient safety. Issues highlighted by exception had included capacity and flow; reinstatement of Ward 5c as a common admission lounge and Day Case Unit and a reduction in scope for inpatient surge capacity; an increasing number of patients across Acute services due to delayed discharge or community hospital transfer waits; staff availability; and submission of a report on access to inpatient stroke care to Public Health Scotland as part of the Scottish Stroke Association Audit Programme. There had also been circulated Minute of Meeting of the Acute Services Clinical Governance Committee held on 19 July 2022. The report proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

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

9.2 Infants, Children & Young People's Clinical Governance Group

H May spoke to the circulated Exception Report relating to Children's Services, providing detail in relation to Significant Events Reviews (including Duty of Candour Adverse Events), associated Learning and Improvement activity, Complaints activity, the local Quality and Patient Safety Dashboard, Clinical Risks, Children's Services and issues of concern to escalate and/or best practice

to share. There had also been circulated Minute of Meeting held on 14 July 2022. The attention of members was drawn to the ongoing Joint Inspection of Children's Services in relation to Children who are at Risk of Harm. Key issues and risks were detailed as relating to Children's Dietetic Service provision within Raigmore Hospital; anticipated temporary leadership gaps across NHS Highland including Child Health Commissioner roles both in North Highland and Argyll and Bute, and the impending retiral of the Board Nurse Director (Executive Lead for Child Protection); and Perinatal Infant Mental Health Services.

Discussion points were as follows:

- Leadership Risk and Joint Inspection. Advised wide range of mitigating actions put in place prior to Inspection commencing. Appointment of T Gervaise as Head of Operations (Woman and Child) had helped provide stability in this regard. Board Nurse Director had also been actively involved. Recruitment activity expected to be successful across all areas.

The Committee Noted the report content and associated Minute, and agreed to take moderate assurance

10 EMERGING ISSUES/EXECUTIVE AND PROFESSIONAL LEADS REPORTS BY EXCEPTION

10.1 Nursing Workforce Challenges and Measures Reduce impact of These on Quality of Care and Staff Wellbeing

H May spoke to the circulated report, providing a high-level overview of the steps which had been taken to mitigate the risk of nursing staff shortages and minimise the adverse impact on staff wellbeing and quality of patient care. The report also highlighted other measures being proposed to further improve the position in light of continued system pressures and workforce instability (Covid and staff leaving NHS employment). Specific updates were also provided on operational nursing workforce planning, monitoring and development; electronic rostering for nursing, midwifery and Allied health professionals; nursing recruitment and retention; nursing health care support worker pathway development and other areas for further improvement. The report proposed the Committee take **Moderate Assurance.**

The Committee:

- **Noted** the reported position.
- **Agreed** to support action in the areas detailed for further development.
- **Agreed** to take **Moderate** assurance.

10.2 Review of Nosocomial Covid Infection During Pandemic

B Peters stated likely to be a review of Nosocomial Covid infection during the pandemic period to assess and ensure appropriate shared learning. A report would be brought to the Committee in due course.

The Committee so Noted.

11 INFECTION PREVENTION AND CONTROL REPORT

H May spoke to the circulated report which detailed NHS Highland's position against local and national key performance indicators to end March 2022. NHS Highland remained on track to meet all Antimicrobial prescribing targets, and whilst some other targets were not being met, plans were in place to reduce the incidence of infection. A National infection prevention and control team was working with NHSH on C.diff activity, with an improving position evidenced for April 2022. It was reported there had been a rise in Pseudomonas aeruginosa, with relevant water sampling and remedial Estates Service work undertaken and overseen by the Water Safety Group. Further testing would be undertaken however there was no indication of relevant cases having been linked. There had been no incidences or outbreaks of Flu or Norovirus across the same period. During the reported period a number of Covid19 clusters and outbreaks had been reported to ARHAI Scotland. The Infection Prevention and Control team continued to work alongside Health Protection staff to continue to manage a number of individual cases, across all health and social care sectors of NHS Highland. There had also been circulated a progress update in relation to the NHSH Infection Prevention and Control Annual Work Plan 2022/2023. The report proposed the Committee take **Substantial Assurance.**

Discussion points were as follows:

- Level of Assurance. Advised level of assurance related to mitigating actions and process improvements undertaken rather than actual case number performance. Members urged this definition be applied consistently across all reporting areas. Noting the Committee sought to provide assurance to the NHS Board, it was therefore for the NHS Board to reflect on the nature and level of assurance being received.

The Committee:

- **Noted** the update on the current status of Healthcare Associated Infections (HCAI), Infection Control measures and associated governance structure in NHS Highland.
- **Noted** the update on the NHSH Infection Prevention and Control Annual Work Plan 2022/2023.
- **Agreed** to request the Board Secretary reflect on discussion relating to assurance consistency.
- **Agreed** to take **Substantial** assurance.

12 PUBLIC HEALTH UPDATE – HEALTH IMPROVEMENT ACTIVITY

T Allison spoke to the circulated report outlining the main programmes of work being developed and delivered to mitigate the impact of the Covid-19 pandemic and tackle health inequalities and giving assurance in relation to the work being undertaken. Specific updates were provided in relation to the NHSH Social Mitigation Strategy and Action Plan; Child Poverty Action Plans; Highland information Trail; Best Start Grant and Best Start Foods; Healthy Start Vitamins; Infant feeding support workers; DWP Link Worker role; welfare support in healthcare settings; Move On project; development of a Directory of Services; Highland Action poverty Network; Argyll and Bute Flexible Food Fund; living Well activity; Let's Get on with it Together (LGOWIT); Community Link Worker services; Health improvement training, Violence Against Women activity; trauma informed practice; Independent advocacy; and work with Gypsy/Traveller groups. There had also been circulated the relevant NHSH Social Mitigation Strategy and Action Plan referenced in the report. The report proposed the Committee take **Substantial Assurance.**

The following was then discussed:

- Long Term Conditions and Trend Analysis. Confirmed number of datasets available and discussed at both Highland and Argyll & Bute Partnership Governance Committees, and Public Health Performance Board.

The Committee:

- **Noted** the reported position.
- **Agreed** to provide trend analysis data to R Donkin out with meeting.
- **Agreed** to take **Substantial** Assurance.

13 SIX MONTHLY EXCEPTION REPORTS

13.1 Organ and Tissue Donation Committee

There had been circulated report providing the Committee with an update in relation to the work of the NHS Highland Organ and Tissue Donation Committee. It was reported the post of Committee Chair had been filled, there had been no missed potentials within the reporting period and the eye donation service had been re-established. The report proposed the Committee take **Moderate Assurance.**

The Committee Noted the report and **Agreed** to take **Moderate** Assurance.

13.2 Cancer Services Recovery Board

There had been circulated report providing a summary of the work of the Cancer Services Recovery Board, highlighting recent successes and improvements and in particular the emerging issues and risks regarding the safe and effective staffing of a number of key Cancer areas due to an inability to recruit or retain staff. Specific updates were provided in relation to service improvements and developments including ongoing development of a Cancer Centre Business Case; waiting time performance; and recruitment and retention activity relating to key staff roles. The report proposed the Committee take **Limited Assurance.**

Discussion related to the following:

- Committee Support. Members advised role of Committee to provide overview of position and take assurance or otherwise in relation to processes and action being implemented. Emphasised recruitment a national issue, with specialties a particular area of concern. Performance was improving but services remain fragile. Scottish Government kept up to date. Consideration of increased national and regional approaches continually under review and adopted where required. Removing unnecessary work from the system was key.
- Impact on Existing Staff. Advised actively working with colleagues on mutual aid packages. Staff working large number of additional hours and being paid accordingly however potential long-term impact was recognised. Financial resource was not the issue.
- Breast Unit. Referenced potential changes in practice. No further update provided.

The Committee Noted the content of the report and **Agreed** to take **Limited** assurance.

13 ANNUAL REPORTS

13.1 Complaints Annual Report 2021/2022

There had been circulated NHS Highland's Complaints Annual Report, as required to be submitted to Scottish Government. The Report represented a summary of the feedback received by NHS Highland from 1 April 2021 to 31 March 2022 and included description of the lessons learnt and improvements made. A summary of the approaches taken to proactively gather feedback to inform

and develop local services were also included in this report. It was noted the format of the circulated Annual Report was proscribed by Scottish Government. The report proposed the Committee take **Substantial Assurance.**

After brief discussion, the Committee Agreed to Approve the NHS Highland Complaints Annual Report 2020/2021 for onward transmission.

- **Agreed** to take **Substantial** assurance.

13.2 Duty of Candour Annual Report 2021/2022

There had been circulated NHS Highland Duty of Candour Annual Report 2021/2022, the requirement for production and publication of which had been placed on NHS Boards as part of the Health (Tobacco, Nicotine etc. and Care)(Scotland) 2016 Act. The Act provided detail of the requirements of communicating openly and honestly with patients and/or their families when Duty of Candour was declared. In the reporting period, 36 cases in Highland met the criteria for declaring organisational Duty of Candour and in the majority of cases the requirements of the relevant procedure had been partially or fully met. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Agreed to Ratify** the Duty of Candour Annual Report 2020/2021 for publication.
- **Agreed** to take **Moderate** assurance.

13.3 Highland Health and Social Care Partnership Annual Report 2021/2022

There had been circulated a Highland Health and Social Care Partnership Annual Report 2021/2022, the relevant content of which was noted. The attention of members was drawn to the number of unclosed reports relating to New Craigs, in relation to which progress was being made. It was considered there was a large degree of Datix under-reporting within NHS Highland, in relation to which a cultural change was required. It was suggested this was a matter for consideration by the Executive Director's Group. It was proposed the Committee take **Moderate Assurance.**

After discussion, the Committee:

- **Noted** the circulated Annual Report.
- **Agreed** to take **Moderate** assurance.

14 EXCELLENCE IN CARE UPDATE

There had been circulated report providing an update on the next steps for implementation of the Excellence in Care Framework and Strategy, and the Care Assurance and Improvement Resource (CAIR) dashboard, designed to display quality data across Nursing and Midwifery families. Phase 1, being taken forward in 2022/2023 would focus on People, Process and Product as outlined. Through an analysis of the existing position, the key areas of concern related to matters around the EiC Framework and the data presented on the CAIR dashboard, with the risk that the CAIR dashboard would have limited functionality whilst reliant on manual data extraction. The report proposed the Committee take **Moderate** assurance.

The Committee:

- **Noted** the direction of travel for nursing and midwifery.
- **Agreed** to support the establishment of a functioning IT platform to support data capture for the CAIR system.
- **Agreed** to take **Moderate** Assurance.

15 REVIEW OF COMMITTEE TERMS OF REFERENCE

There had been circulated the latest Committee Terms of Reference document for formal review and amendment by members. It was suggested relevant quoracy requirements include the need for a Lay Representative to be present and it was agreed this be investigated with the Board Secretary. E Woolard suggested inclusion of an NHS Board agreed definition of assurance would be beneficial for members and report authors. The Chair emphasised the importance of Officers utilising the current agreed SBAR format when providing reports to Governance Committees.

The Committee:

- **Noted** the circulated report.
- **Agreed** to raise potential Lay Representative quoracy requirements with the Board Secretary.
- **Agreed** to request the Board Secretary reflect on discussion within this CGC meeting relating to assurance consistency.

16 ANY OTHER COMPETENT BUSINESS

There was no discussion in relation to this Item.

17 REPORTING TO THE NHS BOARD

The Chair confirmed the NHS Board would be updated in relation to the following discussion areas:

- Deanery Report
- Nursing Workforce Challenges and Measures Reduce impact of These on Quality of Care and Staff Wellbeing
- Infection Prevention and Control Briefing (and process for reporting to NHS Board)

There was discussion in relation to raising the recruitment and retention issues highlighted by the Cancer Services Recovery Board update and agreed the Recovery Board was across the issues and significant progress and performance improvement had been made. The NHS Board should remain sighted on the pressures affecting all services at this time. The Clinical Governance Committee should continue to receive reports on risks highlighted by clinicians and seek to take appropriate assurance or otherwise in relation to the same.

The Committee so Noted.

18 DATES OF FUTURE MEETINGS

Members **Noted** the remaining meeting schedule for 2022 as follows:

3rd November

Members then **Ratified** the following provisional 2023 meeting schedule:

12 January
2 March
27 April
29 June
31 August
2 November

19 DATE OF NEXT MEETING

The Chair advised members the next meeting would take place on 3 November 2022 at 9.00am.

The meeting closed at 12.15pm

Item 17 (e)

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 September 2022 10.12am**

Present: Mr Alasdair Christie, NHS Board Non-Executive (Chair)
Mr Gerry O'Brien (Vice Chair)
Mr Alexander Anderson, NHS Board Non-Executive
Ms Susan Ringwood, NHS Non-Executive
Ms Gaener Rodger, NHS Board Non-Executive
Mr Stuart Sands, Lay Representative

Other Non-Executive Directors Present: Mr Boyd Robertson, NHS Highland Chair

In Attendance: Mr Iain Addison, Head of Area Accounting
Ms Heledd Cooper, Director of Finance
Ms Ruth Daly, Board Secretary
Mr David Eardley, Azets
Ms Fiona Hogg, Director of People and Culture
Ms Stephanie Hume, Azets
Mr David Park, Deputy Chief Executive
Mr Nathan Ware, Governance & Assurance Co-ordinator
Mr Stephen Chase, Committee Administrator

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

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.

2. MINUTE AND ACTION PLAN OF MEETING HELD ON 28 JUNE 2022 [*pp.1-10*]

The minute of the meeting held on 28 June 2022 was approved pending amendment of the minute and the Annual Report of the Audit Committee to show A Anderson as present.

The Committee
- **APPROVED** the amended minute of the meeting held on 28 June 2022.
- **NOTED** The Rolling Action plan.

3. MATTERS ARISING

There were no matters arising.

- The Chair commented that he felt the item on Unfilled Shifts from the previous meeting should be added to the committee's action plan following the agreement that Clinical Governance would have oversight and provide updates to the Audit Committee.

The Committee
- **AGREED** that the Internal Audit Actions on Unfilled Shifts be added to the Action Plan.

INDIVIDUAL INTERNAL AUDIT REPORTS

4.1 Progress Report [*pp.10-17*]

D Eardley noted that work was on track but that the next few months would be a relatively intense period in terms of the quantum of work to deliver reports over the remaining Audit Committees for the year.

- The Chair noted the five reports due for the March committee and requested that, where possible, work be accelerated for inclusion in the December committee to avoid any piling up of actions. The alternative would be to hold an additional meeting of the committee or an extra-long meeting.
- S Sands recommended that the Internal Audit on PMO Financial Savings might be brought forward as it would be beneficial to have this completed before work starts in earnest on the Annual Accounts.
- D Eardley noted that conversations have been had with the PMO team who have indicated that the present time may not be suitable to carry out this audit, however further discussions are to be had with management to assess the feasibility of carrying this work out sooner.
- The Chair noted that it would be worth including A Anderson in these discussions as chair of the FRP Committee.
- H Cooper commented that she would be keen to be involved in these conversations in order to address financial assurance around savings and the financial position of the organisation.
- A Anderson agreed with the above but noted a need to step back give the item some time and thought to make best use of the time of the PMO team and the Internal Audit.

The Chair requested that a paper come to the next meeting from H Cooper and Jane Gill on PMO actions for assurance on processes and evidenced paper trails.

The Committee
- **NOTED** the report, and
- **AGREED** to add a paper from H Cooper and Jane Gill on PMO to the December agenda.

4.2 Endowment Funds [*pp.18-40*]

The Chair commented that this was a good report with some achievable recommendations.

S Hume noted how the review's primary focus was on ensuring policy and procedure was adhered to. The end of the report considers planning around the new guidance from Scottish Government in terms of structure and governance of endowment funds.

- I Addison commented that it was a fair report and reflects what has been known about capacity. There is an action plan to address capacity and improve the current processes.
- David Park has taken the lead around the forward planning for the new government guidance.
- The report had gone to the Endowment Committee for information the previous day.
- It was noted that the external auditors of the Endowment Funds Committee receive copies of all papers for the Endowment Funds Committee and will note any actions of wider relevance.

- G Rodger commented that the view of the Endowment Funds Committee was that it was a good audit with few major risks flagged.
- She noted that it was felt by the committee and the Trustees that forward planning is still an issue especially in terms of securing a project manager to move endowments into the

next organisational phase, and that other boards appear to be further along in this area of forward planning.

The Chair asked I Addison to convey thanks to the staff involved in the audit on behalf of the committee.

The Committee
- **NOTED** the report.

4.3 Property Transactions Monitoring [*pp.41-50*]

D Eardley spoke to the report and noted that it is a requirement from Scottish Government that items are reviewed in line with the Property Transaction Handbook.

There were no comments on the paper and the Chair thanked Internal Audit for a good report.
- H Cooper commented that training sessions are being held by the Internal Auditors for the three Islands Audit Committee on how to maximise benefits from internal audit, and that NHS Shetland have extended the invitation out to NHS Highland.

The Committee
- **NOTED** the report.

ASSURANCE REPORTS

5.1 Annual Review of Committee Terms of Reference [*pp.51-54*]

R Daly noted the existing Terms of Reference that had been circulated.

- One minor addition was suggested to point 7.3 at that point, which states that the committee receives the minutes of the Information Assurance Group. It was suggested that reference also be made to the Resilience Committee.
- The Chair and the committee agreed to the recommendation.

- I Addison asked if a point about the Audit Committee's remit to appoint internal auditors should be added to the ToR.
- R Daly agreed to investigate this and clarify whether this responsibility lies with the Board and/or what role the Audit Committee must fulfil in this regard.
- G Rodger asked about the quorum requirement of the committee and if independent members form part of this.
- R Daly commented that the quorum relates specifically to non-executive directors and not to anybody else and that this applies to all Governance Committees.
- B Robertson asked with reference to point 6.6 what the mechanism is for updates from the IJB Audit Committee and how frequently updates are received. He commented that David Garden had been in regular contact with the Director of Finance for Argyll and Bute IJB and that there was a good working relationship but that with new personnel in both roles it would be worth regularizing and formalising this interaction.
- R Daly agreed to discuss this further with I Addison and Charlotte Craig of Argyll and Bute IJB.

The Committee
- **Accepted** the amendments and suggestions above regarding the Terms of Reference.

5.2 Renewal for Internal Audit Contract for 2023/24 onwards

- D Eardley asked the committee if it would be preferred that he and S Hume step out of the meeting for this item.
- The Chair suggested that it would be okay for both to remain in attendance but not to contribute to the item.

- I Addison noted that the contract for Internal Audit is due for renewal for 2023/24 onwards and it is required that the contract go out to tender.
- Previously, the Director of Finance and the Chair of the Audit Committee, formed a selection panel along with members of the three Island boards in order to establish Internal Auditors for each board as part of one process.
- The committee were asked to approve the process.

- G O'Brien asked if the Audit Committee has the delegated authority to approve the process.
- R Daly clarified that it is the Board which appoints the Internal Auditors unless it has delegated authority to the Audit Committee. Delegation has not been agreed for the current process and therefore it is the Board who will appoint. Any decision made by the Audit Committee in this regard would need to go before the Board for approval.

- H Cooper noted that the Code of Corporate Governance states that the Board has sign off on the appointment but that the Audit Committee should advise the Board.
- S Sands commented on the need for the decision to have independence from executive management, the Director of Finance might lead on the process but sign off ought to rest with the Chief Executive or the Chair of the Board.

The Chair confirmed that the committee agreed on the process and urged movement to the procurement stage.

The Committee
- **Agreed** the process for the appointment of Internal Auditors for NHS Highland.

6. CORPORATE GOVERNANCE – Audit Committee Annual Report

6.1 Final Annual Audit Report [*pp.53-117*]

The committee noted the Annual Report.

The Committee
- **NOTED** the report.

7. COUNTER FRAUD

A paper will come to the December meeting of the committee.

8. SIGNIFICANT ADVERSE EVENTS [*pp.118-127*]

The Chair noted that this update was in response to the Internal Audit actions and invited G Rodger, as Chair of the Clinical Governance Committee to comment.

- G Rodger commented that she had been in discussion with Mirian Morrison and it was noted that some of the timing of actions had slipped as is mentioned in the paper.

- Progress was noted and timescales have been changed to reflect progress, however it was commented that this will need further clarification in the report.
- The Chair commented that he also sits on the Clinical Governance Committee and noted the progress and direction of travel, and that as this work cuts across a number of areas, the need for the Audit Committee to follow progress.

The Committee
- **NOTED** the report.

9. RISK MANAGEMENT PROCESS [*see separate report*]

The Chair noted that he was happy to receive the report and invited comment.

- S Sands noted that he had not received the report but would follow up to the Chair and Vice Chair with any comments outwith the meeting. He commented on his desire to see quick progress in the area of risk management.

10. AUDIT SCOTLAND

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

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

The Chair noted that there was some interesting material on the website and invited members to take a look and consider if any item was worth investigating further for discussion.

11. MANAGEMENT FOLLOW UP ON OUTSTANDING AUDIT ACTIONS [*pp.128-130*]

I Addison drew the committee's attention to the outstanding management actions report and noted how these actions have varying degrees of risk associated with them.

The Chair requested a push to have the outstanding actions completed and signed off by the next meeting.

- F Hogg provided an update on the three actions around the Healing Process Internal Audit. One has now been completed (the report was sent to the Board in June), and the two outstanding actions on GDPR protocol and the Information Asset Register are expected to be complete before the next meeting.
- With regard to the Whistleblowing action, on procedure (which is one action instead of two as shown in the report), the draft report is in the process of being finalized and will be launched as part of Speak Up Week on 3rd October.
- The Workforce Plan was submitted to Scottish Government at the end of July as agreed.
- The Redeployment and Payroll actions have become part of a long-term piece of transformational work that is now underway. F Hogg suggested that these actions be moved from the list to reflect this change.
- The Chair suggested that F Hogg present a paragraph or two to the next meeting to detail these changes.

- S Ringwood acknowledged the changes made to the presentation of the report and asked that the most significant actions be flagged within the report for ease of reading and to better track progress.
- S Sands acknowledged the suggestion and noted that he had been working with I Addison on this issue. He added that some investment in time or resource would be

beneficial and could help the process of collating the information. This could free up more time to consider the severity of the risk involved in the actions and provide a fuller assurance role to the committee. He also noted that the use of the grading 'partially complete' was not a suitable category.

- The Chair noted that any action marked as 'partially complete' should have additional information or narrative provided in order to give proper assurance of the procedures in place to address the item.

- D Park noted that a lot of improvement had been made regarding outstanding actions over the last 12 months but that it was necessary to instil some more discipline in maintaining focus in between Audit Committees.
- H Cooper noted the opportunity afforded by the digital solutions like Datix to monitor audit actions and commented that there is a training module on this matter. She also asked if there was scope to include follow up capture and monitoring in the specification for the forthcoming procurement process for Internal Audits.

The committee **noted** the updates.

15. ANY OTHER COMPETENT BUSINESS

The committee **noted** the proposed dates for 2023.

7 March

2 May

27 June (Annual Accounts)

5 September

5 December

16. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 6 September 2022** at **9.00am** on a virtual basis.

The meeting closed at **09.49 am.**

Item 17 (f) i

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 20th July 2022 with attendance as noted below.
- **Note** 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)
Bert Donald (Non Exec)
Pam Dudek (Chief Executive)
Kate Dumigan, Staff side Representative

In Attendance:

Fiona Hogg, Director of People and Culture
Geraldine Collier (People Partner, A & B HSCP)
Katherine Sutton, (Chief Officer, North Highland Acute)
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement (until 12.30)
Nathan Ware, Governance & Assurance Co-Ordinator
Kevin Colclough, Head of People Planning, Analytics & Reward
Pam Cremin, Deputy Chief Officer Community Services

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed those present to the meeting and thanked them for attending.

Apologies were received from Louise Bussell, Philip Macrae, Elspeth Caithness, Heidi May, Boyd Peters and Jean Boardman. As a result of these apologies the Chair stated that the meeting was not quorate therefore no decisions could be taken however discussions could be had and items could be taken forward to the next meeting.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 11th May 2022

These could not be approved as the meeting was not quorate. There were no amendments to be made and these would be taken to the next meeting to be approved.

2.2 ACTION PLAN

An update on the progress made within the Action Plan was discussed. The Chair noted that action no 59 on the action plan, the detail in the action plan looked like it was not

aligned properly and had been moved down from another cell in the document. F Hogg explained that work was ongoing and that would be coming back to the next meeting.

The following points were proposed:

- Action 31 – Risk Management, to close the piece around adding statutory and mandatory training compliance to the Board level risk register.
- Action 37 – working on Corporate Induction, will be ready to launch by October, will be completed in September. This is linked into the Annual Delivery Plan (ADP).
- Action 53 – Data and IPQR, there is a development session in August, should be clearer about what is in the ADP and from the September meeting there will be a new style of reporting of this data
- Action 59 – Work will be done and ready for the next session
- Action 62 – Q4 report is on the agenda and ready to be closed.
- Action 63 – is on the agenda. The Learning and Development team are looking at phase 2 of courageous conversations – how to receive a courageous conversation. Work is ongoing and will be reported back at the September meeting.
- Action 65 – this will be reinstated from September meeting. Will be looking at Board level and level 2 risks that relate to people. Will be having a spotlight session on risk and this will be added to the workplan for November. This can now be closed.
- Action 67 – work is being done to help managers communicate when services change. R Fry has picked this up as part of the comms & engagement and this will be added to the update report in September.

The committee were happy with the proposed closures. These will be ratified at the next meeting

2.3 REVIEW OF COMMITTEE WORKPLAN

The Chair reminded the committee that this was a living document and was continually updated by F Hogg and herself. The dates for the workforce plan were queried and F Hogg stated that it was possible that some of the dates may have to be rearranged as feedback from Scottish Government would not be received until after the September meeting. This would take the workforce plan into November for the final published version along with the feedback.

The Committee:

- **Agreed** to take the minute to the September meeting
- **Considered** actions arising therefrom
- **Reviewed** the proposed updates to the Committee Action Plan
- **Reviewed** the Staff Governance Committee Workplan 2022 – 2023

3 MATTERS ARISING NOT ON THE AGENDA

There were no matters arising

4 SPOTLIGHT SESSION

There was no spotlight session

5 WELL INFORMED

5.1 Communications and Engagement Update

Report by Ruth Fry, Head of Communications & Engagement

Report covers end of March to end of June 2022. Moving into the new 2022/23 financial year so there are now updates to the annual action plan.

- Upskilling colleagues and providing training
- Production of guides in relation to work done to support services, social media guides and plain English guides
- Have appointed a web manager who should be in place shortly once paperwork finalised
- Working on media collaboration – this sees story sent to specific media outlets as opposed to the more general releases
- Working side by side with Muckle Media who are supporting recruitment and the National Treatment Centre (NTC).
- Working on consistent channels – ask me anything, weekly roundup, looking at creating a corporate podcast.
- Priority campaigns, some are carried over from last year including Lochaber, the Aim High, Aim Highland recruitment campaign, van livery and the outdoor campaign which involves advertising on the tube in London and on buses in Edinburgh and Glasgow which goes live next month.
- Completed the Together We Care engagement
- Completed the openings of the Badenoch & Strathspey and Broadford hospitals.

P Dudek noted the significant change that had occurred over the past couple of years with regard to how the comms team has approached their work. She acknowledged how difficult it was in the ever-changing climate and thanked R Fry and her team for all that they do. She also noted that with the Strategy and the Annual Delivery Plan (ADP) that the ability to plan for the coming 5 years would impact on the delivery of the communications also.

The Committee Noted the update

5.2 People Objectives of the Together We Care Strategy / A & B HSCP Strategic Plan Presentation by Fiona Hogg, Director of People & Culture

F Hogg explained that there was a Board Development Session the day before this meeting where the latest version of the strategy was outlined. There was still work to be done on the presentation of the strategy as there was a need to make sure that this had the correct focus and gave clarity to those reading it. The final version would be going to the Board in September.

F Hogg spoke to the draft People and Culture slides which she shared with the committee explaining that it was still being defined. The strategy for A & B HSCP was also set out clearly in the document stating what was being done jointly and what was being done separately.

- Strategy will run from 2022 until 2027
- Annual Delivery Plan (ADP) will outline in detail the annual workplan towards the strategy and measure progress made
- Simplification of some of the language used in the document in particular around “our mission” and “our vision”
- Changes from last version in the section “grow well”
- Statutory & Mandatory training woven into the strategy
- Wellbeing working group has good engagement from colleagues and is identifying ways to support both in and out of the workplace
- Health and wellbeing plan will be developed during August/September for signing off in October
- Sustainability of recruitment is a core element, making sure that NHS Highland is an employer of choice for people locally and nationally
- Workforce plans also focus on long term sustainable recruitment – apprenticeships, training, education for young people, make sure that there are opportunities for those with disabilities and who are currently excluded from work

With regard to the ADP there is a need to make sure it is outcome focused and not task focused. Work is ongoing on this document over the next few weeks before the draft is submitted to Scottish Government. There is a need to make sure the language used in the document is accessible.

There will be a transition from having a Culture Oversight Group and a Workforce Board to having a People and Culture Programme Board. Looking at how to set this up over the coming month.

Feedback from colleagues and communities have helped shaped the strategy and helped identify the areas that need the most work. P Dudek stated that the strategy still needs to be refined as it does not explain what is happening and what will be done without lots of jargon within it. It needs more refinement before it can go out to the public. The Board has agreed that this will not go out until September to allow this to be done. There has to be a careful balance between what can be achieved and what cannot be achieved so that it is not over promising services to the public. It is important to be clear to the audience of this document what is being presented and how it will be achieved.

The Chair explained that it was important to show how staff are going to be supported and cared for within the organisation and how it is important to show staff how they feed into the bigger picture. The Chair also stated it would be good to see how Argyll and Bute and North Highland all linked in together with respect of this strategy come back to the committee in the future.

The Committee is asked to: **Discuss and note the approach**

5.3 National Workforce Plan
Report by Kevin Colclough – Head of People Planning, Analytics & Reward

K Colclough explained that they are continuing to develop the workforce plan for the Board. They are working on a separate workforce plan for HSCP in Argyll & Bute. He went on to state that both workforce plans would be taken back to this committee before they were published in order the committee could see how the plans would knit into the Together We Care Strategy and A&B Strategic Plan.

- Number of engagement sessions have been held including a joint development session that was held for this committee and the Area Partnership Forum (APF) in June.
- Working through the ADP people priorities and aligning the workforce plan and the ADP.
- Publication dates is planned for 31st October, but discussions have been had with Scottish Government who are content that if this date requires to be pushed back it can be. The committee dates do not align with the publication dates at this time. Feedback will be received from Scottish Government on the drafts end August/beginning of Sept, these will be presented at APF / EDG at the end of October and then into this committe in early November.

The Committee Noted the update on progress and process for the submission of the NHS Scotland Workforce Strategy and the timescales and approach for completing the 3 year workforce plan.

5.4 Approach to Engagement – (iMatter, Listening & Learning Panel, Listening & Learning Survey, Onboarding & Exit Questionnaires)
Presentation by Fiona Hogg – Director of People & Culture

Due to restrictions on time and availability the report that was due to be presented to committee will be presented at the next committee meeting in September. There was a need to look at reports and surveys collectively to gain an idea of where things were and what needs to be addressed. Participant interaction with IMatter has dropped to under 50% and there was a need to identify how to reach the rest of the workforce and get their views and feedback.

The Chair enquired as to the Listening and Learning Panel and the feedback. F Hogg explained that the first sessions were held at the end of June. Those who did come forward to interact were from across the organisation, in terms of grade, location and role. These were preliminary sessions, and the main sessions will begin towards the end of the year. Those who did interact, and attend were very positive about this.

The Chair asked if those involved in the sessions were part of the section of colleagues that was not being addressed through the surveys. F Hogg stated that casting a wide net across the organisation allowed for a good section to be reached and this allowed further understanding of why people are not responding to other means of communication within the organisation.

P Dudek explained that in person listening and learning live sessions were initially going to be held in the next month or so but out of the 80 places that were made available only 10 people chose to interact, and this is something to look at in order to understand why colleagues shied away from this. There was a need to look at how interactions were presented, in order to understand the views of those working within the organisation. It was therefore vital that the visibility of managers and heads of departments were looked at because there was a need for them to be visible and available to colleagues.

K Sutton suggested that a Listening and Learning Panel with middle managers may be the way forward in order to understand any issues that are affecting middle management in being visible and available for colleagues. The Chair suggested that the PDP process could be used to also and perhaps is a tool that managers can use to interact at a deeper level with colleagues. P Dudek stated that whilst surveys have their place it is important that managers are supported in managing colleagues and that the tools that are available are used more often and appreciated that whilst this is an ongoing challenge there is now a

strategy that is there and it requires to be used the best way possible, this was the way to address the culture that needs to be changed within the organisation.

It was noted that the ways of working, and interacting have changed since the pandemic, and this change must be accepted and worked with going forward. It is important that support is in place as the changes are adapted to.

F Hogg stated that more information on how this was to be moved forward and how to improve the colleague experience would be brought back to committee in September.

The Committee **Noted** the update

Break 11.40 – 11.50

6 APPROPRIATELY TRAINED AND DEVELOPED

6.1 Statutory and Mandatory Audit & Root Cause outcome and plan Update by Fiona Hogg, Director of People & Culture

F Hogg explained that the objectives and priorities had been restructured within the strategy to make sure that Statutory and Mandatory Training was fully embedded in the ADP.

- Training and communication is ongoing to make sure that staff and managers can log into online learning and navigate it more easily.
- Reporting data is now more easily accessed, more reporting training sessions have been held.
- We have now increased the resource within the face-to-face training team for violence and aggression and moving and handling. These posts are now out to recruitment.

Now that this has been worked into the Together We Care Strategy how this is set up can be looked at more closely. Progress will be reported through the People and Culture Programme Board which will look at the actions and how they are being delivered. This will now become part of the reporting against the ADP and this committee to make sure that this is kept on track and continued to be monitored.

A huge part of the Statutory and Mandatory training is around performance appraisal and PDP's as well as learning and development and there is a separate intention within the strategy to take this forward too.

The Chair asked for an update of timescales involved in the process and asked what would be expected by September. F Hogg stated that by September the details will be more in-depth and identify the various steps that required to be taken would be clearly identified and this would hopefully be more visible by then.

Discussions were held around the need to make sure that colleagues understood the personal responsibilities that came with Statutory and Mandatory training and for steps to be in place to help them understand this. Identifying and removing any blocks that are still there in relation to supporting both managers and colleagues in this are also part of this work. Discussions were had around the cultural change that needed to be implemented with regard to training and clear communication organisational wide that mandatory and statutory training had to be completed, it was not optional.

The Committee **noted the update**

7 INVOLVED IN DECISIONS

7.1 Area Partnership Forum update of meeting held on 24 June 2022

There were no minutes available to be discussed at this time. These would be presented at the next committee meeting.

8 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

8.1 Culture Oversight Group verbal report from the meeting held on the 20th June 2022

F Hogg explained that this was not a formal meeting, it was to discuss the independent review panel reports. Communications had been sent out to all colleagues in the form of a Vlog to explain what was in the papers, internal communications were sent out via the weekly update also. There will be another meeting held in August and this will be to talk about the transition from the Cultural Oversight Group and the Workforce Board to the People and Culture Programme Board from September.

It is envisaged that this committee will then receive updates of discussions had at said People and Culture Programme Board. This group will discuss the people and culture elements of the strategy and the ADP.

The Committee noted that the meeting took place

9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY

9.1 Minutes and assurance report from Health and Safety Committee 7th June 2022

There were no minutes available at this time, these would be presented at the next committee meeting.

9.2 Whistleblowing update (Q4)
Report from Fiona Hogg, Director of People & Culture

F Hogg explained that this report went to the Board in May as, due to time constraints, it had missed the APF and this committee meeting. At the September meeting the committee will receive the Q1 report and the annual report.

B Donald explained the contact that staff had had with him in respect of whistleblowing on his visits with staff. He explained that many staff, once his visits were announced, asked to speak with him privately. Whilst many of the conversations did not meet the criteria for whistleblowing, they were still identifying culture as an issue. He went on to explain that the correct culture is required to be in place to allow staff to feel safe to highlight issues and step forward.

Discussions were had around the need to listen to staff and how to accurately monitor feedback from staff in relation to culture. It had been arranged for staff side and management to have a session looking at what else can be done to address the issue of culture within the organisation and how to reach staff at a deeper level. This had been arranged for 3 August.

The Committee **noted** the report.

9.3 Audit Reports for Noting
Report from Fiona Hogg, Director of People & Culture

Two audit reports had a red finding within them and therefore had been referred to this committee for noting, following presentation at the Audit Committee. One was in relation to staff accommodation and the other was in relation to home working to the unfilled shift audit report. There are very clear actions within the accommodation audit report that require to be actioned by the estates team. This is also part of the strategy. The home working process is also under review as it was a response to the pandemic but now it is being look at in a different way and there is a need to understand how home working could be offered and managed on a more permanent basis. There is a national agile home working policy that is being created that sets out terms and conditions of a permanent home working arrangement.

There was also a report to the audit committee which looked at the position with regard to the level of unfilled shifts, this was not a formal audit but the findings required to be highlighted to the committee, so this was also included in the papers. However, because the report had not been discussed or engaged with senior leadership, there had not been time to properly engage and validate the findings or to provide joined up management actions.

B Donald explained that reports are very important to understand what is going on within the organisation. He went on to explain that the unfilled shifts analysis has highlighted the red flags in relation to staffing issues and safety. He asked what was being done to address the numbers of staff being permitted to have leave at the same time being exceeded and how this would be managed going forward as this would affect patient safety.

F Hogg stated that there were already actions agreed to address this and explained that the analysis did not included workforce planning or professional leadership, it did not look at wider solutions. This would now be addressed in a broader view, looking at workforce challenges and how to address the staff shortages identified which is already on our Corporate Risk Register.

The Chair stated that the workplan should be updated to reflect this conversation in order to remain on track. P Dudek stated that the report would be discussed at EDG and that there was context missing that should have been supplied prior coming to this committee.

P Dudek and her team would be looking at why this report was take to the Audit committee without the appropriate context and additional information also supplied.

The Committee **noted** the findings as set out in the attached Homeworking and Accommodation audits and **noted** the findings of the unfulfilled Shift report.

10 AOCB

There was no further business discussed.

11 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 7th September **at 10.00 am** on **MS Teams**.

The meeting closed at 12.40pm

Item 17 (f) ii

STAFF GOVERNANCE COMMITTEE
Report by Sarah Compton-Bishop, Committee Chair

The Board is asked to:

- **Note** that the Staff Governance Committee met on Wednesday 7th September 2022 with attendance as noted below.
- **Note** 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, (Staffside)

In Attendance:

Fiona Hogg, Director of People and Culture
Gaye Boyd, (Deputy Director of People)
Bob Summers, (Head of OHS) from 10.20am
David Park, (Deputy Chief Executive)
Katherine Sutton, (Chief Office, Acute)
Ruth Daly, (Board Secretary)
Karen Doonan, Committee Administrator
Ruth Fry, Head of Communications and Engagement
Louise Bussell, Interim Chief Officer, Community
Nathan Ware, Governance & Assurance Co-Ordinator

Iain Ross, (Head of e-Health) – Item 4
Helen Freeman, (Director of Medical Education) – Item 9.3

1 WELCOME, APOLOGIES, AND DECLARATIONS OF INTEREST

The Chair welcomed everyone to the meeting. Apologies were received from, Pamela Dudek, Tim Allison, Philip Macrae, Heidi May, Fiona Davies, Catriona Dreghorn and Heledd Cooper.

There were no declarations of interest.

2 ASSURANCE REPORTS & COMMITTEE ADMINISTRATION

2.1 MINUTES OF MEETING HELD ON 11th May 2022 and 20th July 2022

The Minutes of the Meetings held on 11th May 2022 & 20th July 2022 were **Approved** and agreed as an accurate record.

2.2 ACTION PLAN

F Hogg went through the action plan and advised there were a number of actions they are looking to close:

The following points were discussed:

- **Action 45** – Statutory/Mandatory training is now included in Risk Register updates and forming part of the strategy work.
- **Action 63** – It was agreed this would be closed as it is on the Agenda for this meeting as noted.
- **Action 64** – Discussions are ongoing on how the second part of Courageous Conversation training will be delivered.
- **Action 65** – It was agreed this would be closed as it is on the Agenda for this meeting as noted.
- **Action 68** – Minutes were taken back to quorate meeting for approval.
- **Action 69** – Item can be closed as risk report is on the agenda and workplan.
- **Action 70** – Item can be closed as final version due to come back in November.
- **Action 73** – Minutes for APF were taken back to quorate meeting for approval, it was noted that the dates for future APF meetings have been adjusted to ensure the minutes are ready in time for assurance at Staff Governance.
- **Action 74** – H&S minutes for 7th June now included in today's meeting.

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

2.3 REVIEW OF COMMITTEE WORKPLAN

F Hogg mentioned that the draft Annual Whistleblowing Report was available and would be discussed in item 9.2 however the Whistleblowing Quarter 1 report wasn't yet available for noting so will be brought to the November meeting.

The Committee:

- **Approved** the minutes of the meetings held on 11th May 2022 & 20th July 2022
- **Considered** actions arising therefrom
- **Reviewed and Agreed** to the proposed updates to the Committee Action Plan
- **Reviewed** the Staff Governance Committee Workplan 2022 – 2023

3 MATTERS ARISING NOT ON THE AGENDA

3.1 Review of Committee Terms Of Reference

F Hogg provided an update on the changes proposed.

The following points were discussed:

- Three Staff Side representatives would be included within the membership rather than two.
- The following Exec Directors would be added: Director of Finance, Director of Adult Social Care & Director of Estates, Facilities and Capital Planning.
- Slight changes to wording to fit in with the Together we Care Strategy & Annual Delivery Plan, as well as the A&B HSCP Strategic Plan.
- Removal of annual self-assessment under 5.1 as it is noted in section 5.2

- R Daly will check 5.5 in relation to 'Developing Best Value Arrangements' and come back with an update on whether it can be removed or to clarify what the requirement on the committee is.
- S Compton-Bishop asked that there was reference to A&B's 3 year Strategic Plan and Workforce Plan.
- R Daly confirmed that the quoracy of the committee was based on 3 Non Executive Directors being in attendance.

The Committee **Reviewed** & **Approved** the changes to the Terms of Reference.

4 SPOTLIGHT SESSION

eHealth – Iain Ross, Head of eHealth.

I Ross spoke to the presentation provided to the committee outlining how the E-Health function is meeting the core elements of the Staff Governance Standards and it's key workforce challenges.

During discussions it was noted:

- The structure of eHealth was in the process of changing with a number of new posts being created; there is currently an advert out for Deputy Head of eHealth.
- The team provide a range of services across all areas of NHS Highland which includes the Argyll & Bute locality.
- There are currently 129 colleagues split in to 17 teams.
- Two Modern Apprenticeships were successfully completed in 2022 and remained with NHS Highland at the end of their fixed term contract
- In future it is likely there will be a move to more contract management tasks with the process of moving to the 'cloud'
- F Hogg explained that work is currently underway to expand on the Modern Apprenticeship Scheme so that in the near future NHS Highland is one of the first choices for young people aged 16+ to consider a career.
- F Hogg & E Caithness advised that the conditions noted around some of the eHealth working conditions and space needed urgent review as it wasn't fulfilling our duties as an employer.
- D Park commented on the accommodation concerns raised and agreed that whilst work has been ongoing with the Estates team it hasn't happened as quickly as they would like so will push this forward.

5 WELL INFORMED

5.1 Communications and Engagement Update

R Fry spoke to the circulated Communications and Engagement report proposing **moderate assurance**.

R Fry noted that progress has been made against the action plan and we are in the second year of the three year Communications and Engagement Strategy and have now mapped that against the Annual Delivery Plan (ADP) to ensure the actions are lined up to NHS Highland's overall ADP.

In discussion the following comments and questions were covered:

- The report remains at the moderate assurance level as the team have been relying on some extra fixed term support in addition to the permanent colleagues but hoping to firm up the requirements for the team based on the ongoing workload.
- The Spring round of COVID vaccination has now completed and work has begun on the Autumn/Winter plan and notifications are going out to eligible patients.
- The Engagement Framework is ready to be delivered to Committee's
- Regular work is being done with local radio and monthly columns in three local papers with work being completed around more targeted promotion.
- Readership of the Weekly roundup has remained steady throughout the summer with a view to increase this during Autumn/Winter.
- Web Manager is now in post and work is ongoing to migrate the current content onto the new website, some anecdotal evidence of easing recruitment challenges was evident with this post as initially there were no applications, however when the advert was updated to encourage hybrid working the applications increased significantly.
- Some Argyll & Bute colleagues have shown interest in our recruitment campaigns being undertaken within North Highland and would like to try some of these approaches to bridging the recruitment gap.
- Right Care, Right Place strategy is ongoing to help people think where the most appropriate area might be to seek treatment/assistance and we've started to receive some data back to determine uptake.
- It was confirmed there have been some open forum, café style sessions around the Mental Health Strategy whilst looping in the Learning Disability service which has been well received.
- The first Listening & Learning panel took place, but it was important that it wasn't purely digital based going forward as some colleagues prefer the more personal face to face approach; around 1500 colleagues were approached and a random selection responded across a wide part of the organisation.
- The outdoor advertising project has been successful but some work is needed to determine if there have been more applications per post on average or if the increase in applications has been down to more posts being advertised as well as understanding the quality of recruitment that it delivers;

The Committee **Noted** the update and **agreed** to accept **Moderate assurance**.

5.2 Approach to measuring Colleague Engagement and Experience

F Hogg spoke to the circulated presentation outlining how the People and Culture programme board will oversee the activity around colleague engagement and experience.

In discussion the following comments were made:

- Some of the core pieces of work focus around the 'Listen Well' outcome of our Strategy which states leaders will be visible and engaged within the wider organisation, listening to, hearing and learning from experiences and views shared.
- Working in partnership to transform our attraction, recruitment and onboarding approach to develop our engagement with the local population.
- Our next Listening & Learning survey will take place in January/February 2023.

- We'll be launching our Onboarding & Exit Survey process in mid-October to help gather data on how colleagues are experiencing us as an Employer to subsequently use that data to improve things moving forward.
- IMatter will now run in June each year from 2023.
- Work has started on the possibility of having a single "customer service and mangement" platform to support colleagues across NHS Highland, the People function are currently looking at the Service Now platform.
- Another route to help identifyand address some of the hot topics affecting colleagues in NHS Highland is the relaunch of our Local Partnership Forums which engages with a different layer of the organisation at a grassroots level.
- The People & Culture Programme Board will oversee all People elements of oversight of the Strategy and ADP and Workforce Plan.
- Data and insights for this are the first part for our reporting to Staff Governance Committee and the Board which will involve having an initial dashboard which will be discussed in our next development session.
- It was mentioned that the Corporate Induction process is very important to get new colleagues set up correctly and to give them the tools they need to grow and develop and this is an ongoing piece of work for the team.
- The Civility Saves Lives work has formed a major part of our overall Strategy as we feel it's important to be able to resolve issues at a local level rather than it having to escalate to senior levels.
- F Hogg clarified that whilst we will garner a large amount of data with the aligned Strategy format, it will be important to challenge ourselves with prioritisation and become really focused on what the key outcomes are and what data will best help us understand where we are in relation to these outcomes.

F Hogg confirmed that this item will come back to the committee in the January 2023 meeting.

The Committee **Noted** the update.

6 APPROPRIATELY TRAINED AND DEVELOPED

There were no items for discussion.

7 INVOLVED IN DECISIONS

7.1 Area Partnership Forum minutes of meeting held on 24th June 2022.

It was noted that the minutes for the meeting on 26th August 2022 were not available at this time and will be brought to the next meeting.

The Committee **Approved** the minutes of the meeting on 24th June 2022.

7.2 Update on Staff Governance Standard Monitoring for 2021/22

G Boyd spoke to the circulated report.

During discussions the below comments were made:

- We need additional management representatives to participate in this work.
- There have been some nominees but we've gone out for some more.
- The item will be brought back to the November Staff Governance Meeting via APF for approval in time for the response to Scottish Government.
- .

The Committee **Noted** the update on this item.

7.3 Update on Partnership Working and Facility Time

S Compton-Bishop took the paper as read by the committee and suggested that the committee couldn't currently take moderate assurance and proposed that limited assurance was taken.

During discussions it was noted:

- The Facility Time process and discussions have been a challenge but a process has been agreed and work is ongoing to move this forward with a view to begin using the new process at the start of October 2022.
- The level of assurance wasn't originally proposed as the item went through APF however it is being revisited regularly and the process involved is challenging so it will come back to the committee for regular review and assurance.
- E Caithness reassured the committee that this piece of work will unearth some significantly complex issues but it's important that we get it right first time as we have been struggling with this for quite some time but ultimately the work is being completed and regular updates will be provided as it progresses through the Local Partnership Forums to ensure there is a high level of scrutiny.

The Committee **Noted** the update and after further discussion and clarity **Agreed** to accept **Moderate Assurance** on this item.

8 TREATED FAIRLY AND CONSISTENTLY, WITH DIGNITY AND RESPECT, IN AN ENVIRONMENT WHERE DIVERSITY IS VALUED

8.1 Culture Oversight Group

F Hogg provided a verbal update from meeting held on 15th August 2022 was provided.

This has been paused as it will be an area picked up by the People & Culture Programme Board which will look at all the Strategic aims in line with Together We Care & our ADP.

The Committee is asked to note that meeting took place to update on progress with the People and Culture elements of the strategy, ADP and Workforce plan.

8.2 Guardian Service Annual Report

F Hogg spoke to the circulated report, in discussions the below comments were made:

- NHS Highland are the only Board utilising this method of collating data around the problems and concerns being experienced by colleagues.
- Having an additional space for colleagues to discuss these concerns is positive for the overall organisational culture moving forward as we get the opportunity to try and fix some of these issues before they become larger more difficult cases.
- The report itself will be shared with the Senior Leadership Team and EDG as it provides a wealth of knowledge and data to help drive our aim of transparency and openness.
- It was confirmed that whilst there is an annual report, the Guardians also provide a monthly and quarterly report for review which may be helpful for the Committee to see, potentially on a quarterly basis to help track improvements etc.

The Committee **Noted** the update on this item.

9 PROVIDED WITH A CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT, PROMOTING THE HEALTH AND WELLBEING OF STAFF, PATIENTS AND THE WIDER COMMUNITY

9.1 Minutes of the Health and Safety Committee on 7th June 2022

It was noted that the meeting frequency had changed to quarterly.

The circulated minutes were **Approved**

The Committee **Approved** the minutes of the meeting on 7th June 2022

9.2 Whistleblowing Annual Report

F Hogg spoke to the circulated presentation which was a draft of the Annual report.

During discussion it was noted:

- The format has been decided as a PowerPoint presentation to enable this to become more of an engagement piece as there are already detailed quarterly word reports . The format is more engaging and helps to identify where we've made improvements and what key areas need further work.
- A summarised version of the report itself will also be produced to give a high level overview of Whistleblowing across the organisation and there will be some infographics to convey the data more concisely.
- It was noted that we also need to reference the Argyll & Bute Strategy in the context and this was agreed.
- The report/presentation could utilise bullet points more in order to trim down the amount of words used but still convey the information that's needed.
- The case studies included were extremely useful and were an example of what types of information could remain when considering what to remove in the final version.

The Committee **Reviewed** the presentation and **Noted** the draft report

9.3 Risk Review including Corporate Risks and Level 2 Risk Registers

F Hogg & H Freeman spoke to the circulated report.

It was noted that as the Together We Care Strategy, ADP and our Workforce Plan are being finalised, we will be updating our Strategic Risks and ensuring that they reflect the key challenges we face and the specific actions which are taking to address them so that there are no gaps. We will also review the level of the risks to ensure they remain appropriate.

Limited Assurance was being provided based on the need to review and update the Strategic Risks in line with our Strategy Programme and a lack of new actions to mitigate risks whilst working through this.

During discussions the following comments were made:

- Our foundation and other medical trainee colleagues in Lorn & Islands Hospital are no longer working night shifts as a key risk was the lack of senior clinicians available during these hours to provide supervision as they must have someone with them at all times.
- The Deanery visit identified we weren't meeting agreed supervisory and support requirements across a number of standards for the Oban trainees, due to the lack of supervisors available, this was also identified at a local level prior to this visit.
- We had already developed a local action plan to address these issues which had been escalated through the IJB and we now have a number of SMART objectives in place and report regularly to the Deanery.
- Key progress has been made in the recruitment of additional colleagues and been able to change the rotas with this increase.

- It was noted that our approach to recruitment should also take a risk based approach, particularly around consultant and nursing recruitment especially utilising a holistic approach than focusing on just one area.

A further update will be brought to the November meeting.

S Compton-Bishop confirmed that some time in the October Development Session will be utilised to cover some of the other risk content within this item due to time constraints in today's meeting.

The Committee **Reviewed** the report, **Noted** the progress made and took **Limited Assurance** in relation to the issues in Oban.

However it was noted that:

- The wider risk registers would be reviewed in further detail at the next Development Session and onward to EDG before coming back to the committee for assurance.
- The risks toward Statutory/Mandatory training would also be taken to EDG for review and subsequently come back to the Staff Governance Committee.
- Any additional notes on risk should be sent to F Hogg for review at the next Development Session in October.

10 AOCB

There was no further business discussed.

11 Date of NEXT MEETING

The next meeting of the Committee will take place on Wednesday 9th November **at 10.00 am** on **MS Teams**.

11.1 Proposed dates for 2023

9 Nov 22
11 Jan 23
8 March 23
10 May 23
28 June 23
6 Sept 23
8 Nov 23

The meeting closed

MINUTES of MEETING of ARGYLL AND BUTE HSCP INTEGRATION JOINT BOARD (IJB) held in the BY MICROSOFT TEAMS on WEDNESDAY, 24 AUGUST 2022

Present: Sarah Compton-Bishop, NHS Highland Non-Executive Board Member (Chair)
Councillor Amanda Hampsey, Argyll and Bute Council (Vice Chair)
Councillor Kieron Green, Argyll and Bute Council
Councillor Dougie Philand, Argyll and Bute Council
Jean Boardman, NHS Highland Non-Executive Board Member
Graham Bell, NHS Highland Non-Executive Board Member
Susan Ringwood, NHS Highland Non-Executive Board Member

Attending: Fiona Davies, Chief Officer, Argyll and Bute HSCP
Fiona Broderick, Staffside Lead, Argyll and Bute HSCP (Health)
Linda Currie, Lead AHP, NHS Highland
James Gow, Head of Finance and Transformation, Argyll and Bute HSCP
Elizabeth Higgins, Lead Nurse, NHS Highland
Kenny Mathieson, Public Representative
Julie Hodges, Independent Sector Representative
Alison McGrory, Interim Associate Director of Public Health, Argyll and Bute HSCP
Kevin McIntosh, Staffside Lead, Argyll and Bute HSCP (Council)
Betty Rhodick, Public Representative
Kirstie Reid, Carers Representative, NHS Highland
Takki Sulaiman, Chief Executive, Argyll and Bute Third Sector Interface
John Stevens, Carers Representative, NHS Highland
Fiona Thomson, Lead Pharmacist, NHS Highland
Evan Beswick, Head of Primary Care, Argyll and Bute HSCP
Caroline Cherry, Head of Adult Services, Argyll and Bute HSCP
Charlotte Craig, Business Improvement Manager, Argyll and Bute HSCP
Lorna Jordan, Principal Accountant, Argyll and Bute Council
Geraldine Collier, HR People Partner, Argyll and Bute HSCP
Hazel MacInnes, Committee Services Officer, Argyll and Bute Council
David Ritchie, Communications Manager, Argyll and Bute HSCP
Jillian Torrens, Head of Adult Services, Argyll and Bute HSCP
Stephen Whiston, Head of Strategic Planning and Performance, HSCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gary Mulvaney, David Gibson, Dr Rebecca Helliwell, Margaret McGowan and Angus MacTaggart.

2. DECLARATIONS OF INTEREST

There were no declarations of interest intimated.

3. MINUTES

The Minutes of the meeting of the Argyll and Bute Integration Joint Board held on 25 May 2022 were approved as a correct record.

4. MINUTES OF COMMITTEES

(a) **Finance and Policy Committee held on 27 May 2022**

The Minutes of the meeting of the Finance and Policy Committee held on 27 May 2022 were noted.

(b) **Strategic Planning Group held on 9 June 2022**

The Minutes of the meeting of the Strategic Planning Group held on 9 June 2022 were noted.

(c) **Audit and Risk Committee held on 28 June 2022**

The Minutes of the meeting of the Audit and Risk Committee held on 28 June 2022 were noted.

(d) **Finance and Policy Committee held on 5 August 2022**

The Minutes of the meeting of the Finance and Policy Committee held on 5 August 2022 were noted.

5. CHIEF OFFICER REPORT

The Board gave consideration to a new format of Chief Officer report which had been updated to fully reflect the wide range of activity taking place both in Argyll & Bute and nationally. The report highlighted the formal launch of the Strategic Plan; Ministerial thanks for the work undertaken by staff every day; and a report back from the NHS Scotland Event that had taken place from 21-22 June 2022 in Aberdeen. It also included updates under the headings HSCP Updates; Change to Senior Management Responsibilities within Adult Care; Service Updates; Operational Challenges; National Updates; Good News and New Colleagues.

The Chief Officer welcomed Alison McGrory to her new role as Interim Associate Director of Public Health.

Decision

The Integration Joint Board noted the report from the Chief Officer.

(Reference: Report by Chief Officer dated 24 August 2022, submitted)

6. NATIONAL CARE SERVICE (SCOTLAND) BILL

The Board gave consideration to a report providing information on the National Care Service (Scotland) Bill which had been introduced on 20 June 2022. The report advised that the Bill was currently at Stage 1 which allowed the Scottish Parliament to debate and consult publicly on the general principles of the Bill.

The Chief Officer advised verbally that following publication of the report a call to respond had been received from the Parliamentary Committee.

Decision

The Integration Joint Board –

1. Noted the proposed Bill and timeline.

2. Noted the formation of an operational working group.

(Reference: Report by Chief Officer dated 24 August 2022, submitted)

7. PUBLIC HEALTH UPDATE

The Board gave consideration to a report outlining Public Health activity in relation to Covid-19 prevalence in Scotland. The report also included details on new legislation for smoke free hospital grounds, and deaths statistics related to alcohol, drugs and suicide.

Decision

The Integration Joint Board noted –

1. The latest Covid-19 issues, in terms of:
    - Distribution of infection rates
    - The success of the Covid-19 testing programmes
    - The autumn vaccination programme

2. The new legislation on smoke free hospital grounds.

3. The latest statistics on deaths related to suicide, alcohol and drugs and work being undertaken.

(Reference: Report by Interim Associate Director of Public Health dated 24 August 2022, submitted)

8. PRIMARY CARE MODERNISATION PLAN UPDATE

The Board gave consideration to a report providing a high level summary noting the progress of the Primary Care Modernisation Plan. The report noted the internal governance, progress in key areas and management of risk in the current operating environment. The report reflected the focus of delivery of the General Medical Services Contract in Scotland 2018 in line with the needs of a diversely populated urban, remote and island area with a range of needs.

Decision

The Integration Joint Board noted progress in the delivery of the Primary Care Modernisation Plan.

(Reference: Report by Head of Primary Care dated 24 August 2022, submitted)

9. STAFF GOVERNANCE REPORT FOR FINANCIAL QUARTER 1 (2022/23)

The Board gave consideration to a report on staff governance covering financial quarter 1 (April – June 2022) and highlighting the activities of Human Resources and Organisational Development Teams.

The People Partner advised verbally that the June figure had been omitted from paragraph 3.3.8 of the submitted report and should have read 5.6%, which was higher than anticipated.

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 may be of interest or concern.

3. Endorsed the overall direction of travel, including future topics that they would like further information on.

(Reference: Report by HR People Partner dated 24 August 2022, submitted)

10. INTEGRATION JOINT BOARD - PERFORMANCE REPORT

The Board gave consideration to a report detailing performance for August 2022 with regards to the Health and Social Care Partnership and NHS Highland.

Decision

The Integration Joint Board –

1. Acknowledged the introduction of new Key Performance Indicators to improve long waiting times across Scotland and the move away from previous Remobilisation performance reporting.

2. Acknowledged Long Waiting Time Performance (over 26 weeks) with regards to the New Outpatient Waiting List by main speciality.

3. Noted the Integrated Performance Management Framework- progress update.

4. Acknowledged the Treatment Time Guarantee (TTG) performance with regards to the Inpatient/Day Case Waiting List.

(Reference: Report by Head of Strategic Planning Performance and Technology dated 24 August 2022, submitted)

11. FINANCE

(a) Budget Monitoring - 3 months to 30 June 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 June 2022 and which provided an early forecast for the year.

Decision

The Integration Joint Board –

1. Noted that the transition to a new ledger system within the Council had had an impact on the Quarter 1 financial reporting as transaction processing had been prioritised.

2. Noted that the current position was a small overspend in respect of NHS budgets.

3. Noted that there was a small forecast revenue overspend of £346k as at 30 June 2021 and that it was anticipated that the HSCP would operate within budget in the current year.

4. Noted the summary of financial risks.

5. Noted progress with the savings programme and confirmation of £3.5m in savings delivered, 42% of target.

6. Noted that earmarked reserves of £2.6m had been committed to date for spend in 2022/23.

(Reference: Report by Head of Finance and Transformation dated 24 August 2022, submitted)

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

The Board gave consideration to a report providing the current medium term financial plan for the Health and Social Care Partnership covering 2023/24 to 2025/26. The report provided the basis for detailed financial planning and would be used to inform the savings target for 2023/24.

Decision

The Integration Joint Board –

1. Noted the draft Financial Plan and budget outlook for 2023-24 to 2025-26.

2. Noted the risks and uncertainties regarding the Financial Plan.

3. Noted the forecast budget gap and endorsed the proposal that the HSCP seeks to develop a Value for Money and Savings Strategy aimed at addressing the budget gap.

(Reference: Report by Head of Finance and Transformation dated 24 August 2022, submitted)

12. ARGYLL AND BUTE HSCP COMMITTEES ANNUAL REPORTS 2021/22

(a) **Audit and Risk Committee Annual Report 2021-22**

A report providing a summary of the work of the Audit and Risk Committee during 2021/22, the auditors and an evaluation by the Chair, was before the Board for noting.

Decision

The Integration Joint Board noted the annual report.

(Reference: Report by Chair of the Audit and Risk Committee dated 24 August 2022, submitted)

(b) **Clinical and Care Governance Committee Annual Report 2021-22**

A report providing a summary of the work of the Clinical and Care Governance Committee during 2021/22 was before the Board for noting.

Decision

The Integration Joint Board noted the annual report.

(Reference: Report by Chair of the Clinical and Care Governance Committee dated 24 August 2022, submitted)

(c) **Finance and Policy Committee Annual Report 2021-22**

A report providing a summary of the work of the Finance and Policy Committee during 2021/22 was before the Board for noting.

Decision

The Integration Joint Board noted the annual report.

(Reference: Report by Chair of the Audit and Risk Committee dated 24 August 2022, submitted)

13. DATE OF NEXT MEETING

The date of the next meeting was noted as Wednesday 21 September 2022.

NHS Highland

Meeting:	**NHS HIGHLAND BOARD MEETING**
Meeting date:	**27 SEPTEMBER 2022**
Title:	**NHS HIGHLAND STRATEGY "TOGETHER WE CARE, WITH YOU, FOR YOU"**
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
- ▶ DECISION

This report relates to a:

- NHS Highland Board Strategy and Forward Plans

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

- All

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence • Improving health • Keeping you safe • Innovating our care	X	**Partners in Care** • Working in partnership • Listening and responding • Communicating well	X
A Great Place to Work • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing	X	**Safe and Sustainable** • Protecting our environment • In control • Well run	X
Other (please explain below)		All of above	X

2 Report summary

This strategy "Together We Care, with you, for you" describes a positive and ambitious plan for NHS Highland over the next five years that, as we deliver it, will improve our health and care services for our population, people and partners. It does not propose a radical change of direction but a re-emphasis on the elements that are pivotal to health and social care as directed by our engagement and consultation. It also includes a description of the core elements of how we intend to deliver it, and encompasses our golden threads, through perform and progress well.

We will first and foremost address the many challenges of Covid, build on the principles of clinical leadership, willingness to change and system working that were the hallmarks of our success in dealing with the worst phases of the pandemic. This will be planned and implemented through the annual delivery plan which is presented alongside the strategy to give assurance.

This strategy is not derived from an organisation perspective but is firmly anchored in our population and people and puts them at its heart. The strategy is fully cognisant of the role and responsibilities of the lead agency in North Highland and the IJB in Argyll & Bute and we have included the Argyll & Bute strategic plan and context within it.

The Board is asked to approve the strategy to set the direction for NHS Highland for the next 5 years.

2.1 Situation

NHS Highland approved a direction to develop a 5 year strategy at the November 2021 Board meeting. NHS Highland has had progress updates at all Board meetings since commencement to ensure all Board members were aligned to the approach. Today it is presented as a final draft for approval.

2.2 Background

The NHS Highland Board committed to the development of a strategy to help shape the future and frame the mission, vision and values of NHS Highland. It was agreed that a sound strategy and delivery plan would help support the clinical, financial and operational sustainability of the services that we provide for our population. It was pivotal that it was a realistic set of objectives and ambitions to shape different future models of health and care for our communities through an integrated approach.

During the engagement phase, we delivered on the "engagement menu" approved previously at Board carrying out online engagement sessions, managers' training sessions, partner sessions, questionnaires, email feedback, facebook advertising, press advertising and a radio interview. 500 community groups were contacted during this phase inviting them to engage through our Communications and Engagement contact database. Protected characteristic groups were particularly targeted to ensure we met all legal duties through the principles of the EQIA process. Post it boards were also placed in locations to get engagement from those who might not have direct access to the internet. This resulted in over 1700 responses which were analysed and reported.

During the consultation phase, EDG members delivered online or face to face consultation sessions aligned to their Community Planning Partnership area. A similar approach to the "engagement menu" above was also taken to ensure widespread consultation through the consultation pack produced.

All NHS Highland Governance Committees and a number of the Professional Committees were engaged and consulted again to ensure alignment and gain direction on the output.

The data from our engagement was used to draft our 3 strategic objectives and our 16 ambitions were derived from it. This covers the full spectrum of the health and care services we deliver and how we should work with our partners in the future. Quotes from our population and people have also been used to signify their importance in terms of our future and will be directly embedded in the strategy where they relate.

A process of understanding alignment to Scottish Government policies and quality standards has also ensured that we have a fully comprehensive approach.

A brief summary of the agreed strategic objectives and ambitions are set out below.

Strategic Objective 1: Our Population

Deliver the best possible health and care outcomes for our population

Ambition 1: Start Well	Focusing on pre-pregnancy and empowering families
Ambition 2: Thrive Well	Working in partnership building early years services
Ambition 3: Stay Well	Considering ill health prevention and social prescribing
Ambition 4: Anchor Well	Reducing barriers and working as equal partners

Strategic Objective 2: Our People

Making this a great place to work for our people

Ambition 5: Grow Well	Ensuring everyone is valued, respected and has an appraisal
Ambition 6: Listen Well	Working with our colleagues to shape our future
Ambition 7: Nurture Well	Supporting our colleagues physical, mental health and wellbeing
Ambition 8: Plan Well	Creating a sustainable pipeline and making us the employer of choice

Strategic Objective 3: In Partnership

Working through partnership to transform and integrate health and care

Ambition 9: Care Well	Working in an integrated way without boundaries
Ambition 10: Live Well	Ensuring physical and mental health are on an equal footing
Ambition 11: Respond Well	Treating efficiently and embedding a home is best approach
Ambition 12: Treat Well	Person centred care as close to home as possible
Ambition 13: Journey Well	Focusing on early detection and personalised cancer care
Ambition 14: Age Well	Respecting choice and embedding condition management
Ambition 15: End Well	Supporting our population at the end of life
Ambition 16: Value Well	Valuing the role our 3rd sector, carers and volunteers take

2.3 Assessment

The strategy will only be the first stage of our future; the strategy will be supported throughout the organisation and be embedded through our annual delivery plans and by continual active performance management through the triangulation of performance (targets/finance), quality and workforce.

Adopting a clinically led, a transformation ethos will be pivotal to the success of “Together We Care, with you, for you”.

The strategy, if approved, will now be used as basis for all that we do within NHS Highland.

We will also produce various versions such as Gaelic, easy read etc. We are also currently producing an animation to bring it to life. The Head of Strategy and the Head of Communications are also working together to consider case studies to ensure we see the strategy from our population and colleagues perspective as we move forward.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

This is core to the strategy and for the services we deliver. A quality framework is being developed to complement this strategy and is one of the perform well areas.

3.2 Workforce

There will be a positive impact on our workforce due to the engagement and consultation, their involvement in the implementation plan (ADP) and our focus as a Board on supporting them as one of our strategic objectives. Evidence from the King's Fund demonstrates the positive impact having a clear direction can have throughout an organisation.

3.3 Financial

The implementation of the strategy has been considered from a financial perspective moving forward and gives clarity to our objectives and ambitions so we can align and transform to achieve financial balance.

3.4 Risk Assessment/Management

The Corporate Risk Register is currently being aligned to the strategy and any risks to its implementation will be addressed through this.

3.5 Equality and Diversity, including health inequalities

This strategy will set out how NHS Highland intends to respond to the inequalities that were described at the Board Development session and achieve greater equity in health for the Highland/Argyll & Bute population. It recognises that health inequalities reflect much broader societal forces that we cannot address on our own. However, NHS services play an important role in mitigating the effects of these wider social **i**nequalities on health, and NHS Highland will work with partners to try to address the underlying influences.

3.6 Other impacts

None

3.7 Communication, involvement, engagement and consultation

The Board has carried out its legal duties to involve and engage external stakeholders as appropriate. Engagement with our population, people and partners has been fully completed in development of the strategy and with the annual delivery plan.

3.9 Route to the Meeting

This has been previously considered by

- NHS Highland Board & Board Development Sessions
- Finance, Resources and Performance Committee
- Clinical Governance Committee
- Staff Governance Committee
- Executive Directors Group
- Area Clinical Forum and Associated Sub Groups

4 Recommendation

The NHS Highland Board is recommended to:

- Approve the NHS Highland strategy “Together We Care, with you, for you”
- Note the development of the strategy has been used a driver for the annual delivery plan and that implementation has thus commenced

4.1 List of appendices

The following appendices are included with this report:

“Together We Care, with you, for you” – September 2022

DRAFT	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	NHS Highland
DRAFT MINUTE of MEETING of the AREA CLINICAL FORUM	**1st September 2022 – 1.30pm** **Microsoft TEAMS**	

Present

Catriona Sinclair (Chair)
Frances Jamieson (Vice Chair)
Stephen McNally (Vice Chair)
Alan Miles, Area Medical Committee
Elspeth Caithness, Employee Director
Eileen Anderson, Area Medical Committee
Manar Elkhazinder, Area Dental Committee
Zahid Ahmad, Area Dental Committee
Linda Currie, Associate AHP Director, A & B
Eileen Anderson, Area Medical Committee
Helen Eunson, Area Nursing, Midwifery and Allied Health Professionals Committee

In Attendance

Boyd Peters**,** Medical Director
Boyd Robertson, Chief Executive
Pam Dudek, Chief Executive (from 2.15pm)
Muriel Cockburn, Non Executive Director
Garret Corner, Non Executive Director
Albert Donald, Non Executive Director
Alison Felce, Senior Business Manager
Sharon Pfleger, Pharmaceutical Public Health Consultant (Item 4.1)
Lorraine Cowie, Head of Strategy (Item 4.3/4.4)
Nathan Ware, Governance and Assurance Co-ordinator
Karen Doonan, Committee Administrator (Minute)

1 WELCOME AND APOLOGIES

The chair welcomed everyone to the meeting. Apologies were received from Catriona Brodie, Heidi May, Ian Thomson, Catriona Dreghorn and Alex Javed.

1.1 DECLARATIONS OF INTEREST

There were no declarations of interest.

2. DRAFT MINUTE OF MEETING HELD ON 7th July 2022

The minutes were taken as accurate and correct.

3. MATTERS ARISING

3.1 Memberships Of Other Groups – nomination to attend HHSSC

Reps are still required to attend the Highland Health and Social Care Committee on a regular basis. P Hannam had managed to attend the meeting held on the 31st August but I Thomson had not.

Action: K Doonan to circulate the dates of the HHSSC around committee.

4. ITEMS FOR DISCUSSION

4.1 Sustainability with NHS Highland – Sharon Pfleger, Pharmaceutical Public Health Consultant

Healthcare is a big contributor to green house gases:

- Globally accounts for 4.4% of all greenhouse gas emissions
- If healthcare was a country, it would be the 5th biggest contributor in the world
- Every year is equivalent to 515 coal powered fire stations running constantly.
- Medicines account for 25% of the emissions

There are 3 crises in the world:

- Climate change
- Loss of biodiversity
- Pollution

During discussion S Pfleger covered the following points:

- She works in Pharmaceutical pollution which involved changing the model of care.
- Work has begun with estates was looked at and ways to reduce the carbon footprint however 80% of the footprint comes from clinical pathways.
- It is now a statutory requirement for health boards to take action on sustainability.
- In particular there will be a group specifically looking at inhalers and the gases used within theatres as these contribute significantly to air pollution.
- If Scotland as a whole addressed the poor record of managing asthma and COPD it could potentially reduced the environmental impact of inhalers.
- Highland Healthcare for Climate Action (HHCA) is an informal group run by clinicians that wish to be involved and share ideas and projects, if anyone is interested then get in touch with Sharon Pfleger.
- The pandemic has shown that no one country can cope with health on its own, it has to be done in partnership with others and the health of humans, animals and the environment are all linked and inter dependant.
- S Pfleger stated that the inhalers that are now prescribed have mostly been changed to dry powder inhalers and the majority of patients use these.

NHS Highland currently has the below Committees:

- the Sustainability Board – made up of Executive Directors
- the Environment and Sustainability Committee – clinical members from primary and secondary care

4.2 Mental Health Strategy – Neil McNamara, Clinical Director, Learning Disability & DARS & Arlene Johnstone, Head of Service, Health and Social Care

N McNamara spoke to his presentation. L Cowie explained that the views of those who responded to the consultation were taken into consideration whilst compiling this section of the strategy.

The Annual Delivery Plan (ADP) was also taken into consideration with the work that was

ongoing. She went on to explain how it was important to look at how mental health services are provided to the younger generations in order that future systems were in line with these to provide a continuous level of care from the start of life through to later life for patients.

N McNamara stated that there is an urgency around the Psychiatric Emergency Plan and having systems in place for patients who present with a mental health crisis.

In discussion the following points were made:

- There is a shortage of key workers in the mental health sector, which will have an impact on how care is delivered.
- Discussions were had around the prescribing of anti-depressants and the need to offer more tools to the patient.
- A Miles explained that as the new GP contract began to take effect there would be mental health workers in GP practices that would be able to take the strain off the GP's and would allow for different methods of care to be established.
- It was noted there is funding available from Scottish Government to help address the logistics of offering further services.
- Discussions have been ongoing in terms of young people with learning difficulties who were impacted adversely by Covid and may require access to additional services but are apprehensive of doing this.

Break 2.55pm – 3pm

4.3 Together We Care / IPQR

See below

4.4 How ACF interacts with other Professional Committees and the Board – open discussion

The Chair explained that the committee now had new members and emphasised the Together we Care/IPQR data and how the committee feeds into this along with the Board is very important.

During discussion the following points were made:

- P Dudek explained that the 5 year strategy would be going to the Board at the end of the month and it was important that feeding into the strategy was a collective process. It was also important to address how the strategy would be translated into action over the years to come.
- L Cowie spoke to her presentation and some clarity was provided around how the committee functions and feeds into the Board.
- It was noted that committees are in place to ensure information flows and is shared, all Boards have an Area Clinical Forum to ensure this happens.
- P Dudek posed the question 'What changes could be implemented to speed up the flow of information?' It was noted that there is an urgent need to look at different ways of working.
- It was mentioned that we currently have an ageing workforce, along with a shortage of staff in various sectors of the workforce.
- L Currie highlighted the confusion that can arise around Argyll and Bute (A&B) and suggested this be addressed so that A&B is more equally represented within the Board.
- P Dudek stated that this was a challenge to address due to the HSCP having its own plan for the population of A&B and it is not accountable to the NHS Highland but the two must communicate with each other.
- It was mentioned that free child eye tests needed to be more widely publicised as

parents don't seem to be aware of the service.

- The Chair asked for input on how the committee fulfils its function and responsibility, she suggested each respective Chair of the sub committees take the information discussed through the Strategy presentation and garner as much feedback as possible so a collective viewpoint can be brought back to the Area Clinical Forum and encourage a more in depth discussion.
- Discussion around the ADP noted that it was also important high level of two way communication occurred, along with co-operation and support.

A request was made that the committee has sight of the A&B delivery plan with a view to feeding comments back. B Robertson advised that the Board were always willing to look at new ways of working and were open to meeting with both P Dudek and the Chair to discuss this further.

L Cowie stated that it was important to keep the conversation going in respect of what is in the strategy and the ADP as it is forward facing and would develop continuously.

Action: N Ware to circulate the ADP to the committee

Action: The Chair to set aside time to discuss further with B Robertson and P Dudek

Action: The Chair to discuss with N Ware the altering of the agenda with F Jamieson and S Mcnally

5 MINUTES FROM PROFESSIONAL ADVISORY COMMITTEES AND EXCEPTION REPORTS

5.1 Psychological Services Advisory meeting – none have been held

5.2 Area Optometric Committee meeting - none since April

5.3 Area Healthcare Sciences Forum meeting

5.4 Area Nursing, Midwifery, and AHP Advisory Committee – last meeting cancelled

5.5` Area Dental Committee meeting held on the 3rd August

5.6 Adult Social Work and Social Care Advisory Committee – 4th August

5.7 Area Pharmaceutical Committee meeting – held on the 15th August

5.8 Area Medical Committee minutes – held on the 7th May

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

6 ASSET MANAGEMENT GROUP

Alex Javed and Stephen McNally

6.1 Verbal Update

There were no exceptions to be discussed

The Forum **noted** the update

7 HIGHLAND HEALTH AND SOCIAL CARE COMMITTEE
Ian Thompson and Catriona Sinclair

The minutes for this meeting will be available at the next committee meeting. The Chair

gave a brief update:

- challenges financially
- learning disabilities services were discussed
- new housing development in Muir of Ord was discussed
- Primary Care Improvement plan was presented by Jill Mitchell
- Vaccination services and challenges was discussed

7.1 Minute of Meeting of 29th June 2022

There were no questions, and the minutes were taken as accurate and correct.

The Forum **noted** the circulated minutes

8 Dates of Future Meetings

3rd November 2022

12 January 2023
2 March 2023
4 May 2023
6 July 2023
31 August 2023
2 November 2023

9 FUTURE AGENDA ITEMS – For Discussion

Winter Plan – someone to talk about the plans for the coming winter**.**

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

10. ANY OTHER COMPETENT BUSINESS

11 DATE OF NEXT MEETING

The next meeting will be held on the 3rd November at **1.30pm on Teams.**

The meeting closed at 4.10pm

Whistleblowing Report
Quarter 1 - 1st April 2022 to 30th June 2022

Guardians / Confidential Contacts
Julie McAndrew and Derek McIlroy

INWO Liaison and Lead Executive
Fiona Hogg

Whistleblowing Champion
Albert Donald

1. Introduction

The National Whistleblowing Standards came into force in Scotland on the 1st April 2021.

The principles have been approved by the Scottish Parliament and underpin how NHS services must approach any concerns which are raised. Every organisation providing a service on behalf of the NHS must follow the standards.

Reports are produced quarterly; this is Quarter 1 (Q1) report. The Quarter 1 report of 2021 provided further detail on legislation, the National Whistleblowing Standards and implementation of these standards in NHS Highland. The Q1 of 2021 report also provides information on the role of the Confidential Contact.

2. Roles and Responsibilities for National Whistleblowing Standards

Everyone in the organisation has a responsibility under the Standards and we have set out the Board level roles and responsibilities, as a reminder, within NHS Highland in respect of the Whistleblowing Standards. The others are set out in the Q1 2021 report.

NHS Highland Board
The Board plays a critical role in ensuring the standards are adhered to.
Leadership – Setting the tone to encourage speaking up and ensuring concerns are addressed appropriately
Monitoring – through ensuring quarterly reporting is presented and robust challenge and interrogation of this
Overseeing access – ensuring HSCP, third party and independent contractors who provide services can raise concerns, as well as students and volunteers.
Support – providing support to the Whistleblowing champion and to those who raise concerns.

Board Non-Executive Whistleblowing Champion
This role is taken on by **Albert Donald**, who has been in place since February 2020.
The role monitors and supports the effective delivery of the organisation's whistleblowing policy and is predominantly an assurance role which helps NHS boards comply with their responsibilities in relation to whistleblowing. The whistleblowing champion is also expected to raise any issues of concern with the board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

INWO Liaison Officer
This role is taken on by **Fiona Hogg, Director of People & Culture**, in her executive lead role in Culture and Communications. This is the main point of contact between the INWO and the organisation, particularly in relation to any concerns that are raised with the INWO. They have overall responsibility for providing the INWO with whistleblowing concern information in an orderly, structured way within requested timescales. They may also provide comments on factual accuracy on behalf of the organisation in response to INWO investigation reports. They are also expected to confirm and provide evidence that INWO recommendations have been implemented.

3. Governance, Decisions and Oversight

The Standards set out the requirement that the NHS Highland Board plays a critical role in ensuring the Whistleblowing Standards are adhered to, including through ensuring quarterly reporting is presented and robust challenge and interrogation of this takes place. In addition, NHS Highland present this report to the Argyll & Bute Integrated Joint Board meeting and the NHS Highland Staff Governance Committee and other management meetings and committees as appropriate. Further information is set out in Section 2 of this report and more details are in Section 5 of the Q1 report.

The Director of People and Culture is the key contact point for oversight of all possible and ongoing Whistleblowing cases for NHS Highland. When the details of a case come through, the Guardian Service, in their role as Confidential Contact (see sections 4 and 5 below and sections 5, 7 and 8 in the Q1 2021 report) contact the Director of People & Culture who reviews the information. NHS Highland have agreed contact points, to input to a decision on whether something is a whistleblowing complaint. This includes senior Operational Leadership (Chief Officers, Senior Management) Professional Leadership (Board Nurse Director, Board Medical Director), Clinical Governance Leads, senior Finance and HR professionals, the Fraud Liaison Officer, Deputy Chief Executive, Chief Executive, and the Head of Occupational Health & Safety. The Guardian Service and Director of People and Culture coordinate this process.

The criteria for the decision are as set out in ti he National Whistleblowing Standards Definitions: What is whistleblowing? | INWO (spso.org.uk). If the complaint is not Whistleblowing, a response is drafted with clear reasons why it is not Whistleblowing, this is drafted by the Director of People and Culture and sent to the complainant by the Guardian Service, who keep a record of this. If there is another process or route for their concern, this is signposted. This senior level of oversight of the decision making is critical to ensure consistency, compliance with the standards and visibility of concerns. During Q2 in 2021, one of our decisions was reviewed by the INWO following an appeal and was found to be in line with the Standards.

If the complaint is Whistleblowing, then the Director of People and Culture liaises with relevant senior leadership and contacts to identify a manager to lead on the complaint. The Guardian Service and Director of People and Culture oversee progress, ensure timelines and communications are maintained. The Director of People and Culture will review the outcome and any follow up actions and learnings needed to ensure these are progressed appropriately., with relevant internal and external individuals, bodies, and committees, as appropriate based on the nature of the complaint.

A summary of every closed case in the period will be included in our reports, including any outcome and action taken or planned. Reporting will be limited during the ongoing investigation of a concern.

4. Raising a Whistleblowing Concerns in NHS Highland

Managers and employees can raise a concern:

- through an existing procedure in NHS Highland,
- by contacting their manager, a colleague, or a trade union representative,
- by contacting the "Confidential Contact" via a dedicated email address or telephone number.

To date, concerns have been raised directly by individuals or by their trade union representative using both the Guardian email address and the dedicated telephone number for whistleblowing concerns.

An essential aspect of the new Whistleblowing standards is that anyone who provides services for the NHS can raise a concern. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

5. The Role of the Guardian Service

Our Confidential Contact role is undertaken by the Guardian Service, on behalf of NHS Highland. The Guardian Service already provide NHS Highland with an independent Speak Up service to raise concerns which has been well utilised by colleagues since launching in August 2020. The independent, dedicated Guardians are well placed to also provide the Confidential Contact role.

The Guardian Service will ensure:

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

All Whistleblowing Concerns are recorded by the Guardian Service regardless of who has raised the concern. All concerns are logged to show progress and to measure and track information as required for reporting.

6. KPI Table

The KPI data is taken as at 30th June 2022 for Quarter 1 2022/3.

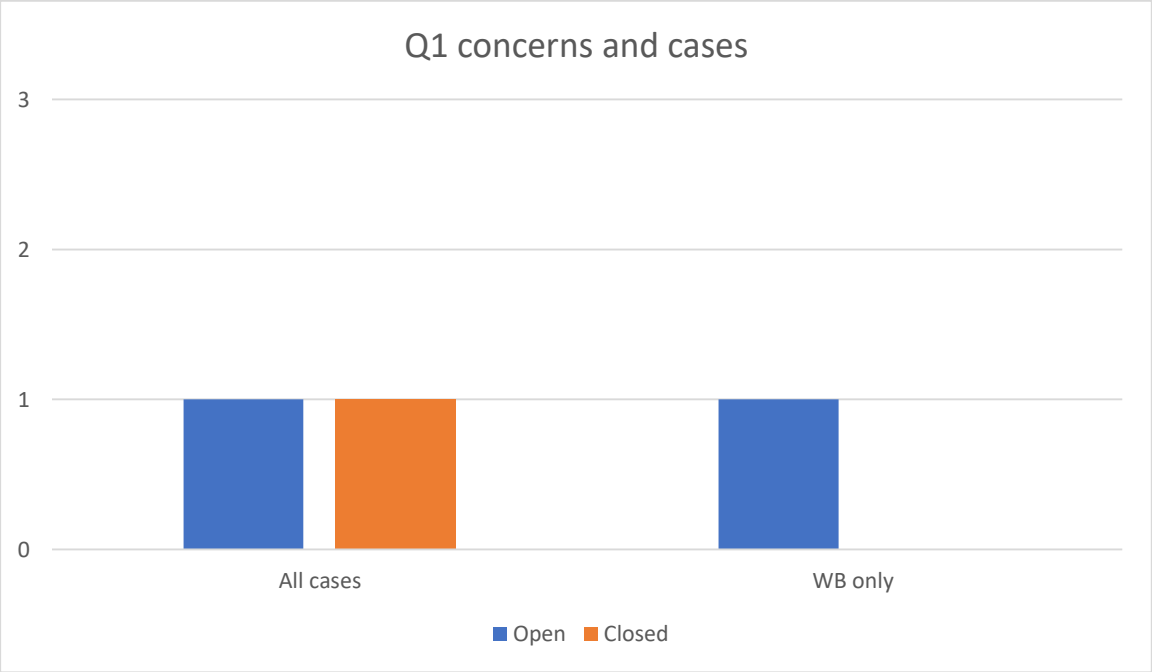
KPI	Qtr. 1		YTD	TOTAL
Concerns Received	2	100%	2	16
Concerns confirmed as WB concerns	1	50%	1	7
OPEN Concerns under investigation	1	100%	3	3
Stage 1 concerns closed in full within 5 working days	0		0	1
Stage 1 concerns closed in full later than 5 working days				
Stage 2 concerns closed in full within 20 working days	0		0	0
Stage 2 concerns closed later than 20 working days			0	2
Stage 2 concerns still open from prior reports	3		3	3
% of closed calls upheld Stage 1				
% of closed calls partially upheld Stage 1				
% of closed calls not upheld Stage 1				1
% of closed calls upheld Stage 2				1
% of closed calls partially upheld Stage 2				
% of closed calls not upheld Stage 2				1
% of closed calls not WB			1	9
% of closed calls where Whistleblower chose not to pursue.				2
% of closed calls which were for another Board to pursue	1	50%	1	2
Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1	0		0	
Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.	1	100%	1	6
Number of concerns which weren't Whistleblowing but were passed to Guardian services for resolution (as a percentage of non-Whistleblowing cases raised)	0		0	1

7. Statistical Graphs

The following graphs relate to the Quarter 1 reporting period 1st April 2022 to 30th June 2022.

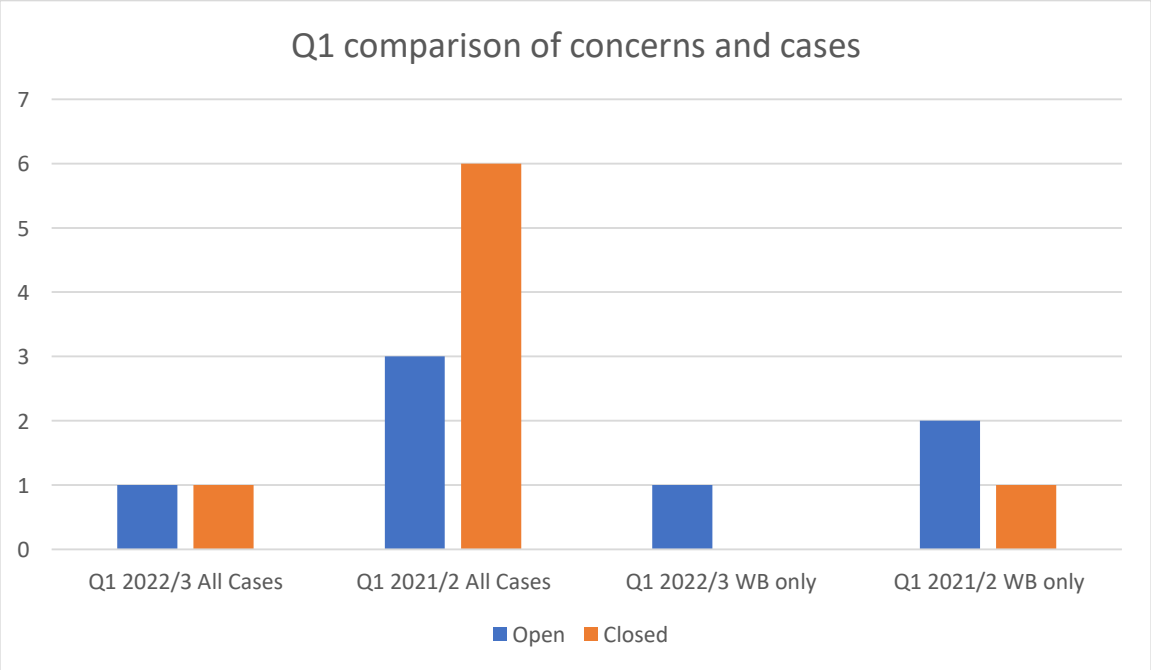
Data has been presented in such a way to ensure that confidentiality is preserved.

Graph 1

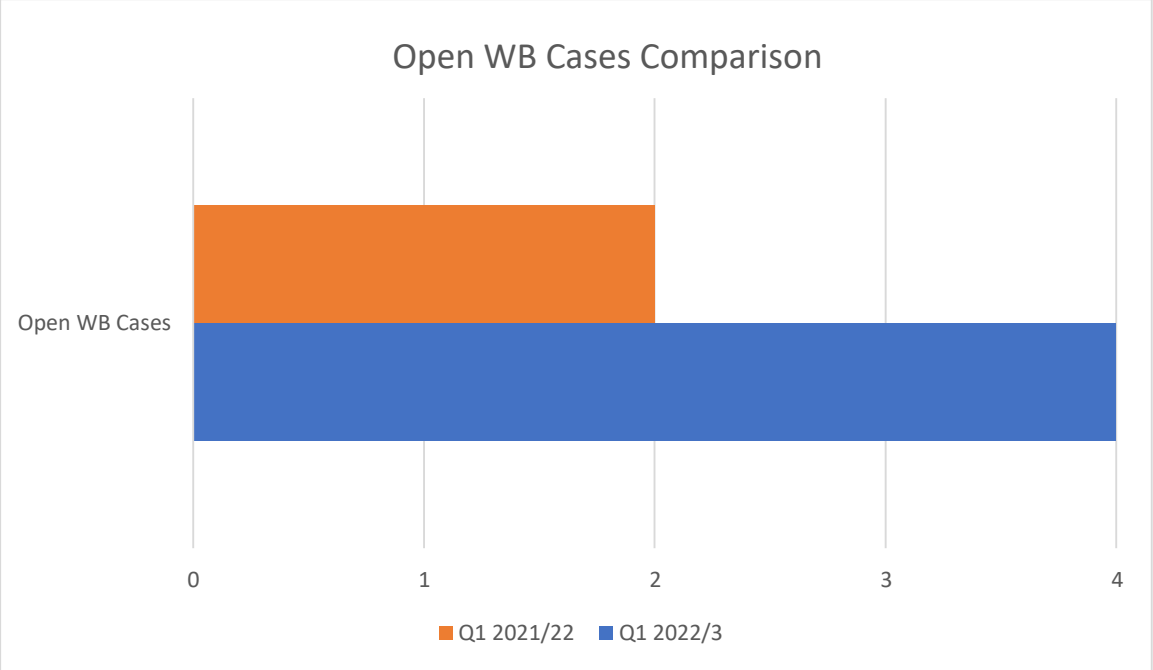


There were 2 concerns raised in Q1, 1 was investigated under stage 2 of the whistleblowing standards and 1 was deemed not to be whistleblowing as it was being overseen by another board but a response was progressed.

Graph 2

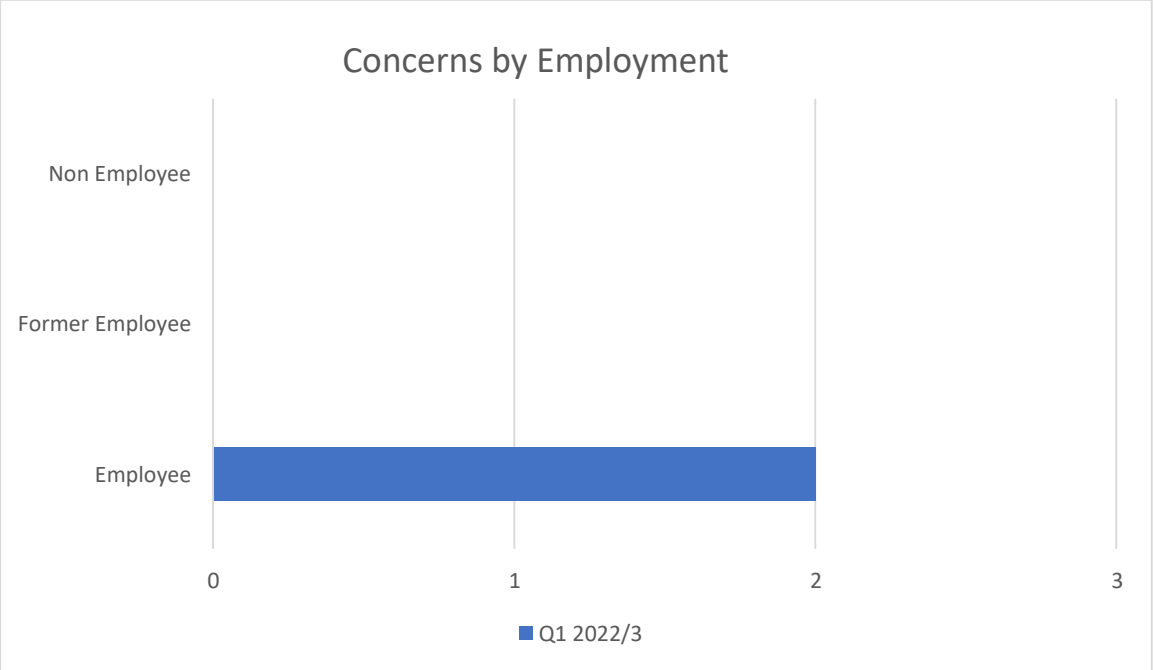


Graph 3



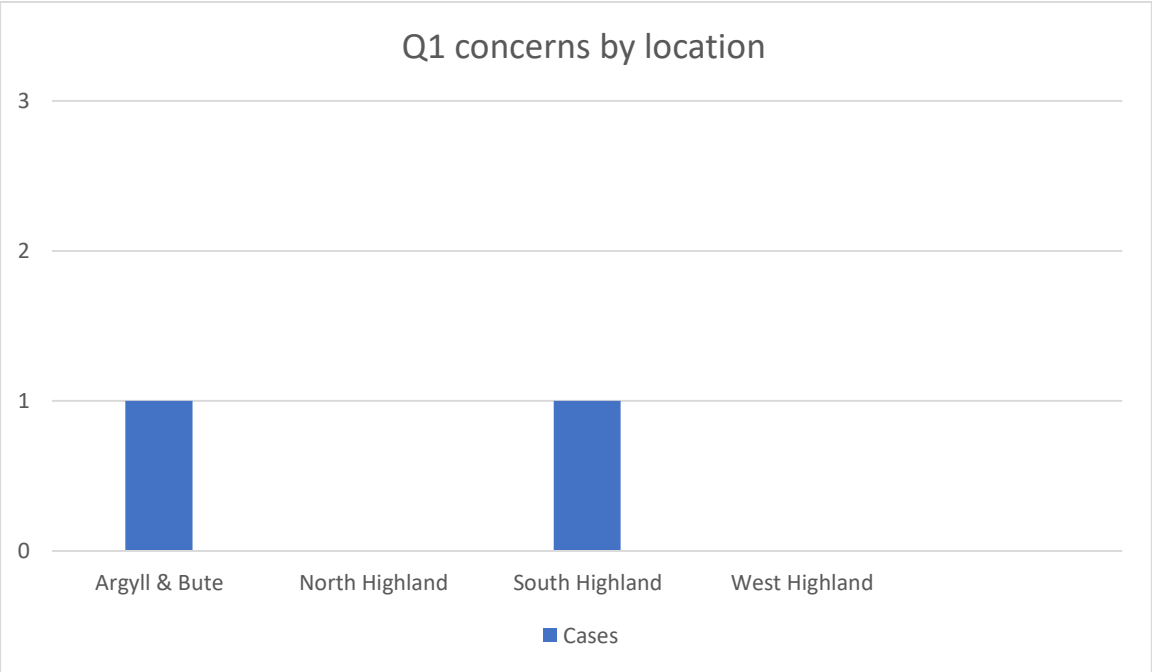
At the end of Q1 there were 3 open cases actively under investigation from 2021-2022 in accordance with stage 2 of the procedures, including the monitored referral which is a reopened case. All cases have appropriate extensions in place for investigation.

Graph 4

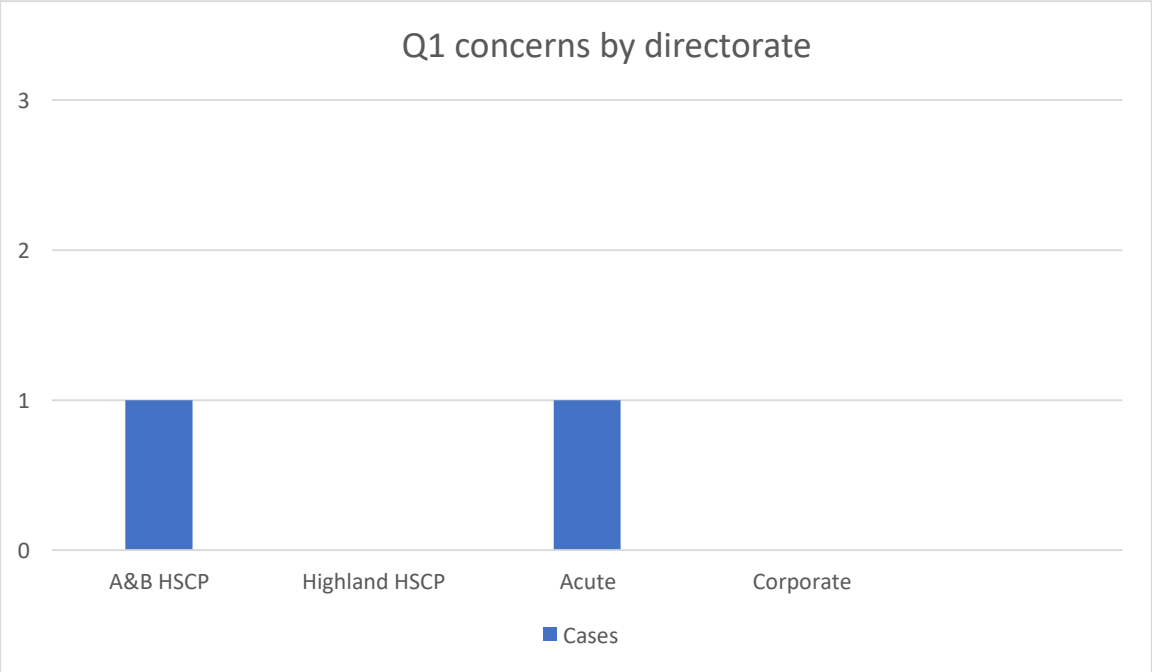


Both concerns were raised by NHS Highland employees, although 1 was anonymous to us, but not to NES who they raised it with.

Graph 5

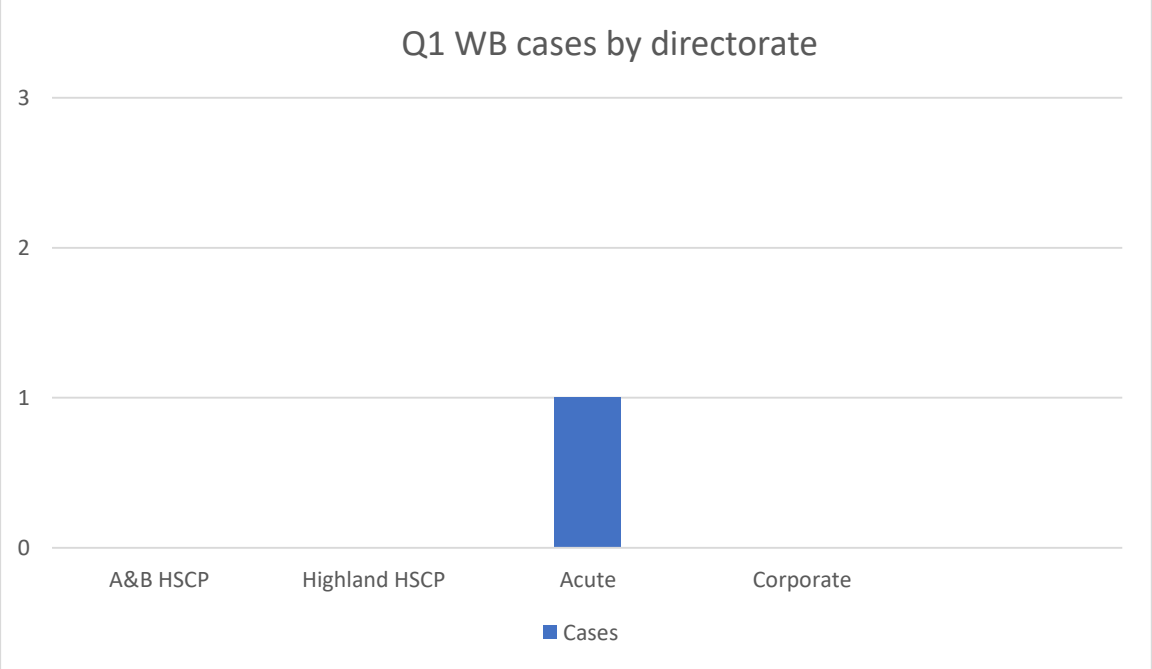


Graph 6

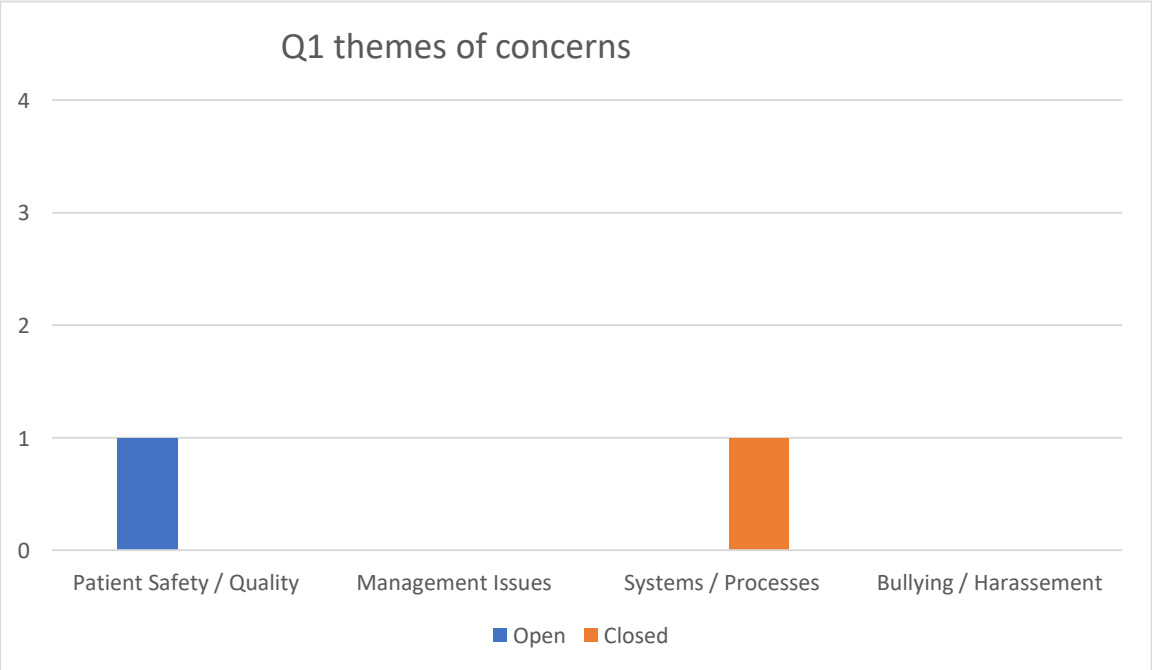


Directorates are used for reporting purposes to preserve the confidentiality of the person raising the concern.

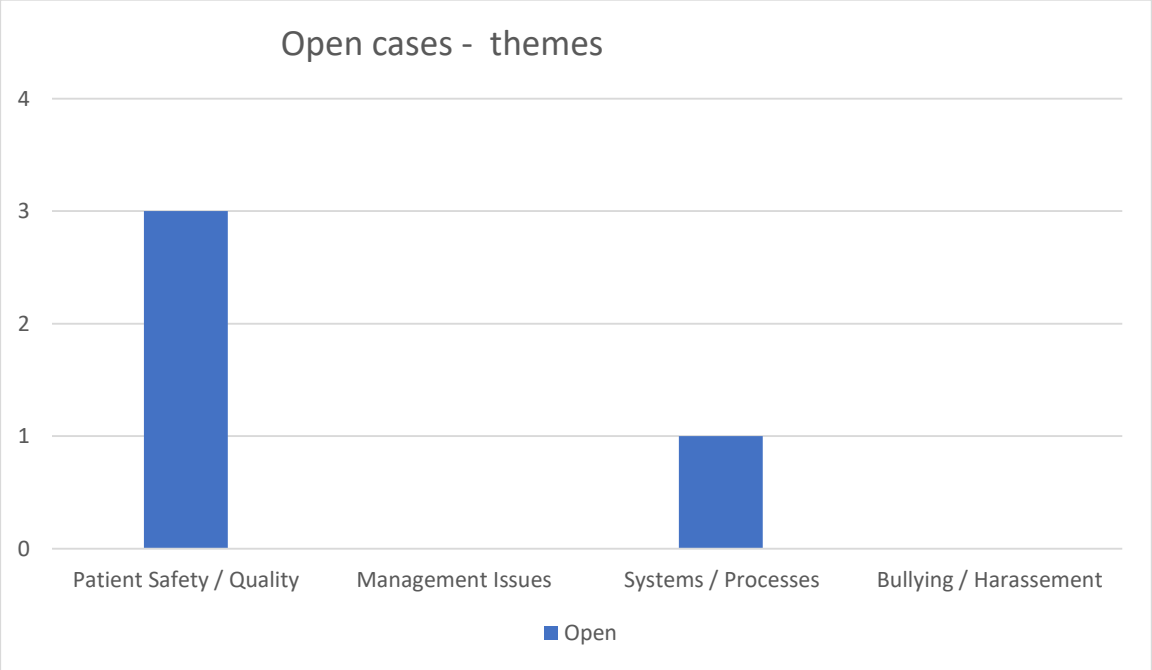
Graph 7



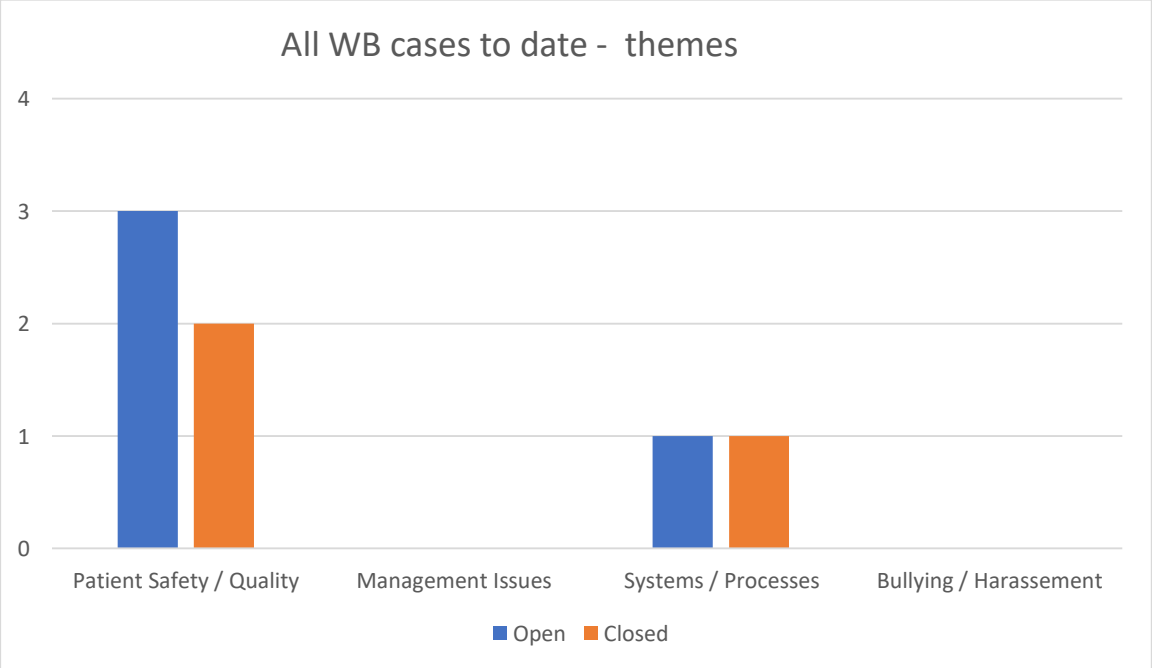
Graph 8



Graph 9



Graph 9



The themes presented in the above chart are the same themes used by the Guardian Service when recording concerns which have been raised by NHS Highland and Argyll & Bute HSCP staff. This will allow an easier comparison of data in the future.

8. Detriment as a result of raising a concern.

There is limited data available but at the point of writing there have been no reports where individuals who have raised whistleblowing concerns reported that they suffered a detriment for doing so. Further data will be collated once survey is sent out to staff.

9. Concerns Received - Average time for a full response

The Whistleblowing concerns in Q1 were received in June and are still open and full investigations are still underway. Further data on timescales will be provided in future reports.

10. Lessons learned, changes to service or improvements

Learnings from the previous year are detailed in the NHS Highland Annual Whistleblowing Report. Further improvements or changes to service will be considered as cases conclude and additional data gathered.

11. Staff experience of the Whistleblowing procedures

Proposals of a voluntary colleague survey were approved at the implementation group And a draft version of the survey is still under review and once approved will go out to individuals who have raised concerns through this process. Feedback from this survey will be collated once this process is in place, which will provide data for detailed commentary on staff experiences for the next reporting quarter.

12. Colleague awareness and training

The implementation group continue to meet and review progress with awareness raising and monitoring uptake of training.

A non-employed partner survey was carried out in December and January which included questions to understand awareness of the standards in those who are not employed by NHS Highland but are covered by the Standards. This showed that awareness was good amongst respondents, and the details are in the Annual Report.

Our Whistleblowing non-executive Director continues to visit across the Board area and promote his role and speak with colleagues as well as internal and external communications and media. This has been of great value to the Board and has given the Standards good visibility in some of our more remote and rural areas. Reports have been provided on the findings of the visits. Details of the extent of the visits is also included in the annual report.

The National Speak Up Week takes place from 3rd - 7th October 2022 and a programme of visits by the Guardian Service is planned and a range of webinars and online events about Speaking Up and responding to concerns will take place. Internal and External Communications and Media activity, including social media postings will also take place across the week. X

13. Audit of Whistleblowing Standards Implementation

An internal audit of our implementation of the Whistleblowing Standards was carried out and the report presented to the Audit Committee on 7th December 2021. The report was positive overall and very helpful in focussing our efforts for ongoing improvement.

The recommendations are summarised below.

1. Removal of old WB policies and links - Completed
2. Clarification of roles and responsibilities and decision making - Completed Q1 final report
3. Feedback on assurance reporting implemented - Completed Q1 final report
4. Development of Whistleblowing Process document - to be completed by end November 2022
5. Contact details for WB Champion - Completed January 2022
6. Ongoing refinement of Quarterly reporting format and content - Completed Q3 final report.

14. Annual report

The first annual Whistleblowing Standards report for NHS Highland is to be presented to the Board on 27 September 2022 and can be accessed here.
https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/September%202022/Item%2012%20Annual%20Report%202021%202022%20Final%20for%20board.pdf

This report will be widely circulated, including in a summary form and will be sent to the INWO following the Board meeting. The report will also be widely referenced during Speak Up Week, which is from 3rd to 7th October 2022.

15. Summary of Whistleblowing Cases

Quarter 1 Cases

Case 15 CLOSED
This was a case that was raised not with NHS Highland but with NHS Education for Scotland (NES) as the Board responsible for education and employment of medical trainees. Therefore, it is not being dealt with as a Whistleblowing case in NHS Highland, although the matters are being addressed. It is an anonymous concern so we cannot respond to the complainant, but an action plan is in place and changes have been made, overseen by the Director of Medical Education and Chief Officer for A&B HSCP and NES have been kept fully updated and will report back directly to the complainant about the actions taken to address the concerns.

Case 16 OPEN
This is a stage 2 WB concern raised in June 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it kept aware of the investigation process. The complaint refers to the clinical practice and management of an AHP service in an acute hospital. This is being overseen by Tracey Gervais, Head of Operations Women and Children's Directorate and Jo McBain Director of Allied Health Professionals and an investigation has taken place. The final report is expected in October. Regular updates are being provided to the complainant.

Cases ongoing from 2021-2022

Case 12 REOPENED - Systems / Processes
This is a monitored referral from the INWO, who asked that we review our decision that the original complaint was not in scope. We agreed to review the case and a manager is now investigating the 3rd party cleaning arrangements and training specifically in relation to a dental facility, as a Level 2 concern. The case has been extended beyond 20 days and regular updates are being provided.

Case 13 OPEN - Patient Safety
This is a stage 2 WB concern opened in October 2021 where an extension has been authorised beyond 20 days. The concern is actively under investigation with the individual raising the concern kept aware of the investigation process. This complaint relates to provision of services and staffing in a remote location in Argyll & Bute and is being overseen by the Chief Officer for the A&B HSCP, Fiona Davies and the Director of People & Culture, Fiona Hogg. Significant progress has been made and regular meetings and engagement are in place, addressing service provision, governance and relationship concerns, with a final close down of the WB complaint expected soon, although there is ongoing service redesign activity. Regular updates are being provided.

Case 14 OPEN – Patient Safety
This is a stage 2 WB concern opened in February 2022 where an extension has been authorised beyond 20 days. The concern is actively under investigation, with the individual who raised it is kept aware of the investigation process. The complaint relates to the impact of poor patient flow on cardiac patient care in an acute hospital. The concerns focused on the lack of available beds resulting in limited access to early specialist care for high-risk cardiac patients. This is being overseen by Dr Robert Cargill, Deputy Medical Director and Kate Patience-Quate, Deputy Nursing Director. Interviews have been completed and a report is being prepared and is expected by early October. Regular updates are being provided.